

IMPROVEMENT OF KNOWLEDGE, ATTITUDE AND MATERNAL SKILLS IN NEWBORN CARE THROUGH EARLY HEALTH PROMOTION IN MATERNITY CLINIC

Siti Sa'idah Nasution, Erniyati

Lecturer of Department of Child Maternity Nursing
Faculty of Nursing, University of North Sumatera
Jl. Prof. Maas 3, Kampus USU Medan 20155 INDONESIA
Phone / Fax .: + 62-61-8213318
E-mail: saidah.nasution@yahoo.com

Abstract

Newborn period is not pleasant for the beginning, because the previous life environment in the intrauterine very different situation with after birth environment or extrauterine . The birth of each baby will experience the process of adaptation or adjustment of the vital functions and systems of the body. Proper care of newborns and in accordance with the rules of health will help the baby to adapt optimally in health. The behavior of the community, especially mothers and families still many who have not been in accordance with the health rules in baby care. The treatment is done tends health risk that can increase morbidity and infant mortality. Behavior consisting of knowledge, attitudes and skills of the mother is crucial in improving the health status of the baby since birth. The provision of counseling by health workers in the community, especially at the maternity clinic in pregnant women is the first step in optimizing maternal behavior in baby care. Nursing interventions that become the focus in the care of the baby is a baby observation, care in general, exclusive breastfeeding, keeping the warmth, umbilical cord care, skin care, baby bath, baby clothes and immunization.

Keywords: *Care, Newborns, Counseling*

1. Introduction

The period immediately after the newborn is not a pleasant start in life this is caused by the difference in a previous life environment (intrauterine) environment present life (extrauterine) [1]. In the uterus the fetus lived and grew with all comfort because it grew and lived fully dependent on its mother. Meanwhile, at the time of birth, each newborn will experienced adaptation or process of adjustment of the system and vital functions in the body [19]. The ability of physiological adaptation is called homeostasis or the ability to maintain function - vital functions, are dynamic, which is influenced by the stage of intrauterine growth and development [4]. Therefore, newborns requiring close monitoring and treatment can help to get through the transition period with success [13]. The condition of infants and children who are vulnerable require special care to be able to experience growth and development process optimally so that avoid the pain and mortality [5]. Many factors can influence the occurrence of Infant Mortality Rate (AKB),

but the most common are related to the mother's behavior and lack of health information received, such as child care, especially newborns [3].the occurrence of infection in infants and children caused by a lack of knowledge about health and the lack of care given by the family [12]. Generally a lot of people assume that taking care of babies and children is a natural thing and all mothers will be able to do it. But the reality on the ground situation is very different, a lot of people who do not know how to care for infants and children properly, so a lot of treatments that do not as expected. Based on interviews and observations made in the area of Medan Johor, especially Sumi Ariani maternity clinic and Rukni Maternity Clinic, the general public or the mother still nursing a baby by putting octopus, bathing the baby soon after birth, put the octopus to the baby's chest with strong binding , swaddle the baby tightly so that the baby can not move. Provide additional food to the baby from the first day such as milk formula, honey, water and bananas. And do not give milk colostrum. Maintenance actions performed risky and can

damage the health of infants that result in morbidity and mortality [2]. Good and proper care must be done in accordance with the basic knowledge, skills and compassion [19]. Based on the above, the health care workers who serve as educators and nursing care providers need to make interventions that can improve people's health, especially the mother in the care of newborn infants.

2. Methodology

This research is quantitative research that aims to identify changes in behavior (knowledge, attitude and action) community, especially mothers in the care of newborn after intervention with counseling and practice in some maternity clinics in Medan Johor. The population in this study were all pregnant women, postpartum mothers and mothers with babies in Medan Johor. Total sample are 108 peoples, carried out from June to September 2017. The questionnaire was divided into 3 parts research on infant care knowledge, attitudes and skills.

3. Results

a. characteristics of respondents

Data characteristics of respondents describe the majority of maternal age are at high risk age of approximately (86%), low education SMP- SMA (57%), work the respondent was a housewife amounted to (64%). characteristics of respondents can be seen in the following table:

Table1. frequency distribution and percentage of the respondent characteristics (N = 108)

N	characteristics of Respondents	(F)	(%)
1.	Age		
	a. <20	50	47
	b. 21-35	37	34
	c. > 35	21	19
2.	Level of education		
	a. Low (SD- SMP)	61	56.5
	b. High (SMA-PT)	47	43.5
3.	Type of work		
	a. Work	39	36.1
	b. Does not work	69	63.9
4.	parity		
	a. 1	32	30
	b. 2-3	40	37
	c. > 3	36	33
5.	tribe		
	a. Batak	59	54
	b. Java	25	23
	c. Padang	15	14
	d. Malay	9	9
6.	family income		
	a. In accordance UMR	38	36
	b. <UMR	40	37
	c. > UMR	30	27
7.	home / residence status:		
	a. ownn house	83	77
	b. Live with another relative (mother / in-laws)	25	23
Total		108	100

b. Maternal behavior (knowledge, attitudes and skills) in newborn care

Mother's knowledge before and after counseling may be described in the following table:

Table 2. Frequency distribution of the knowledge level of mothers about infant care in Medan Johor (N = 108)

Knowledge	Before after	
	(F) (%)	(F) (%)
High	22 20.4	46 42.6
moderate	46 42.6	50 46.3
Low	40 37	12 11.1
Total	108 100	108 100

Based on the above table an increase in the mother's knowledge after the extension of the category of medium becomes high. The attitude of the mother before and after counseling may be described in the following table:

Table 3. Frequency Distribution of mothers about infant care attitude in Medan Johor (N = 108)

Attitude	Before after	
	(F) (%)	(F) (%)
Positive	60 55.6	96 88.9
Negative	48 44.4	12 11.1
Total	108 100	108 100

In general there is a change in attitude from negative to positive mothers. Maternal skills before and after counseling may be described in the following table:

Table 4. Frequency Distribution of mothers about infant care skills in the area of Medan Johor (N = 108)

skills	Before after	
	(F) (%)	(F) (%)
Good	25 23.1	45 41.7
moderate	51 47.2	56 51.9
Bad	32 29.6	7 6.5
Total	108 100	108 100

Based on the above table is generally an increase in the skills of being a mother to be good.

4. Discussion

Infant care was not optimal is one of the causes of the high rate of morbidity and infant mortality in Indonesia [3]. The working area

of Medan Johor particularly health centers maternity clinic is a place closest to the public service involving the provision of reproductive problems ranging from pregnancy until delivery. Maternity clinic very important role in providing information and giving nursing infants from birth, so that the baby's health status can be achieved with the maximum and avoid morbidity and mortality. In general, infant mortality and morbidity issues are not detected early in the community, because there is the public perception that taking care of babies and children is normal and natural that everyone will be able to do so.

This condition is also related to the minimal role of health workers in the community, especially in the case of newborn care counseling. From the results of studies and interviews were conducted to several hospitals and other health services, including maternity clinics around Medan Johor, did not do counseling on newborn care and no special notes regarding the ability to be owned by the mother in the care of the health of infants and children when returning home. Moreover there is no schedule of home visits to be undertaken by both health officials from the relevant hospital or health workers who exist in the environment of the mother. Focus preparations mother and baby home only by the number of days hospitalized and problems of a physical nature in general, there is no assessment of the knowledge, attitudes and skills in nursing mothers. Newborns require close monitoring and treatment can help to make it through the transition period [3]. The treatment is performed immediately after the newborn is doing a physical examination. This check is performed to find any abnormalities as early as possible [7]. The greatest risk of neonatal deaths occur in the first 24 hours of life, so that if a baby is born in a health facility are encouraged to remain in the health facility to monitor the critical period [10]. This check is performed to find any abnormalities as early as possible [7]. The greatest risk of neonatal deaths occur in the first 24 hours of life, so that if a baby is born in a health facility are encouraged to remain in the health facility to monitor the critical period [10]. This check is performed to find any abnormalities as early as possible [7]. The

greatest risk of neonatal deaths occur in the first 24 hours of life, so that if a baby is born in a health facility are encouraged to remain in the health facility to monitor the critical period [10].

Newborn care consists of exclusive breastfeeding, body care eye, skin care, bathing baby, infant massage, umbilical cord care, keep warm baby, baby clothing, immunization, infant care in general, observation of infants [12], [17].

Newborns require handlers joint efforts of health workers to provide comprehensive care in accordance with the Minister of Health RI No.1464 / Menkes / 2010 from the baby in the womb, during labor and after delivery and involving families and communities in providing quality health care. Health officers should monitor the mother's behavior in terms of knowledge, attitudes and skills in newborn care [18]. State of the baby in the first few weeks is strongly influenced by the condition and behavior of the mother at the time of maternal [9]. One of the health service which was instrumental in providing education or health education in the field of care is health clinic or maternity clinic. Maternity clinic is one of the most admired health care of mothers and families in health screening, prenatal care and childbirth. Maternity clinic is a health service that is closest to the people and represents the cutting edge of health care In addition to economical funding, maternity clinics also provide home care facilities for the care of postpartum and newborns.

extension activities carried out is a form of education with the aim to equip people especially mothers to get a good knowledge and correct and positive attitude in health care [16], [20]. Implementation of the intervention is one of the cognitive approach can help to optimize the role of communities in improving the behavior of pregnant women in maternal and infant health care [8]. This is consistent with the theory that knowledge can improve the control of emotions, increase the independence of the client, increase self-esteem, increase endurance and can help clients to adapt to problems or diseases that can ultimately improve the quality of life of clients [13].

Behavior is formed and begins with the cognitive domain which then cause a response in the form of attitudes toward the inner object and this response ultimately form of action or skill. Provision of information is a cognitive approach in psychosocial interventions that are designed to analyze and change false beliefs or values held by a person and helps individuals to learn to use effective coping strategy [15], [20].

Conclusion

1. Health workers should be able to optimize its role in providing health education about Beru babies born at the maternity clinic.
2. Improved behavior of mothers in infant care can be improved through education-related knowledge, attitudes and skills

Suggestion

1. Health workers should conduct health education to the community, especially on maternal and newborn care
2. Health workers should prepare leaflets and guidance for mothers to be able to perform self-care of newborn infants at home

References

- [1] Bobak, L. J. 2005. *Buku Ajar Keperawatan Maternitas Edisi 4*. Jakarta: EGC
- [2] Datta, P. (2007). *Pediatric Nursing*. New Delhi: Jaypee
- [3] Departemen Kesehatan Republik Indonesia. (2010). Peraturan Menteri Kesehatan Republik Indonesia Nomor 1464/MENKES/ PER/X/ 2010 Jakarta :DepkesRI
- [4] Dewi, Vivian Nanny Lia. 2010. *Asuhan Neonatus bayi dan Anak Balita*. Jakarta: Salemba Medika

Nasution, SS. et al. Improvement Of Knowledge, Attitude And Maternal Skills In Newborn Care...

- [5] Hamilton, Persis Mary. 2002. *Dasar-dasar Keperawatan Maternitas*. Jakarta : EGC.
- [6] Herawati, T. (2015). Kemandirian Ibu Nifas Primipara dan Perawatan Bayi Baru Lahir. *Jurnal Keperawatan Terapan*, 1, 36-40.
- [7] Henderson, C., Jones, K. (2006). *Buku Ajar Konsep Kebidanan*. Jakarta: BukuKedokteran EGC.
- [8] Hidayat, A.A.A. (2009). *Asuhan Neonatus, Bayi, dan Balita*:
- [9] JNPK-KR. 2013. *Jaringan Nasional Pelatihan Klinik-Kesehatan Reproduksi*. Jakarta.
- [10] Kementerian Kesehatan RI. Sekretariat Jendral. 2013. Pusat Data dan Informasi. Profil Kesehatan Indonesia 2012. Jakarta: Kementerian Kesehatan RI
- [11] Kukul, Rahardjo. 2014. *Asuhan Neonatus, Bayi, Balita dan Anak Prasekolah*. Yogyakarta: Pustaka Pelajar
- [12] Maryunani, A.,Nurhayati. 2008. *Asuhan Bayi Baru Lahir Normal*. Jakarta : Trans Info Media
- [13] Mikkelsen B. (2011). *Metode Penelitian Parsipatoris dan Upaya Pemberdayaan*. Jakarta. Yayasan Pustaka Obor Indonesia.
- [14] Muslihatun, Wafi Nur. 2010. *Asuhan Neonatus Bayi dan Balita*. Yogyakarta: Fitramaya
- [15] Nursalam, Susilaningrum, R, &Utami, S. (2005). *Asuhan Keperawatan Bayi dan Anak (untuk perawat dan bidan)*. Jakarta: SalembaMedika.
- [16] Notoadmojo (2005). *Promosi Kesehatan Teori dan Aplikasi*. Jakarta : Rineka Cipta.
- [17] Opara, P.I, Jaja, T. Dotimi, D.A, & Alex-Hart, B.A. (2012). Newborn Card Care Practices amongst Mothers in Yenagoa Local Government Area, Bayelsa State, Nigeria. *International Journal of Clinical Medicine*, 3, 22-27.
- [18] Prawirohardjo, Sarwono. (2009) *Pelayanan Kesehatan Maternal Dan Neonatal*. Jakarta: PT Bina Pustaka
- [19] Pillitteri, A. (2003). *Maternal & child health nursing : Care for chilberaing & childrearing family*. (4th ed.), Philadelphia : Lippincott Williams & Wilkins.
- [20] Saifuddin, A B. 2009. *Buku Acuan Pelayanan Kesehatan Maternal dan Neonatal*. Jakarta: YBPSP.
- Philadelphia: Lippincott Williams & Wilkins.
- [20] Saifuddin, B. 2009. *A Reference Book for Maternal and Neonatal Health Services*. Jakarta: YBPSP.