



## The Influence of Health Education on Mom's Knowledge and Attitude About Infant Massage

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### ABSTRACT

Baby massage is an activity to simulate or sequence the baby's head with touch, movement, plus auditory stimulation and visual stimulation. The benefits of baby massage can make babies relax, establish affection between parents and children, and also train children's motor skills. Babies who routinely undergo baby massage are proven to have more motor intelligence than babies who rarely get it. The purpose of this study was to determine the effect of health education on mothers' knowledge and attitudes about infant massage in Pasir Makmur Village, Rambah Samo District, Rokan Hulu Regency. This type of research is a *quasi experiment* with a *one group pretest posttest without control design*. The number of samples is 65 people who are determined by total sampling technique. The statistical test used is *the paired t test*. The results showed that the average knowledge of respondents before being given health education about baby massage was 68.76 and after being given health education it was 88.18. The attitude of the respondents before being given health education on average was 42.04 and after being given health education it became 45.48. Based on the results of statistical tests there is an effect of health education on mother's knowledge and attitudes about infant massage with statistical test results obtained p values are 0.0003 and 0.0002 ( $p < 0.05$ ). It is hoped that further research will not only provide health education but baby massage training so that mothers do not only massage their babies but can also be an effort for mothers to obtain a lot of material.

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## INTRODUCTION

The highest infant mortality rate in Southeast Asia is Indonesia, which reaches 44/1,000 live births (BPS, 2017). One of the causes of the high infant mortality rate in Indonesia is the lack of stimulus and nutrition (Ronald, 2011). Giving stimulus is an activity to provide simulation, touch or movement coupled with auditory stimulation and also visual stimulation to the baby's body called baby massage (Doska, 2019, Marsyah, 2019; Soedjatmiko, 2016). Baby massage is also an alternative effort to achieve the simplest health status

that can be done at home, besides baby massage can also cause an inner contact between children and parents (Pratyahara, 2012; Magdalena, 2016). The benefits of baby massage can make babies more relaxed, can also establish affection between parents and children, then baby massage can train children's motor skills. Babies who routinely undergo baby massage are proven to have more motor intelligence than babies who rarely get it (Doska, 2019; Risnandari, R. (2012). In addition, baby massage can also make babies and mothers more calm and comfortable, increase endurance, increase baby's growth and weight, and increase the effectiveness of baby's rest and concentration (Rakhmawati, 2017).

Although baby massage has many benefits, the facts and reality in today's society, the implementation of baby massage in the community is still held by massage shamans. Because most mothers don't want to massage their own babies because they are afraid of getting the wrong massage. This is due to the lack of knowledge of mothers about how to massage babies independently, causing negative attitudes towards stimulation of baby massage independently (Mauliddina, 2011). Therefore, parents need to be provided with health education about the benefits and the correct technique in baby massage. Health education is an effort made to influence other people, whether individuals, groups, or communities so that someone can do what is expected by education actors in the health sector (Notoadmodjo, 2012).

Therefore, one of the efforts to increase one's knowledge is to provide health education as a medium for conveying information because health education is an effective approach to the community in conveying information so that it can be easily understood and has an impact on changing attitudes in the community by increasing knowledge and skills community skills.

Based on a preliminary study conducted in the village of Rambah Tengah Hilir, the results were obtained from 7 mothers who had babies, all mothers said they had never done baby massage independently to their children because they did not know how to do baby massage properly and correctly. In addition, all mothers also said that there had never been any health education about infant massage in their village.

## **METHOD**

This research is a quantitative study using a design *pre experimental* and *one group pre post test design*. In *design* this, there is a *pre-test* before being given treatment and a *post-test* after being given treatment. The research was conducted in September 2021 in Rambah Tengah Hilir Village. The population in this study was 45 mothers who had babies. The sampling technique is the total sample. Analysis in the research of *paired t test*

## RESULTS AND DISCUSSION

### A. Characteristics of Respondents

**Table 1 Distribution of Characteristics of Respondents**

Variable	F	%
Education		
Elementary	6	13.3
Junior	13	28.9
SchoolHigh School	19	42.2
Higher Education	7	15.6
Total	45	100%
Age		
20 - 30 Years	30	66.7
31 - 40 Years	14	31.1
> 40 Years	1	2.2
Total	60	100%

Based on table 1, it can be seen that the education level of respondents is 6 elementary school students (13.3%), junior high school totaling 13 people (28.9%), high school totaling 19 people (42.2%) and 7 universities (15.6%).

While the age of respondents 20 - 30 years 30 people (66.7%), age 31-40 (31.1%) and age > 40 years 1 person (2.2%).

### B. Mother's Knowledge and Attitude Before and after being given health education

**Table 2 Frequency Distribution of Respondents' Knowledge Before Health Education**

Knowledge	F	%
Good	6	13.3
Fairly	12	26.7
Poor	27	60
Total	45	100 %

Based on table 2, it can be seen that the respondents' knowledge before being given health education was the majority of them with less knowledge, amounting to 27 people (60%).

**Table 3 Frequency Distribution of Respondents' Knowledge Before Health Education**

Knowledge	F	%
Good	32	71.1
Fairly	12	26.7
Poor	1	2.2
Total	45	100 %

Based on table 3, it can be seen that the knowledge of respondents after being given health education was the majority of them with good knowledge, amounting to 32 people (71.1%).

**Table 4 Frequency Distribution of Respondents' Attitudes Before Health Education**

Attitudes	F	%
Positive	12	26.7
Negative	33	73.3
Total	45	100 %

Based on table 4, it can be seen that the attitude of respondents before being given health education was the majority with negative behavior, amounting to 33 people (73.3%).

**Table 5 Frequency Distribution of Respondents' Attitudes Before Health Education**

Attitudes	F	%
Positive	36	80
Negative	9	20
Total	45	100 %

Based on table 5, it can be seen that the attitude of the respondents before being given health education was the majority with positive behavior, amounting to 36 people (80%).

### C. The Effect of Health Education on Mother's Knowledge and Attitude Before and after being given health education

**Table 6 Knowledge of Respondents Before and After Health Education was given**

Knowledge of	Mean	Stand ard Devia tion	<i>P</i>
Knowledge of respondents before being given health education	68.76	15.05	0.0003
Knowledge of respondents after being given health education	88.18	12.86	

Based on table 6, the knowledge of respondents before being given health education about baby massage was an average of 68.76 with a standard deviation of 15.05. After being given counseling about baby massage the average was 88.18 with a standard deviation of 12.86.

The results of the statistical test showed that the *p* value was 0.0003 ( $p < 0.05$ ), so it can be concluded that there is a significant difference in knowledge before being given health education and after being given health education. The provision of health education can affect respondents' knowledge.

According to Notoatmodjo (2011), health education has an important goal of increasing knowledge and abilities as a criterion for the success of the overall health program. Health education affects knowledge because health education is a short-term educational process that uses systematic and organized methods and procedures.

Health education is an activity or effort to convey health messages to the community, group or individual. Health education as part of health promotion is needed as an effort to increase knowledge, attitudes and actions towards health. Therefore, of course, efforts to provide information are needed, which is

a field of health education. The original meaning of counseling is the provision of information and information, so after health counseling there should be an increase in knowledge by the community (Notoadmojo, 2011).

This study is in line with research conducted by Lamidji (2019) where the results of statistical tests obtained a p value of 0.0001, so it can be concluded that there is an effect of counseling or health education about infant massage on mother's knowledge.

A person's knowledge can be influenced by formal education factors. Knowledge is closely related to education, the higher a person's education, the better knowledge will be. However, knowledge is not absolutely obtained from formal education, but can be obtained through non-formal education (Wawan, 2015). From the results of the research on the education of respondents, 19 people (42.2%) have high school education or have secondary education.

With the health education provided to mothers so that mothers get more information about baby massage resulting in better knowledge of mothers. The provision of health education can increase one's knowledge, where good knowledge will form trust and will provide the basis for further development. Extensive knowledge makes a person more prepared and mature in dealing with problems well.

With good knowledge, it can also encourage mothers to be able to do baby massage independently so they no longer need the help of a masseuse.

**Table 7 Respondents' Attitudes Before and After Health Education was given**

Knowledge	Mean	Standard Deviation	P
Attitudes of respondents before being given health education	42.04	3.74	
Respondents' attitudes after being given health education	45.48	2.19	0.0002

Based on table 7 the attitudes of respondents before being given health education about baby massage Mean 42.04 with a standard deviation of 3.74. After being given counseling about baby massage the average was 45.48 with a standard deviation of 2.19.

The results of the statistical test showed that the p value was 0.0002 ( $p < 0.05$ ) so it can be concluded that there is a significant difference in attitudes before

being given health education and after being given health education. The provision of health education can affect a person's attitude.

Attitude is the response of individuals who are still closed to a stimulus and attitudes cannot be observed directly by other individuals. Attitude is not yet an action, but attitude is a motivating factor for individuals to take action (Wawan, 2015).

This research is in line with research conducted by Lamidji (2019). The results of statistical tests obtained  $p$  value is 0.000, so it can be concluded that there is an effect of counseling about infant massage on the mother's attitude. According to the researcher's assumption, health education has an effect on attitudes before and after health education is given. After receiving health education about infant massage, the mother received more information about infant massage so that the mother's attitude became better. With a change in attitude from negative to positive, it is hoped that this positive attitude will be a motivation to do self-massage to the baby.

## CONCLUSION

There is a difference in maternal knowledge before and after the provision of health education with  $p$  value = 0.0003. There is a difference in mother's attitude before and after the provision of health education with  $p$  value = 0.0002. It is better not only health education given to respondents but in the form of training by institutions professional.

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## AUTHOR CONTRIBUTION STATEMENT

The research had done by Andria, Sri Wulandari. They finished processing the finding, evaluation of research, and finishing review process.

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