



## Article

## FACTORS RELATED WITH THE COMPLIANCE OF FILLING THE MOTHER AND CHILD HEALTH (MCH) HANDBOOK IN POSTPARTUM CARE OF PRIVATELY PRACTICING MIDWIFE (PPM)

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## A B S T R A C T

In midwifery care standard, midwives should carry out complete, accurate, brief and clear midwifery recording of the findings in providing midwifery care. Based on preliminary survey conducted on 5 PPM, it was found that 100% midwives did not fill the MCH handbook of postpartum care. This study aims to determine the factors related to compliance of MCH handbook by midwives in post partum care in PPM.

This was descriptive analytic study with cross sectional design. This study was conducted in September 2016 - July 2017. The population in this study is all PPM in Pekanbaru totalling 59 samples using purposive sampling. Data analysis was performed using Chi Square.

The results showed that most midwives did not fill out the MCH handbook 81.4%. There was a significant relation between knowledge ( $p$ -value = 0,002) and motivation ( $p$ -value = 0,001) with compliance of MCH handbook by midwives in postpartum care, there was no significant relation between duration of work ( $p$ -value = 0,468) in compliance of filling out MCH handbook. It is recommended for association of midwives to be more active in evaluation and monitoring through giving reward / punishment about filling out the MCH handbook

## I. INTRODUCTION

Based on Indonesia Demographic and Health Survey (SDKI) in 2012, maternal Mortality rate (MMR) amounted to 359 per 100,000 live births. This number has increased when compared with the MMR in 2007 amounted to 228 per 100,000 live births. (SDKI, 2012)

Midwife is one of health worker having important and strategic position especially in decreasing MMR. Midwives provide continuous and plenary services

focusing on prevention and promotion aspects based on community partnerships and empowerment. To realize a quality midwifery service required a standard as a reference for midwives in providing midwifery care to clients (Kemenkes, 2007)

Recording and documenting in midwifery services is an activity that the midwife must undertake in providing quality service and standards. In

accordance with Minister of Health Regulation No. 1464 of 2010 article 18 that in carrying out the practice, midwife is obliged to perform systematic care of midwifery care. Likewise in the Decree of the Minister of Health no 938 of 2007 on midwifery care standards on the 6<sup>th</sup> standard that midwives should make complete, accurate, brief and clear midwifery recording of the circumstances / events found and performed in providing midwifery care. Records are made immediately after carrying out care on the available forms (medical records / Patient Status / Mother and Child Health Book). (Yuniati, 2010)

Maternal and Child Health Book (MCH) is a mother-and-child guide book that contains maternal and child health information (maternity, postpartum and childbirth) and children (newborns to children 6 years old) and information on how to maintain and taking care of mother and child health. In addition to MCH book keeping serves as a communication medium for mothers or families with health workers. (Ministry of Health, 2015).

Based on preliminary survey conducted on 5 midwives of Practicing Privately Midwife (PPM) ) in Pekanbaru city, the researcher found 100% of midwives did not fill the service record of postpartum care in MCH book. The researcher found a section filled only on the family identity column, pregnant women's health record columns and childhood immunization records. In the column of health records on postpartum is not done filling, while the reason midwives do not fill that is because no problems or complaints found in postpartum mothers. Whereas, based on the MCH Book Maturing Guideline in 2015, the MCH book entries during childbirth are very important and easy to fill. If no problem is found, the midwife can write (within normal limits) but should not leave it blank. (Kemenkes, 2015)

According to research Anasari T (2012) states that the factors that cause

midwives do not complete the MCH book complete include the motivation, knowledge, duration of work, supervision and support facilities. In his research, Anasari T explains that if midwife has good knowledge about MCH book of course, midwife will have motivation to complete MCH book completely. Motivation is one of the factors that influence the midwife to fill the MCH book in the postpartum care. Motivation by Herzberg Theory sees that there are two factors that drive a person motivated by intrinsic factor, which is the driving force that arises from within each person, and the extrinsic factor is the impetus that comes from outside the person, especially from the organization in which he works. Factors included in intrinsic motivation are responsibility, achievement, the work itself, the recognition of others and the opportunity to move forward. Extrinsic motivation is the thrust that comes from outside a person. Factors included in extrinsic motivation are salary, job security, interpersonal relationships, supervision and policy. (Notoatmodjo, 2010).

In addition, duration of work also affects the compliance of a midwife, according to research Ira Novrista (2014) long working midwives have an important role in gaining knowledge because the longer a person will work will have more experience working more. The more experience a midwife will have the better competency in providing services. (Ira, Novrista 2014)

In this research will be studied the factors of knowledge, motivation and duration of work.

## II.METHOD

This was descriptive analitic study with cross sectional design. This study was conducted in September 2016-July 2017. The population in this study were Practicing Privately Midwife (PPM) in Pekanbaru city with 59 PPM taken by purposive sampling. Data processing is

done by computerized with univariate data analysis and bivariate using statistical test of Chi Square

### III.RESULT

#### 1. Analisis Univariat

**Table 1** Distribution of Frequency of Midwives Knowledge

| No | Category of Knowledge | Frequency(f) | Percentage (%) |
|----|-----------------------|--------------|----------------|
| 1. | Good                  | 28           | 47,5%          |
| 2. | Enough                | 31           | 52,5%          |
|    | Total                 | 59           | 100%           |

**Table 2** Distribution of frequency of midwives motivation

| No | Motivation level | Frequency(f) | Percentage (%) |
|----|------------------|--------------|----------------|
| 1. | High             | 22           | 37,3%          |
| 2. | Low              | 37           | 62,7%          |
|    | Total            | 59           | 100%           |

**Table 3** Distribution of frequency of midwives duration of work

| No | Duration of work | Frequency(f) | Percentage (%) |
|----|------------------|--------------|----------------|
| 1. | New              | 3            | 5,1 %          |
| 2. | Old              | 56           | 94,9 %         |
|    | Total            | 59           | 100%           |

**Table 4** Distribution of frequency of midwives compliance to fill MCH handbook

| No | Compliance     | Frequency(f) | Percentage (%) |
|----|----------------|--------------|----------------|
| 1. | Compliance     | 11           | 18,6%          |
| 2. | Not compliance | 48           | 81,4%          |
|    | Total          | 59           | 100%           |

**Table 5** Relation of Knowledge with Compliance of filling MCH Book in postpartum care

| Knowledge | Compliance |       |                |       | Total | p value |
|-----------|------------|-------|----------------|-------|-------|---------|
|           | Compliance |       | Not compliance |       |       |         |
|           | N          | %     | N              | %     |       |         |
| Good      | 10         | 35,7  | 18             | 22,8% | 28    | 0,004   |
| Enough    | 1          | 3,2%  | 30             | 96,8% | 31    |         |
| Total     | 11         | 18,6% | 48             | 81,4% | 59    |         |

**Table 6** Relation of Motivation with Compliance of filling MCH Book in postpartum care

| Motivation | Compliance |       |                |       | Total | p value |
|------------|------------|-------|----------------|-------|-------|---------|
|            | Compliance |       | Not compliance |       |       |         |
|            | N          | %     | N              | %     |       |         |
| High       | 9          | 40,9% | 13             | 17,9% | 22    | 0,001   |
| Low        | 2          | 5,4%  | 35             | 94,6% | 37    |         |
| Total      | 11         | 18.6% | 48             | 81.4% | 59    |         |

**Table 7** Relation of Duration of work n with Compliance of filling MCH Book in postpartum care

| Duration of work | Compliance |       |                |       | Total | p value |
|------------------|------------|-------|----------------|-------|-------|---------|
|                  | Compliance |       | Not compliance |       |       |         |
|                  | N          | %     | N              | %     |       |         |
| Old              | 10         | 17,9% | 46             | 82,1% | 56    | 0,468   |
| New              | 1          | 33,6% | 2              | 66,4% | 3     |         |
| Jumlah           | 11         | 18,6% | 48             | 81,4% | 59    |         |

### IV. DISCUSSION

The results showed that midwives who had good knowledge and obedience to fill the MCH book in the puerperium service were 35.7% (10 people) and the non-obedient were 64.3% (18 people). While the

respondents who have enough knowledge but obediently do the charging of MCH book in puer service is as much as 3,2% (1 person) and non obedient is equal to 96,8% (30 people)

This study is in line with the results of research conducted by Anasari T (2012) which states that found a significant relationship between the knowledge level of midwives with the completeness of MCH book value  $p$  value 0,000. In his research, Anasari T explained that if midwives have good knowledge about MCH book, of course, midwives will have motivation to complete the complete MCH book.

Based on the results of the study of respondents who have good knowledge and obedient to fill in the MCH book in the service of childbirth 35.7% (10 people), according to data 50% of respondents who have good knowledge and obedient to fill the book MCH in puerperium service is pomegranate midwife. This is very influential because the respondents have followed the guidance of quality and profession for quality care which is one of the criteria to become a pomegranate midwife (Nurjannah, 2012). The results of this study in accordance with the opinion Notoatmodjo (2007), that knowledge has several levels of knowing, understanding, application, analysis, synthesis and evaluation. In this study respondents with good knowledge already in the application stage of application because it has done charging MCH book in puer service.

In this study also found the respondents who have good knowledge but not obedient to fill the book MCH in the puerperium service as much as 64.3% (18 people), according to the researcher has implicit knowledge on the respondents, in this case respondents know about MCH book filling in service puerile but not obedient in filling in MCH books in puerperal service. Based on interviews of researchers on respondents most respondents consider that the puerperium is not dangerous and does not require special attention.

The results of this study are in line with Budiyanan & Riyanto (2013) opinion, that there is implicit knowledge that is embedded in the form of one's experience but contains non-tangible factors such as personal beliefs, so that the perspective is not applied in

concrete actions in terms of this means that respondents who already know the MCH book recital in the service of childbirth and its benefits but it is not obedient in filling the book MCH in the service of childbirth.

From the result of the research for the respondents who have enough knowledge but obedient in the MCH book fill in the puerperal service is as much as 3.2% (1 person), based on this the researcher assumed that not only because of the knowledge factor that influenced the respondents to obediently fill the MCH book in the puerperal service but also a form of the respondent's compliance with the Minister of Health's regulation No. 1464 year 2010 article 18 that in carrying out the practice, the midwife is obliged to perform systematic midwifery care during pregnancy, childbirth, childbirth, BBL and family planning.

Based on the results of the questionnaire, most of the respondents were as many as 40.7% (24 people) wrong in answering the question of how many times the minimum visit during the puerperium. Most respondents who answered incorrectly stated that the minimum visit during childbirth is 4 times, whereas postpartum health service is health service according to standard in mother from 6 hours until 42 days postpartum by health worker. For early detection of complications in postpartum mother is required to monitor npemeriksaan of postpartum 3 times visit. (KF1, KF2 and KF3) (Ministry of Health, 2015) Health's regulation No. 1464 year 2010 article 18 that in carrying out the practice, the midwife is obliged to perform systematic midwifery care during pregnancy, childbirth, childbirth, BBL and family planning.

Based on the results of the questionnaire, most of the respondents were as many as 40.7% (24 people) wrong in answering the question of how many times the minimum visit during the puerperium. Most respondents who answered incorrectly stated that the minimum visit during childbirth is 4 times, whereas postpartum health service is health service according to standard in mother from 6 hours until 42 days

postpartum by health worker. For early detection of complications in postpartum mother is required to monitor pemeriksaan of postpartum 3 times visit. (KF1, KF2 and KF3) (Ministry of Health, 2015)

In addition, most respondents are sebanyak 86.4% (51 people) also wrong answer questions about exclusive breastfeeding. Respondne who answered one of the most answered the exclusive breastfeeding is breast milk alone is added with water. Yet according to Rinawati (2010) babies may receive medicines and vitamin or mineral drops when needed especially if the baby is sick. When the baby is sick, the baby needs medication to get healed quickly. Therefore, the drug does not thwart exclusive breastfeeding. Should give the baby a drug and continue exclusive breastfeeding also when the baby is sick. Because, in breast milk is also contained antibiotics to strengthen the baby's immune system. (Rinawati, 2010).

The results of this study also found that respondents who have low motivation and not obedient in filling the book MCH in the puerperium service is as much as 94.6% (35 people) and obediently fill the book MCH in the puerhe service is as much as 5.4% (2 people). While respondents who have high motivation but not obedient to fill the book MCH in puer service is as much as 81,4% (48 people) and dutifully fill the book MCH in service of postpartum is as much as 18,6% (11 people). The result of statistical test shows that p value obtained is  $0.001 < \alpha$  (0,05) and it can be concluded that there is a significant relationship between motivation with compliance of MCH book by midwife in postpartum care.

Based on the results of research on respondents who have low motivation in the form of extrinsic motivation questions regarding rewards in the results that most respondents answered disagree on the statement stating the rewards / salary given is in accordance with the services provided to patients with a percentage of 50.8% (30 people). Based on interviews of researchers on respondents, some respondents in

cooperation with BPJS (Board of Health Insurance Providers) 33.8% (20 people). Midwives in collaboration with BPJS on average complained about the absence of conformity of rewards and difficulties in making claims against the BPJS. In this case the midwife works by selling services of course the midwife also expects appropriate rewards. This is in line with the theory put forward by Herzberg in Lutans (2003), that no single organization can provide new forces to its workforce or increase productivity, if it does not have a realistic reward system and salary.

The results are in line with Setiawan's (2007) study which states that rewards are significantly correlated with midwife performance ( $p\text{-value} = 0.003$ ). Samsudin (2006), revealed that a reward will be able to increase or decrease job performance or employee motivation. If employees feel that their rewards are inadequate, work motivation and job satisfaction also dropped dramatically. In this study found also respondents who have low motivation but obediently fill the book MCH in the puerperium service as much as 5.4% (2 people), according to researchers this can happen because of the desire respondents to devote themselves to the community and please the person who has helped. This is in accordance with the opinion of Sudirman (2011) that humans live by having various needs, among others, the need to please others.

From the results of the study for the respondents who have high motivation but obediently fill the book MCH in the service nifas as much as 40.9% (9 people), researchers assume that the motivation of respondents is high because influenced by the factors of desire in themselves so that motivate strong for midwives to implement one of the government programs within the scope of MCH. The results of this study in accordance with Herzberg's theory, high motivation caused by motivational factors related to psychological needs where job satisfaction can be achieved because the work itself (Notoatmodjo, 2007)



Based on the length of work of the midwives most of the respondents worked  $\geq 3$  years and did not obey fill the book MCH in the puerperium service as much as 82.1% (46 people) and who dutifully filling the book MCH in the puerperal service is as much as 17.9% (10 people) . While respondents with the working duration  $<3$  years did not obey fill MCH books in puer service is as much as 66,7% (22 people) and dutiful as much as 33,3% (1 person). The result of statistical test shows that the value obtained is  $0.468 < \alpha (0,05)$  and it can be concluded that there is no significant relationship between the length of work.

The results of this study are in accordance with research conducted by Sarasati, et al (2016) about the relationship of several factors with the completeness of filling the book MCH by the village midwife in Jepara area in 2016 stating that midwives who have a long new and old work does not affect the results of completeness of the book MCH. According to Notoadmojo (2007), experience is a source of knowledge and is a way to gain the truth of behavior, so it is hoped that with the more experienced a midwife then the information is known to be more and more. But this also needs to be supported by the refresher one of them through training. Based on interviews of researchers to respondents that most respondents said they had never received training on filling in MCH books. Therefore, work experience alone can not be a benchmark. Knowledge and training should also be developed intensively and sustainably. Limitations in this study is the number of samples obtained less than the initial calculation of this matter because there are some samples that are inconsistent with the criteria of inclusion (not willing to be a research sample)

## V. CONCLUSION

In this study there was a significant relationship between knowledge and motivation of midwives with midwife compliance in filling MCH A books in postpartum care.

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