

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

*by* Nursalam Nursalam

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

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## 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.<sup>1</sup> The World Health Organization data show that around 830 mothers die every day due to complications of pregnancy and childbirth.<sup>2</sup> Indonesia's maternal mortality is still a problem despite a decline in the incidence of maternal mortality<sup>3</sup> 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.<sup>1</sup>

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<sup>4,5</sup>.

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

and child health services for pregnant women, on childbirth and during the puerperium period until the baby is 5 years old. The MCH Handbook contains a history of pregnancy, birth, child growth and development, a history of immunisation and a child growth chart.<sup>6</sup> mendeley : { "formattedCitation" : "<sup>6</sup>", "plainTextFormattedCitation" : "6", "previouslyFormattedCitation" : "<sup>6</sup>" }, "properties" : { "noteIndex" : 3 }, "schema" : "https://github.com/citation-style-language/schema/raw/master/csl-citation.json" }

The MCH Handbook is an effort to indirectly reduce maternal mortality in Indonesia. However, the use of MCH Handbooks is still not optimal. All pregnant women visiting the health centre have MCH Handbooks. Puskesmas officials stated that even though pregnant women had MCH Handbooks, they were rarely read or studied by mothers and families for various reasons including not having time, not understanding, and assuming that the MCH Handbook was a notebook for health workers; they even found MCH Handbooks were often damaged.

Less than optimal maternal behaviour in the utilisation of MCH Handbooks can be influenced by several factors including knowledge, attitude, and awareness of mothers about the importance of the MCH Handbook so that mothers are less committed to using the MCH Handbook properly. Previous research shows that there is a relationship between the function of recording in MCH Handbooks and MCH knowledge; there is no relationship between the functions of education and communication in the MCH Handbooks and MCH knowledge<sup>7</sup> and the role of cadres as supervisors.<sup>8</sup> Factors related to the lack of mother's willingness to use the MCH Handbook need to be studied, especially the perceived barriers and the mother's self-efficacy in using the MCH Handbook.

## METHOD

### Desain

This study is a cross-sectional study.

### Instrument

The instrument includes prior related behaviour and socio-cultural biological psychological personal factors. Questionnaires about characteristics were developed by researchers by adopting and developing questionnaires.<sup>9</sup>

Data on the characteristics of respondents include age, ethnicity, educational level, occupation, income, number of children, history of pregnancy, insurance ownership, history of ownership of the MCH Handbook.

### Behaviour-Specific Cognitions and Effect

This instrument measures perceived benefits of action, barriers to action and self efficacy in the act. This instrument was developed by researchers by adopting ideas from the previous research questionnaire.<sup>9</sup> It was further developed and modified by researchers in accordance with the use of MCH Handbooks.

## RESPONDENTS

The sample in this study was pregnant women and mothers who had children under five in two health centres in Surabaya with the inclusion criteria: 1) Willing to become a respondent, 2) Having an MCH Handbook; 3) Can read and write. The sample size for this study was 114 respondents.

### Data Collection

Researchers asked for data on pregnant women and mothers with toddlers in the health centre where the study was conducted. The researcher chose random sampling of respondents who then came to the respondent's house based on data from the health care service. The researcher gave a description of the study and asked the respondent to sign an informed consent form if they were willing to become research respondents. Then, the researcher asked the respondents to fill in demographic data and fill out the research questionnaire.

### Ethical Clearance

This study has received ethical approval from the health research ethics committee of the health ministry of Surabaya health ministry, number 206 / S / KEPK / VI / 2018.

## RESULTS

Most respondents were aged from 17-25 years, a total of 48 respondents (42.1 %). The educational level of the majority of respondents was primary level, totalling 60 respondents (52.6 %). The income level of most respondents was the same because of the regional minimum wage level in Surabaya; 84 people (73.7%) had similar income levels. The pregnancy history of the

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	N	%
Age		
Late teenager	48	42.1
Early adult	41	36
Late adult	23	20.2
Early elderly	2	1.8
Education		
Elementary school	60	52.6
Middle school	39	34.2
High school	15	13.2
Income		
< regional minimum wage	6	5.3
= regional minimum wage	84	73.7
> regional minimum wage	24	21.1
Pregnancy history		
Primipara	85	74.6
multipara	29	25.4
Number of children		
1	57	50
2-3	38	33.3
>3	19	16.7

**Table 2 Frequency of cognition and effect behaviour**

Variable	N	%
Perceived benefit		
Very helpful	39	34.2
Helpful	29	25.4
Less useful	39	34.2
Useless	7	6.1
Perceived barriers		
Not blocking	78	68.4
Inhibiting	36	31.6
Self-efficacy		
Very confident	62	54.4
Sure enough	41	36
Not sure	11	9.6

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).

**Table 3: Relationship of demographic factors with behavioural cognition and effects**

Variable	Behavior cognition and effects											
	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

Cont... Table 3: Relationship of demographic factors with behavioural cognition and effects

Variable	Behavior cognition and effects											
	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

MCH Handbooks and always carried KIA Handbooks as a medium to communicate with health workers.<sup>10</sup> Other studies state that the older the mother's age, the more interested they are in using antenatal care services.<sup>11</sup> 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.<sup>12</sup> A high level of education and a good level of knowledge will facilitate the mother in receiving information and analysing it.<sup>13</sup> Bandura in Masraroh 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.<sup>14</sup> In addition, income is related to perceived barriers in obtaining health priorities at a higher order than basic needs,<sup>15,16</sup> 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.<sup>17</sup> 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.<sup>18</sup> 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.

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## REFERENCES

1. Kemenkes RI. Kesehatan dalam Kerangka Sustainable Development Goals (SDGs) [Internet]. Departemen Kesehatan RI. 2015 [cited 2018 Sep 11]. Available from: [http://www.pusat2.litbang.depkes.go.id/pusat2\\_v1/wp-content/uploads/2015/12/SDGs-Ditjen-BGKIA.pdf](http://www.pusat2.litbang.depkes.go.id/pusat2_v1/wp-content/uploads/2015/12/SDGs-Ditjen-BGKIA.pdf)
2. world health organization. Maternal mortality [Internet]. Health Topics. 2018 [cited 2018 Sep 10]. Available from: <http://www.who.int/news-room/fact-sheets/detail/maternal-mortality>
3. Ministry of Health Republic of Indonesia. Inilah Capaian Kinerja KEMENKES RI Tahun 2015- 2017 [Internet]. Ministry of Health Republic of Indonesia. 2017 [cited 2018 Sep 12]. Available from: <http://www.depkes.go.id/article/print/17081700004/-inilah-capaian-kinerja-kemenkes-ri-tahun-2015--2017.html>
4. Bhuiyan SU, Begum HA, Lee AS, Shao YW. Maternal and child health handbook: Utilization and lessons learned from selected evidencebased studies. *J Public Heal Dev.* 2017;15(2).
5. Yanagisawa S, Soyano A, Igarashi H, Ura M, Nakamura Y. Effect of a maternal and child health handbook on maternal knowledge and behaviour: a community-based controlled trial in rural Cambodia. *Heal Policy Plan.* 2015;30(9):1184–1192.
6. Baequni, Nakamura Y. Is Maternal and Child Health Handbook effective?: Meta-Analysis of the Effects of MCH Handbook. *J Int Heal* [Internet]. 2012;27(2). Available from: [https://www.jstage.jst.go.jp/article/jaih/27/2/27\\_121/\\_pdf](https://www.jstage.jst.go.jp/article/jaih/27/2/27_121/_pdf)
7. Sistiarani C, Gamelia E, Sari DUP. Fungsi Pemanfaatan Buku KIA terhadap Pengetahuan Kesehatan Ibu dan Anak pada Ibu. *Natl Public Heal J.* 2014;8(8).
8. Widagdo L, Husodo BT. Pemanfaatan buku kia oleh kader posyandu: studi pada Kader posyandu di wilayah kerja puskesmas kedungadem Kabupaten bojonegoro. *Makara Kesehat.* 2009;13(1):39–47.
9. Pender NJ. Health Promotion Model Manual. In University of Michigan; 2011. p. 1–17.
10. Hagiwara A, Ueyama M, Ramlawi A, Sawada Y. Is The Maternal and Child Health (MCH) handbook Effective in Improving Health – Related Behavior ? Evidence From Palestina. *J Public Heal Policy.* 2013;34(1):31–45.
11. Akowuah JA, Agyei-Baffour P, Awunyo-Vitor D. Determinants of Antenatal Healthcare Utilisation by Pregnant Women in Third Trimester in Peri-Urban Ghana. *J Trop Med.* 2018;
12. Choulagai B, Onta S, Subedi N, Mehata S, Bhandari G, Poudyal A. Barriers to using skilled birth attendants’ services in mid-and far-western Nepal: a cross-sectional study. Choulagai B, Onta S, Sube N, Mehata S, Bhandari GP, Poudyal A, al. 2013;13(1).
13. Notoatmodjo S. *Public Health Science and Art.* 2007.
14. Deo KK, Paudel YR, Khatri RB, Bhaskar RK, Paudel R, Mehata S, et al. Barriers to Utilization of Antenatal Care Services in Eastern Nepal. *Front Public Heal.* 2015;3.
15. Umayah R. Hubungan Tingkat Ekonomi Ibu Hamil dan Tingkat Kepuasan Dengan Keteraturan Pemeriksaan Kehamilan di RB&BP Asy syifa’ PKU Muhammadiyah Wedi Klaten. e-journal Keperawatan [Internet]. 2010;4(2). Available from: <http://digilib.uns.ac.id>
16. Sari KIP, Efendy HV. Analisis Faktor yang Berpengaruh Terhadap Kunjungan Antenatal care. *J Keperawatan dan Kebidangan.* 2017;9(1).
17. Oktarina, Mugeni. The Relationships Among Knowledge, Attitude, and Compliance of Gravida (Expectant Mothers) and the Utilization of Maternal and Child Health (MCH) Book at Puskesmas Geger and Kedundung in Bangkalan, East Java. *Bul Penelit Sist Kesehat.* 2015;18(2):141–150.
18. Winjoksastro H. *Ilmu Kebidanan.* Jakarta: Yayasan Bina Pustaka; 2005.

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---

4

Stephen Matthey, Bryanne Barnett. "Normative Data for an Australian Clinical Sample on the Home Situations Questionnaire — Modified Version (HSQ-M)", Behaviour Change, 2012

Publication

---

5

Jean-Paul Chretien, Laura K Chu, Tyler C Smith, Besa Smith, Margaret AK Ryan. "Demographic and occupational predictors of early response to a mailed invitation to enroll in a longitudinal health study", BMC Medical Research Methodology, 2007

Publication

---

6

Kalleberg, A. L., and A. Mastekaasa. "Organizational Size, Layoffs, and Quits in Norway", Social Forces, 1998.

Publication

---

7

Sylvester, Mary H. "The Impact of Resilience to Change on the Transformational Leadership Behaviors Demonstrated by Frontline Sales Professionals", Journal of Management Research, 2015.

Publication

---

8

Yanagisawa, S., A. Soyano, H. Igarashi, M. Ura, and Y. Nakamura. "Effect of a maternal and child health handbook on maternal knowledge

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and behaviour: a community-based controlled trial in rural Cambodia", Health Policy and Planning, 2015.

Publication

---

9

Jin-Won Noh, Young-mi Kim, Lena J. Lee, Nabeel Akram, Farhana Shahid, Young Dae Kwon, Jelle Stekelenburg. "Factors associated with the use of antenatal care in Sindh province, Pakistan: A population-based study", PLOS ONE, 2019

Publication

---

<1%

10

Rajesh Rajput, Sumanto Chatterjee, Meena Rajput. "Can Levothyroxine Be Taken as Evening Dose? Comparative Evaluation of Morning versus Evening Dose of Levothyroxine in Treatment of Hypothyroidism", Journal of Thyroid Research, 2011

Publication

---

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11

Santwana Mantri, E. Venkata Rao, Pradeep Kumar Jena, Prakash Chandra Mohapatra. "Association of CD34+ and CD90+ Stem Cells of Cord Blood with Neonatal Factors: A Cross-sectional Study", The Indian Journal of Pediatrics, 2015

Publication

---

<1%

12

Krishnaswamy, S., K. Subramaniam, W. Y. Low, J. A. Aziz, T. Indran, P. Ramachandran, A. R. A.

<1%

Hamid, and V. Patel. "Factors Contributing to Utilization of Health Care Services in Malaysia: A Population-Based Study", Asia-Pacific Journal of Public Health, 2009.

Publication

---

---

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