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[The Effect of Health Promotion Based on the Health Promotion Model with a Peer Group Approach Regarding the Utilization of Maternal and Child Health Handbook Sri Utami1, Rekawati Susilaningrum1, Nursalam2](#) 1Polytechnic of Health, Ministry of Health, Republic of Indonesia; 2Faculty of Nursing, Universitas Airlangga, Surabaya, Indonesia **ABSTRACT Background:** The reduction of maternal and child mortality in Indonesia is one of the government's goals in the health sector. The use of maternal and child health books by mothers is still not optimal. The purpose of this study was to analyze the relationship between the functions of the maternal and children's health book which included recording, education and communication with the maternal knowledge of maternal and children's health. Method: This study was quasi-experimental (pre-post-test control group design) with a sample of 50 respondents over both the control and treatment groups. The sampling technique used was simple random sampling. The instruments used were [Individual Characteristics and Experiences and Specific Behavior Cognitions](#)

and Effects. The analysis used was regression analysis. Results: There was a difference between before and after receiving a health promotion model-based health promotion with a result of $p < 0.05$ for all of the indicators in the treatment group. In the control group, there was no difference. Conclusion: Health promotion model-based health promotion seeks to improve the perceptions of the benefits, perceived barriers, self-efficacy and attitudes toward any action plans that can improve maternal behavior in MCHHB utilization. Keywords: health belief model, peer group, maternal and child health handbook. Introduction Maternal and child health improvement is one of Millennium Development Goals (MDGs) goals. Infants mortality in Indonesia is still a problem although showed a significant decreased recently. In 2017, infant mortality rate in Indonesia was 21 per 1,000 birth¹. There were 9 provinces in Indonesia which contribute to 75% of maternal and child mortality in Indonesia² and East Java is the highest province contributing to maternal and child mortality in Indonesia. Corresponding Author: Nursalam Faculty of Nursing, Universitas Airlangga, Surabaya, Indonesia Email: nursalam@fkip.unair.ac.id Government have made various effort to reduce maternal and child mortality such as Suami siaga (male engagement in maternal health) program³, village engagement in maternal health program⁴, strengthening the health system of universal health coverage and health services^{5,6} and providing maternal and child health handbook (MCHHB) continuum⁷. This handbook was given to pregnant women during their first antenatal care visit in health care services. Previous study showed that the use of MCCH by pregnant women can increase antenatal care visits and improve communication between mothers and health care providers^{8,9}. Although this MCHHB distribution to all pregnant women is mandatory, MCHHB utilization and ownership is still limited. MCHHB utilization have a lot benefit such as improving immunization coverage¹⁰, improving maternal knowledge on exclusive breastfeeding¹¹, increasing ANC information, and improving proper nutrition during pregnancy and child health care¹². MCCHB utilization were correlated with wealth and education level, number of children, age of child, communication with health personnel^{6,7}. A preliminary study conducted in Public Health Center in East Java found that all pregnant woman who visited to Public Health Center for antenatal care had an MCHHB, but the MCHHB utilization is lacking. Mothers were not utilize MCHHB because of various reasons including have no time, lack of understanding, and mistaken assumption that the MCHHB was a notebook for the health personnel. MCHHB utilization coverage still below the Minimum Service Standards target. Previous study found there was a significant positive relationship between commitment and maternal behavior¹³. Commitment is a desire to do certain health behaviors, including the identification of strategies to be able to do so well¹⁴. To build a commitment, it is necessary to provide health education or information through a method to increase one's level of commitment¹⁵. The purpose of this study was to analyze the effect of health promotion based on the health promotion model with a peer group approach regarding the utilization of maternal and child health handbook Method The design used in the study was a quasi-experiment study (pre-post-test control group design). The research subjects in this study were pregnant women and mothers who had children who were under five years old who came to the health center in Surabaya. The inclusion criteria for respondents are 1) had an MCHHB and 2) able to read and write. The sampling used in this study was simple random sampling. The sample size in this study totaled 50 people for the treatment group and 50 for the control group. Data on pregnant women in health care centers were collected. Prospective respondents who met the inclusion criteria were visited at home to be given an explanation of the study then asked to sign informed consent. The intervention was carried out in the form of providing health education

that contained the benefits of the MCHHB book, followed by peer support on how they used and utilized MCHHB. Peer support also provides a solution to the difficulties experienced by mothers in utilizing MCHHB. On the first day in the form of health education about the use of MCHHB for 60 minutes. the second day, small groups were formed, each of which consisted of 5 people, the discussion continued with a discussion about the difficulties facing mothers in utilizing MCHHB books and discussions to provide solutions to each other. Individual characteristics and experiences include prior related behavior and personal, biological, psychological and socio-cultural factors. The characteristic questionnaire was created by the researchers by adopting and developing from existing questionnaires¹⁶. Specific cognitions affect behavior were measured which consist of perceived benefits of action questionnaire which consist of MCHHB ownership, perceived Benefits for mothers, perceived Benefits for the family, perceived Benefits for health services, and perceived Administrative benefits; perceived barriers question which consist of time and mothers understanding about MCHHB benefit and self efficacy question whisch consist of Level of difficulty, situations and Strength. The commitment plan of action questionnaire was made by the researchers by adopting pender health promotion model¹⁶ combined with the MCHHB ¹⁷. The questionnaire was developed and modified by the researchers in accordance with the scope of the utilization of the MCH handbook. Descriptive analysis and Mann Whitney test was used to determine differences between the groups, and Wilcoxon test was used to determine the effect within group with p-value of $\alpha=0.05$. Results The majority of respondents were in the age range of 21-25 years old. The majority education level was a secondary level of education with the majority working as housewives. Most mothers had one child, and the majority of respondents had become Indonesian National Health Insurance System participants (Table 1). Table 1: Distribution of characteristics of respondents

Characteristics	Treatment n	%	Control n	%	p-value
Age (years)					
<20	2	4	5	10	
21-25	27	54	15	30	0.065
26-30	12	24	10	20	
31-35	3	6	8	16	
36-40	5	10	10	20	
> 40	1	2	2	4	
Education					
Elementary school	14	28	17	34	
Middle	30	60	30	60	0.199
higher education	6	12	3	6	
Mother's job					
Housewife	37	74	43	86	
Civil servants	0	0	1	1	0.086
Private	12	24	6	12	
Etc	1	2	0	0	
Husband's job					
Civil servants	1	2	1	2	0.373
Private	36	72	40	80	
Etc	13	26	9	18	
Number of children					
1	14	28	19	38	0.057
≥ 2	3	6	9	18	
Do not have yet	14	28	4	8	
The age of the smallest child (yr)					
<1	16	32	16	32	0.16
1-2	5	10	10	20	
2-5	10	20	15	30	0.063
Have not had	14	28	4	8	
Pregnancy to					
1	16	32	10	20	0.063
2	17	34	15	30	
3	12	24	15	30	
> 3	5	10	10	20	
Ownership of health insurance					
Yes	37	74	38	76	1.000
Not	13	26	12	24	

There were differences in the commitment to the plan to act after receiving the health promotion between the control group and the treatment group for all indicators of commitment, with a value of $p < 0.05$ (Table 2). There was a difference in the behavior of the utilization of the MCH books between the control and treatment groups after obtaining the HPM-based health promotion, with a p-value of < 0.05 for all indicators (Table 3). Table 2: The difference in commitment to the plan acts between the control group and Treatment group

Commitment Indicator	Control Mean ± SD	Treatment p
Resilient attitude	3,093 ± 0,556	3,533 ± 0,509 0,000
Independency	3, 072 ± 0.590	3,408 ± 0,591 0.003
Setting goals	3,080 ± 0,558	3,380 ± 0,567 0.003
Self-Desire	3,014 ± 0,579	3,317 ± 0,431 0.005
Desire to Succeed	3,080 ± 0.584	3,440 ± 0,489 0.001

Table 3: Difference Respondent's Behavior in Utilizing the MCHHB between the Control and Treatment Groups After Getting Health Promotion

Commitment Indicator	Control Mean ± SD	Treatment Delta p
Knowledge	10,600 ± 1,309	11,560 ± 0.732 0.960 0,000
Attitude	3,176 ± 0.535	3,444 ± 0.448 0.268 0.012
Action	3, 044 ± 0.724	3,544 ± 0.584 0.500 0,000

There was an influence of commitment to the

plan of action referring to the behavior of the respondents related to the MCHHB utilization. In the control group, there was no effect from commitment on the plan to act related to the behavior of the respondents in reference to MCHHB utilization with a value of $p > 0.05$ for all indicators (Table 4).

Table 4: Influence of Commitment to the Behavior of Mothers in the Use of the MCHHB after obtaining HPM-Based Health Promotion Group

Variable	Coefficient	p	Control	Commitment	Knowledge	Attitude	Action
0.051	0.165	0.197	0.883	0.241	0.303	Treatment	Commitment
Knowledge	0.964	0.625	0.819	0.001	0,000	0,000	Discussion

HPM-based health promotion affects the level of commitment to the action plan which consists of the indicators of resilience, independence, goal setting, self-desire and the desire to succeed in the plan for action. Commitment in relation to HPM is defined as the intention to carry out certain health behaviors, including the identification of strategies to be able to do well¹⁸. Previous research stated that the HPM has a significant effect on the commitment of the public health center nurses and commitment has an influence on the duties of the nurses. Strong commitment is influenced by the high perceived benefits ^{14,19}as [one of the measures to achieve this vision will require proximity access and improving the quality of health services in the community. Health cottage village \(Ponkesdes.](#)

The more that the mothers have perceptions of obstacles when fulfilling child nutrition according to nutritional adequacy standards, the more that their commitment will be increasingly weak when it comes to carrying out the actions. There is a significant positive relationship between behavioral specific cognition and affect with the maternal commitment to the prevention of under-nutrition in children under five¹³. Individuals are committed to carrying out behaviors where they have thought of useful or beneficial personal values¹³. HPM-based health promotion affects the behavior of mothers when utilizing the MCCHB^{20,21}. Perceived benefits directly affect the behavior of mothers in relation to fulfilling the nutrition of pre-school children¹⁴. The perception of the benefits that can increase will affect the behavior of the mother when it comes to carrying out such an action. Positive perceptions relate to the implementation of increasing behavior¹⁸. A high level of confidence or self-efficacy will bring in more positive values to the individual, which will appear in their behavior¹⁶. Parents 'beliefs in managing asthma in children will improve their parents' abilities and related sub-scales²². Behavior changes or adopting new behaviors is related to various processes, knowledge, attitudes and actions²³. In this study, there was an effect of HPM-based health promotion on the maternal behavior of MCHHB utilization in the intervention group. Attitude toward a given behavior together with belief will form the intention to behave in a certain way. In the theory, it states that behavior is influenced by intention. Someone will do an action when looking at and believing that the action is both positive and useful for themselves and others²⁴. The results of the study showed that after being given a health promotion, there were significant improvements in the maternal behavior through their [commitment to the plan of action.](#) Commitment in HPM is defined as intention /the intention to carry out certain health behaviors, including the identification of strategies to be able to do well¹⁸. Based on the aforementioned, the mother needs to be informed about the importance of utilizing the MCH handbook in order to maintain her own health and to prepare her children as a qualified future generation. A person will commit and engage in a behavior that promotes health when seeing other people as an example, modeling the behavior and expecting the behavior to occur or be implemented while providing assistance and support to enable the behavior to be carried out. In an effort to improve the behavior of mothers in the use of MCH books, it is necessary to create a high commitment in the mother in order for them to be motivated and to have the strong intention to optimally

utilize the MCH books. This motivation or intention will emerge if the mother has a good perception of the benefits of the action, a high self-efficacy perception, a good attitude about the positive action plans and a good perception of the barriers. This can be generated through the HPM- based health promotion. The role of peer support can influence the commitment of mothers to use MCHHB. Therefore, health care centers need to consider making a forum that contains pregnant women and mothers with children under five to give each other support and information to one another.

Conclusion To increase success in relation to utilizing the MCH handbook, it is necessary to increase the mother's commitment to the plan of action. Improved maternal behavior can be measured through an increase in knowledge, attitudes and actions. Health workers need to increase the level of understanding and commitment regarding the use of MCH books by pregnant women and by mothers who have children under the age of five. Further research is needed on the relationship of the other variables in HPM with the behavior of the mothers in the use of MCH books. Conflict of Interest: None Source of Funding: This study was self funded Ethical Clearance: Health Research Ethics Committee of the Health Ministry of Surabaya, number 206/S/ KEPK/VI/2018.

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