The Relationship Between Utilization of the Maternal Child Handbook (MCH) with The Health Status of Pregnant Women at the Pengasinan Health Center in Bekasi City 2023

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Abstract

Introduction: Mother Mortality Rate (MMR) and Infant Mortality Rate (IMR), which continue to increase, make the government take various ways to reduce these rates. Utilization of the MCH handbook is one of the government's efforts to suppress MMR and IMR. From the results of the preliminary study, it is known that many mothers still rarely read their MCH books, and some mothers have risks in their pregnancies. Objective: To identify the relationship between using MCH handbooks and maternal health status at Pengasinan Bekasi Community Health Center 2023. **The method** of this research uses quantitative research methods. This research design uses a cross-sectional design to determine the correlation between the use of MCH handbooks and the mother's health status. The population was 95 respondents. The sample in this research was taken using a purposive sampling technique. After calculating using Issac Michael's formula, the sample size was 76 respondents. The data normality test was carried out, and the p-value of the Kolmogorov test was $0.000 \leq \alpha$ (0.05). It was stated that the data distribution was not expected, so the bivariate test used was the Spearman correlation test. T**he result** of this research is a relationship between the variable utilization of MCH handbooks and the health status of mothers at the Pengasinan Community Health Center with p value $0.028 \leq \alpha$ (0.05). The direction of the relationship obtained from the value of r is 0.253, which is positive, meaning that the higher the utilization of the respondent's MCH handbook, the higher the health status and vice versa.

Keywords: *Utilization of MCH handbook, health status of pregnant women, pregnancy*

Introduction

Mortality in mothers and babies in Indonesia has increased from year to year. The Maternal Mortality Rate (MMR) is the ratio of maternal deaths in every 100,000 live births, and the Infant Mortality Rate (IMR) is the ratio of infant deaths per 1,000 live births. The decline in MMR and IMR cases indicates the success of implementing the Sustainable Development Goals (SDG) program.

According to the Ministry of Health of the Republic of Indonesia, in 2018 the number of MMR was 4,226 people and decreased in 2019 to 4,221 people. Then, in 2020, the number of MMR increased by 4,627 people; in 2021, the number of MMRs increased sharply to 7,389 people (Ministry of Health of the Republic of Indonesia, 2021). Data in Bekasi City in 2018 showed that the number of reported MMR was 18 people out of 100,000 birthing or pregnant women. In 2019, the reported MMR was 16 out of 100,000 giving birth to pregnant women, and in 2020, 15 out of 100,000 birthing or pregnant women (Bekasi Health Office, 2021).

There have been many methods and efforts by the government to reduce the MMR. The use of Maternal and Child Health books is one of several programs run by the government to reduce MMR cases. The policy on the use of the MCH handbook is regulated in the Decree of the Minister of Health Number 284/MENKES/SK/III/2004, which states that the MCH handbook can be used for the information for mothers, health workers, families and the community in knowing health status, health documentation, early detection related risks, conducting counselling and monitoring toddler growth and development. The benefits of using the correct MCH handbook can make mothers and their families understand more about the health of mothers and children, increase community movement and empowerment to live healthier lives, increase public awareness of quality services, increase health surveillance and monitoring and increase health information (Hanum & Safitri, 2018). The MCH Handbook was used for the first time in Indonesia in 1994, with the first trial being conducted in Salatiga, Central Java. At that time, Indonesia and an organization in Japan, namely the Japan International Cooperation Agency (JICA), developed the Pink Book or MCH Handbook. In 1997, almost every district/city in Central Java had put into practice the use of the MCH handbook. In 2001, almost all districts or cities in Indonesia used the MCH handbook (Suparmi *et al*., 2018).

Based on the results of health research in 2013, 19.2% of pregnant women did not have an MCH Handbook, as many as 39.9% of pregnant women could not show the MCH Handbook, and as many as 40.9% of pregnant women have and can show the MCH Handbook (Ministry of Health RI, 2014). Meanwhile, in 2018, 30% of pregnant women did not have an MCH Handbook, as many as 10% of pregnant women could not show an MCH Handbook, and as many as 60% of pregnant women had and could show an MCH Handbook (Ministry of Health of the Republic of Indonesia, 2019).

The results of a preliminary study at the Pengasinan Bekasi Health Center of 13 pregnant women, 12 of them said they had MCH Handbooks but rarely read MCH Handbooks. 13 of the pregnant women interviewed had a history of pregnancy complications, namely 1 person with anaemia and 2 more people with an upper arm circumference of more than 23.5 cm. Pregnant women rarely read MCH Handbooks because they are busy taking care of the house, children and husband, so they rarely have free time to read MCH books. Health workers at the Puskesmas have socialized the use of the MCH handbook. Every pregnancy check-up, immunization, posyandu, and counselling activity for mothers, constant reminders to complete and read the MCH handbook. However, in practice, pregnant women have not used the MCH Handbook.

Methods

This research uses quantitative methods. This research uses a cross-sectional design to determine the correlation between using MCH handbooks and the mother's health status. This research was conducted at the Pengasinan Community Health Center, Bekasi. The population was 95 respondents. The sample in this research was taken using a purposive sampling technique. After calculating using Issac Michael's formula, the sample size was 76 respondents. The inclusion criteria of pregnant women, pregnant women who own MCH Handbooks, pregnant women in the Pengasinan Health Center working area, pregnant women who are willing to be respondents and the exclusion criteria in this study are mother pregnant women who do not have an MCH handbook and pregnant women who are not willing to be respondents. The research was conducted from April – July 2023.

The independent variable in this study is the use of MCH Handbooks, which is assessed using the MCH Handbook utilization questionnaire, and the dependent variable in this study is health status, which is assessed with the Poedji Rochjati Score Card (KSPR) to determine the risk to pregnant women. Interpretation of the KIA book utilization questionnaire, MCH handbook utilization is negative if the score value is ≤ 50 and positive MCH handbook utilization if the score value is > 50 (Munna et al., 2020). To interpret the KSPR score, it is Very Highrisk Pregnancy (KRST): Score ≥ 12 (Red), High-Risk Pregnancy (KRT): Score 6-10 (Yellow), Low-Risk Pregnancy (KRR): Score 2 (Green) (Hastuti *et al.*,2018). The analysis carried out in this research was univariate (frequency distribution) and bivariate (Spearman correlation test).

Results and Discussions

Result of this study consist of univariat analysis and bivariat analysis

The characteristics of the respondents in this study include; age, occupation and education

Table 1. Frequency distribution of age, occupation, education

Variabel	Frequency	Percentage
Usia:		
No Risk	57	75 %
Risk	19	25%
Total	76	100%
Occupation :		
No Job	68	89,5%
Have a Job	8	10,5%
Total:	76	100%
Educational Level:		
Elementary School	9	11,8%
Junior High School	12	15,8%
Senior High School	45	59,2%
Collage	10	13,2%
Total	**76**	**100%**

Based on the data above, it can be seen that as many as 57 respondents (75%) are in an age that is not at risk, and as many as 19 respondents (25%) are in an age that is at risk for pregnancy. The majority of the respondents who work are homemakers who live at home, so they are categorized as not working as many as 68 respondents (89.5%) and for respondents who work as many as 8 respondents (10.5%). The last education that most respondents took was high school, with a total of 45 respondents (59.2%), followed by junior high school with 12 respondents (15.8%), then tertiary institution with 10 respondents (13.2%), and most The least is elementary school as many as 9 respondents (11.8%).

In the research conducted, the respondents were 76 pregnant women. The characteristics of the respondents collected include age, occupation, education, utilization of the MCH handbook, and health status. This research found that most respondents were of a non-risk age, did not work or were homemakers, their last education was high school, their use of MCH Handbooks was good, and their health status was at risk. In research conducted Farida (2016), 63 respondents (58.3%) used MCH handbooks, and those who did not use MCH handbooks were 45 respondents (41.7%). Age 20-35 is still in the productive age, so many respondents who are at that age still use the MCH handbook. This is also in line with research conducted by Napitupulu *et al*. (2018), as many as 95 respondents (63%) of pregnant women aged 20 -35 used the MCH Handbook, and 56 respondents (43%) did not. At the age of 20, respondents tend to use the MCH Handbook more because they feel that pregnancy checks are essential, unlike respondents over 30, who tend to use the MCH Handbook less. They feel they have enough experience in pregnancy because, on average, they already have children. This is different from research conducted Herfanda & Subiyatun (2021), which states that working mothers make more use of the MCH handbook, with 35 respondents (58.4%) working. Her work makes working mothers more aware of the importance of information related to pregnancy, which is also in the MCH handbook.

The last education that most respondents took was high school, with a total of 45 respondents (59.2%), followed by junior high school with 12 respondents (15.8%), then tertiary institution with 10 respondents (13.2%), and most The least is elementary school as many as 9 respondents (11.8%). The higher the education you have, the better your knowledge will be. It is hoped that better information transformation will be achieved. However, this comes back to each individual. This is in line with research conducted by Munna *et al*. (2020), which stated that as many as 30 respondents (66.7%) of respondents with a senior high school education used the MCH handbook. A mother's education influences the breadth of insight she has. Knowledge or information obtained from formal education is expected to facilitate the transformation of the knowledge gained. This research shows that good use of MCH Handbooks occurs because the educational background of the majority of respondents is good. So that there is awareness of the importance of information related to pregnancy. With good information about pregnancy, it is hoped that it will impact their health status.

Utilization of MCH Books

Table 2 Frequency distribution of KIA book use

Utilization Of MCH Books	Frequency	Percentage
Negative	13	17,1%
Positive	63	82,9%
Total	76	100%

Based on the table above, it is known that 63 respondents (82.9%) used MCH Handbooks positively, and as many as 13 respondents (16.9%) used them negatively. This is in line with research conducted by Jannah (2015), which was conducted on 180 respondents. It was found that 134 respondents (74.4%) used the MCH handbook, and 46 respondents (25.6%) did not use the MCH handbook. A good use of the MCH handbook comes from self-awareness to learn about pregnancy. The respondent's last education influences pregnant women's use of the MCH handbook. So, mothers with higher education levels use the MCH handbook more. Insufficient use of MCH books can be caused by a lack of awareness and sensitivity of pregnant women towards their pregnancy (Rahmi *et al*., 2018).

From this study, it is known that the higher the last education attained by the respondents, the better the utilization of the MCH handbook. The majority of respondents are in the productive age (20-30 years), making the respondents make good use of the MCH handbook. In addition, most respondents are housewives who only stay at home every day and take care of household affairs, children, and husbands, giving respondents little free time to read the information in the MCH handbook. Even though the MCH book is not the primary source of information used by pregnant women, the MCH book has a good influence on its users.

Health Status

Table 3 Frequency distribution of maternal health status

Health Status of Pregnant Woman	Frequency	Percentage
Very High Risk Pregnancy	21	27,6%
High Risk Pregnancy	23	30,3%
Low Risk Pregnancy	32	42,1%
Total	**76**	**100%**

Based on the table above results, it is known that KSPR assesses the health status of pregnant women to detect risks to the respondent's pregnancy. A total of 21 respondents (27.3%) were pregnant women at very high risk, 23 respondents (30.3%) were pregnant women at high risk and 32 respondents (42.1%) were at low risk. Maternal health status is essential to know in pregnant women. With early detection using the easy-to-use Poedji Rochjati Score Card (KSPR), it is hoped that pregnant women will be able to know the risk status of their pregnancy. The risks in pregnancy are dynamic according to the mother's condition. Usually, acceptable mothers in the first trimester of pregnancy can change their health status as their gestational age increases (Putri & Purnomo, 2017). If the mother is in poor health, in which case her pregnancy is at risk, the fetus may also experience complications in its development. Good health status in pregnant women can be realized if the mother regularly undergoes pregnancy checks according to government recommendations at least 6 times during pregnancy so that if there are complications in her pregnancy, they can be detected and treated early, in addition to a healthy diet, adequate rest and management. Good stress will make the mother and fetus healthier. In the research conducted, it was found that the majority of respondents were in a health status that was at high risk of pregnancy. The behavioural factor is the patient's belief that she is sure of the condition of her pregnancy because most patients have been pregnant before.

Bivariate analysis was used to determine whether there was a relationship between the use of MCH Handbooks and the health status of pregnant women. The test used in this bivariate analysis is the Spearman correlation test. Because the results of the data normality test obtained the Kolmogorov test results p – value 0.000 <α (0.05), it can be concluded that the data on utilization of the MCH handbook and health status were not normally distributed. Therefore, the test used is the Spearman correlation test.

Table 4. Correlation between Utilization of the MCH Handbook and Mother's Health Status

Variable	R value (Coefficient of Correlation	P Value
Utilization of KIA books with Health Status of Pregnant Women	0,253	0,028

From the table above, it is known that there is a relationship between the variable utilization of the MCH handbook and the health status of pregnant women with a p-value of 0.028 ≤ α (0.05). The direction of the relationship obtained from the r value is 0.253, which is positive because the higher the utilization of the respondent's MCH handbook, the higher the health status and vice versa. In this research, it was discovered that the majority of the use of MCH books was good, but the health status of the majority of pregnant women was still at high risk. According to the researcher's assumption, this occurs because most respondents' parity status is multigravida, which initiates respondents to make more use of the MCH book from this experience in their current pregnancy. Some respondents' adherence to the MCH handbook was sourced from the information or knowledge they received from various media. Pregnancy records in the MCH handbook are also instrumental in liaison between health workers. According to the researchers' assumption, this happened because most of the respondents were pregnant with their second or third child, so in previous pregnancies, they already had an MCH Handbook. This makes respondents understand more about the contents of the MCH Handbook.

Utilization of the MCH handbook is one of the priority programs promoted by the Indonesian government. Effective use of MCH books by health workers and pregnant women can prevent risks to the mother's pregnancy (Mayang *et al*., 2019). Several things, such as knowledge, time availability, family support, attitudes etc influence utilization of the MCH handbookes. In line with research conducted by Napitupulu *et al.* (2018), of 183 respondents, 96 respondents (52.5%) used the MCH Handbook well, and 87 respondents (47.5%) did not use the MCH Handbook well, the average of respondents in the study are at a good level of knowledge and utilize the MCH handbook. The majority of pregnant women in this study were of productive age and still had a high level of awareness of information about their pregnancy.

The health status of pregnant women in this study experienced high-risk pregnancies. *Maternal health status* is a dynamic condition that can change during pregnancy. Pregnant women with pregnancies at risk will affect the condition of the fetus. So that the mother and fetus are healthy during pregnancy, several immunizations are carried out according to the gestational age. From the records in the MCH handbook, the average respondent has carried out immunization according to the age of his pregnancy. However, many respondents did not know the blood supplement tablet (TTD) control box in the MCH Handbook because the side effects of TTD, which caused nausea and constipation, made respondents rarely consume it, so many respondents experienced anaemia during their pregnancy.

According to the assumptions of the researchers, the use of the MCH handbook, which was already suitable for the respondents, did not rule out the possibility of them experiencing a risky pregnancy. Because even though the respondents made good use of the information in the MCH Handbook, many of their pregnancies were unplanned. Many of the respondents did not use family planning, causing many of them to experience unplanned pregnancies at an age when they were at risk of becoming pregnant. Based on the assessment using KSPR, it is known that several factors make the majority of respondents have risky pregnancies. The mother's age at pregnancy is too old, a history of miscarriage and fetal death in the womb, a history of anaemia during pregnancy experienced by the mother, a history of cesarean section in a previous pregnancy, a pregnancy gap that is too long (>10 years), and having more than 4 children.

Limitations in this study include : data collection in this study was carried out door to door, not collecting respondents in one place. So it requires good time management because researchers are also still following learning on campus. The obstetric and genetic history experienced by pregnant women greatly influences the KSPR assessment. This makes the risk points higher for pregnant women. So that the majority in this study, the health status of pregnant women is at risk. To reduce points or result scores in the KSPR assessment, the inclusion criteria must be added to the gravida status

Conclusions

The results of statistical tests using the sperm correlation test showed that the p-value = 0.028, and when compared with $\alpha = 0.05$, the p-value is $0.028 < \alpha = 0.05$. So, it can be concluded that there is a relationship between the utilization of the MCH handbook and health status.

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