THE INFLUENCE OF HEALTH PROMOTION MEDIA ON MOTHER'S BEHAVIOR IN GIVING BREAST MILK TO CHILDREN UNDER THE AGE OF 2 YEARS IN LIQUICA DISTRICT, TIMOR LESTE

Vol 8 No. 7 Juli 2024

eISSN: 2118-7300

Anibal Idalino Loe

anibalidalino@yahoo.co.id

IIK STRADA Indonesia

ABSTRACT

Breast milk (breast milk) is the best food for newborn babies, because it has the highest nutritional value compared to baby food made by humans or derived from animal milk or plant ingredients. The aim of this research is to analyze the influence of health promotion media (Flipcharts and Leaflets) on mothers' behavior in giving breast milk (breast milk) in Liquica Regency, Timor Leste. The design of this research is a quasi-experimental quantitative research with a two group post test design approach with the research focus directed at analyzing the influence of health promotion media (Flipcharts and Leaflets) on mothers' behavior in giving breast milk (breast milk) in Liquica Regency, Timor Leste. The total population was 76 respondents and the sample was 150 respondents taken using the purposive sampling technique. Based on the results of the paired T Test analysis, it shows that the p-value is 0.000 < 0.05, so H0 is rejected and H1 is accepted, so it is concluded that there is an influence of the leaflet method of health promotion on the behavior of mothers giving breast milk in Liquica Regency, Timor Leste. Based on the results of the Paired T Test analysis, it shows that the p-value is 0.005 < 0.05, so H0 is rejected and H1 is accepted, so it is concluded that there is an influence of the flipchart method of health promotion on the behavior of mothers giving breast milk in Liquica Regency, Timor Leste. Based on the results of the Independent T Test analysis, it shows that the p-value is 0.010 < 0.05, so H1 is accepted, so it can be concluded that there is a difference between leaflet and flipchart health promotion media on mothers' behavior in breastfeeding in Liquica Regency, Timor Leste. It is important to utilize the various health promotion media available, such as watching videos, reading leaflets, or participating in educational sessions using flipcharts, according to each mother's preferences. Actively engage in interactive sessions with health professionals to obtain additional information and answer questions about breastfeeding.

Keywords: Children, breastfeeding, behavior & health promotion

INTRODUCTION

In general, health promotion is all the efforts planned to influence others, good, group, or community, what they are promoting. And this limit is implied input elements (targets and educators of education), processes (planned efforts to influence other other) and output (doing what is expected). The expected outcome of a health promotion is health behavior, or behavior to maintain and improve health that is conducive by the target of health promotion. (Notoatmodjo, 2012)

Health promotion is the process of empowering people to be able to control health determinants so as to improve their own health in order to improve the quality of healthy life, also health promotion not only includes health education and healthy behavior changes, but also includes various social interventions and the environment.

Breastfeeding (breast milk) is the best food for newborn babies, because it has the highest nutritional value compared to baby food made by humans or those from animal milk or from plant ingredients. Therefore there is no doubt that the best way to give baby food, one of the programs from the World Health Organization (WHO) for children from birth

until the baby is able to digest other intake after the age of six months. According to WHO, exclusive breastfeeding means the baby only receives breast milk and no liquid or other solids even water, except oral rehydration solutions or vitamin syrup, minerals, or drugs. There is a variety of evidence that breastfeeding reduces the level of neonatal infection, and also has a suspected health benefits in the long run can prevent hypertension, diabetes, and even increase intellectual intelligence (IQ). The substances contained in breast milk are needed for the growth and development of nerves and brain, and for the baby's immunity against several diseases and realize emotional bonds between mothers and their babies.

The first two years of a child's life is very important, because optimal nutrition during this period decreases morbidity and mortality, reduces the risk of chronic diseases, and encourages better developments as a whole. Therefore, optimal breastfeeding is that when children aged 0-23 months are very important because they can save the lives of more than 820,000 children under the age of 5 every year (WHO, 2020).

In 2020 WHO again explained the data in the form of exclusive breastfeeding rates globally, although there has been an increase, but this figure does not increase significantly, which is around 44% of infants aged 0-6 months worldwide who get exclusive breastfeeding during the 2015-2020 period Of the 50% of the target of exclusive breastfeeding according to WHO. The still low exclusive breastfeeding will have an impact on the quality and life power of the next generation. Globally in 2019, 144 million toddlers are estimated to be stunted, 47 million estimated to be thin and 38.3 million experienced overweight or obesity (WHO, 2020).

Basically, UNICEF and WHO continue to support the Government of Timor Leste in protecting, promoting and supporting optimum breastfeeding practices by sharing tools and resources to help apply 10 steps towards the success of breastfeeding, strengthening the capacity of the Timor Leste government to be able to provide quality breastfeeding counseling services and gather evidence to encourage more assertive actions on the marketing of inappropriate breast milk replacement products.

Based on the Moh-TLDHS (Ministry of Health-Timor Leste Demographic and Health Survey, it shows a significant increase in maternal and child health, where the number of maternity mothers in health facilities increases from 22% to 49% and the number of labors helped by health workers also increased from 30 to 57%. In addition, infant mortality rates are reduced from 45 to 30 per 1000 live births and malnutrition rates also decrease from 58% to 46%, and stunting from 45% to 40%, and mothers give exclusive breastfeeding 50% in children under 6 months of age.

METHOD

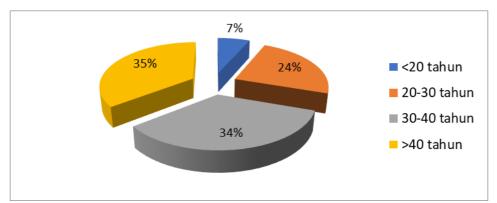
So in this study the researcher uses a comparative quantitative research design with health promotion media (video, leafleat and flipchart) in the sample population that is the target of the research, which can find out the effectiveness of health promotion media can affect mothers breastfeeding about breastfeeding to children below 2 years old.

Research design is a plan that guides researchers in the process of collecting, analyzing, and comparative design. That is, comparing the media promotion media for video, leafleat and flipchart.

RESULTS AND DISCUSSION

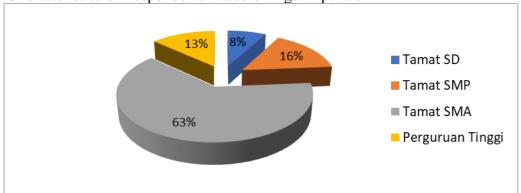
A. Characteristics of Respondents

1. Characteristics of Respondents Based on Age Leaflet



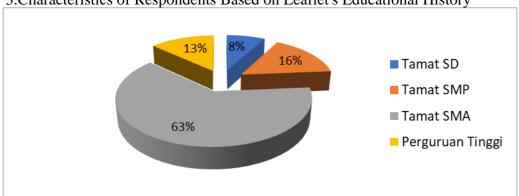
Characteristics of respondents based on age of respondents in Liquica Regency, Timor Leste, which was carried out on 23-28 May 2024 with a total of 76 respondents, 27 respondents (35%) were >40 years old.

2. Characteristics of Respondents Based on Age Flipchart



Characteristics of respondents based on age of respondents in Liquica Regency, Timor Leste, which was carried out on 23-28 May 2024 with a total of 76 respondents. It is known that almost half of the respondents were aged 20-30 years, namely 27 respondents (35%)

3. Characteristics of Respondents Based on Leaflet's Educational History



Characteristics of respondents based on the educational history of respondents in Liquica Regency, Timor Leste, which was carried out on 23-28 May 2024 with a total of 76 respondents. It was found that the majority of respondents had an educational history of completing senior high school, 48 respondents (63%).

B. Variable of Characteristics

1. Pre leaflet Characteristics

Frequency	Criteria	Persent (%)
Good	54	71.1
Enough	22	28.9
Total	76	100.0

Based on the table above, it is known that the majority of respondents had good behavior before being given the leaflet method of health promotion, 54 respondents (71.1%).

2. Post leaflet Characteristics

Frequency	Criteria	Persent (%)
Good	68	89.5
Enough	8	10.5
Total	76	100.0

Based on the table above, it is known that the majority of respondents had good behavior after being given health promotion using the leaflet method, 68 respondents (89.5%).

3. Pre flipchart Characteristics

Frequency	Criteria	Persent (%)
Good	25	32.9
Enough	51	67.1
Total	76	100.0

Based on the table above, it is known that the majority of respondents had sufficient behavior before being given the flipchart method of health promotion as many as 51 respondents (67.1%).

3. Post flipchart Characteristics

Frequency	Criteria	Persent (%)
Good	25	32.9
Enough	51	67.1
Total	76	100.0

Based on the table above, it is known that the majority of respondents had good behavior after being given the flipchart method of health promotion, 71 respondents (93.4%).

C. Tabulation of Respondent Characteristics with Leaflet Variables.

1. Age by Behavior

Mathan's age	Beh	avior	Total
Mather's age	Good	Enough	Total
<20 age	5	0	5
<20 age	6.6%	0.0%	6.6%
20-30 age	16	2	18
20-30 age	21.1%	2.6%	23.7%
30-40 age	24	2	26
30-40 age	31.6%	2.6%	34.2%
>40 age -	23	4	27
	30.3%	5.3%	35.5%
Total -	68	8	76
	89.5%	10.5%	100.0%

Based on the table above, it is known that almost half of the respondents aged 30-40 years were found to have good behavior after being given health promotion using the leaflet method, 24 respondents (31.6%).

2. Educational History with Behavior

Level of	Behavior		Total
educasional	Good	Enougth	Total

Elementary Schol —	6	0	6
	7.9%	0.0%	7.9%
Junior Hight school —	11	1	12
Julioi Tright school	14.5%	1.3%	15.8%
Senior Hight school —	43	5	48
Semoi Tright school	56.6%	6.6%	63.2%
Graduand of	8	2	10
university	10.5%	2.6%	13.2%
Total —	68	8	76
	89.5%	10.5%	100.0%

Based on the table above, it is known that the majority of respondents who had completed high school education were found to have good behavior after being given the health promotion leaflet method, 43 respondents (56.6%)

3. Number of Children with Behavior

Number of	Beh	Behavior	
Children	Good	Enougth	Total
3 Child	42	5	47
5 Cliffd	55.3%	6.6%	61.8%
4 Child	22	2	24
4 Ciliu	28.9%	2.6%	31.6%
5 Child	4	1	5
J Cliffd	5.3%	1.3%	6.6%
Total	68	8	76
Total	89.5%	10.5%	100.0%

Based on the table above, it is known that the majority of respondents who had 3 children were found to have good behavior after being given the health promotion leaflet method, 42 respondents (55.3%).

D. Tabulation of Respondent Characteristics with Flipchart Variables

1. Age By Behavior

M-412	Beh	avior	Total
Mother's age	Good	Enougth	
<20 age	4	0	4
<20 age	5.3%	0.0%	5.3%
20.30 aga -	25	2	27
20-30 age -	32.9%	2.6%	35.5%
30-40 age	21	0	21
30-40 age	27.6%	0.0%	27.6%
>40 age	21	3	24
	27.6%	3.9%	31.6%
Total -	71	5	76
	93.4%	6.6%	100.0%

Based on the table above, it is known that almost half of the respondents aged 20-30 years were found to have good behavior after being given health promotion using the flipchart method, 25 respondents (32.9%).

2. Educational History with Behavior

Level of educasional —	Beha	avior	- Total	
Level of educasional	Good	Good	Total	
Elementary Schol —	1	0	1	
	1.3%	0.0%	1.3%	
Junior Hight school —	4	0	4	
Julioi Hight school	5.3%	0.0%	5.3%	
Senior Hight school —	61	5	66	
	80.3%	6.6%	86.8%	
Graduand of	5	0	5	
university	6.6%	0.0%	6.6%	
Total —	71	5	76	
Total	93.4%	6.6%	100.0%	

Based on the table above, it is known that the majority of respondents who had completed high school education were found to have good behavior after being given the flipchart method of health promotion, 61 respondents (80.3%).

3. Number of children with Behavior

Number of Chilrens —	Behavior		- Total
Number of Chillens —	Good	Good	- 10tai
2 children —	1	0	1
2 children	1.3%	0.0%	1.3%
3 children —	57	3	60
3 children	75.0%	3.9%	78.9%
4 children —	11	2	13
4 children	14.5%	2.6%	17.1%
5 children —	2	0	2
3 cilidren	2.6%	0.0%	2.6%
Total —	71	5	76
Total –	93.4%	6.6%	100.0%

Based on table above, it is known that the majority of respondents who have 3 children were found to have good behavior after being given health promotion using the flipchart method, 57 respondents (75.0%).

E. Cross Tabulation Between Variables

1. Pre with Post Leaflet

Pre -	Post		Total
Pie	Good	Enougth	Total
Good -	51	3	54
	67.1%	3.9%	71.1%
Enougth -	17	5	22
Enougui	22.4%	6.6%	28.9%
Total -	68	8	76
	89.5%	10.5%	100.0%

Based on the table above, it is known that a small number of respondents who had good category behavior before being given the leaflet method health promotion were found

to have good category behavior after being given the leaflet method health promotion, namely 17 respondents (22.4%).

2. Pre with Post Flipchart

Pre -	Post		
	Good	Enoungt	Total
Good	25	0	25
	32.9%	0.0%	32.9%
Enoungt	46	5	51
	60.5%	6.6%	67.1%
Total	71	5	76
	93.4%	6.6%	100.0%

Based on the table above, it is known that the majority of respondents who had good category behavior before being given the flipchart method health promotion were found to have good category behavior after being given the flipchart method health promotion, totaling 46 respondents (60.5%).

Discusion

Health promotion and health education is something that is very important in this case by using other promotional media,

Researchers believe that health education has a very important role in changing the behavior of breastfeeding mothers, changes that occur due to increased knowledge and good absorption of information, regarding the health education that has been provided.

Health education is one way to change the behavior and knowledge of breastfeeding mothers. Education also plays an important role in providing knowledge so that breastfeeding mothers have knowledge about the benefits of breastfeeding for children under 2 years of age.

Education is also one way to add information to individuals, groups or society so that there is no misinterpretation of something that is still not understood, good or bad, then providing health, therefore, it can be concluded that health education has a very important role in adding information to increase knowledge and good behavior in people's lives, with a lot of information obtained, a person's knowledge will increase, by having good knowledge, a person can have good behavior too.

Therefore, in Timor Leste, since its independence and the UN/UNTAET government until 2002, the new government in Timor Leste, the Ministry of Health and WHO and other organizations have carried out various activities related to Maternal and Child Health. in this case the benefits of breastfeeding, then organizations and NGOs such as; Since 2003, the Alola Foundation has started its contribution to improving the health of mothers and children in Timor Leste. Until now, the government, Ministry of Health and partners have promoted various campaigns and health promotion efforts to increase public understanding of the benefits of breast milk.

Although Timor-Leste has made significant improvements in terms of reducing mortality rates, efforts need to be made to continue to improve maternal and child health, especially to address the problem of malnutrition in children under 5 years of age which continues to be a problem for the State of Timor Leste to this day. To respond to the above problems, the Alola Foundation's Maternal and Child Health program uses various strategies at the national and city levels to support women in accessing health facilities including national hospitals, community health centers and health posts in Timor Leste. In order to increase awareness of breastfeeding mothers and community members to be critical with deep awareness to contribute and be responsible for maternal and child health problems in

their environment, this is a strategy carried out by the government and NGOs, carrying out activities in national and rural areas, and various support groups. to breastfeeding mothers.

In 2020 WHO again presented data in the form of exclusive breastfeeding rates globally, although there has been an increase, this figure has not increased significantly, namely around 44% of babies aged 0-6 months worldwide who received exclusive breastfeeding during the 2015-2020 period. of the 50% target of exclusive breastfeeding according to WHO. The low level of exclusive breastfeeding will have an impact on the quality and vitality of the next generation. Globally in 2019, 144 million children under five are estimated to be stunted, 47 million are estimated to be underweight and 38.3 million are overweight or obese (WHO, 2020).

Based on the results of the Independent T Test analysis, it shows that the p-value is 0.010 < 0.05, so H1 is accepted so it can be concluded that there is a difference between leaflet and flipchart health promotion media on maternal breastfeeding behavior in Liquica Regency, Timor Leste. According to researchers, the use of health promotion media such as videos, leaflets and flipcharts has a significant role in influencing mothers' breastfeeding behavior in Liquica Regency, Timor Leste. Each media has its own advantages and disadvantages in conveying health information to mothers, depending on the characteristics of the audience, local context, and promotional objectives. The leaflet provides easy access and can be studied independently by mothers. On the other hand, flipcharts allow direct interaction between health workers and mothers, thereby increasing engagement and understanding.

CONCLUSION

Therefore, based on the analysis of the results of the Independent T Test, it shows that the p-value is 0.010 < 0.05, so H1 is accepted so it can be concluded that there is a difference in the health promotion media of leaflets and flipcharts on mothers' behavior in giving breast milk in Liquica Regency, Timor Leste. According to researchers, the use of health promotion media such as videos, leaflets and flipcharts has a significant role in influencing mothers' behavior in breastfeeding in Liquica Regency, Timor Leste. Each media has its own advantages and disadvantages in conveying health information to mothers, depending on audience characteristics, local context, and promotional objectives. The leaflet provides easy access and can be studied independently by mothers. On the other hand, flipcharts allow direct interaction between health workers and mothers, thereby increasing engagement and understanding.

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