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Relationship of Knowledge & Attitudes
Towards Family Use Mother Child Health
Handbook by Yudhy Dharmawan

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Relationship of Knowledge & Attitudes Towards Family Use Mother Child Health Handbook Yudhy Dharmawan^{1, a)}, Atik Mawarni^{1, b)}, Novia Handayani^{2, c)}, and Atha Rifqia Pradana^{1, d)} ¹Biostatistics

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c)nv.is.novia@gmail.com d)atha.rifqia@gmail.com Abstract.

¹³**The use of Maternal and Child Health (MCH) Handbook**

needs to be supported by the husband or family. However,

18 **the utilization of MCH Handbook** by the family and

husband is still low.

11 **The objectives of this** research are to know **the** extent **of the** use of **MCH Handbook**

by the

15 **family and** the **factors related to the use of**

MCH Handbook. This

4 **is explanatory research with a cross-sectional design. The population is**

families who have a pregnant woman or have baby or have toddler. The samples are the total population in Kemawi Village (60 families). The results showed that there are 63.3% respondents graduated from elementary school, 45% working as a farmer, and 98.3% has MCH Handbook. Respondents' knowledge about MCH Handbook, mostly could answer correctly, however as many as 45% still answer wrongly that MCH Handbook contains the information about danger signs of postpartum. Respondents' attitude about MCH Handbook, mostly agree, however as many as 38.3% answered disagree related to husband/parents/parents in law/family need to read MCH Handbook to know the health treatment that should be done after giving birth. In the variable of MCH Handbook use, as many as 53.3% of respondents have never read MCH Handbook to know the health treatment after giving birth. The conclusion of this research is that there was a strong and positive relation between knowledge with the use of MCH Handbook ($r_s=0.571$, $p=0.0001$) and between attitude and the use of MCH Handbook ($r_s=0.468$, $p=0.0001$) (Rank Spearman Correlation analysis). It is suggested to village midwives to increase counseling to the community about MCH Handbook related to mother's health in the postpartum period. INTRODUCTION Based on the Profile of Health Department of Central Java Province, in 2015, there were 619 cases of maternal deaths. In Semarang District, maternal death was still high (17 cases) (Health Department of Central Java Province, 2015). The biggest percentage of the causes of maternal deaths (40.49%) are hypertension (26.3%), bleeding (21.4%), circulatory system disorders (9.27%), infection (2.76%), etc. Looking at the maternal deaths, as many as 60.9% happened in the postpartum period, 26.33% happened in pregnancy period and 12.75% happened in the labor process (Dinas Kesehatan Provinsi Jawa Tengah, 2015). Maternal deaths can be reduced in several ways, one of it is by labor planning (Badan Perencanaan Pembangunan Nasional, 2010). Labor planning can be implemented if the mother, husband, and family have enough knowledge about the danger signs of pregnancy, delivery process, postpartum, mother and child care, breastfeeding, immunization schedule, and other information. All of the information is available in the

12 **Maternal and Child Health (MCH) Handbook** which is given to pregnant mothers. **The**

MCH Handbook is a book that contains maternal health records (pregnancy, labor, and postpartum), child (Newborn, baby, and toddler) and other information about

8how to maintain and care for maternal and child health

(Departemen Kesehatan RI, 2009).

2The Ministry of Health of the Republic of Indonesia launched the

MCH Handbook as an information source and family registration that is able to increase the knowledge about mother, baby and toddler health. With the accurate and precise recording of the pregnant mothers, also intensively monitored by family and healthcare workers, therefore every pregnancy until childbirth and postpartum is expected to run safely and securely. In the technical guidelines of MCH Handbook, it is stated that the direct target of the MCH Handbook is pregnant mother, while the indirect targets are a) husband/other family members, child caregivers in orphanage/children's social welfare institutions, b) cadres, c) healthcare workers that are working in mother and child health services, d) The Person In Charge and MCH program manager at the district/city health office. The MCH Handbook user, such as husband/other family members, child caregivers in orphanage/children's social welfare institutions, are required to bring MCH Handbook every time they are visiting health facilities, then keep it well so the MCH Handbook will not lose or damaged, and they also required to actively participate in reading and understanding the contents of the MCH Handbook correctly (Kementrian Kesehatan RI, 2015). When utilizing the MCH Handbook, the role of the family is important as a support for pregnant mothers. Given the low utilization of MCH Handbook by the family and husband, it is desirable to know the extent of the use of MCH Handbook by the family and what are the factors related to the use of MCH Handbook. METHOD This

4is explanatory research with a cross-sectional design. The population is

families who have pregnant women or have baby or have toddler. The samples are the total population as many as 60 families. The research site is at Kemawi Village. It is an active Alert Village in Sumowono's Community Health Center Area in Semarang District, which has one village midwife and 28 active cadres. The village midwife has done scheduled training to cadres about mother and child health, and to every ANC service. The village midwife also gave one MCH Handbook to every pregnant mother. The data were analyzed descriptively and analytically by using percentage and Rank Spearman Correlation. RESULTS AND DISCUSSION Results The respondents are 60 people, they are 43 husbands (71.7%), 10 parents or parents in law (16.7%) and 7 relatives (11.7%). Respondents Characteristics The average age of the respondents is 37.7 years (SD= 12.6 yr). More than half of the respondents (63.3%) are graduated from Elementary School and most of the respondents are farmers (45%). Respondents' welfare is mostly included in the II Category of Family welfare (35%). Most of the respondents (83.3%) have more than 2 children, the youngest child is 0.5 month, the oldest child is 156 months with the average age is 19.9 months (SD=25.5 months). Almost all of the respondents already have MCH Handbook (98.3%) as shown in TABLE 1. TABLE 1. The Distribution of Respondents' Characteristics n % Age of Respondents Minimum = 17 y.o., maximum = 80 y.o., mean=37.7 y.o., SD = 12.6 y.o. Age of the Last Child Minimum= 0.5 month, Maximum=156 months, Mean=19.9 months, SD=25.5 months Number of Children >2 children ≤ 2 children Total 50 10 60 83.3 16.7 100 Education Not Going to

10 **School Elementary School Junior High School Senior High School College**

Total 3 38 14 2 3 60 5 63.3 23.3 3.3 5 100 Occupation Unoccupied Seller Farmers Labor Civil servant Others Total Ownership of MCH Handbook No Yes Total Family Welfare Underprivileged

14 **Family welfare I Family welfare II Family welfare III Family welfare III**

plus Total 5 3 27 5 2 18 60 1 59 60 8.3 5 45 8.3 3.3 3.0 100 1.7 98.3 100 9 15 14 23.3 21 35 8 13.3 8 13.3 60 100 Knowledge As shown in TABLE 2,

16 **the result showed that most of the respondents**

could answer correctly about knowledge of MCH Handbook. There are 80% of respondents who answer correctly about MCH Handbook contents, 86% of respondents answer correctly about who needs to read MCH Handbook, and 78% of respondents answer MCH Handbook need to be brought every time pregnant mother visits the community health center/midwife/doctor. However, there are a lot of respondents who answer "do not know" to some questions, such as parents/family need to read MCH Handbook (46.7%), MCH Handbook contains information about blood donor preparation for pregnant mother (45%), MCH Handbook contains information about the danger sign of postpartum mother (45%). TABLE 2. Respondents Distribution Based on the Answer in Knowledge Items Respondents knowledge about MCH Do not know Wrong Correct Handbook n % MCH Handbook Content a. Pregnant mother health record 12 20.0 n % 0 0.0 n % 48 80.0 b. Maternity health record c. Postpartum health record d. Child health record Targets (who need to read) MCH Handbook a. Mother b. Husband c. Parents/family 17 20 16 8 20 28 MCH Handbook need to be brought to this place a. Cdoocmtomrunity Health Center / midwife / 12 b. Posyandu 13 c. Pregnant mother class 20 Information about pregnancy in MCH Handbook a. Measure body height 18 b. Measure Upper Arm Circumference 25 c. Measure body weight 16 d. Consuming Fe pill every day for 90 days 23 e. Measure blood pressure every check up 19 f. Tetanus Toxoid Immunization to prevent tetanus in infants 24 g. Husband accompany pregnant mother every check up 15 h. Prepare savings for labor costs 19 i. Prepare vehicle when needed for labor 16 j. Planning for Family Planning 17 k. Prepare prospective blood donors for 27 pregnant mother Information about pregnancy in MCH Handbook a. Sign of giving birth 21 b. Process / how to give birth 24 c. Problems that might happen in giving birth 24 Information about postpartum in MCH Handbook a. How to breastfeed infant 23 b. Maternal care after giving birth 24 c. Danger signs in postpartum 27 Information about child health in MCH Handbook a. Child immunization record 15 b. Child development record 14 28.3 0 33.3 26.7 1 0 13.3 33.3 46.7 0 1 13 20.0 1 21.7 33.3 0 0 30.0 41.7 26.7 38.3 31.7 1 1 0 4 1 40.0 4 25.0 8 31.7 26.7 28.3 45.0 0 0 1 8 35.0 40.0 40.0 0 2 3 38.3 40.0 45.0 1 1 2 25.0 2 23.3 0 0.0 43 1.7 0.0 39 44 0.0 1.7 21.7 52 39 19 1.7 47 0.0 0.0 47 40 1.7 1.7 0.0 6.7 1.7 41 34 44 33 40 6.7 32 13.3 37 0.0 0.0 1.7 13.3 41 44 42 25 0.0 3.3 5.0 39 34 33 1.7 1.7 3.3 36 35 31 3.3 43 0.0 46 71.7 65.0 73.3 86.7 65.0 31.7 78.3 78.3 66.7 68.3 56.7 73.3 55.0 66.7 53.3 61.7 68.3 73.3 70.0 41.7 65.0 56.7 55.0 60.0 58.3 51.7 71.7 76.7 Attitude As seen in TABLE 3, the result showed most of the respondents agree to almost the entire questions item. As many as 80% of respondents agree to the questions of husband/parents/parents-in-law/family need to read MCH Handbook to know what should be done during pregnancy. However, as many as 38.3% of respondents answer disagree to the questions of husband/parents/parents-in-law/family need to read MCH Handbook to know health treatment that should be done after giving birth. TABLE 3. Respondents' Distribution Based on the Answer in Attitude Questions Attitude n Disagree % n Agree % Husband/parents/parents in law/family need to read MCH Handbook to

know what should be done during pregnancy. 12 20 48 80 Husband/parents/parents in law/family need to read MCH Handbook to know the danger signs in pregnancy. 16 26.7 44 73.4 Husband/parents/parents in law/family need to read MCH Handbook to know what should be prepared for giving birth 16 26.7 44 73.3 Husband/parents/parents in law/family need to read MCH Handbook to know health treatment that should be done after giving birth. 23 38.3 37 61.7 Husband/parents/parents in law/family need to read MCH Handbook to know child's development. The Use of MCH Handbook The result showed that a lot of respondents have never been reading the MCH Handbook. As shown in TABLE 4, as many as 50% respondents have never been reading the MCH Handbook to know the danger signs in pregnancy, 53.3% respondents have never been reading the MCH Handbook to know the health treatment during postpartum, 53.3% respondents have never been reading the MCH Handbook to remind pregnant mother to keep the MCH Handbook from being lost. TABLE 4. Respondents' Distribution Based on the Answer In the Use of MCH Handbook Questions Questions Never Sometimes Always f % f % f % I read MCH Handbook to know what to do 28 46.7 27 45.0 5 8.3 during pregnancy I read MCH Handbook to know the danger signs 30 50 26 43.3 4 6.7 in pregnancy I read MCH Handbook to know what to do before 29 48.3 26 43.3 5 8.3 giving birth I read MCH Handbook to know health treatment 32 53.3 25 41.7 3 5 that need to be done in pospartum I remind pregnant mother to bring MCH 30 50 20 33.3 10 16.7 Handbook when escorting to health facilities I remind pregnant mother to keep the MCH 32 53.3 14 23.3 14 23.3 Handbook from being lost.

3The Relationship of Knowledge and Attitude with the Use of MCH Handbook
The analysis of

the Rank Spearman correlation showed that there was a strong and

5positive relationship between knowledge **and** the use of MCH Handbook ($r_s = 0.571$, $p =$

0.0001). It was also shown that there was a strong and

5positive relationship between attitude **and** the use of MCH Handbook ($r_s = 0.468$, $p =$

0.0001). Table 5. Rank Spearman Correlation, The

2Relationship Between Knowledge and Attitude **with the Use of MCH**

Handbook Independent Variable Knowledge Attitude p value 0.0001 0.0001 Correlation coefficient 0.571 0.468 Discussion Note There is a relationship There is a relationship Most of the respondents are pregnant mother's husbands (71.7%), which means husbands actively participate in the use of MCH Handbook. It is suitable to the research of Oktaviani Mahar in Palangkaraya Community Health Center. As many as 76.4% husbands support the use of MCH Handbook (Mahar, 2013). Some respondents are included in the second category of welfare family (35%), where those families can live well, with enough income, family members go to school and have good health status. Half of the respondents stated that they have never read MCH Handbook. It shows that half of the husbands or pregnant mother's families are careless to MCH Handbook (TABLE 4). Respondents' age was between 17 to 80 years old with the mean of 37.7 years old. Adult age

can think mature and has a lot more experiences than those young ages. It is suitable with the research of Yudhy Dharmawan about

3the relationship of characteristics with **knowledge and attitude of** health care about **the** importance of

data in MCH Handbook. It was found that the older the age, the higher the level of maturity and physical strength at work (Dharmawan, 2015). Education based on the Constitution of

1 **SISDIKNAS No.20 Year 2003 is a** basic **and planned effort to** embody a **learning atmosphere and learning process in such a way** so students **can develop their** self **-potential actively in order to** gain **self-control, intelligence, skills in** society, religious **spiritual** power, **personality, and noble character** (Undang-Undang Republik **Indonesia**

9No.20 Tahun 2003 tentang Sistem Pendidikan Nasional, n.d.).

Based on the research result, most of the respondents are graduated from elementary school (63.6%), only 3 respondents (5%) did not go to school. This result is suitable to Yudhy Dharmawan research about

3the relationship of characteristics with **knowledge and attitude of** health cadre about **the** importance of

data in MCH Handbook. It was found that there were a lot of health cadres who were graduated from elementary school (47.6%). A very low education could affect someone's comprehension of the information that he accepts. Education could also affect someone's behavior toward his lifestyle especially to motivate him to actively participate in an activity (Sistiarani et al., 2013). Kemawi Village has a midwife who is actively empowered the society. Therefore, those who were only graduated from elementary school already know about mother and child health. It improves their knowledge, attitude and use of MCH Handbook. Based on TABLE 2, most of the respondents have answered correctly to the knowledge questions. It shows that respondents already have a good understanding about the information in MCH Handbook. According to Notoatmodjo, knowledge is a result of knowing and it happens after someone is sensing a particular object (Notodarmojo, 2010). A good knowledge will encourage respondents to have a good attitude and good behaviour, as well as the research result of Colti Sistiarani that found a relationship of knowledge and cadre's role in using MCH Handbook (Sistiarani et al., 2014b). Good knowledge tends to shape the supportive attitude, which is shown in this research result that most of the respondents have supportive attitude toward the use of MCH Handbook, where many agree statement was conveyed by the pregnant mother's family (TABLE 3). Another result in knowledge items that need to be noted is that there were a lot of respondents who did not know that MCH Handbook needs to be read by parents/family (46.7%). As many as 45% of respondents did not know that MCH Handbook contains the information of danger signs after giving birth, and the same percentage did not know that MCH Handbook contains the information of the necessity of providing prospective blood donors for pregnant mother (TABLE 2). The respondents' attitudes also need to be noted. As much as 38.3% of respondents answered disagree that

husband/parents/parents-in-law/family need to read the MCH Handbook to know health treatment after giving birth (TABLE 6). The analysis of the Rank-Spearman correlation showed

2that there is a relationship between knowledge, attitude, and age with the use of MCH Handbook. Knowledge and attitude

have a positive relationship, while age has a negative relationship with the use of MCH Handbook. It means that the better the knowledge and attitude of the family, the use of MCH Handbook by the family will be increased. It is suitable with the research of Watugigir in Manado's Community Health Center, that the better mother's knowledge, the better the MCH Handbook use for ANC (Watugigir et al., 2014). The same result also found by Colti in Kalibagor Community Health Center in Banyumas, that mother's knowledge affecting the quality of MCH Handbook use (Sistiarani et al., 2014a). The same thing also found by Baequni, by using meta-analysis technique, that mothers who use MCH Handbook during pregnancy tend to have better knowledge than mothers who did not use MCH Handbook (Baequni and Nakamura, 2012). A good family's knowledge about MCH Handbook will encourage a better use of MCH Handbook by the family. As well as the attitude of supporting the MCH Handbook use will encourage the utilization of MCH Handbook. This research result proves that attitude has a straight correlation with the use of MCH Handbook. Good knowledge tends to build a supportive attitude. It was proven in this research that knowledge and attitude have a positive correlation with the use of MCH Handbook. Attitude is a predisposing factor that will underlie the act of someone (Notoatmodjo, 2011). Therefore, attitude is a variable that related to the use of MCH Handbook. Age will determine how they act. The older they are, the higher the level of maturity and physical strength at work. The level of maturity which marked by age will increasingly show maturity, including independence in the attitude. CONCLUSION The results from all of the respondents are 63.3% who graduated from elementary school, 45% working as a farmer, and 98.3% have MCH Handbook. Respondents' knowledge about MCH Handbook, mostly could answer correctly, however as many as 45% still answer wrongly that MCH Handbook contains the information about danger signs of postpartum. Respondents' attitudes about MCH Handbook, mostly agree, however as many as 38.3% answered disagree related to husband/parents/parents-in-law/family need to read MCH Handbook to know the health treatment that should be done after giving birth. In the variable of MCH Handbook use, as many as 53.3% of respondents have never read MCH Handbook to know the health treatment after giving birth. Rank Spearman Correlation analysis showed that there was a strong and positive relation between knowledge with the use of MCH Handbook ($r_s=0.571$, $p=0.0001$), between attitude and the use of MCH Handbook ($r_s=0.468$, $p=0.0001$). It is suggested to village midwives to increase counseling to the community about MCH Handbook related to the mother's health in the postpartum period. ACKNOWLEDGEMENT Authors would like to gratefully acknowledge the support from the Dean of Faculty of Public Health Diponegoro

7University. CONFLICTS OF INTEREST "The authors declare no conflict of interest."

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