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The Effect of Neonatal Care Promotion on Increasing Neonatal Care Knowledge and Attitude

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Abstract. *Background:* Studies have shown the potential for increasing neonatal care practice and reducing neonatal deaths through providing home-based neonatal care. This study aimed to determine the effect of neonatal care promotion by health cadres on increasing neonatal care knowledge and attitude among mothers who had newborns in North Jakarta.

Method: This study was quasi-experimental design with one group pre-posttest in 2020. The population in this study were mothers who had newborns in Koja, Cilincing, and Tanjung Priok sub-districts, North Jakarta. A total of 50 mothers were selected. The dependent variables were knowledge and attitude of neonatal care. The independent variable was promotion of neonatal care. Data was collected by questionnaire and it was analyzed using paired-t test.

Results: The mean score of neonatal care knowledge was higher after intervention (Mean=16.10; SD=1.11) than before intervention (Mean=13.34; SD=1.14) and it was statistically significant ($p < 0.001$). The mean score of neonatal care attitude was higher after intervention (Mean=15.38; SD=0.83) than before intervention (Mean=12.48; SD=1.25) and it was statistically significant ($p < 0.001$).

Conclusion: Community based health promotion was one important contributor to the success of neonatal care implementation. Promotion of neonatal care by health cadres in this study improves knowledge and attitude of neonatal care among mothers who had newborns in North Jakarta.

Keywords: neonatal care, health promotion, breastfeeding, skin-to-skin contact, health cadres, newborn, community

Introduction

The United Nations Children's Fund and World Health Organization (WHO) reports of 2019 revealed that 5.2million under-five children have died globally, and of these, 2.4million (47%) occur in the first month of life, 1.5million (28%) occur between 1 and 11 months, and 1.3 million (25%) occur between the ages of 1 and 4years (UN Inter-agency Group for Child Mortality Estimation, UNICEF, WHO, & WBO, 2020). Globally, premature births, intrapartum complications, hypothermia, and infection are the leading causes of neonatal deaths, which together account for over 85% of all neonatal deaths (Lawn, Cousens, & Zupan, 2005; Lawn et al., 2010). Current estimates show that developing countries are still far from reaching the Sustainable Development Goal (SDG) (ending preventable deaths of newborns and children under the age of 5, at least 12 deaths per 1000 live births by 2030) (UN Inter-agency Group for Child Mortality Estimation et al., 2020; United Nations, 2015). The lack of postnatal facilities, lack of access to skilled delivery services (SDS), and delayed breastfeeding contributed to high rates of newborn mortality (Tinker, Parker, Lord, & Gear, 2010; UNICEF, 2015).

Neonatal Mortality Rate (NMR), Infant Mortality Rate (IMR), and Under-five Mortality Rate (UMR) are still high in Indonesia (Penelitian & Pengembangan, 2013). The main problem of infant mortality occurred during neonatal period, which contributes to 59% of infant deaths in Indonesia (Kementerian Kesehatan Republik Indonesia, 2016). About 78.5% of the deaths

occurs in infants aged 0-6 days (Kementerian Kesehatan RI, 2018). Newborns or infants are risk for infectious diseases, growth delays and development, and death during childhood.

Neonatal care is a treatment used to support the health of newborns including cord care and post-natal care, prevention of hypothermia, early and exclusive infants, spontaneous breathing efforts and infection prevention efforts (Kementerian Kesehatan RI, 2010). Essential neonatal health care or services are part of comprehensive child health services with a health improvement maintenance approach (promotive), disease prevention (preventive), disease healing (curative), and disease recovery (rehabilitative) (Kementerian Kesehatan RI, 2014).

Some important indicators for the achievement of infants' health include providing quality systems for health services and incorporating essential programs into maternal and child care programs, providing access to essential health services, and providing insight into essential neonatal health knowledge (Kementerian Kesehatan RI, 2014). The support and involvement of family and community is needed so that newborn health services can run well. The involvement of community elements such as community health workers is expected to increase public access to maternal and child health services.

Community health workers are officers who live in the communities in which they serve, are elected by that community, are accountable to the communities in which they work, receive certain short training and do not have to be attached to any formal institution (WHO, 2008). Community health workers or commonly called Posyandu cadres or health cadres are members of the community who are willing, able and have time to organize Posyandu activities voluntarily (Kementerian Dalam Negeri RI, 2011).

The World Health Organization mentions that the role of health cadres in maternal and child health services is to promote pregnancy care, childbirth preparation, childbirth by health workers, nutritious food during pregnancy, reproductive health and family planning, exclusive breastfeeding, post-natal care, immunization, Kangaroo Mother Care (KMC) for LBW, newborn basic care and LBW care (WHO, 2012). In Indonesia, one of the health care coverage provided by health cadres along with health workers is related to the development of nutrition and maternal and child health, including counseling and counseling regarding the care of newborns, signs of danger in infants and toddlers (Kementerian Dalam Negeri RI, 2011).

Approaches based on health promotion and on community empowerment and participation have long been promoted as part of formal health-care systems in low- and middle-income countries. Trials to improve maternal and newborns' health through community approaches have focused on two approaches: (i) home-based counselling (Gogia & Sachdev, 2010) and (ii) participatory women's groups. Both approaches promote appropriate care-seeking as well as improved home practices in newborn care (Hanson, Kujala, Waiswa, Marchant, & Schellenberg, 2017). Some evidence suggests that community-based workers can manage issues related to thermal care, for example, through promotion of skin-to-skin care, and feeding in preterm and low birth weight babies and improve outcomes.

Studies have shown the potential for reducing neonatal deaths through providing home-based neonatal care (Lawn et al., 2005), including management of sepsis, behaviour change interventions with a focus on hypothermia, and community mobilisation through participatory discussion groups (PDGs). Study by Baqui et al. (2016) demonstrates that a package of community-based neonatal health interventions can reduce infection-related neonatal mortality in Bangladesh. It providing vital maternal and newborn care by increasing household and community engagement to minimize child mortality and promote stable early childhood growth and development. Its concept was based on global evidence of successful interventions in newborn care service package efficiency trials through the 4Cs: contact, case identification, care, and completion of treatment (Baqui et al., 2016; Mathewos et al., 2019)

North Jakarta is the region with the prevalence of child mortality rate at the age of < 1 year (25.96%) and the 2nd highest in DKI Jakarta (Dinas Kependudukan dan Pencatatan Sipil

Provinsi DKI Jakarta, 2019). The neonatal care promotion by health cadres in this study was one approach to improve knowledge and attitudes of neonatal care, which will have an impact on neonatal care practice. Objective of this study was to analyze the effect of neonatal care promotion by health cadres towards knowledge and attitude of neonatal care among newborn mothers in North Jakarta.

Methods

Study Design

This study was quasi-experimental design with one group pre-posttest in 2020.

Population and Sample

The population in this study were mothers who had newborns in Koja, Cilincing, and Tanjung Priok sub-districts, North Jakarta. A total of 50 mothers were selected by consecutive sampling.

Study Variables

The dependent variables were knowledge and attitude of neonatal care. The independent variable was promotion of neonatal care. Knowledge of neonatal care was measured by interval scale; wrong answer 1 and right answer 2. Attitude of neonatal care was measured by interval scale; very disagree 1, disagree 2, agree 3, and very agree 4.

Study Instruments and Analysis

Data was collected by questionnaire and it was analyzed using paired-t test.

Study Intervention

The intervention in this study was neonatal care promotion by health cadres in the form of home visit. In the home visit, health cadres were provided information and education about exclusive breastfeeding, skin-to-skin contact, and danger sign of infants; remind and provide motivation regarding breastfeeding and skin-to-skin contact; and give information media in the form of booklets. Measurements of knowledge and attitude of neonatal care were carried out 2 times, namely before intervention and after intervention. Knowledge and attitude of neonatal care were then compared before and after the intervention.

Results

Socio-Demographic Characteristics

In this study, the mean age of respondents was 31 years old, high education (62%), not working (80%), multipara (90%), and distance to health services was less than 1 km (56%). It showed in Table 1.

Table 1. Socio-demographic characteristics

Variable	Mean	SD
Age	30,83	7,14
Variable	Frequency	Presentation
Level of education		
- low	19	38
- high	31	62
Working status		
- not working	40	80

- working Parity	10	20
- primipara	5	10
- multipara	45	90
Distance to health services		
- less than 1 km	28	56
- more than 1 km	22	44

Effect of Neonatal Care Promotion on Neonatal Care Knowledge

Knowledge is the result of knowing, and occurs after a person sensing a particular object. It arises from the existence of a person's learning process of something both heard and seen. Neonatal care knowledge in this study includes questions about the best drinking for the infants, benefit of breastfeeding, how to breastfeed the infants, frequency of breastfeeding, amount of breastfeeding, how to massage breast, how to pumping breastmilk, benefit of skin-to-skin contact, duration of skin-to-skin contact, how to carrying an infant in skin-to-skin contact position, people can carry skin-to-skin contact, and danger signs to the infants.

On 1st measurement, majority of mothers can answer correctly questions about the best drinking for the infants, benefit of breastfeeding, how to breastfeed the infants, frequency of breastfeeding, benefit of skin-to-skin contact, and people can carry skin-to-skin contact. But they didn't know about amount of breastmilk, how to massage breast, how to pumping breastmilk, duration of skin-to-skin contact, how to carrying an infant in skin-to-skin contact position, and danger signs to the infants. After neonatal care promotion by health cadres, there was an increase in mothers' knowledge about the amount of breastmilk, how to massage breast, how to pumping breastmilk, duration of skin-to-skin contact, how to carrying an infant in skin-to-skin contact position, and danger signs to the infants.

Overall, there was an improvement of mother's average total score of neonatal care knowledge on 1st and 2nd measurements. The average total score of neonatal care knowledge on 1st measurement was 13.34 (SD 1.14) and 2nd measurement was 16.10 (SD 1.11). It showed in Table 2. Based on *paired t-test*, there was a difference in the mother's average total score of neonatal care knowledge on 1st and 2nd measurements (p value < 0.001). This explained that neonatal care promotion by health cadres improved the mother's knowledge of neonatal care. The statistical results showed in Table 3.

Table 2. Neonatal care knowledge score at each measurement

Neonatal Care Knowledge	Mean	SD
1 st Measurement	13.34	1.14
2 nd Measurement	16.10	1.11

Table 3. Neonatal care knowledge score difference at each measurement

Time Measurement	Mean Difference	P	95% CI	OR
1 st and 2 nd Measurement	-2.76 ± 0.80	<0.001	-2.99-(-2.53)	0.75

Effect of Neonatal Care Promotion on Neonatal Care Attitude

Attitude is a reaction or response that is still closed from someone to a stimulus or object (Notoatmodjo, 2005). Attitude is also a readiness or willingness to act and is also the implementation of certain motives. Attitude is a person's closed response to a stimulus or object, both internal and external so that its manifestation cannot be directly seen, but can only be interpreted in advance from closed behavior. Attitudes in reality indicate the conformity of the response to a particular stimulus. Neonatal care attitude in this study includes mothers'

agreement that breastmilk is the best drinking for the infants, breastmilk has many benefits to infants' health, infants don't need additional drink to increase their weight quickly, mothers have to massage their breast to increase breastmilk, skin-to-skin contact is beneficial for stabilizing the infants' temperature, and skin-to-skin contact is carrying as often as possible to get optimal benefits.

On 1st measurement, majority of mothers agree that breastmilk is the best drinking for the infants, breastmilk has many benefits to infants' health, and skin-to-skin contact is beneficial for stabilizing the infants' temperature. But they didn't agree that infants don't need additional drink to increase their weight quickly, mothers have to massage their breast to increase breastmilk, and mothers have to practice skin-to-skin contact as often as possible to get optimal benefits. After neonatal care promotion by health cadres, there was an increase in mothers' positive attitude that infants don't need additional drink to increase their weight quickly, mothers have to massage their breast to increase breastmilk, and mothers have to practice skin-to-skin contact as often as possible to get optimal benefits.

Overall, there was an improvement of mother's average total score of neonatal care attitude on 1st and 2nd measurements. The average total score of neonatal care attitude on 1st measurement was 12.48 (SD 1.25) and 2nd measurement was 15.38 (SD 0.83). It showed in the Table 3. Based on *paired t-test*, there was a difference in the mother's average total score of neonatal care attitude on 1st and 2nd measurements (*p* value<0.001). This explained that neonatal promotion by health cadres improved the mother's attitude of neonatal care. The statistical results showed in Table 4.

Table 3. Neonatal care attitude score at each measurement

Neonatal Care Attitude	Mean ± SD
1 st Measurement	12.48 ± 1.25
2 nd Measurement	15.38 ± 0.83

Table 4. Neonatal care attitude score difference at each measurement

Time Measurement	Mean Difference	P value	95% CI	OR
1 st and 2 nd Measurement	-2.90 ± 1.04	0.000	-3.19-(-2.61)	0.57

Discussion

Effect of Neonatal Care Promotion on Knowledge of Neonatal Care

Knowledge relates to the amount of information a person has. The more information a person has, the higher one's knowledge. According to Mubarak (2007), the goal of health education is to improve health status, prevent disease and increasing health problems, maintain existing health status, and help people to overcome health problems. The more information the mothers had about the care of the newborn, the better knowledge and understanding about the newborn care. One of the efforts that can be done to improve health knowledge, attitudes, and behaviors is communication, information, and education about health (Notoatmodjo, 2012). Health education is an effort or activity to create community behavior conducive to health (Notoatmodjo, 2007). The promotion conducted by health cadres in this study is a communication of behavior changes to improve maternal knowledge about neonatal care. Behavior change communication is an intervention that can be done to change behavior at the individual and family level (Notoatmodjo, 2012).

In this study, health cadres were promoting about neonatal care, which consists of breastfeeding and skin-to-skin contact, include benefit of breastfeeding and skin-to-skin contact, how to breastfeed the infants and carrying the infant in skin-to-skin contact position,

frequency and amount of breastfeeding, how to massage breast and pumping breastmilk, people can carry skin-to-skin contact, and danger signs to the infants. They provide communication, information and education about neonatal care through home visits to mothers who have newborns. The World Health Organization (WHO) recommended home visits to improve neonatal health in high neonatal mortality settings (World Health Organization and United Nations Children's Fund, 2009). Home-based behaviour change counselling including one approach included education and behaviour change communication to overcome challenges in health-care seeking and home new born care practices (Hanson et al., 2017).

In the home visit, health cadres provided information and education about neonatal care by using information media in the form of back sheets and booklet as a material reading for mothers at home. Mothers in this study had an improvement of neonatal care knowledge after neonatal care promotion by health cadres. It can be explained that information provided by health cadres received well by the mothers and it is effective. Health cadres play a role as an informer and reminder of neonatal care.

Study in India (Boone et al., 2017) showed that women who have been given a health promotion including health education via village health worker had better knowledge about risk symptoms neonatal problems compare to women who were not given a health promotion. They found evidence of improved health knowledge and health practices including health service usage in the intervention arm compared to the control arm.

Similar with a study in India (Rasaily et al., 2017), most mothers have a good knowledge of neonatal care after being educated about neonatal care. Another study in India (Darmstadt et al., 2006) found that mothers and families learned of the benefits of neonatal care after being educated about neonatal care. Quasem *et al.* (2003) in his study in Bangladesh explained that mothers know the benefits of neonatal care after being educated about the care of neonatal.

Effect of Neonatal Care Promotion on Attitude of Neonatal Care

Attitude is a reaction or response that is still closed from someone to a stimulus or object (Notoatmodjo, 2007). Attitude is also a readiness or willingness to act and is also the implementation of certain motives. Attitude is a person's closed response to a stimulus or object, both internal and external so that its manifestation cannot be directly seen, but can only be interpreted in advance from closed behavior. Attitudes in reality indicate the conformity of the response to a particular stimulus.

The promotion conducted by health cadres in this study was reminded and provided motivation about neonatal care especially breastfeeding practice and skin-to-skin contact. With the information and motivation, it will increase the mother's positive attitude about neonatal care especially breastfeeding practice and skin-to-skin contact. The mothers in this study had an improvement of neonatal care attitude after neonatal care promotion by health cadres. It can be explained that information provided by health cadres received well by the mothers and it is effective. Health cadres play a role as an informer and educator to improve mothers' acceptance of neonatal care.

According to Notoatmodjo (2012), the purpose of education is divided into three domains of intellectual ability, namely the cognitive areas that contains behaviors that emphasize intellectual aspects, such as knowledge, understanding, and thinking skills; affective areas that contain behaviors that emphasize aspects of feelings and emotions, such as interests, attitudes, appreciation, and ways of adjustment; and the psychomotor areas that contains behaviors that emphasize aspects of motor skills. If the mother has been informed about the care of the newborn, then it can further affect the effective aspects of her, whether she will receive or reject the information conveyed.

Home-based counselling focuses on health education and behaviour change to improve newborn care practices by mothers, such as immediate breastfeeding, dry cord care and

appropriate health care (delivering in a health-care facility and seeking care for sick newborns) (Hanson et al., 2017). Study in India (Rasaily et al., 2017) showed that mothers have a positive attitude about the care of newborns after being educated about newborn care. Another study in India (Darmstadt et al., 2006) also found that mothers have a positive attitude about the care of newborns after being educated about the care of newborns. Mazumder et al. (2018) in his research in India also mentioned that mothers have a positive attitude about the care of newborns after being educated about the care of newborns.

Conclusion

Community based health promotion was one important contributor to the success of neonatal care implementation. Promotion of neonatal care by health cadres in this study improves knowledge and attitude of neonatal care among mothers who had newborns in North Jakarta.

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