

Conference Paper

Effectiveness of Booklet on Exclusive Breastfeeding in Improving the Knowledge and Attitudes of Mother Who Do Not Exclusively Breastfeed in the Work Area of Posyandu Sisir Batu City, East Java, Indonesia

Septa Katmawanti¹, Hartati Eko Wardani¹, Rosuzeita Fauzi², Lia Dewi Ningrom¹, and Dea Aflah¹

¹Public Health Department, Faculty of Sport Science, Universitas Negeri Malang, Malang, East Java, Indonesia

²Centre for Nursing Studies, Faculty of Health Sciences, Universiti Teknologi Mara, Selangor, Puncak Alam, Malaysia

ORCID:

Septa Katmawanti: <https://orcid.org/0000-0002-5115-0311>

Abstract

In February 2019, the Sisir Health Centre in Batu reported that about 110 mothers in the area did not exclusively breastfeed. This behaviour of mothers was associated with their inadequate knowledge about and their attitude towards exclusive breastfeeding. The purpose of this research was to determine the effectiveness of a booklet on exclusive breastfeeding in improving the knowledge and the attitude of mothers who did not exclusively breastfeed in the working area of Sisir Health Centre, Batu. This research uses a pre-experimental design with a one group pre- and post-tests. A total of 53 samples were included in this study, selected through quota sampling. Knowledge and attitudes of mother were collected using questionnaire. Data were analysed using the Wilcoxon signed-rank test (nonparametric data analysis statistics) as the distribution was unnormal. The results showed that the Asymp. Sig Values (2-tailed) of both the mothers' knowledge and their attitude were 0.000 or <0.05. Thus, it can be concluded that "Exclusive breastfeeding booklets are effective in improving maternal knowledge on and their attitude towards exclusive breastfeeding in mothers who do not exclusively breastfeed in the working area of Sisir Health Centre, Batu.

Keywords: booklet, mother's knowledge, exclusive breastfeeding, exclusive breastfeeding

Corresponding Author:

Septa Katmawanti
septakatma.fik@um.ac.id

Published: 25 March 2021

Publishing services provided by
Knowledge E

© Septa Katmawanti et al. This article is distributed under the terms of the [Creative Commons Attribution License](#), which permits unrestricted use and redistribution provided that the original author and source are credited.

Selection and Peer-review under the responsibility of the ISMoPHS 2020 Conference Committee.

OPEN ACCESS

1. Introduction

Nowadays a problem often occurs in society. Exclusive Breast Milk (ASI) is breast milk given to babies from birth for six months, without adding and or replacing them with other foods or drinks (except drugs, vitamins and, minerals). This is found in Government

Regulation Number 33 of 2012. The most important content in breast milk is colostrum. Colostrum is a substance that is rich in antibodies because it contains high amounts of protein for endurance and germ killer, so exclusive breastfeeding can reduce the risk of death in infants. Yellowish colostrum is produced on the first to the third day. The fourth to the tenth day of breast milk contains less immunoglobulin, protein, and lactose than colostrum but fat and calories are higher with whiter milk colour. Apart from containing food substances, breast milk contains absorbent substances in the form of enzymes that are not found in formula milk. The absorption enzymes in breast milk will not interfere with the enzymes in the intestine, unlike if the baby consumes formula milk, the absorption of food will depend on the baby's intestine [1]. In addition, by consuming breast milk, the baby will avoid diseases including obesity, asthma, type 2 diabetes, ENT tract infections, and sudden death syndrome in infants [2].

Given the importance of food substances and enzymes contained in breast milk, every mother must provide breast milk to the baby from the beginning of birth. The Ministry of Health of the Republic of Indonesia and the World Health Organization (WHO) recommends that mothers breastfeed or breastfeed as early as possible from birth, and babies are not given any food for the first 6 months of life. Then, from 6 months to at least 2 years, breastfeeding should still be given with nutritious complementary foods. However, in reality, in Indonesia, only 42% of the 96% of women give exclusive breastfeeding to their babies until the age of 6 months. This results in more than 5 million children born in Indonesia each year, more than half of them do not receive exclusive breastfeeding so that millions of babies lose the opportunity to get a good start in life because parents receive incorrect information about what is good for their children [3].

Efforts made by the government to increase the scope of exclusive breastfeeding are listed in the Health Law no. 39/2009 Article 128, Manpower Law No. 13/2009 Article 83, Government Regulation no. 33/2012 concerning Exclusive Breastfeeding and Minister of Health Regulation No. 15 of 2013 concerning Procedures for Providing Special Facilities for Breastfeeding and or Expressing Breast Milk, the government creates an Exclusive Breastfeeding Program in the workplace to increase the coverage of exclusive breastfeeding. In connection with this program, the roles of various parties including the world of the industry are very important [4].

The coverage of exclusive breastfeeding in Indonesia is 37.3%. This coverage is still very far below the national target of 80% [5]. Of all provinces in Indonesia, only one province managed to achieve the target, namely West Nusa Tenggara Province at 84.7% [6]. Meanwhile, in East Java Province, exclusive breastfeeding coverage reached 75.7%,

but this figure still did not meet the government's target. As many as 30 districts/cities in East Java have achieved the target, one of which is Kota Batu [7]. Exclusive breastfeeding coverage in Batu City has increased for 3 consecutive years, namely in 2014 amounted to 73.8%, in 2015 amounted to 75.4% and in 2016 amounted to 76.9%. This increase shows that public awareness of the importance of breastfeeding for children is getting better, even though the coverage of exclusive breastfeeding in Batu City has not yet reached the target of 80% [8]. However, in 2017 the coverage of exclusive breastfeeding in Batu City experienced a drastic decline from 76.9% in 2016 to 72.7%. The latest data obtained from the monthly nutrition report, the coverage of exclusive breastfeeding in Batu City in January-June 2018 is 75.1% [9].

Based on the results of an interview conducted by researchers in October 2018 with one of the nutrition officers at the Batu City Health Office, Afifah, a Puskesmas that still has not reached the target and has experienced a decrease in the coverage of exclusive breastfeeding from year to year, namely the work area of Puskesmas Sisir [9]. According to the health profile of Batu City, the coverage of exclusive breastfeeding in the working area of the Sisir Health Centre in 2015 reached 71.3%, then in 2016 it decreased to 70.48% and increased in 2017 to 74.3% [9].

Exclusive breastfeeding coverage at Sisir Health Centre decreased from 2017 by 74.3% to 72.8% in 2018. Meanwhile, based on the monthly nutrition report at Sisir Health Centre in February 2019, the coverage of E breastfeeding was 69.1%. As many as 110 mothers in the work area of the Sisir Puskesmas do not provide exclusive breastfeeding, it can be concluded that the achievement of exclusive breastfeeding at the Sisir Puskemas has not reached the target. According to the results of interviews with nutrition officers at the Sisir Public Health Centre, the reasons for mothers not giving exclusive breastfeeding include, among others, the knowledge and attitudes of mothers regarding breastfeeding behaviour which are still lacking. This is in accordance with the results of a preliminary study conducted by researchers in November 2018 on 15 mothers who did not provide exclusive breastfeeding at the Sisir Health Centre. The preliminary study showed that 26.7% of mothers had good knowledge, 40% had sufficient knowledge and 33.3% of mothers had insufficient knowledge. While the attitude of mothers towards exclusive breastfeeding, which shows the results, as many as 33.3% of mothers have good attitudes, 33.3% have sufficient attitudes and 33.3% have fewer attitudes, this shows that the number of mothers who have good attitudes towards breastfeeding Exclusive is still less than 50%.

Knowledge and attitudes are closely related to maternal behaviour in exclusive breastfeeding. This statement is supported by research entitled “Breastfeeding knowledge, attitude, and practice among mothers in Hall district, north-western Saudi Arabia” who conducted in Hall district, Saudi Arabia which states that, the mother’s knowledge of the benefits of breastfeeding is less, one of the reasons for the low level of exclusive breastfeeding [10]. Most mothers do not understand the content of important nutrients in breast milk. In addition, some mothers understand the benefits of breastfeeding, but in their actions, they have not provided exclusive breastfeeding. This is consistent with the research entitled “Knowledge, Attitudes and Behaviour of Mother Babies Against Exclusive Breastfeeding” that the factor of not giving ASI is the low level of knowledge, attitudes and actions of the mother. Some mothers still do not understand the benefits of breastfeeding, a small proportion understand the benefits of breastfeeding, but in practice, they do not provide exclusive breastfeeding [11]. Another similar study was carried out by Rahman (2017) in the work area of the Jumpandang Baru Community Health Centre, Tallo District, Makassar City, that the factor for not giving exclusive breastfeeding to babies is due to the mother’s lack of knowledge and the mother’s attitude towards exclusive breastfeeding [12].

Increasing knowledge and attitudes about exclusive breastfeeding can be done through health education using various media, one of which is a booklet. Booklets are an effective medium to use in increasing knowledge. This is evidenced by a study entitled “The Effectiveness of Using Media on Booklet Balanced Nutritional Knowledge of Undernourished Infants in Semanggi Village, Pasar Kliwon District, Surakarta City”, where the results of the test Wilcoxon conducted by researchers showed very significant results ($p = 0.0000$) which means that the booklet is an effective medium to increase one’s knowledge [13]. In addition, the advantages contained in the booklet include that it can be studied at any time because it is designed in the form of a book and contains more information [14].

Research and development of the Booklet “Let’s Give Exclusive Breastfeeding” conducted by Hardiansyah (2017) at Posyandu RW 5 Temas Kota Batu Village, where the booklet has been analysed based on needs and targets during the use test so that it can become an appropriate health promotion medium for the “posyandu”. Based on the data analysis, the results showed that the product booklet “Let’s Give Exclusive Breastfeeding” is generally included in the “Very Appropriate” category so that this product can be used as a health promotion media at the Posyandu RW 5 Temas Village, Batu City. A further study conducted by Maulida (2018) entitled “The Effectiveness of Booklets on Exclusive Breastfeeding Increasing Knowledge of Exclusive Breastfeeding

for Mothers who Do not Provide Exclusive Breastfeeding in the Work Area of Cisadea Health Centre, Malang City” shows that “booklets are Exclusive breastfeeding effective for increasing maternal knowledge. regarding exclusive breastfeeding for mothers who do not provide exclusive breastfeeding in the working area of the Cisadea Community Health Centre, Malang City ”, however, from this study it is not known the effectiveness of the booklets on improving maternal attitudes, so it is necessary to conduct further research to determine the effectiveness of booklets on improving the attitudes of mothers [15].

In accordance with the description of the problem above, the researchers are interested in conducting research with the title the effectiveness of booklets on exclusive breastfeeding increasing knowledge and attitudes of mothers who do not provide exclusive breastfeeding at Posyandu in the working area of the sisir community health centre.

2. Material and Method

The method used in this study is a pre-experimental design with a one group pre-test post-test design. While The number of samples in this study were 53 people who did not experience problems in speaking Indonesian, reading disorders, were not undergoing treatment. Sampling through *quota sampling technique*.

The instrument used in measuring knowledge is a multiple choice questionnaire. Meanwhile, the instrument used to measure attitudes is a questionnaire with a Likert scale. Previously, the instrument validity was tested for judgment by an expert then analysed by interpretation *Aikens*. After that, the instrument was tested on 30 respondents to find out the validity of using the correlation *Pearson “product moment”* and the reliability of the instrument with “*Alpha. Cronbach’s* ” with count results $> r$ table ($0.867 > 0.361$), so it can be said that the instrument is reliable. At the data analysis stage, the prerequisite test or normality test is first carried out. Then proceed with the test *Wilcoxon signed rank test* with a significance level of 0.05 or ($p < 0.05$).

3. Results

Following is an overview of the distribution of respondents by age.

From Table 1, it can be seen that the majority of respondents are in the age range 21-30 years, as many as 37 people (69.8%). While the remaining 2 people (3.8%) were

TABLE 1: Distribution of respondents by age.

Category (yr)	N	Percentage
<20	2	3.8%
21–30	37	69.8%
31–40	13	24.5%
≥41	1	1.9%
21–30	37	69.8%
31–40	13	24.5%
Total	53	100%

Source: Author’s own work.

aged ≤ 20 years, 13 people (24.5%) were in the age range 31-40 years and 1 person (1.9%) was in the age range ≥ 41 years.

TABLE 2: Distribution of respondents based on the level of education.

Level	N	Percentage
SD	7	13.2%
SMP	7	13.2%
SMA	33	62.3%
DIPLOMA/SARJANA	6	11.3%
Total	53	100%

Source: Author’s own work.

Based on table 2, it shows that the majority of respondents have high school education, namely as many as 33 people (62.3%) and the rest as many as 6 people (11.3%) with a Diploma / Bachelor degree, 7 people (13.2%) with a SMP and SD education level of 7 people (13.2%).

TABLE 3: Distribution of respondents based on employment.

Status	N	Percentage
Work	8	15.1%
Not Working	45	84.9%
Total	53	100%

Source: Author’s own work.

Based on table 3 it can be seen that the majority of respondents as many as 45 people (84.9%) do not work or are housewives (IRT). The remaining 8 respondents (15.1%) worked.

Based on table 4, it can be seen that the majority of mothers under five are 6 months old as many as 16 toddlers (30.2%). The remaining children aged 2 months were 5

TABLE 4: Distribution of respondents by age of toddlers.

Age of toddlers	N	Percentage
1 month	10	18.9%
2 months	5	9.4%
3 months	9	17%
4 months	6	11.3%
5 months	7	13.2%
6 months	16	30.2%
Total	53	100%

Source: Author's own work.

toddlers (9.4%), 1 month were 10 people (18.9%), 3 months were 9 toddlers (17%), 4 months were 6 toddlers (11.3%) and 5 months were 7 toddlers. (13.2%).

TABLE 5: Pre-test results of the respondent's knowledge.

Level	N	Percentage
Good (76–100)	27	51%
Enough (56–75)	26	49%
Less (<55)	0	0%
Total	53	100%

Source: Author's own work.

Based on table 5, it can be seen that The results pre-test of mother's knowledge about exclusive breastfeeding were 27 people (51%) had good knowledge, namely between 76-100 and the rest, 26 people (49%) had sufficient knowledge, namely between 56-75. Thus, it can be seen that the overall half of the respondents in this study still have sufficient knowledge about exclusive breastfeeding before giving the booklet.

TABLE 6: Post-test results of respondent's knowledge.

Level of knowledge	N	Percentage
Good (76–100)	48	90.5%
Enough (56–75)	5	9.5%
Less (<55)	0	0%
Total	53	100%

Source: Author's own work.

Based on table 6, it can be seen that Mother's knowledge about exclusive breastfeeding after giving the booklet, it was breastfeeding found that 5 (9.5%) mothers were in the sufficient knowledge category and 48 mothers (90.5%) were already in the good knowledge category.

TABLE 7: Pre-test results of respondents' attitudes.

Level of attitude	N	Percentage
Good (76–100)	13	24.52%
Enough (56–75)	39	73.58%
Less (≤ 55)	1	1.9%
Total	53	100%

Source: Author's own work.

Based on table 7, it shows the results that Attitudes of mothers regarding exclusive breastfeeding before giving the booklet as many as 13 people (24.52%) have a good attitude. The rest, as many as 39 people (73.58%) were in the moderate category and 1 person (1.9%) was in the poor category. It can be concluded that most respondents still have sufficient knowledge prior to giving the booklet.

TABLE 8: Post-test results of respondents' attitudes.

Level of attitude	N	Percentage
Good (76–100)	49	92.45%
Enough (56–75)	4	7.55%
Less (≤ 55)	0	0%
Total	53	100%

Source: Author's own work.

Based on table 8, it shows that the mothers regarding exclusive breastfeeding after giving the booklet breastfeeding showed that 49 people (92.45%) had a good attitude, the remaining 4 people (7.55%) were in the sufficient category. It can be concluded that most of the respondents already had a good attitude after being given the booklet breastfeeding.

TABLE 9: Normality test of data distribution of knowledge results.

	Kolmogorov--Smirnov		
	Statistic	df.	Sig.
Pre-test	0.185	53	0,000
Post-test	0.147	53	0.060

Source: Author's own work.

Based on table 9, it is known that the significance value of the normality test of the score for pre-test the knowledge variable, obtained a significance value of 0.000. When compared with $\alpha = 0.05$, the significance value is smaller than $\alpha = 0.05$ ($0.000 < 0.05$). Thus it can be said that the data are not normally distributed. While the post-test score has a significance value equal to 0.006. When compared with $\alpha = 0.05$, the significance

value is smaller ($0.006 < 0.05$). Thus, it can be concluded that the data are not normally distributed.

TABLE 10: Normality test of data distribution of attitude results.

	Kolmogorov--Smirnov		
	Statistic	df.	Sig.
Pre-test	0.185	53	0.045
Post-test	0.147	53	0.000

Source: Author's own work.

The results of the normality test score for the pre-test attitude variable, significance of 0.045. When compared with $\alpha = 0.05$, the significance value is smaller than $\alpha = 0.05$ ($0.045 < 0.05$). Thus it can be said that the data are not normally distributed. While the results of the normality test score for the post-test of knowledge, the results obtained a significance value of 0.000. When compared with $\alpha = 0.05$, the significance value is smaller ($0.000 < 0.05$). Thus, it can be concluded that the data are not normally distributed.

TABLE 11: Wilcoxon Signed Rank test result on knowledge.

	Post-test--pre-test
Z	-6.355 ^b
Asymp. Sig (2-tailed)	0.000

Source: Author's own work.

Based on table 11, it can be seen that the Asymp. Sig (2-tailed) value is 0,000, where the significance value of the knowledge variable is less than 0.05 ($0,000 < 0.05$). Thus it can be concluded that (H0) is rejected so that (Ha) "booklet is Exclusive breastfeeding effective for increasing knowledge of mothers about exclusive breastfeeding for mothers who do not provide exclusive breastfeeding at Posyandu, the working area of Puskemas Sisir Kota Batu".

TABLE 12: Wilcoxon Signed Rank test results on attitude.

	Post-test--pre-test
Z	-6.276 ^b
Asymp. Sig (2-tailed)	0.000

Source: Author's own work.

Based on table 11, it can be seen that the Asymp.Sig (2-tailed) value is 0,000, which is the significance of the knowledge variable is less than 0.05 ($0.000 < 0.05$). Thus it can be concluded that (H0) is rejected so that (Ha) "booklet is Exclusive breastfeeding effective for increasing attitudes of mothers regarding exclusive breastfeeding for mothers who

do not provide exclusive breastfeeding at Posyandu, the working area of Puskesmas Sisir Kota Batu”.

4. Discussion

4.1. Characteristics of respondents

Respondents in this study were 53 mothers who did not provide exclusive breastfeeding in all Posyandu in the working area of Puskesmas Sisir, Batu City. Characteristics of respondents in this study were seen from the age of the respondent, the latest level of education, employment status, and age of the respondent's child. As for the characteristics of respondents based on age as shown in table 4.1, the dominant age of the respondents is in the 21-30 years old category which can be said to be women of reproductive age (WUS) or productive age. This means that in this study many mothers are young but do not provide exclusive breastfeeding. This contradicts the research conducted by Organda in the United States which states that the younger the mother is, the more likely she is to provide exclusive breastfeeding for her baby compared to older mothers [16].

This is due to the lack of knowledge of mothers about exclusive breastfeeding. As a person gets older, a person's physical, psychological development will develop, including knowledge [17]. The age factor can affect a person's knowledge, the higher the age, the better the way of thinking and experience the more [18]. However, the knowledge in question is knowledge / cognitive in general, not specifically, namely knowledge related to exclusive breastfeeding. It was also explained in the research conducted by Sugiarto et al that there was no significant relationship between maternal age and exclusive breastfeeding, this was because breastfeeding was influenced by several things, including the mother's courage, desire, and support from health workers [19]. Health worker support is significantly associated with exclusive breastfeeding [19]. This is related to the attitude of exclusive breastfeeding where the support of health workers is the influence of other people who are considered important to the mother so that it can affect the attitude of exclusive breastfeeding.

Other characteristics of respondents are based on education level. As shown in table 2, most of the respondents have a high school education level, but in this study, there were also respondents with a Diploma / 's degree who did not provide exclusive breastfeeding. This study shows that there are still mothers with higher education levels who have less knowledge of giving exclusive breastfeeding. This is not in line

with research conducted by Hidayah and Setyaningrum (2018) which states that the higher the education, the higher the person's level of knowledge because there are still mothers who have a high level of education but do not exclusively breastfeed.

This happens because there are probably many other highly educated mothers who were not selected as respondents. Besides, the knowledge in this research is the knowledge of a special nature or specifics of exclusive breastfeeding [15]. A person's education is generally related to a person's attitude, the higher the education, the higher the mother's attitude towards exclusive breastfeeding [20]. Meanwhile, this study shows that although some mothers have a high level of education, they still have a low attitude towards exclusive breastfeeding. This is by following with research conducted by Sutrisno (2015) that not all highly educated mothers have high attitudes towards exclusive breastfeeding [21]. This is because there are many other factors that can affect a person's knowledge besides education, for example, work, interests, experience and culture [17]. While the factors that can influence a person's attitude are experience, the influence of other people who are considered important is the influence of a medium [22].

Characteristics of respondents are then seen from the status of work. The distribution of the occupational status of respondents in this study most of the respondents did not work or were housewives without having a job outside the home. In this study there are still many unemployed mothers who do not provide exclusive breastfeeding, whereas in fact mothers who do not work have a greater opportunity to provide exclusive breastfeeding. Meanwhile, working mothers will experience obstacles in breastfeeding, this is because mothers have less time to care for their babies than mothers who do not work. However, in reality, in this study, there are still many mothers who do not work but do not provide exclusive breastfeeding, this incident is of course caused by several things, for example, the lack of knowledge and attitudes of mothers regarding exclusive breastfeeding, too early complementary breastfeeding and a history of formula feeding. This research is not in accordance with research conducted by Anggania, et al. which shows that working mothers find it difficult to divide their time between work and their families while mothers who do not work will tend to provide exclusive breastfeeding [23]. But in terms of knowledge, mothers who work outside the home tend to have better access to information or knowledge than mothers who are only at home every day [24]. However, different types of work and places of work for mothers can affect the knowledge or information obtained. Therefore, it is necessary to conduct research related to the relationship between work and maternal knowledge regarding exclusive breastfeeding.

The characteristics of the respondents are then seen from the age of the children under five. In this study, it shows that the majority of toddlers who are not given exclusive breastfeeding are 6 months (30.2%), and even the second highest is children aged 1 month as many as 10 people (18.9%). Exclusive breastfeeding means only breastfeeding for the first 6 months without any additional food, but in reality in this study before 6 months the baby was given food other than breast milk. Exclusive breastfeeding can improve the health status of mothers, provide more time for mothers and children, reduce the risk of ovarian cancer and breast cancer and breast milk is the best and safest food for babies [25]. The thing that most often causes mothers not to exclusively breastfeed is that mothers feel that their babies are not full if only breastfed. Providing complementary foods from an early age, can be caused by a lack of knowledge of mothers about the importance of exclusive breastfeeding. This reason is reinforced by the results of research on factors related to exclusive breastfeeding in mothers in the Goba district of Southeast Africa, that it is possible for mothers to introduce complementary foods to their children due to the assumption that breast milk alone will not meet the needs of the baby and cannot satisfy the needs. baby at age [11]. However, according to a research literature study conducted by Leah, et al., (2017) in Kenya, the lack of exclusive breastfeeding during the first 6 months may be the biggest risk factor for morbidity and infant mortality. Besides, the lack of exclusive breastfeeding is also the highest risk factor for babies experiencing malnutrition [16].

4.2. The effectiveness of exclusive breastfeeding booklet on increasing mother's knowledge regarding exclusive breastfeeding

The average score of maternal knowledge before being given exclusive breastfeeding before being given treatment (pre-test) is 75.74, this shows that on average mothers still have sufficient knowledge. While the average score of maternal knowledge after treatment (post-test) was 85.37. This shows that the mother's knowledge increased from sufficient to good category after being given treatment in the form of a booklet. This is also supported by the results of statistical analysis of the data pre-test and post-test using the Wilcoxon signed rank test with the help of IBM SPSS 23 computer software with results Asymp. Sig (2-tailed) of 0,000, value The significance of less than 0.05 (0.000 <0.05) or can be interpreted that the booklet of exclusive breastfeeding can increase mother's knowledge. This is in line with research conducted by Maulida (2018), namely, booklets breastfeeding can increase maternal knowledge about breastfeeding at Cisadea Health Centre, Malang City. In addition, research conducted by G. Suja and

Aruna.G on the effectiveness of booklets in increasing knowledge at one of the selected hospitals in Nellerone, showed the results that booklets were effective in increasing mother's knowledge about exclusive breastfeeding. This increase in maternal knowledge is expected to increase exclusive breastfeeding for babies. This is in accordance with the research conducted by Alison et al., in a coastal village of Kenya who said that exclusive breastfeeding was not provided because the mother had poor knowledge regarding exclusive breastfeeding [26]. This is in line with research conducted by Mulye in India, which showed that the booklet contains effective feeding techniques to improve their knowledge related to breastfeeding mothers and demonstrate the value of a high significance [27].

A person's knowledge about health can be improved by health education in this case related to exclusive breastfeeding. Health education requires the media as a means or effort to convey health messages to the target. Health education media that can be used include print media, electronic media and outdoor media [18]. In this study, researchers used printed media booklets. Booklet is a printed media in the form of an A5 sized book containing articles and pictures [28]. The advantages of booklets include that they can be made easily at a relatively low cost and are more durable in use than audio and visual media as well as audio visual [29]. In addition, the Booklet Exclusive Breastfeeding can be used as an appropriate medium in health promotion efforts in accordance with the needs analysis that has been carried out at Posyandu RW 5 Temas Village, namely the need, desire or interest of mothers to learn [30].

4.3. The effectiveness of exclusive breastfeeding booklets on increasing mother's attitudes regarding exclusive breastfeeding

The average score of mothers' attitudes about exclusive breastfeeding before being given treatment (pre-test) was 71.23, this indicates that the mother's attitude regarding exclusive breastfeeding was still in the sufficient category. Meanwhile, the average score of maternal attitudes after being given treatment (post-test) was 85.9. This shows that there is an increase in the attitude score of the mother before and after being given the treatment, the attitude of the mother has increased from sufficient to good category. This statement is also supported with the results of statistical analysis using the Wilcoxon signed-rank test with the help of the IBM SPSS computer 23 with Asymp. Sig (2-tailed) of 0.000, which means that the significance value is less than 0.05 (0.000 <0.05), so it can be concluded that there is an increase in maternal attitudes before and

after being given treatment. This research is in line with what was done by G. Suja and Aruna.G at one of the selected hospitals in Nellore, that the provision of booklets was exclusive breastfeeding effective in improving the attitudes of mothers in the practice of exclusive breastfeeding. This is in line with research conducted by Iryani, et al., which shows the results of an increase in the average pre-test score of 8.15 to 10.55 during the post-test with a p-value of 0.001. It matters There is a significant influence between the provision of booklets exclusive breastfeeding with an increase in maternal attitudes about exclusive breastfeeding [31].

Attitude is a reaction or response that is still closed from someone to a certain stimulus or object. On the other hand, attitude is a factor in a person that can encourage certain behaviours to occur. Attitude can be described as a person's tendency to respond to something, namely responding to both likes and dislikes [31]. A person's attitude can be influenced by various factors, including personal experience, influence of other people who are considered important, culture, mass media, educational and religious institutions, and emotional factors. In this study, the researcher provided a stimulus to increase maternal attitudes about exclusive breastfeeding on the mass media factor, the mass media used, namely the exclusive breastfeeding booklet.

The booklet used by the researcher is entitled "Let's Give Exclusive Breastfeeding" which is represented by [30]. The booklet is A5 size, consists of 16 pages, uses short language with a background that contrasts with the writing so that it is easy to understand, for example if the writing is black then the background is used it. is white. The layout of the booklet looks neat and attractive, the neatness of the booklet can be seen from the frames on all pages so that the boundaries of the booklet can be seen clearly. The letters used in the writing are Times New Roman 12 standard letters so they are easy to understand and read. Seen from the other side, the selection of images in the booklet should match the colour theme, the images used are also attractive colours, contrast and make it easier for readers to understand the contents of the booklet. Overall, the booklet used by the researcher has met the criteria set by Sadiman in [32].

5. Conclusion

The results of the research on knowledge variables based on the Wilcoxon Signed Rank Test showed the results of the Asymp Sig. (2-tailed) of 0.000, where the significance value is less than 0.05 ($0.000 < 0.05$). This means that the results of the study show that "Exclusive breastfeeding booklets are effective in increasing the knowledge of mothers

about exclusive breastfeeding for mothers who do not provide exclusive breastfeeding at Posyandu in the working area of Puskesmas Sisir Kota Batu". Meanwhile, the results of the research on attitude variables based on the Wilcoxon Signed Rank Test showed the results of the Asymp Sig. (2-tailed) of 0.000, where the significance value is less than 0.05 ($0.000 < 0.05$). This means that the results of the study show that "the exclusive breastfeeding booklet is effective in improving the attitudes of mothers about exclusive breastfeeding for mothers who do not provide exclusive breastfeeding at the Posyandu in the working area of the Sisir Health Centre, Batu City". From the results of this study, there are several suggestions given by researchers regarding the use of booklet information media especially related to exclusive breastfeeding to increase exclusive breastfeeding behaviour.

Conflict of Interest

The authors declare that there is no conflict of interest.

References

- [1] Dinas Kesehatan Provinsi Jawa Timur. (2017). *Profil Kesehatan Provinsi Jawa Timur 2017*. Surabaya: Dinas Kesehatan Provinsi Jawa Timur.
- [2] Centers for Disease Control and Prevention. (2018). *CDC's Work to Support & Promote Breastfeeding*. United States: Centers for Disease Control and Prevention.
- [3] Kementerian Perencanaan Pembangunan Nasional, and UNICEF Indonesia. (2017). *Laporan Baseline SDG tentang Anak-Anak di Indonesia*. Jakarta: Bappenas.
- [4] Kementerian Kesehatan Republik Indonesia. (2015). *Profil Kesehatan Indonesia 2015*. Jakarta: Kementerian Kesehatan Republik Indonesia.
- [5] Riskesdas, K. (2018). *Hasil Utama Riset Kesehatan Dasar (RISKESDAS)*. Jakarta: Kementerian Kesehatan Republik Indonesia.
- [6] Kemenkes RI. (2019). *Profil Kesehatan Indonesia 2018*. Jakarta: Kementerian Kesehatan Republik Indonesia.
- [7] Dinkes Provinsi Jawa Timur. (2019). *Profil Kesehatan Jawa Timur 2018*. Surabaya: Dinas Kesehatan Provinsi Jawa Timur.
- [8] Dinas Kesehatan Kota Batu. (2016). *Profil Kesehatan Kota Batu Tahun 2016*. Kota Batu: Dinas Kesehatan Kota Batu.
- [9] Dinas Kesehatan Kota Batu. (2018). *Profil Kesehatan Kota Batu Tahun 2018*. Kota Batu: Dinas Kesehatan Kota Batu.

- [10] Shommo, S. A. and Al-Shubrumi, H. A. (2014). Breastfeeding Knowledge, Attitude and Practice among Mothers in Hail District, Northwestern Saudi Arabia. *IOSR Journal of Nursing and Health Science*, vol. 3, issue 1, pp. 49–56.
- [11] Setegn, T., et al. (2012). Factors Associated with Exclusive Breastfeeding Practices Among Mothers in Goba District, South East Ethiopia: A Cross Sectional Study. *International Breastfeeding Journal*, vol. 7, issue 17, pp. 1-8.
- [12] Rahman, N. (2017). *Pengetahuan, Sikap, dan Praktik Pemberian ASI Eksklusif di Wilayah Kerja Puskesmas Jumpang Baru Kecamatan Tallo Kota Makassar*. Makassar: Universitas Hasanudin.
- [13] Pratiwi, Y. F. and Puspitasari, D. I. (2017). Efektivitas Penggunaan Media Booklet terhadap Pengetahuan Gizi Seimbang pada Ibu Balita Gizi Kurang di Kelurahan Semanggi Kecamatan Pasar Kliwon Kota Surakarta. *Jurnal Kesehatan*, vol. 10, issue 1, pp. 58-67.
- [14] Hati, T. D. (2017). *Pengaruh Penyuluhan Dengan Media Booklet Terhadap Pengetahuan Dan Sikap Ibu Anak Balita Tentang Keluarga Sadar Gizi Di Desa Grogol, Kecamatan Weru, Kabupaten Sukoharjo*. Surakarta: Universitas Muhammadiyah Surakarta.
- [15] Maulida, A. (2018). *Efektivitas Booklet Asi Eksklusif Terhadap Peningkatan Pengetahuan Mengenai ASI Eksklusif Pada Ibu yang Tidak Memberikan ASI Eksklusif Di Wilayah Kerja Puskesmas Cisadea Kota Malang*. Malang: Universitas Negeri Malang.
- [16] Mututho, L. N., Kiboi, W. K. and Mucheru, P. K. (2017). Factors Associated with Exclusive Breastfeeding in Kenya: A Systematic Review. *International Journal of Community Medicine and Public Health*, vol. 4, issue 12, pp. 4358-62.
- [17] Mubarak, W. I. (2012). *Promosi Kesehatan untuk Kependidikan*. Jakarta: Salemba Medika.
- [18] Notoatmodjo, S. (2010). *Promosi Kesehatan: Teori dan Aplikasi*. Jakarta: Rineka Cipta.
- [19] Sugiarto, M., Marjes, N. and Tumurang, E. P. S. (2016). *Hubungan Antara Umur Ibu, Pekerjaan Ibu, Pendapatan Keluarga Dan Dukungan Petugas Dengan Pemberian ASI Eksklusif 6 Bulan Di Wilayah Kerja Puskesmas Kakaskasen Kecamatan Tomohon Utara*. Manado: Poltekkes Kemenkes Manado.
- [20] Widiyanto, S., Aviyanti, D. and Merry, A. T. (2012). Hubungan Pendidikan dan Pengetahuan Ibu tentang ASI Eksklusif dengan Sikap terhadap Pemberian ASI Eksklusif Subur. *Jurnal Kedokteran Muhammadiyah*, issue 1, pp. 25–29.

- [21] Sutrisno, S. (2015). *Hubungan Tingkat Pendidikan Ibu Dengan Sikap Pemberian Asi Eksklusif Di Wilayah Puskesmas Kartasura Kabupaten Sukoharjo*. Surakarta: Universitas Muhammadiyah Surakarta.
- [22] Wawan, A. and Dewi, M. (2010). *Pengetahuan, sikap dan perilaku manusia*. Yogyakarta: Nuha Medika.
- [23] Timporok, A. G. A. (2018). Hubungan Status Pekerjaan Ibu Dengan Pemberian Asi Eksklusif Di Wilayah Kerja Puskesmas Kawangkoan. *Jurnal Keperawatan*, issue 6, pp. 1–6.
- [24] Ma'munah, M. (2015). Pengaruh Pendidikan Kesehatan dengan Booklet terhadap Pengetahuan Nutrisi Ibu Laktasi di Wilayah Kerja Puskesmas Ciputat Timur. *Keperawatan*, issue 1, pp. 1–127.
- [25] World Health Organization. (2019). *Health Topics Breastfeeding*. Retrieved from <http://www.who.int/topics/breastfeeding/en/>.
- [26] Talbert, A. W., et al. (2018). Knowledge of, and attitudes to giving expressed breastmilk to infants in rural coastal Kenya; focus group discussions of first time mothers and their advisers. *International Breastfeeding Journal*, issue 13, pp. 1–7.
- [27] Mulye, M. T. (2016). Effectiveness of Information Booklet about Breastfeeding Techniques on the Knowledge of Antenatal Mothers in Selected Hospitals Singhad Education. *Singhad e-Journal of Nursing*, vol. 4, issue 11, pp. 57-8.
- [28] Sumarauw, M. F. (2013). Evaluasi Sistem Dan Prosedur Akuntansi Atas Pembayaran Klaim Asuransi Kesehatan Pada Pt. Askes (Persero). *Jurnal Riset Ekonomi, Manajemen, Bisnis dan Akuntansi*, vol. 1, issue 3, pp. 331-8.
- [29] Gustaning, G. (2014). *Pengembangan Media Booklet Menggambar Macam-Macam Celana Pada Kompetensi Dasar Menggambar Celana Siswa Smkn 1 Jenar*. Yogyakarta: Universitas Negeri Yogyakarta.
- [30] Hardiansyah, M. (2017). *Pengembangan Booklet sebagai Media Promosi Kesehatan tentang Pemberian ASI Eksklusif di Posyandu Balita RW 5 Kelurahan Temas Kota Batu*. Malang: Universitas Negeri Malang.
- [31] Iriyani, K. (2015). Effectiveness of Booklet Media on Mothers' Knowledge and Attitude Regarding Exclusive Breastfeeding and Breastfeeding Practice at Manggar Baru Health Center Balikpapan. *International Journal of Sciences: Basic and Applied Research*, issue 21, pp. 11–5.
- [32] Andreansyah, A. (2015). *Pengembangan Booklet Sebagai Media Pembelajaran Geografi Pada Materi Dinamika Litosfer Dan Pengaruhnya Terhadap Kehidupan Di Muka Bumi Kelas X Di SMA Negeri 12 Semarang*. Semarang: Universitas Negeri Semarang.