

The effect of providing education on parent's knowledge and behavior in completing the development monitoring checklist in the Mom and Child health book in the working area of Tarik Health Centre

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World Journal of Advanced Research and Reviews, 2024, 23(01), 025–029

Publication history: Received on 18 May 2024; revised on 26 June 2024; accepted on 28 June 2024

Article DOI: <https://doi.org/10.30574/wjarr.2024.23.1.1957>

Abstract

Introduction: Deviations in growth and development of toddlers can be detected as early as possible. Development monitoring can be carried out independently by parents using the Mom and Child Health book. The results of the Sidoarjo District Riskesdas 2018, the utilization of the Mom and Child Health Book in the development section is still lacking. This study aims to analyze the effect of education on changes in knowledge and behavior of filling out the development monitoring checklist in the Mom and Child Health Book by parents.

Methods: This research method is pre-experimental designs with one group pretest-posttest design. The sample size was 77 respondents with sampling technique using multistage random sampling. The independent variable is the provision of education provided personally using the Mom and Child Health book owned by parents. The dependent variable is knowledge and behavior. The instruments used were questionnaires and Mom and Child Health books. Data analysis using Wilcoxon Signed Rank.

Test. Results: The results showed that the knowledge category had increased. The good category from 43% to 87% and no one is in the less category. Wilcoxon Signed Rank Test results pretest-posttest data knowledge $p = 0.001$ ($p < 0.05$). The category of behavior that before being given education no one had filled out the development monitoring checklist at all from 77 respondents increased to 70.12%. Increased knowledge has a significant impact on changes in parental behavior in filling out the development monitoring checklist in the Mom and Child Health book.

Conclusion: There is an effect of providing education on knowledge and behavior of filling out the developmental monitoring checklist in the Mom and Child Health book.

Keywords: Mom and Child Health book; Development; Knowledge; Behavior education

1. Introduction

Children are the next generation of a country and deserve specific attention. Every child has the right to achieve optimal cognitive, social, and emotional development to ensure a better future for the country (Sugeng et al., 2019). The results of research by world researchers for WHO stated that globally, 52.9 million toddlers, 54% of male toddlers, had developmental disorders in 2016. Around 95% of children with developmental disorders live in low and middle income countries. In 2016, WHO reported that the prevalence of developmental disorders in children under five in Indonesia was 7,512 per 100,000 population (7.51%). Around 5 to 10% of toddlers are estimated to experience developmental

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delays. Although data regarding the prevalence of general developmental delays is not yet known with certainty, it is estimated that around 1% to 3% of children under the age of 5 experience general developmental delays (Arora, 2021).

In Sidoarjo district in 2022 the incidence of developmental deviations in toddlers was 115 and 87 toddlers were referred to hospitals from the report of Sidoarjo Regency in 2022. Toddlers who experienced developmental deviations at the Tarik Community Health Center in 2022 were 15 and those referred to hospitals were 5 toddlers from the 2022 Tarik Community Health Center LB3 report.

The results of the National Health Research in 2018 shows that the proportion of children aged 0 - 59 months who owned children and mom child health (MCH) book in Indonesian language and could show them was 49.7%, for recording MCH books based on the contents of toddlers monitoring development was 45.6%, (Risksedas, 2018). The results of the Basic Health Research (RISKESDAS) of East Java Province in 2018 showed that the number of child book ownership was 64.27% for children aged 0 - 59 months, for recording MCH books based on the contents of children aged 0-59 months in the development monitoring section 49.13%. The results of the Basic Health Research (RISKESDAS) of Sidoarjo district, the number of MCH book owners and being able to show the MCH book owned was 49.34%, for recording Mom and Child health books based on the contents of the progress monitoring section 64.89%, (Jatim, 2018).

A preliminary study was carried out in the work area of the Tarik Community Health Center by taking a sample of 10 Mom and Child Health books owned by toddlers. The data obtained from the preliminary study was that the 10 MCH books had not all been filled in on the toddler development monitoring checklist. The efforts to increase knowledge and behavior are carried out in the Tarik Community Health Center work area by health workers and cadres, namely by conducting outreach, education, and motivation for families to monitor progress using the MCH book. The education provided by health workers and cadres so far has been through counseling at toddler class activities, nutrition posts, and also at toddler posyandu events. The education provided emphasizes that monitoring development can be done by filling in the developmental checklist in the MCH book according to the age of the toddler which can be done by parents or family.

2. Methods

2.1. Research design and participant recruitment

This study used a pre-experimental research design with the One Group Pretest Post-test approach to determine the effects of a treatment which does not use a control group as a comparison and the sample is chosen randomly. The population and sample in this study were parents of toddlers in the Tarik Community Health Center working area. Sampling used a multistage random sampling technique of 77 participants.

2.2. Research instrument

The instrument uses questionnaire sheets and MCH books owned by each parent. The number of questions is 10 multiple choice questions and a closed ended questionnaire model, the answers to which are provided during the posttest.

2.3. Procedure

Participants are given an explanation regarding the purpose of the action, approval for the action, and the use of the questionnaire for participants. A pretest was carried out, and the development section of the MCH book was checked, then a post test was carried out. Checking the completion of the progress monitoring checklist is carried out one month after the post test is carried out.

2.4. Statistics

Standard deviation, mean, and interquartile range (minimum and maximum) were used to describe participant characteristics. The Wilcoxon Signed Rank Test was used to determine the effect of providing education on parent's knowledge and a frequency distribution test was used to determine the effect of providing education on parent's behavior in filling out the development monitoring checklist in the MCH book. Statistical tests use a significance level of 95%.

2.5. Ethical clearance

Participants are given information about what will be done and all data is kept and used only for research purposes. Participants take part in the research series voluntarily. This study was approved by the Health Research Ethics Committee of the Faculty of Medicine, Airlangga University on March 4 2024 with protocol number 70/EC/KEPK/FKUA/2024.

3. Results

Respondents in this study were parents of toddlers who met the inclusion criteria and were given intervention as many as 77 respondents. All respondents have completed a series of interventions and observations. well.

Table 1 Characteristics of respondents (n=77)

No	Characteristics	n	%
1	Age of Parents		
	<20 years old	1	1.3
	20-35 years old	62	80.5
	>35 years old	14	18.2
	Total	77	100
2	Education		
	Primary School	1	1.3
	Junior High School	11	14.3
	Senior High School	41	53.2
	Undergraduate	24	31.2
	Total	77	100
3	Occupation		
	Private Sector	6	7.7
	Housewives	58	75.3
	Another	13	17
	Total	77	100

Based on Table 1, the majority of respondents who took part in the research were aged 20-35 years (80.5%) of the total respondents. The characteristics of the respondents were also studied and data was obtained that in the intervention group there was a diversity of maternal education ranging from elementary school to tertiary education, with the majority of respondent mothers having high school education (53.2%) and tertiary education (31.2%). Another characteristic obtained was regarding maternal employment, namely that the majority of respondents were non-working mothers who worked as housewives (75.3%).

Based on Table 2, it can be seen that the difference in the level of parental knowledge before and after being given education has increased. The results of the difference in knowledge test using the Wilcoxon Signed Rank Test with a level of $\alpha = 0.05$ showed a value of $p = 0.001$, which means it is meaningful and significant. This shows that there is a change in knowledge between before and after being given education about monitoring developments using the MCH book.

Table 1 The knowledge level before and after intervention

	<i>pretest</i>		<i>posttest</i>		<i>Wilcoxon</i> (ρ)
	n	%	n	%	
Good	33	43	67	87	0.001*
Enough	33	43	10	13	
Less	11	14	0	0	
Total	77	100	77	100	

Table 2 Behaviour before and after intervention

	<i>pretest</i>		<i>posttest</i>	
	n	%	n	%
MCH book were checked	0	0	54	70.12
MCH book yet checked	77	100	23	29.87
Total	77	100	77	100

Based on Table 3, it can be seen that there are quite significant changes in behavior from the existing samples. Before the education was provided, none of the development assistance checklists in the MCH book had been checked at all. From the results of the frequency distribution above, it shows a significant increase of 70.12% after being given education. 29.87% of MCH books still have not been filled in with the progress monitoring checklist. This shows that there is a change in behavior in filling out the development monitoring checklist in the MCH book by parents before and after being given education about development monitoring using the MCH book in the working area of the Tarik Community Health Center.

4. Discussion

Characteristics of respondents in the study including age, education, and employment. Most of the respondents who took part in the research were aged 20-35 years (80.5%) of the total respondents and were female. This could be because this age is a productive age for having offspring. Ages 20-35 years are included in the early adulthood category. They have good behavior when visiting the mosque with a more mature way of thinking (Fathurrohman, 2021).

The results of the study show that there are significant changes in knowledge after being given education. The MCH book is a means or media to increase knowledge and understanding about Mom and Child health. In another study, namely by Utami et al (2021) explained the need for ongoing counseling to mothers regarding the use of MCH books to optimize their children's growth and development. According to Friscila (2023), the MCH book is able to increase mother's knowledge and understanding regarding Mom and Child health. It is hoped that by increasing mother's knowledge and understanding of MCH books, the Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR) can be minimized.

This study shows that the behavior of filling out the development monitoring checklist before being given education about development monitoring in the MCH book has not been checked at all. The behavior of completing checklists and monitoring developments in the MCH book experienced a significant increase, namely 70.12%. The behavior of a person or society regarding health is determined by the knowledge, attitudes, beliefs, traditions and so on of the person or society concerned. As many as 29.87% of mothers did not complete the development monitoring checklist in the MCH book. Interview results showed that parents did not complete the progress monitoring checklist in the MCH book because they were busy and did not have free time to fill it in.

5. Conclusion

There was an increase in knowledge after being given education on filling out the development monitoring checklist in the Mom and Child health book in the Tarik Community Health Center work area and there were changes in behavior

after being given education on filling in the development monitoring checklist in the MCH work area in the Tarik Health Center working area.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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