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Analysis of factors related to behavior cognition and effects on pregnantwomen in maternal and child health (Mch) handbook utilization By Sri Utami

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Print-ISSN: 0976-0245-Electronic-ISSN: 0976-5506, Frequency: Monthly

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Editor Dr. R.K. Sharma Institute of Medico-legal Publications Logix Office Tower, Unit No. 1704, Logix City Centre Mall, Sector- 32, Noida - 201 301 (Uttar Pradesh) Printed, published and owned by Dr. R.K. Sharma Institute of Medico-legal Publications Logix Office Tower, Unit No. 1704, Logix City Centre Mall, Sector- 32, Noida - 201 301 (Uttar Pradesh) Published at Institute of Medico-legal Publications Logix Office Tower, Unit No. 1704, Logix City Centre Mall, Sector- 32, Noida - 201 301 (Uttar Pradesh) DOI Number: 10.5958/0976-5506.2018.01504.8

Analysis of Factors Related to Behavior Cognition and Effects on Pregnant Women in Maternal and Child Health (Mch) Handbook Utilisation

Rekawati Susilaningrum¹, Sri Utami², Nursalam Nursalam¹, Rr Dian Tristiana²

¹Polytechnic of Health, Ministry of Health the Republic of Indonesia, ²Faculty of Nursing, Universitas Airlangga, Surabaya

ABSTRACT Background: Mothers' and childrens' mortality remains a problem, especially in developing countries. Various policies have been introduced by the government to reduce maternal and infant mortality, one of which is the use of Maternal and Child Health Handbooks (MCH) for pregnant women and mothers with toddlers. This study wants to explore factors related to perceived benefits, perceived bridges, and self-efficacy of pregnant women using MCH Handbooks. Method: This study was a cross-sectional study conducted on pregnant women and mothers with toddlers in health centres in Surabaya. The number of respondents in this study were 114 selected by simple random sampling. Results: There is a significant relationship between age ($p = 0.010$) and pregnancy history ($p = 0.000$) with obstacles perceived by respondent in the use of MCH Handbooks. There is a significant relationship between education levels ($p = 0.040$), pregnancy history ($p = 0.001$) and number of children ($p = 0.002$) with self efficacy in the use of MCH Handbooks. There is a significant relationship between income ($p = 0.004$) and perceived benefits in the use of MCH Handbooks. Conclusion: The factors that are related to the obstacles perceived by mothers in the use of MCH Handbooks are age and pregnancy history. The level of education, the history of pregnancy and the number of children related to the mother's self-efficacy in using the MCH Handbook and income are related to the benefits perceived in using the MCH Handbook. Keyword: factors, perceived barrier, perceived benefit, self-efficacy, Maternal and Child Health Handbook

INTRODUCTION Some the programs for the Sustainable Development Goal (SDGs) are to reduce maternal mortality rates to below 70 per 100,000 live births, ending preventable infant and under-five deaths.¹ The World Health Organization data show that around 830 mothers die every day due to complications of pregnancy and childbirth.² Indonesia's maternal mortality is still a problem despite a decline in the incidence of maternal mortality³ from 32,007 in 2016 to 10,294 in 2017. East Java is the province in Indonesia which accounts for 75% of maternal and child mortality rates in Indonesia.¹ The government has implemented policies to reduce maternal and child mortality by increasing access to quality health services for everyone at every stage of life by approaching a continuum of care through comprehensive interventions (promotive, preventive, curative and rehabilitative) in full. One of the real activities is campaign and community empowerment, namely the application of the Maternal and Child Health (MCH) Handbook. Some research results show that the use of MCH Handbooks can increase antenatal care visits and improve communication between mothers and health care providers ^{4,5}. The Maternal and Child Health Handbook is a tool to detect early disturbances or problems with maternal and child health, to encourage communication and offer counseling tools with information that is important for mothers, families, and communities regarding services, maternal and child health, including references and MCH service standards, nutrition, immunisation, and child development. The MCH Handbook is one of the tools for disseminating information about maternal Indian Journal of Public Health Research & Development, November 2018, Vol. 9, No. 11 493 and child health services for pregnant women, on Data on the characteristics of respondents include age, childbirth and during the puerperium period until the ethnicity, educational level, occupation, income, number baby is 5 years old. The MCH Handbook contains of children, history of pregnancy, insurance ownership, a history of pregnancy, birth, child growth and history of ownership of the MCH Handbook. development, a history of immunisation and a child growth chart.⁶"mendeley" : { "formattedCitation" : Behaviour-Specific Cognitions and Effect ⁶, "plainTextFormattedCitation" : ⁶, This instrument measures perceived benefits of "previouslyFormattedCitation" : ⁶ }, action, barriers to action and self efficacy in the act. This "properties" : { "noteIndex" : 3 }, "schema" : "https:// instrument was developed by researchers by

adopting github.com/citation-style-language/schema/raw/master/ ideas from the previous research questionnaire.⁹ It csl-citation.json" } was further developed and modified by researchers in The MCH Handbook is an effort to indirectly accordance with the use of MCH Handbooks. reduce maternal mortality in Indonesia. However, the RESPONDENTS use of MCH Handbooks is still not optimal. All pregnant women visiting the health centre have MCH Handbooks. The sample in this study was pregnant women Puskesmas officials stated that even though pregnant and mothers who had children under five in two health women had MCH Handbooks, they were rarely read centres in Surabaya with the inclusion criteria: 1) Willing or studied by mothers and families for various reasons to become a respondent, 2) Having an MCH Handbook; including not having time, not understanding, and 3) Can read and write. The sample size for this study was assuming that the MCH Handbook was a notebook for 114 respondents. health workers; they even found MCH Handbooks were often damaged. Data Collection Less than optimal maternal behaviour in the Researchers asked for data on pregnant women and utilisation of MCH Handbooks can be influenced by mothers with toddlers in the health centre where the study several factors including knowledge, attitude, and was conducted. The researcher chose random sampling awareness of mothers about the importance of the MCH of respondents who then came to the respondent's Handbook so that mothers are less committed to using the house based on data from the health care service. The MCH Handbook properly. Previous research shows that researcher gave a description of the study and asked there is a relationship between the function of recording the respondent to sign an informed consent form if they in MCH Handbooks and MCH knowledge; there is no were willing to become research respondents. Then, the relationship between the functions of education and researcher asked the respondents to fill in demographic communication in the MCH Handbooks and MCH data and fill out the research questionnaire. knowledge⁷ and the role of cadres as supervisors.⁸ Ethical Clearance Factors related to the lack of mother's willingness to use the MCH Handbook need to be studied, especially the This study has received ethical approval from perceived barriers and the mother's self-efficacy in using the health research ethics committee of the health the MCH Handbook. ministry of Surabaya health ministry, number 206 / S / KEPK / VI / 2018. METHOD RESULTS Desain Most respondents were aged from 17-25 years, This study is a cross-sectional study. a total of 48 respondents (42.1 %). The educational Instrument level of the majority of respondents was primary level, totalling 60 respondents (52.6 %). The income level of The instrument includes prior related behaviour and most respondents was the same because of the regional socio-cultural biological psychological personal factors. minimum wage level in Surabaya; 84 people (73.7%) Questionnaires about characteristics were developed by had similar income levels. The pregnancy history of the researchers by adopting and developing questionnaires.⁹ 494 Indian Journal of Public Health Research & Development, November 2018, Vol. 9, No. 11 majority of respondents, namely primipara as much as 85% (74.6%) and most have a number of children, one of which is 57 respondents (50 %). Table 1 Demographic data of respondents Data Age Late teenager Early adult Late adult Early elderly Education Elementary school Middle school High school Income regional minimum wage Pregnancy history Primipara multipara Number of children 1 2-3 >3 N 48 41 23 2 60 39 15 6 84 24 85 29 57 38 19 % 42.1 36 20.2 1.8 52.6 34.2 13.2 5.3 73.7 21.1 74.6 25.4 50 33.3 16.7 The results showed that 34.2% of the respondents stated that the use of MCH Handbooks was very useful. A total of 78 respondents (68.4%) stated that they were not hampered by using MCH Handbooks and 62 respondents (54.4%) had good self-efficacy (Table 2). behaviour Variable Perceived benefit Very helpful

Helpful Less useful Useless Perceived barriers Not blocking Inhibiting Self-efficacy Very confident Sure enough Not sure Table 2 Frequency of cognition and effect N 39 29 39 7 78 36 62 41 11 % 34.2 25.4 34.2 6.1 68.4 31.6 54.4 36 9.6 Table 3: Relationship of demographic factors with behavioural cognition and effects Behavior cognition and effects Variable Benefits Barriers Self efficacy Mean p CI Mean p CI Mean p CI Age .216 .010 .513 Late teenager 2.381 2.186 2.577 1.495 1.385 1.605 1.789 1.530 2.048 Early adult 2.385 2.197 2.574 1.444 1.338 1.550 1.687 1.437 1.937 Late adult 2.552 2.332 2.773 1.580 1.456 1.704 1.918 1.626 2.211 Early elderly 2.836 2.229 3.443 1.957 1.615 2.299 1.643 .838 2.448 Education .991 .784 .040 Elementary school 2.546 2.332 2.761 1.642 1.521 1.762 1.555 1.271 1.840 Middle school 2.540 2.306 2.774 1.605 1.473 1.737 1.782 1.472 2.093 Indian Journal of Public Health Research & Development, November 2018, Vol. 9, No. 11 495 Cont... Table 3: Relationship of demographic factors with behavioural cognition and effects Behavior cognition and effects Variable Benefits Barriers Self efficacy Mean p CI Mean p CI Mean p CI High school 2.530 2.233 2.826 1.611 1.444 1.778 1.940 1.547 2.334 Income .004 .281 .737 < regional minimum wage 2.947 2.564 3.330 1.610 1.395 1.826 1.690 1.182 2.198 = regional minimum wage 2.355 2.178 2.533 1.669 1.569 1.769 1.833 1.598 2.068 > regional minimum wage 2.314 2.078 2.551 1.578 1.445 1.712 1.755 1.441 2.069 Pregnancy history .528 .000 .001 Primipara 2.570 2.358 2.782 1.146 1.027 1.266 1.531 1.250 1.813 multipara 2.507 2.261 2.753 2.092 1.954 2.231 1.987 1.661 2.314 Number of children .181 .762 .002 1 2.608 2.367 2.848 1.645 1.509 1.780 1.443 1.123 1.762 2-3 2.614 2.371 2.858 1.619 1.482 1.756 1.845 1.522 2.168 >3 2.395 2.125 2.664 1.594 1.442 1.745 1.990 1.633 2.348 The results showed that there is a significant relationship between age and perceived barriers in the use of MCH Handbooks ($p = 0.010$) and there is no significant relationship between age and perceived benefits ($p = 0.216$) and self-efficacy (0.513) in the use of the MCH Handbook. There is a significant relationship between the level of education with self-efficacy ($p = 0.040$) in the use of MCH Handbooks, but there is no significant relationship between the level of education with perceived benefits ($p = 0.991$) and perceived barriers ($p = 0.784$) in the use of MCH Handbooks. The results show a significant relationship between income and perceived benefits ($p = 0.004$) in the use of MCH Handbooks but there is no significant relationship between income and perceived barriers ($p = 0.281$) and self-efficacy ($p = 0.737$) in the use of MCH Handbooks. The history of pregnancy has a significant relationship with perceived barriers ($p = 0.000$) and self-efficacy ($p = 0.001$) in the use of MCH books but does not have a significant relationship with perceived benefits ($p = 0.528$) in the use of MCH Handbooks. The number of children has a significant relationship with self-efficacy ($p = 0.002$) in the use of MCH Handbooks but does not have a significant relationship with benefits ($p = 0.181$) and perceived barriers ($p = 0.762$) in the use of MCH Handbooks. DISCUSSION Age has a significant relationship with perceived obstacles in the use of MCH Handbooks. Most respondents are in their late teens to early adulthood. Most respondents stated that they were not hampered by using KIA Handbooks. The results of previous studies stated that mothers of productive age were more interested in utilising the 496 Indian Journal of Public Health Research & Development, November 2018, Vol. 9, No. 11 MCH Handbooks and always carried KIA Handbooks as a medium to communicate with health workers.¹⁰ Other studies state that the older the mother's age, the more interested they are in using antenatal care services.¹¹ Age affects a person's mindset and capture power. As you get older, you will develop a catching power and mindset. Greater maturity in the age of a pregnant woman can influence how much information she receives. However, other studies show that the use of MCH Handbooks is most common among mothers of a young age at the age of

<20 years due to the fact that at this age, the mother usually experiences her first pregnancy and pays more attention to the condition of her pregnancy. The mother's education level has a significant relationship with self-efficacy in the use of MCH Handbooks. Some respondents in this study have primary school level education. Most respondents have a high level of self-efficacy. Previous research shows that the level of education is related to the use of antenatal care.¹² A high level of education and a good level of knowledge will facilitate the mother in receiving information and analysing it.¹³ Bandura in Masrarah states that one of the processes of self-efficacy is cognitive, which is related to the level of one's knowledge. A good level of knowledge and a high level of education will contribute to a person's high self-efficacy. However, not only is a high level of education related to high self-efficacy, there are several other factors that affect a person's self-efficacy, namely income level and previous experience. Income has a significant relationship with perceived benefits and self-efficacy in the use of MCH Handbooks. Most respondents have income equal to the amount of the regional minimum wage (regional minimum wages). Income is related to the welfare of mothers and families. Previous research shows that mothers from wealthy families will be more exposed to information from various media such as TV, internet and newspapers and that will increase their knowledge regarding antenatal care services.¹⁴ In addition, income is related to perceived barriers in obtaining health priorities at a higher order than basic needs,^{15,16} so that individuals who have less income can neglect the use of MCH Handbooks at the health centre. Pregnancy history has a significant relationship with perceived barriers and self-efficacy in the use of MCH Handbooks. Most respondents have a history of primiparous pregnancy. Previous research also states that most primiparous mothers use KIA Handbooks well compared to multiparous mothers.¹⁷ This may be because the mother who is experiencing a first pregnancy will focus more on the care obtained so that MCH Handbooks will be used more often by primiparous mothers. Primigravida mothers will always want good pregnancies because they have no previous pregnancy experience. So, primiparous mothers tend to want to always take care of their pregnancy so they can deliver safely and comfortably. The results of previous studies showed that primiparous mothers tended to check their pregnancies more frequently than multiparous mothers.¹⁸ Other studies state that experience is a determining factor in increasing a person's self-efficacy (Bandura, 1986). In multiparous mothers, pregnancy experiences make mothers feel that they have experience in dealing with pregnancy so that mothers are less motivated to use the MCH Handbook. The number of children has a significant relationship with self-efficacy in mothers in terms of the use of MCH Handbooks. Most respondents had one child and had very high self-efficacy. In mothers with one child, they have had experience of using MCH Handbooks so they have high self-efficacy.

CONCLUSIONS The factors related to the obstacles felt by mothers in the use of MCH Handbooks are age and history of pregnancy. The level of education, the history of pregnancy and the number of children related to the mother's self-efficacy in using the MCH Handbook and income are related to the benefits felt from using the MCH Handbook. The MCH Handbook can encourage mothers by offering various information related to family health issues and prevention of illness in pregnant women, thus improving maternal and child health. Therefore, the use of MCH Handbooks is very important to ensure mothers and children receive ongoing care.

Source of Funding: This research was funded by the Ministry of Research and Technology of the Republic of Indonesia.

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Conflict of Interest: None

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