

## Pregnant Mother Assistance in Utilizing the Maternal and Child Health Book (KIA) in the Tanah Kali Kedinding Kenjeran Surabaya Public Health Center Area

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### ABSTRACT

Utilization of the Maternal and Child Health Book (KIA Book) that is not yet optimal can result in low coverage of benefits and completeness of content. Efforts to improve the coverage of KIA Book utilization include providing assistance on how to fill in and utilize the KIA Book for pregnant mothers. The partner for this activity is pregnant mothers in the Tanah Kali Kedinding Public Health Center, Kenjeran District, Surabaya. This activity is a community service conducted through focused group discussions. The activity has increased the knowledge of pregnant mothers by 92.5% regarding the utilization of the KIA Book. The coverage of completeness in filling the KIA Book has reached 100%. It can be concluded that this activity has successfully improved the knowledge of pregnant mothers regarding the utilization of the KIA Book, and the pregnant mothers are committed to using the KIA Book as a communication and educational tool.

**Keywords:** maternal and child health book; pregnant mothers; assistance

### INTRODUCTION

The maternal mortality rate (MMR) per 100,000 live births in East Java from 2011 to 2015 showed a decreasing trend, from 104.3 to 97.43, 97.39, 93.52, and 89.6. However, this downward trend still needs to be monitored as it may experience an increase at any time. Additionally, East Java remains one of the regions with the highest maternal mortality rates. Based on data from the Surabaya City Health Office in 2016, the number of maternal deaths in 2012 saw a significant increase from the previous year, with 60 deaths compared to 47 in 2011. However, in 2013, the number decreased to 49. In the past three years (2014-2016), the number of maternal deaths has remained relatively stable, ranging from 39 to 37 (Surabaya City Health Office, 2016).

The number of infant deaths in Surabaya decreased by 254 in 2013 compared to 381 in 2012. However, until 2016, the number of infant deaths did not show a significant decline. The government has implemented policies to improve access to quality healthcare for every individual at every stage of life through a comprehensive continuum of care approach (promotive, preventive, curative, and rehabilitative interventions). One tangible activity is the campaign and empowerment of the community, specifically the implementation of the Maternal and Child Health (MCH) book (Surabaya City Health Office, 2016).

The Minister of Health of the Republic of Indonesia has issued Decree No. 284/Menkes/SK/III/2004 regarding the Maternal and Child Health (MCH) Book. The MCH book serves as a tool to detect early health issues or problems concerning mothers and children. It serves as a means of communication and education for mothers, families, and communities regarding MCH services, including references and standard MCH service packages, nutrition, immunization, and child development. Mothers and children need to have comprehensive records from pregnancy to the end of the postpartum period, and for the child's first five years. The MCH book is one of the tools for recording maternal and child healthcare services, starting from pregnancy, delivery, and during the postnatal period until the child reaches five years of age.

The use of the MCH book does not directly reduce maternal, infant, and child mortality rates. However, by utilizing the MCH book, mothers and families can enhance preventive and promotive efforts for maternal and child health issues related to diseases or disorders that contribute to maternal and child mortality (Ministry of Health, 2016). The suboptimal behavior of mothers in utilizing the MCH book can be influenced by several factors, including knowledge, attitude, and awareness of the

importance of the MCH book, which may result in a lack of commitment to effectively utilize it. Interviews with healthcare providers have revealed that every pregnant woman who undergoes antenatal care at the Community Health Center (Puskesmas) is given an MCH book. Similarly, mothers with infants will receive an MCH book if they had prenatal check-ups at the Puskesmas. However, if they did not have an MCH book during pregnancy, their infants will receive one (Susilaningrum, 2018).

From the preliminary study conducted among Puskesmas staff, it was found that every pregnant woman who visited the Puskesmas had an MCH book, but the book was rarely read or studied by the mothers due to reasons such as lack of time, lack of understanding, and considering the MCH book as a record for healthcare providers. It was also observed that many MCH books were damaged. Therefore, community engagement activities such as training on optimizing the use of the MCH book as a reference for maternal and child health stimulation need to be enhanced to reduce MMR and infant mortality.

## METHODS

The target of the community engagement activity on training for the utilization of the MCH book includes pregnant women, mothers with infants, and community health workers (kaders). The number of participants in this community engagement activity is 40 individuals

The methods used in the community empowerment activities for pregnant women, mothers with infants, and community health workers include pre-engagement, implementation, and post-engagement.

- 1). Pre-engagement
  - a. Explain the objectives and techniques of community engagement to all members.
  - b. Explain the planned sessions and the schedule.
  - c. Assign tasks to each committee member.
  - d. Divide the larger community engagement group into smaller groups based on the activity schedule
- 2). Implementation of community engagement
  - a. Conduct a pre-test.
  - b. Conduct health education sessions on the following topics :
    - Utilization of the MCH book during pregnancy regarding prenatal care
    - Utilization of the MCH book during pregnancy regarding childbirth
    - Utilization of the MCH book during pregnancy regarding the postpartum period and breastfeeding
    - Utilization of the MCH book during pregnancy regarding newborn care and immunization
    - Utilization of the MCH book during pregnancy regarding danger signs

## RESULTS

### Participants Characteristics

From a number of participants who received assistance (pregnant mothers), 77.5% of them were already experienced in pregnancy (multigravida), while the rest were first-time pregnant mothers. The majority of them have the ability to read and write, as shown in the complete results presented in Table 1.

Table 1. Characteristics of Activity Participants

Age	Frequency	Percentage
Primigravida	9	22,5
Multigravida	31	77,5
Able to read and write	39	97,5
Illiterate	1	2,5

### Knowledge

Table 2 shows an increase in knowledge among pregnant women, mothers of toddlers, and cadres through the establishment of Peer Groups at the Tanah Kali Kedinding Public Health Center in Surabaya after attending the training. Prior to the training, 35% of pregnant women had good knowledge, which increased to 55% after the training. Additionally, the percentage of those with

insufficient knowledge decreased to 7.5% after the training.

Table 2. Evaluation Results of Pregnant Women's Knowledge

Knowledge	Before Training		After Training	
	Number	Percentage	Number	Percentage
Excellent	14	35	22	55
Moderate	6	15	15	37,5
Poor	20	50	3	7,5

### Building Commitment in Utilizing the KIA Book

The commitment of pregnant women to monitor their own health through the KIA book in this activity was obtained through interviews with pregnant women, as follows:

Table 3. Evaluation Results of KIA Book Utilization

Utilization	Before Training		After Training	
	Number	Percentage	Number	Percentage
Read	15	37,5	21	52,5
Implemented	5	12,5	18	45
Not read	20	50	1	2,5

Table 3 shows that the majority of pregnant women read the KIA book before the training, with a percentage of 37.5%, which increased to 55% after the training. In terms of implementation, 12.5% of pregnant women had already implemented the practices mentioned in the KIA book before the training, and this increased to 45% after the training. All pregnant women (100%) owned a KIA book and were committed to using it as a means of communication with healthcare providers and as an educational tool. Efforts to improve the perception of the benefits, minimize perceived barriers to utilizing the KIA book, enhance self-efficacy in utilizing the KIA book, and improve attitudes related to KIA book utilization can lead to improved maternal behavior in using the KIA book, both directly and indirectly, through an increased commitment to take action.

### Conducting Training for Pregnant Women on Implementing the Maternal and Child Health Book (KIA Book)

In general, training can be defined as the process of transferring knowledge and skills from one person to another so that the other person becomes competent in their work. This process is not limited by location or formality, as long as there is a transfer of knowledge and skills to another person, it can be considered as training. In this community engagement activity, training was provided to pregnant women as the users of the Maternal and Child Health Book (KIA Book). The aim was for pregnant women to maximize the utilization of the KIA Book as a means of communication and education during pregnancy, childbirth, postpartum period, and the care of newborns and children. The training activities were conducted with clear objectives in mind. This was evident from the enthusiasm of all the pregnant women who participated in the training by attending for three consecutive days and being guided by facilitators according to the scheduled agenda.

## DISCUSSION

A person's characteristics also influence their knowledge. In this case, the ability to read and write and the level of education play a role. According to Notoatmodjo (2010), education affects the learning process, and the higher a person's level of education, the easier it is for them to receive information. Information serves as a source of knowledge, and a person's knowledge will increase if they receive a lot of information. According to Nursalam, as mentioned in Wawan (2011), generally, the higher a person's level of education, the easier it is for them to receive information, especially regarding health-related matters, which can improve their quality of life. The same goes for maternal parity, as the higher the maternal parity, the higher the knowledge and experience of mothers in the care of pregnancy, childbirth, postpartum period, breastfeeding, and caring for newborns.

This is in line with the theory proposed by Notoatmodjo (2007), where health education is a form of health promotion that can influence an individual's knowledge. Beensley and Fisher (2008) state that health education indeed delivers information with the hope that learners will acquire and influence their knowledge. Riskesdas (2010) also states that health education can enhance knowledge through its implementation..

From Table 5.4, it is known that peer group activities and training can increase the knowledge of pregnant mothers regarding the utilization of the KIA Book by 92.5%. The suboptimal behavior of mothers in utilizing the KIA Book can be influenced by several factors, including knowledge, attitudes, and awareness of the importance of the KIA Book, leading to a lack of commitment in utilizing the KIA Book effectively. In an interview with healthcare professionals, it was found that every pregnant mother who receives antenatal care at the health center will be given the KIA Book. Similarly, mothers with toddlers who had received antenatal care at the health center will also be provided with the KIA Book. However, if a mother does not have the KIA Book during pregnancy, it will be provided when the child reaches the toddler stage (Rekawati, 2018). The use of the KIA Book does not directly reduce maternal, infant, and child mortality rates, but through the utilization of the KIA Book, mothers and families can enhance preventive and promotive efforts in maternal and child health issues related to diseases or disorders that contribute to maternal and infant mortality (Kemenkes, 2016).

The long-term effects of the activity process, in this case, are the increased knowledge of pregnant mothers, mothers with toddlers, and volunteers regarding the utilization of the KIA Book. The supporting factors for the Community Service activity on the utilization of the KIA Book by pregnant mothers are as follows:

1. Collaboration with the Health Department, Tanah Kali Kedinding Public Health Center, has been effective.
2. Many pregnant mothers find the training on utilizing the KIA Book highly beneficial.
3. The collaboration between the volunteer mothers and the Tanah Kali Kedinding Public Health Center is excellent and responsive.
4. The complete facilities provided by the Tanah Kali Kedinding Public Health Center greatly facilitate the implementation of the training.
5. The coordinating midwife, staff, and healthcare workers at the Tanah Kali Kedinding Public Health Center actively participate in the training on utilizing the KIA Book.

The inhibiting factors identified from reflections and focused group discussions include:

1. Diverse characteristics of mothers (age, knowledge, customs, ethnicity, etc.).
2. Varied activities of pregnant mothers.
3. Prolonged duration of the activity, leading to boredom and fatigue among pregnant mothers.

## CONCLUSION

After providing assistance on how to fill in and utilize the KIA Book, the knowledge of pregnant mothers regarding the filling and utilization of the KIA Book has increased. All pregnant mothers now possess the KIA Book and are committed to bringing it and filling it during antenatal visits.

## REFERENCES

1. Armstrong M. Personnel Management Practice. London: Kogan P; 1995.
2. Anasari. Faktor yang Mempengaruhi Kelengkapan Pengisian Buku KIA oleh Bidan dalam Deteksi Dini Risiko Tinggi Kehamilan di Puskesmas Kabupaten Banyumas Tahun 2012. *Jurnal Ilmiah Kesehatan Keperawatan*. 2013;9(3).
3. Blais, Hayes, Koziar, E. *Professional Nursing Practice: Concepts and Perspectives*. New Jersey: Pearson Education; 2006.
4. Dariyo A. *Psikologi Perkembangan Remaja*. Bogor: Ghalia Indonesia; 2004.
5. Fatmawati M. *Komunikasi Keperawatan Plus Materi Komunikasi Terapeutik*. Yogyakarta: Nuha Medika; 2010.
6. Has E. *Perilaku ibu dalam pemenuhan kebutuhan gizi anak prasekolah dengan pendekatan integrasi health promotion model dan self-regulation theory*. Surabaya: Program Studi Magister

- Keperawatan Universitas Airlangga; 2012.
7. Hurlock. *Development Psychology: A life-Span Approach*. Jakarta: Airlangga.
  8. Fauziah IN, Djuari L. Development of Mother's Behavior Model in Severe Malnutrition Prevention for Children Under Five Years Old. *Jurnal Ners*. 2015;10(2).
  9. Kemenkes RI. *Buku Kesehatan Ibu dan Anak*. Jakarta: Kementerian Kesehatan RI; 2016.
  10. Ding L, Newman IM, Buhs ES. For, Influence of Peer Pressure and Self-Efficacy University, Alcohol Self-Regulation on Chinese Drinking, Physical Education Students' Behaviors. *Advances in Physical Education*. 2018;8:46–57.
  11. Nursalam. *Metodologi Penelitian Ilmu Keperawatan*. Jakarta: Salemba Medika; 2014.
  12. Susilaningrum R. Analysis of Factors Related to Behavior Cognition and Effects on Pregnant Women in Maternal And Child Health (MCH) Handbook Utilisation. 2018.
  13. Santrock. *Remaja*. Jakarta: Erlangga; 2007.
  14. Kholifah SN, Yumni H. Structural model of factors relating to the health promotion behavior of reproductive health among Indonesian adolescents. *International Journal of Nursing Sciences*. 2017;4(4):367–373.
  15. Widyanto FC. *Keperawatan Komunitas dengan Pendekatan Praktis*. Yogyakarta: Nuha Medika; 2014.