Original Research

The Effect Of Optimization Of The Utilization Of Mother And Child's Health Book On The Attitudes Of Midwives In The Completeness Of Filling In Kia Books

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ABSTRACT

Background: One of the efforts that have been carried out by the Ministry of Health in supporting the acceleration of MMR reduction is optimizing PONED. Apart from being poned, the use of the MCH Handbook is one way of maintaining health and obtaining quality maternal and child health services. The purpose of this study was to determine the impact of training on the optimization of the use of the MCH book on the attitudes of the PONED midwives in completing the MCH booklet filling by village midwives in the working area of the Paser District Health Center.

Methods: A Quantitative research method uses Quasy Experiment nonequivalent control group design. By involving 1 control group and 1 treatment group with a total sample size of 43 midwives in each group, using simple random sampling. Data analysis using Wilcoxon. Instrument that use can measure attitudes of midwives with good validity and reliability.

Results: The results showed that there were significant differences in attitudes before and after treatment with a p-value of 0,000, but the mean value of attitudes before and after showed that training could not change the attitudes of midwives. The training held is not sufficient to change the attitude of midwives in compliance with the filling of the MCH handbook.

Conclusion: It needs further and intense training for all PONED and non-PONED midwives and further identification is needed about things that can motivate the attitudes of midwives to improve poned midwives towards the implementation of optimization MCH books.

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INTRODUCTION

A country's health development indicators are the maternal mortality rate (MMR) and infant mortality rate (IMR). Indonesia, which is still a developing country, still has

high MMR and IMR problems. The World Health Organization (WHO) declared that in the *Millennium Development Goals* (MDGs) and *Sustainable Development Goals* (SDGs), maternal and child health is still a problem that continues to be raised and requires appropriate handling for each country. In the 2015-2019 RPJMN it is also clear that Indonesia still has to reduce the IMR and MMR to become a country with quality health development (Oktara, 2016).

The Indonesian government has issued many health programs to address the problem of MMR and IMR. One of the efforts that have been carried out by the Ministry of Health in supporting the acceleration of the reduction in MMR and AKN (Neonatal Mortality Rate) is optimizing the handling of Obstetrics and Neonatal emergencies/complications at the basic service level through Basic Emergency Obstetric Neonatal Services (PONED) at health centers supported by homes able to afford Comprehensive Obstetric Neonatal Emergency Services (PONEK) in a *Collaborative Improvement* PONED-PONEK (Indrasanto, 2014). PONED-PONEK services, which are the last resort to prevent the death of pregnant women and newborns, need to be supported by adolescent health services / adolescent reproductive health (KR / KRR), ANC services during pregnancy, delivery assistance ,and family planning by competent and trained health personnel (Mujiati, Lestary, & Laelasari, 2014).

In Pasir Regency, East Kalimantan, there are 19 Puskesmas operating in the area, 11 Puskesmas have been declared capable of PONED and 8 Puskesmas that have not been declared capable of being Poned. Maternal mortality cases in Paser District are evenly distributed in each puskesmas. Paser Regency is in the 8th rank out of 11 districts in East Kalimantan, with a death rate of 10 people for 2017. High-risk detection by health workers 1978 cases referral cases for maternal restoration 1134 cases, complications in labor, midwife referral 991 cases to hospital based on medical record data Panglima Sebaya Hospital or As many as 5 cases of death due to late referral by village midwives and 23 cases due to late recognition of high risk pregnant women either by PKM PONED and PKM NON PONED (Parkhurst et al., 2015).

One of the main priorities in Indonesia's health development is the problem with the Maternal and Child Health (KIA) program. The use of the MCH book is one way of maintaining health and obtaining quality maternal and child health services. The village midwife is responsible for recording every service and service result in the MCH handbook with the aim that the condition of the mother and child is always monitored through the records of every examination. Besides, through the KIA book, midwives can be encouraged to provide services according to standards (Huda, 2012).

Based on the results of a preliminary study to assess the completeness of the MCH booklet filled in by village midwives, 10 MCH books were taken and the following results were obtained: Family identity (20%), birth attendant (0%), P4K sticker (40%), maternal health records pregnancy (60%), health records for mothers who gave birth, post-partum mothers and newborns (80%), health records for post-partum mothers (60%), birth information (40%), and records on the results of health services for newborns (40%) . The use of data in the MCH handbook was still low by village midwives based on a preliminary study. There are 7 out of 10 MCH book owners who get maternal and child health monitoring services, there are only 2 MCH book owners who get maternal and child health education and 8 MCH book owners claim that their

village midwives record the cohort book directly based on the data in the book KIA. From the results of the preliminary study, it can be concluded that the completeness of data filling and the use of the KIA book data in Paser District is still low.

Completeness of data is part of data quality. Based on the PRISM (*Performance of Routine Information System Management*) theory, the completeness of the data can be determined by 3 behavioral factors, tennis factors, and organizational factors. Completeness of data directly will affect the use of the data (Jzen, 2015). The more complete the existing data, the higher the data can be used. Behavioral factors in this theory are knowledge, data needs, skills, competence, self-confidence and motivation.

Technician factors include the complexity of the form filling. While organizational factors are training, supervision, availability of resources, awards. Lyle Spencer and Signe Spencer state that one of the things that underlies a person in the effectiveness of individual performance such as village midwives is competence (Mujiati et al., 2014). According to Becker and Ulrich's opinion, one aspect of competence is personal characteristics. Personal characteristics according to Robbins include several things, namely age, gender, marital status, education, workload and tenure status (Bastable, 2014). Aim of this study was to determine the impact of training on the optimization of the use of the MCH book on the attitudes of the PONED midwives.

MATERIALS AND METHOD

The research method that will be used is *quasy Experiment's non-equivalent control group design.* The population of this study consisted of 43 midwives trained in the optimization of the MCH booklet and 43 midwives who were not trained in the optimization of the MCH booklet or in this study the control groups and treatment groups. This research will be conducted at the community health service in Paser Regency, East Kalimantan. The research time is planned for January-February 2020. In this study the instrument used is the attitude instrument measured using 2 scales, the first scale measures the evaluation of belief strength 5 questions, the second scale is about belief strength 5 questions.

The first scale scores 1 for very bad answers (SBU), scores 4 for very good (SB) on favorable items, and vice versa. The second scale is a value of 1 for very disagree (STS), a value of 4 for very agree (SS) on favorable items, and vice versa for non-favorable items. The next stage is multiplying each belief item pair and its partner. The maximum score is 20, the minimum score is 5. Criteria for positive attitude is more than means, and negative attitude is less than means. The instrument used adopted previous research (Dharma, 2013). Data analysis used Wilcoxon test to analyze the effect of training on attitudes before and after training. This research has received permissions from community health service in Paser Regency, East Kalimantan. This research have been get ethical approval from Universitas Kusuma Husada with number KH/EC/1/I/2020.

RESULTS

This study involved 43 midwives who were trained in the optimization of the MCH handbook and 43 midwives who were not trained in the optimization of the MCH

handbook. The following is the result of the identification of the midwives' attitudes towards optimizing the MCH Handbook:

Table 1. Attitudes of poned midwives towards the implementation of the optimization of the MCH handbook

Answer	Before training		After training	
	Frequency	**Percentage**	**Frequency**	**Percentage**
Less < 60%	0	0.0%	0	0.0%
Enough 60-75%	25	58.1%	37	86.0%
Good > 75%	18	41.9%	6	14.0%
Average	**2.42**		**2.14**	

The table above informs that of the 43 poned midwives who were not trained in the optimization of the MCH handbook, it was found that at most 58.1% of midwives had sufficient attitudes towards the implementation of the MCH book optimization. Next, 41.9% of poned midwives who were not trained in the optimization of the MCH booklet had a good attitude, and none (0.0%) of the poned midwives who were not trained in the optimization of the MCH Handbook had a bad attitude. Furthermore, from 43 midwives poned after being trained on the optimization of the MCH Handbook, it was found that at most 86.0% of midwives had a fairly good attitude. Next, 14.0% of midwives poned after being trained on the optimization of the MCH Handbook had a good attitude, and none (0.0%) of the midwives poned before being trained on the optimization of the MCH book had a bad attitude. Hypothesis testing of differences in attitudes of poned midwives towards the implementation of MCH book optimization before and after being trained on MCH book optimization was carried out using Wilcoxon test with the following hypothesis:

Table 2. Table of different test different attitude towards the implementation of the optimization PONED midwife KIA books before and after optimization trained KIA book

The attitude of the Midwife Poned	Average	Z Statistics	Probability
Before being trained in the optimization of the MCH Handbook	2,419		
After being trained in the optimization of the MCH Handbook	2,140	-3,464	0.000

The table above informs that testing differences in attitudes of poned midwives towards the implementation of MCH book optimization before and after the MCH book optimization training results in a Z-test statistic of -3,464 with a probability of 0.000. It can be seen that | statistics test Z | > | Z table | (1.96) or probability <alpha (5%), so that H0 is rejected. Therefore, it can be stated that there is a significant difference in the attitude of the poned midwives towards the implementation of the MCH book optimization before and after being trained in the optimization of the MCH handbook. Judging from the average, the average attitude of the midwives poned towards the implementation of MCH book optimization before being trained on MCH book optimization was 2,419, while the average midwife's attitude towards optimizing the MCH book after being trained on MCH book optimization was 2,140.

This shows that the average value of the attitude of the midwives poned towards the implementation of the MCH book optimization before being trained in the optimization of the MCH book is higher than the average value of the attitude of the midwives poned towards the implementation of the MCH book optimization after being trained in the optimization of the MCH book. Thus the MCH book optimization training was not effective in improving the attitudes of poned midwives towards the implementation of the MCH book optimization.

DISCUSSION

From the results of the research, it can provide information that testing differences in the attitudes of poned midwives towards the implementation of MCH book optimization before and after being trained in MCH book optimization results in a Z-test statistic of -3,464 with a probability of 0.000. It can be seen that statistics test Z table 1.96 or probability < alpha 5%, so that H0 is rejected. Therefore, it can be stated that there is a significant difference in the attitude of the poned midwives towards the implementation of the MCH book optimization before and after being trained in the optimization of the MCH handbook. Judging from the average, the average attitude of the midwives poned towards the implementation of MCH book optimization before being trained on MCH book optimization was 2,419, while the average midwife's attitude towards optimizing the MCH book after being trained on MCH book optimization was 2,140.

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Attitude contains three components including: the cognitive component (perceptual component), namely components related to knowledge, views, beliefs, perceptions or opinions, and beliefs; Affective component (emotional component) is a component related to feeling happy or unhappy with the object of the attitude; Conative component (behavior component) is a component related to the tendency to act or behave towards the object of attitude (Rusmilawati, Adhani, & Adenan, 2016). Attitude is a reaction or response that is still closed from someone to a stimulus or object of attitude which is also an evaluation or reaction to a feeling of support or favor or feelings of impartiality (unfavorable) to certain objects (Adnani, 2011). Training is a teaching and learning process of certain knowledge and skills and attitudes so that participants are more skilled and able to carry out their responsibilities better, in following with standards. Bart defines training as an effort to increase knowledge, change behavior and develop skills (Mujiati et al., 2014).

CONCLUSION

There were differences in the attitudes of the treatment group and the control group. However, training on the optimization of the MCH handbook was not effective in improving the attitudes of poned midwives towards the implementation of the MCH handbook optimization. The training held is not sufficient to change the attitude of midwives in compliance with the filling of the MCH handbook, it needs further and intense training for all PONED and non-PONED midwives ,and further identification is needed about things that can motivate the attitudes of midwives to improve poned midwives towards implementation. optimization of the MCH handbook.

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