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DEVELOPMENT OF TODDLERS: ANALYZING OF THE UTILIZATION OF THE KIA HANDBOOK IN MOTHER IN INDONESIA

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ABSTRACT

Abstract: Developmental delays in children are still a serious problem in both developed and developing countries in the world. The number of developmental disorders in children under five in Indonesia is still quite high. In Indonesia 13 – 18 % of children under five experience developmental delays. The Maternal and Child Health Book (KIA) is an important communication tool and information medium for health workers, pregnant women, families, and the community. The purpose of this study is to analyze the use of the Maternal and Child Health Handbook with child development. The method used is Qualitative research. This study uses the in-depth interview method to find problems more openly. Participants in this study were mothers of toddlers. The sampling technique used was purposive sampling technique so that the participants could represent the characteristics of a population of 10 people. The results obtained by pregnant women who have a negative attitude tend not to use the Maternal and Child Health handbook properly and the theme of developmental disturbances for toddlers is that toddlers have unclear speech, and for other developments, there are no problems. It is recommended for parents to take advantage of the use of health books so that children's development runs optimally.

Keyword: Toddler; Kia Handbook; Mother

Introduction

The Maternal and Child Health Book (KIA) is a means of communication and recording of the health of pregnant women as well as counseling for pregnant women, where health workers can view the contents of the previous KIA book records of pregnant women from health workers. Every time a pregnant woman or comes to a facility for weighing, control, control or treatment, she is advised to bring a KIA book so that all records about the health of pregnant women and children are recorded in the KIA book (Sari, Waruwu, & Purba, 2021). Growth and development delays in children are still a serious problem in both developed and developing countries in the world. The incidence of developmental delays in children in the United States ranges from 12-16%, Argentina 22% (Suwardi, 2021), and Hong Kong 23% (Muslimin & Jannah, 2018). Meanwhile, developmental disorders in children in Thailand reached 37.1% (Suwardi, 2021), and in India around 19.8% (Rasoolimanesh & Ali, 2018). This delay in child development

occurs mostly in Asia and Africa (Jing Yan, Michael Grantham, Jovan Pantelic, 2018) According to UNICEF, in 2015 data obtained that there were still high rates of growth and development disorders in children under five, especially motor development disorders (27.5%) or 3 million children experiencing disorders (Watson et al., 2018)

Until now, the number of developmental disorders in children under five in Indonesia is still quite high. Indonesia's health profile in 2018 shows that 13-18% of children under five experience developmental delays (Usman et al., 2018) While the results of child development screening conducted by the Indonesian Ministry of Health in 30 provinces obtained data on developmental disorders in children of 45.12% (A CC Lee, n.d.). Monitoring the growth of children under five which is carried out every month shows that the percentage of children aged 6-59 months who have not been weighed in the last six months tends to increase from 25.5 percent (2007), 23.8 percent (2010) to 34.3 percent (2013) (Milita, Handayani, & Setiaji, 2021). Based on the 2018 Riskesdas data regarding ownership of the Maternal and Child Health handbook in Indonesia, there are still 24.9% of pregnant women who do not have Maternal and Child Health handbooks. Meanwhile, for mothers who have children under five, there are still 34.1% who do not have a Maternal and Child Health book. Regarding understanding of all the information in the Maternal and Child Health handbook of 67.5%. The results of the 2013 Riskesdas Basic Health Research showed that as many as 74.5% (around 15 million) toddlers had been weighed at least once during the last 6 months, 60.9% of them were weighed more than 4 times. As many as 65% (around 12 million) toddlers have KMS (Appendix to Kepmenkes Number: 155/Menkes/Per/2010).

Riskesdas data shows an increase in the ownership of the Maternal and Child Health book from 52.6% in 2013 to 65.9% in 2018. An increase in achievement of 13% in five years is considered not optimal when viewed from the ease of obtaining the Maternal and Child Health book for free (Riskesdas , 2018). The coverage of health services for children under five in West Sumatra Province in 2017 was 68.9%, which means that they had not reached the target of 86%. The highest achievement was in Pesisir Selatan Regency with 85.9% and the lowest was Mentawai Islands Regency with 41.7% coverage. (Nofita et al., 2017).

Based on the annual report of the PWS KIA Agam District Health Office from January to December 2019 the total coverage of the Maternal and Child Health Handbook for toddlers in the Work Area of the Agam District Health Office totaling 36,881 people, only 27,433 toddlers or 74% had the Maternal and Child Health handbook (Flinardi, n.d.). Agam Regency has 23 Integrated Healthcare Center, one of which is Pakan Kamis, which has the lowest coverage of Maternal and Child Health books, that is, out of 1998 toddlers, only around 59% already have Maternal and Child Health books (Agam District Health Office, 2019). Maternal Health Book Children (MCH) is an important communication tool and information media for health workers, pregnant women, families and communities, which serves as a tool to determine the health status of pregnant women,

documentation, early detection of risks, counseling, and to monitor the growth and development of toddlers. Increasing the implementation Maternal and Child Health books is supported by the central government as one of the programs to improve maternal and child health, guiding health workers to provide Maternal and child health services are according to standards, properly and correctly documented, and are the only evidence held by the mother as documentation of her health status during pregnancy, childbirth, postpartum, immunization and toddler development. The Maternal and Child Health Handbook is currently spread all over Indonesia and the Maternal and Child Health handbook can be used if the mother has the Maternal and Child Health handbook. Based on the results of Riskesdas in 2018 the results of the Riskesdas research showed that 70% and 30% of mothers who had Maternal and Child Health books do not have a Maternal and Child Health book, but only 60% can show it to health workers and 10% cannot show it. In 2018, 65.9% owned Maternal and Child Health handbooks for children aged 0-59 months (49.7% could show and 16.2% could not show) and 34.1% did not own Maternal and Child Health handbooks (8). The Maternal and Child Health handbook itself has a function as a communication tool between mothers and health workers, to find out about mothers' health, to see and monitor the growth and development of toddlers, as a media for counseling, documentation and as early detection of risks.

Research Method

Research Design

This study was Qualitatif research with explanatory research. Using the in-depth interview method (*indepth interview*) in order to find problems more openly as well as observation and study of documents. To study the analysis of utilization of the Maternal and Child Health hand book for mothers on toddler development in the working area of the pakan Thursday public health center, agam in 2020.

Population and samples

In this study the researcher used the term participant which refers to those who have the information needed, and have the ability to share their experiences and are really involved with the events and problems that occur (Suhartanto, Dean, Semiawan, Kusdibyo, & Sobarna, 2021). Sampling in qualitative research is not directed at the amount but based on the principle of conformity and data saturation is achieved (Polit, et al. 2017). In qualitative research is not needed random sampling or random selection of participants and research locations (Craswell, 2010 in Made, 2017). Selection of participants in this study using the method purposive sampling namely the method of selecting participants in a study by determining in advance criteria included in the study (Polit, 2017). The criteria for participants in this study were: Mothers who have Toddlers and MCH Books, Mothers who are communicative, Willing to become participants which is stated verbally and by signing the consent form to become participants, Being able to share their experiences so that richer information is obtained (rich information) The number of samples in this study were 10 participants, data saturation was the measure, data was said to be saturated if no new information was obtained from conducting interviews (Creswell & Sinley, 2017).

Data collection and data analysis

The data collection technique is by in-depth interview or *Indept Interview*. Patoon (2017) emphasized that the purpose of the interview is to get and find out what is on other people's minds. Researchers do this to find something that is impossible to obtain through direct observation and cannot be revealed through a questionnaire. Therefore, in conducting in-depth interviews, the questions that will be asked to participants cannot be formulated with certainty beforehand, but these questions will depend a lot on the ability and experience of the researcher to develop follow-up questions according to the participants' answers. In in-depth interviews, discussions took place between researchers and participants regarding the problem under study. (Fetters, Curry, & Creswell, 2013) explaining that the procedure interview

Result And Discussion

The result of this study the use of the handbook as media for mothers and families and as a reference for service standart for mother and babies by health works . availability and distribution of handbook can to see the devolepmental care the child the theme is :

Toddler Development

- a. Explain the stages of development of toddlers at their age that you know?
- "....from the age of one year he can walk, can talk a little bit, eee be active like that...." (P1)
- "...he's three years old, he's starting to be able to read, write, he's starting to recognize letters..."(P2)
- "...he is now two years and eight months old, he can play ball, can wear surang clothes, can comb his own hair, has started to recognize some letters and numbers, has started to be able to count..."(P3)

The conclusions drawn from the participants' descriptions were that the participants explained well the stages of toddler development according to their age.

- b. Explain how your child socializes and interacts with his environment?
- "....there he plays with his friends, his son is easy to get along with...." (P1).
- **P2** "....sometimes he plays with his friends, sometimes he agrees, sometimes hey, hehe, it's normal to ask the children to play, right (sometime he plays with his friends, sometimes he agrees, sometimes he fights, hehe, it's normal, isn't it called children playing)....(**P3**)

The conclusions drawn from the participants' descriptions were that the participants said that toddlers could socialize well with their peers and those who were smaller or older.c. Describe the development of your child at his age? If there is a delay disorder that occurs in your child, then explain what disturbance is occurring?

"....he's two years and six months old, he can clearly call mom and dad, brother and sister, sister, can eat alone, it doesn't feel like there's a delay, when you talk about dad and mom, that's normal, right, two years and six months old, right?

I'm starting to know the color too..."(P1)

".....he can take off his own clothes, can wear his own shoes or sandals, his speech is also clear, there's no delay in my opinion, just right...."(P2)

"...at least it's because other children at his age are starting to speak quite clearly, but this child hasn't yet, that's only if the others aren't there..."(P3)

The conclusions drawn from the participants' descriptions were that toddlers developed well, while some participants said that toddlers had unclear speech, and for other developments there were no problems.

How do you try to increase your toddler's weight to match his age?

- "....eemm give nutritious food, eee that's enough rest...." (P1)
- "...yes by increasing the diet...."(P2)

"...give him something to eat, if you don't want to eat it, then bapasoan juo will feed it, if you don't eat vegetables sometimes (give him food, if he doesn't want to eat himself, then force him to eat too, so he eats, yes he want to eat vegetables sometimes)...."(P3)

Discussion

Readiness of mothers to utilize Maternal and Child Health (MCH) books, with a positive attitude mothers tend to always carry Maternal and Child Health (MCH) books at every pregnancy visit to health workers at health care facilities, read Maternal and Child Health books (Maternal and Child Health (MCH) books and apply the things contained in the Maternal and Child Health (MCH) book because they think that the Maternal and Child Health (MCH) book is important to know or detect the condition of her and her fetus. However, there are also mothers who have a positive attitude, knowing that the Maternal and Child Health (MCH) book is important but do not utilize the Maternal and Child Health (MCH) book due to the mother's negligence which makes the mother forget to bring the Maternal and Child Health (MCH) book every visit. , when the mother did not have time to read the Maternal and Child Health (MCH) book and because she did not read it, the mother also did not carry out the things contained in the Maternal and Child Health (MCH) book.

Negative mothers tend not to take advantage KIA book properly. This makes it difficult for mothers to obtain complete information about MCH and the types of health services that can be obtained at health care facilities. Work factors, fatigue and forgetfulness are the reasons for pregnant women not to bring their MCH with them during pregnancy visits. In addition, there is an assumption that pregnant women do not bring the MCH book, the examination will still be carried out at the service facility where pregnant women carry out pregnancy checks. So this is also a reason for mothers not to bring their MCH handbook when carrying out pregnancy checks. The stages of toddler development according to their age. Participants said that toddlers had no difficulty in socializing with peers and other friends who were younger or older. Eight participants said that the toddler was developing well, while the other two participants said that the toddler had a few problems, namely his speech was not clear, while the other developments had no problems. Three out of ten participants said that their toddlers did not gain weight when they were weighed at the Integrated Healthcare Center this month, while other participants said that when they were weighed this month their children had

gained weight. When asked about the reasons for not gaining toddler weight, the participants said that the reason why toddlers did not gain weight was due to illness, which caused their appetite to decrease even to the point where it was difficult to eat. to be fed. In responding to this, the participants tried to continue to provide nutritious food and adequate rest to help increase their toddler's weight every month.

From the explanations given by the participants, the results were found, three participants said that they rarely compared the theories in the MCH handbook with the developments that had occurred their child, while other participants said there was a comparison between the theory and the conditions that happened to their child, and after the comparison the results were the same. Meanwhile, the way the participants stimulated the development of toddlers was by frequently inviting children to talk when the child was not clear about speaking, and teaching children how to walk by being supported. In terms of showing affection for toddlers, participants used various ways, namely by giving attention, hugging, being taught good words, while talking to children while looking into their eyes, and give all the best for children. According to the Indonesian Ministry of Health (2017) Children have a distinctive feature that is always growing and developing from conception to the end of adolescence. Children have growth and development characteristics according to their age. Children also have different patterns of growth and development, so it is only natural that children experience various kinds of growth and development, and cannot be compared from one child to another. In line with the research of Santri, et al (2017), entitled Development of Toddler Age Children (1-3 years) with The history of low birth weight shows that a factor that has a significant relationship to the child's developmental level is the parental stimulus factor. However, in this study the stimulus and quality of parental interaction with toddlers were not studied. The researcher concluded that delays in the development of language and personal social aspects were strongly influenced by birth weight history factors and the stimulus given by parents to toddlers.

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