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The Adherence Level of Mother who had a Toddler to Carry Out Duty Utilizing the MCH Book in Rembang Village, Blitar

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ABSTRACT

In Rembang Village, Blitar City, there were mother toddlers who did not carry out orders utilizing MCH book, it would affect towards visit toddler services. Mother duty is reading, bringing, keeping and asking to health workers about the contents of a MCH book. The purpose of this research was to know about the adherence level of mother who had a toddler to carry out duty utilizing the MCH book. This research was the descriptive study. The subjects were 52 mothers of toddlers in Rembang Village, selected using quota sampling technique. Data were collected using questionnaires (Morisky Medication Adherence Scale /MMAS with modification). All data obtained is categorical data so that it is analyzed descriptively in the form of frequencies followed by percentages. The 21.2% rate was low adherence, 28.8% was medium and 50% was high. Suggestions for this research is providing socialization about MCH book and give chance mother to ask when there is toddlers integrated service.

Keywords: Adherence, Mothers, Toddler, Duty, MCH book

INTRODUCTION

Law of Health Ministry of Republic of Indonesia Number: 284 / MENKES / SK / III / 2012 concerning the MCH (Maternal Child Health) book, states that the MCH book is a tool for early detection of maternal and child health problems, communication and counseling tools with important information for mothers and families and the community regarding maternal and child health services including references and packages of MCH services, nutrition, immunization, growth and child development.⁽¹⁾

Toddler growth monitoring is very important to be done to identify early growth barriers. Information about the birth weight of toddlers is based on documents / records owned by society members (MCH book or other children's health books). Pioneering the MCH Book has been started since 1997 with the support of JICA (Japan International Cooperation Agency).⁽²⁾ The MCH book contains about how to maintain the health of mothers and children, in each pregnancy gets 1 MCH book.⁽³⁾

The MCH book are as health promotion media and as MCH recording documents. In this case the main and first function of MCH book is important to improve the understanding of the mother, husband and family / caregivers for the care of pregnant women to children aged 6 months. In addition, the MCH book is also a proof of recording of maternal and child health services in a comprehensive and sustainable manner held by the mother or family. The mother's duty to use the MCH book is to carry, read, keep it from being lost / damaged, ask health workers if there are things that have not been understood. The adherence of mothers who have children under five in carrying out the duty to use MCH book can improve the mother's understanding of child growth and development.

The target of MCH book directly is that first pregnant women get the MCH book and use it until the puerperium and is continued to use until the 6-year-old child. Indirect targets are husband / other family members, child caregivers in social welfare institutions for children, cadres, health workers who directly related to providing maternal and child health services (including doctors, midwives, nurses, nutritionists, immunization officers, officers laboratory), and the person in charge and manager of the MCH program at the Health Department of District / City. Mother is responsible for filling in the MCH book by adding a sign to the check box list with a sign (√). This filling is added when it has received a service, or has understood and followed up on the implementation of stimulation as the message delivered in the MCH book. Completing this check list box shows that mother have checked whether the development of babies and children is in accordance within MCH book.⁽²⁾

According to the results of the Basic Health Research in 2013, as many as 80.4% of mothers had MCH book. Mothers who could show the book was only 40%, 40% had the book but could not show it, and 19.2% did not have MCH book. In Indonesia, children aged 0-5 years were rarely taken to integrated service for examination, they were rarely asked for advice on public health.⁽³⁾ It was evidently in the data mentioned by Riskesdas in 2013 that monitoring toddler growth conducted every month, showed that the percentage of

children aged 6-59 months who had never been weighed in the last 6 months tended to increase from 25.5% (2007), 23.8% (2010), to 34.3% (2013).⁽³⁾

Based on East Java Health Profile data in 2014⁽⁴⁾, the lowest rate of infant visit coverage in Blitar City, which was 80.95%. This figure still has not reached the specified target (90%). In 2014 the number of toddlers in Blitar City who received health services was at least eight times a number of 5,459 toddlers from a total of 9,042 toddlers or 60.3% of the number of toddlers. This achievement has not met the minimum service standard target in 2014 of 87%. Number of children under five in Sukorejo subdistrict was 2,943 children and those who received Health Services at least 8 times 1,962 toddlers under five or 66.67% of all toddlers, Kepanjen Kidul subdistrict was 2,691 toddlers who received health services at least 8 times 1,445 toddlers or 53.70% from all existing toddlers, Sananwetan subdistrict was 3,408 toddlers who received Health services minimum 8 times 2,052 toddlers or 60.21% of all existing toddlers.

Based on the results of a preliminary study on January 12, 2017, from 10 mothers who had been interviewed, they carried MCH book, there were 7 people who never asked health workers about the contents of the MCH book, 7 people did not read the MCH book. This data proved that there were problems in using the MCH book, that the mother did not comply with the duty to use the MCH book. Researchers wanted to know the adherence level of mothers who had toddlers to carry out the duty to utilize MCH book.

METHODS

This research was the descriptive study, a method of fact finding status of a group of people, an object, a condition, a system of thought or an event in the present with the right interpretation.⁽⁵⁾ In this study, the researchers wanted to find out the adherence level of mothers who had toddlers in carrying out the duty to utilize the MCH book in Rembang Village. The population in this study was all mothers of toddlers in Rembang Village (172 mothers). If the population size is ≤ 1000 , then the sample can be taken 20-30%.⁽⁶⁾ The sample size in this study was 30% of all mothers (n = 52), selected using quota sampling technique.

In this study researchers used data collection instruments using questionnaires. Questionnaires were made by translating and modifying techniques with maternal adherence in carrying out the duty to utilize MCH book. The 8-Item Morisky Medication Adherence Scale (MMAS).

Data processing was done by giving a score where "yes" answer was given 0 and "no" answer was given 1, the total of the score which was then obtained a score and grouped in Morisky Modification Scale according to Morisky.⁽⁷⁾ In order for this scale to be used in my research, it must be changed in percentages: <75% Low, 75-87.5% Medium, and 100%: High.

Then to determine the classification of the adherence level of mother in carrying out the duty to utilize the MCH book by adopting the adherence level classification according to the scale created by Morisky. Et al Predictive Validity of a Medication Adherence Measure in Outpatient Settings.⁽⁷⁾ All data obtained is categorical data so that it is analyzed descriptively in the form of frequencies followed by percentages.⁽⁸⁾

RESULTS

Characteristics of Respondents

The research was held in the Community Health Center, Sananwetan Subdistrict, Blitar City, located on Jawa Street No. 7, Plosokerep Village, Sananwetan District. Characteristic data of mothers who used MCH book include age, last education, children, age of children, understanding of the contents of the MCH handbook, having received counseling, getting explanations, how to get explanations, family support, belief in the benefits of MCH book.

The results showed that 63% (33 mothers' toddlers) who used MCH book in Rembang Village were 30-49 years old, 63% (33 mothers' toddlers) who used the MCH Book in Rembang Village were High School graduates, 46% (24 mothers' toddlers) in integrated services in the Rembang Village bringing the first child, 33% (17 mothers' toddlers) brought children aged 13-24 to the integrated services in the Rembang village area, 100% respondents (52 mothers' toddlers) who expressed their understanding of the contents of the MCH book in Rembang Village, 100% respondents (52 mothers' toddlers) in the area of Rembang Village who had received an explanation about MCH book, 60% (31 mothers' toddlers) in the Rembang village area received counseling from health workers, 100% respondents (52 mothers' toddlers) in the area of Rembang Village who received support from their families to use the MCH book, and 100% respondents (52 mothers' toddlers) who were convinced that the MCH book was useful.

Table 1. Distribution of Adherence Level of Mothers who had Toddlers in Carrying Out the Duty to Utilize MCH book

Adherence Level	Frequency	Percentage
High Adherence	26	50.0
Moderate Adherence	15	28.8
Low Adherence	11	21.2
Total	52	100.0

Based on Table 1, the adherence level of Mothers who had toddlers in carrying out the duty to utilize MCH book in Rembang Village, 50% (26 mothers) had high adherence, a small portion 28.8% (15 mothers) had moderate adherence, a small portion 21, 2% (11 mothers of toddlers) had low adherence.

Table 2. Distribution of Adherence Levels of Mothers who had Toddlers in Carrying Out the Duty to Utilize MCH book based on Parameters

No	Parameter	Frequency	Percentage
1	Maternal discipline in reading MCH book	42	78
2	Obedience of mothers in carrying MCH book while attending MCH services	39	75
3	Mother's ability to maintain MCH book, keep it from damage and lost	46	88
4	Ask the health worker if there is something that is not understood	33	64

Based on Table 2, it is stated that most of them, 78% (42 mothers) were disciplined in reading MCH book, 75% (39 mothers) obeyed carrying books while participating in MCH services, almost 88% (46 mothers) were able to maintain MCH book, so as not to be damaged and lost, 64% of respondents (33 mothers) asked health workers if there were things that were not understood.

DISCUSSION

Sarafino (1990) in Smet⁽⁹⁾ defines adherence as the level of a patient carrying out a treatment and behavior suggested by a doctor or another. Meanwhile, according to Brunner & Suddarth⁽¹⁰⁾ the term adherence is often used to describe behavior, which indicates that patients will change their behavior or obey because they have been asked for it. In accordance with the purpose of the study was to determine the adherence level of mothers who had toddlers in carrying out the duty to utilize MCH book in Rembang Village, data analysis has been carried out and showed; high adherence rates were 50%, moderate adherence were 28.8%, and low adherence rates were 21.2%. From the analysis, information was obtained that the adherence level of mothers who had toddlers in carrying out the duty to utilize the MCH book in Rembang Village was "High Adherence". The researcher believes that mothers play an important role in the child's growth and development since the womb, all the nutrients given by the mother to the fetus will determine the growth and development of the next child, and the mother has a high duty and responsibility to improve the potential of child's health.

The adherence level of mothers who had toddlers in carrying out the duty to utilize MCH book that had high adherence level

The results of data analysis showed 50% high adherence level (26 mothers) in carrying out the duty to utilize MCH book. According to Niven⁽¹¹⁾ the factors that influence the level of adherence are an understanding of instruction, the quality of interaction, family support, beliefs, attitudes, and personality. According to Niven⁽¹¹⁾ the quality of interaction between health professionals and patients is important in determining the degree of adherence, besides that family can be a very influential factor in determining beliefs and individual health values and can also determine the treatment program that they receive, family also provide support and make decisions regarding the care of sick family members. So there is important research evidence that the relationship of health professionals and patients, family and friends, beliefs about one's health and personality play a role in determining the patient's response to health recommendations. Researchers argue that to achieve a high level of adherence is to improve understanding of the benefits of MCH book by reading books during leisure time, so that mothers feel that obeying health workers' instructions to utilize MCH book is important to do. The family must support the mother in using the MCH book as a reference for child development, thus increasing the

mother's confidence in the use of MCH book when children are sick or healthy to optimize children's health. Mothers have a more critical attitude by asking about the contents of the MCH book to health workers, so that they are more aware to their child's growth and development. The personality shown by the mother is having a feeling that the child must get all the best to get optimal health.

The preliminary study was conducted to obtain the results of 10 respondents who had been interviewed, 10 respondents were carrying and keeping MCH book, 7 respondents were never asked health workers about the contents of the MCH book and then found 7 people did not read the MCH book. It turned out that after the study concluded that most mothers had high adherence level, the researchers thought that mothers who had toddlers in the village of Rembang had high attention to the health of children by reading MCH book, keeping MCH book, understanding the contents of the MCH book, and asking health workers. It had a positive impact on children's health indirectly, namely monitoring children's health on a regular basis so as to minimize errors in the procedures for the care of toddlers. Supported in the MCH book, there are 7 main points contained in the MCH book. They are the care of newborns / neonates, child immunization records, care for 29-day to 6-year-olds, fulfillment of nutritional & child development needs, Healthy Towards Card, Early Stimulation Detection Intervention Growing and Development, and protection for children.

The results of cross tabulation between age and adherence level of mothers who had toddlers in carrying out the duty to utilize MCH book showed that 34.6% aged 30-49 years had high compliance. According to Notoatmodjo⁽¹²⁾ that increasing a person's age will occur physical and psychological changes, this occurs due to maturation of organ function. The psychological level of thinking someone is getting mature. Researchers argue that the more the age of a mother will increase experience in taking care of children so that maternal adherence increases along with age. So they know how to improve children's health status by utilizing MCH book effectively and efficiently,

The results of cross tabulation between the last education with the adherence level of mothers who had toddlers in carrying out the duty to utilize MCH book showed that 32.7% graduated from high school education had high adherence level. Researchers believe education is a reference in which the higher education that mothers have is the more careful in choosing the needs for children. In the current era there is no limit to mothers who have education, mothers' access information and add insight through information technology that has been so rapid. It is clear now that a mother's education level will influence the understanding of instruction, this can be related to the level of one's adherence.

The results of cross tabulation between information obtained with the adherence level of mothers who had toddlers in carrying out the duty to utilize MCH book showed that 50% had ever received information. The information or health education can improve knowledge, while increasing knowledge will influence behavior.⁽¹²⁾ Researchers argue that the amount of information that comes through cadres or health workers will affect the knowledge of mothers about the contents of the MCH book, this will affect the behavior of mothers to obey using MCH book.

The results of the tabulation of special data from the parameters of mother's ability to maintain MCH book, keep them from damage and lost got results that 88% were able to keep the MCH book so that it were not damaged and lost. According to Brunner & Suddarth⁽¹⁰⁾ term adherence is often used to describe behavior, which indicates that patients will change their behavior or obey because they have been asked for it. Researchers argue that children's personal documents about health are very important in efforts to improve children's health so that they cannot be lost, so the presence of most mothers who are compliant in keeping MCH book must be maintained and further improved.

The Adherence Level of Mothers who had Toddlers in Carrying Out the Duty to Utilize MCH book that had Moderate Adherence Level

The results of data analysis showed that 28.8% of mothers had a moderate adherence level. Rusli et al.⁽¹³⁾ reported that the work that demands to always be at home and has a lot of time in managing and paying attention to household affairs so that they are not able to pay attention to the information that comes in will have a lack of knowledge. Researchers argue that the importance of the role of the mother in child development, but not only supervises and serves the needs of the child, mother has many things to do, for example cooking for her family, taking care of the household. This can take time to focus on the child, so there is less time to learn about the child's growth and development in the MCH book.

The results of the cross tabulation between understanding the contents of the MCH book and the adherence level of mothers who had toddler in carrying out the duty to utilize MCH book showed that 28.8% had moderate adherence level. According to Niven⁽¹¹⁾, no one can obey instructions if he misunderstands the instructions given to him. Researchers argue that mothers who understand the contents of the MCH book will find it easier to

adhere to the health advice or recommendations contained in the MCH book, but if they do not understand the contents of the MCH book then they will not practice the health advice contained in the MCH book.

The statements from specific data were favorable and unfavorable statements. Based on the tabulation of specific data, there were parameters of maternal discipline in reading the MCH book with 78% disciplined in reading MCH book. According to the KBBI⁽¹⁴⁾, obedient is like according to command, obedient to orders, while obedience is behavior according to rules and discipline. Researchers argue that the indication that someone is compliant is how disciplined in carrying out the orders given, mothers who have a high discipline in reading MCH book, have more levels of care than mothers who are less disciplined. Reading the MCH book also improves the mother's understanding of the contents of the MCH book, she will feel the benefits of the MCH book after reading and understanding the contents of the book and then practicing it.

The results of cross tabulation between information obtained by mothers with the adherence level of mothers who had toddlers in carrying out the duty to utilize MCH book showed that 28.8% had moderate adherence. According to Notoatmodjo⁽¹²⁾ information or health education can improve knowledge, while increasing knowledge will influence behavior. Researchers argue that news and information about MCH book from print, electronic and health workers, sufficient sources of information will affect a person's adherence, the behavior of mothers in dealing with child health problems will refer to the contents of the MCH book, because they feel that they receive important health education.

Based on the tabulation results of the specific data, there were parameters that were answered, namely the obedience of the mother in carrying the MCH book while attending the MCH service and the result that 75% obeyed the MCH book while attending services at the integrated service unit. According to Brunner & Suddarth⁽¹⁰⁾, the term compliance is often used to describe behavior, which shows that patients will change their behavior or obey because they have been asked for it. It is an duty for mothers to bring along MCH book during toddler integrated service unit, this is important to note the development and growth of toddlers who are used as a basis for providing health advices, this is intended to improve the ability of mothers to care for children. A small number of mothers admitted that they sometimes forgot to bring the MCH book while attending toddler integrated service unit, in this case the researchers thought that the cause was because mothers still had other responsibilities such as cooking, caring for children, cleaning the house, so that the opportunity to prepare the MCH book to be taken when the toddler integrated service unit would be cut to do work at home.

The Adherence Level of Mothers who had Toddlers in Carrying Out the Duty to Utilize MCH book that had Low Adherence Level

The results of data analysis showed that 28.8% of mothers had a moderate level of adherence. Researchers argue that mothers who have a low level of adherence because they have other responsibilities such as taking care of the household cooking, taking care of children, this can take time to focus on children, so the time to learn the growth and development of children in MCH book becomes less. Mothers only read the section that contains the health data of the child, when the child is in good condition the mother ignores the health message contained in the MCH book. The level of low adherence in utilizing MCH book will have an indirect impact on the growth and development of children, where children should be more optimal in their health, but the lack of awareness of mothers in understanding and applying the contents of MCH book results in under-growth of children. As an example of the MCH book containing child immunization records, mothers who did not read the contents of the MCH book did not know if their children were late getting immunization vaccines so that the percentage of children infected with the disease would increase.

According to Notoatmodjo⁽¹²⁾ that increasing a person's age will occur physical and psychological changes, this occurs due to maturation of organ function. The psychological level of thinking someone is getting mature. However, this study produced a negative correlation between increasing age and increasing knowledge that will affect the behavior of mothers in obeying the commands in the MCH book, namely 15.4% aged 30-49 years had low adherence. Researchers believe that mothers who have stepped on at the age of more than 30 years have exceeded a person's productive age limit so that their ability to decline to continue to increase their knowledge. Such mothers have more experience when compared to young mothers who should know that toddlers should get more intake of nutrition, have the development and growth that meets the standards of early detection of growth and development, the mother is always diligent in checking her children to health workers, monitor growth child development and prevent undesired conditions. At that time, of course, the mother always uses the MCH book that contains medical records of children's health, ways of child care, and recommendations that mothers need in maintaining the child's condition.

The results of cross tabulation between the last education and the level of adherence of mothers who had toddlers in carrying out the duty to utilize MCH book showed that 11.5% graduated from high school had low

adherence. According to Mubarak⁽¹⁵⁾, the higher the education, the easier it is to receive information. According to Notoatmodjo⁽¹²⁾ information or health education can improve knowledge, while increasing knowledge will influence behavior. Researchers argue that in this era there is no limit to access information and increase knowledge through information technology. The learning process and adding insight to knowledge can be obtained from anywhere. Supported by the results of the data tabulation stated that all respondents had received information about MCH book through counseling and discussion. Mothers who had low adherence should take more time to understand the child's condition by obeying the commands contained in the MCH handbook.

Based on the tabulation of specific data, there were parameters answered by the mother with the category of moderate adherence, the parameter to ask the health worker if there was something that had not been understood, the result was 64% had asked about the contents of the MCH book. Rusli⁽¹⁵⁾ stated that the work that demands to always be at home and has a lot of time in managing and paying attention to household affairs so that they are not able to pay attention to the information that comes in will have a lack of knowledge. Researchers argue that only a small percentage of mothers have asked health workers because they do not have the opportunity to be in the integrated service unit for longer. Mother still has the responsibility of taking care of the household and many things that must be done such as cooking for her family, taking care of children who are toddlers, so there is little time to improve understanding.

CONCLUSIONS

Based on the results of the study it can be concluded that principally, the level of adherence of mothers who had toddlers in carrying out the duty to utilize MCH book in Rembang Village was in high category (50%).

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