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Knowledge and Attitude of Mothers About Care of New Birth in The New Normal Era

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Introduction

One of the priorities of the Ministry of Health of the Republic of Indonesia is to improve the health status of children, especially infants and toddlers because currently occurs is a high number and

Abstrak

Background: Caring for a newborn is a challenge for parents, especially in the midst of the Covid-19 pandemic. Concerns about transmission from parents, family and medical personnel as well as limited information and delays in various activities in basic community services can lead to low quality and ability of mothers to care for babies.

Objectives: This study aims to describe the knowledge and attitudes of mothers in the care of newborns in the new normal.

Methods: This research is descriptive analytic research using observational method. The population in this study were mothers aged 0-28 days who live in the work area of Posyandu Jayalaksana RW 03 Village 3-4 Ulu Palembang with a sample of 44 people, data collection using questionnaires for assessment variables and attitudes using a Likert scale with a range of 1- 5 which consists of favorable and unfavorable statements. Univariate data analysis to assess the characteristics and frequency distribution of variables

Results: Knowledge is strongly influenced by age, education and occupation. most of the respondents have a fairly good knowledge of 61.4% and have a good attitude that is 59.1% in caring for newborns during the new normal period.

Conclusion: Good knowledge causes the right attitude and behavior in the care of newborns, it takes the cooperation of parents, families and health workers so that the success of caring for babies in the new normal is more optimal..

Keywords: knowledge, attitude, newborn care, newnormal

mortality rate in infants, especially newborns.¹ The Infant Mortality Rate (IMR) is one of the indicators used to describe the health status of the community.^{1,2} According to WHO in 2008 the IMR in the world reached 54 per 1000 live births, in developing countries the IMR was high and very varied, reaching 11-68 per 1000 live births, while in Southeast Asia the IMR reaches 39 per 1000 live births.^{3,4}

Based on the health profile, 2018 shows that the newborn mortality rate from 1991-2017 has shown a satisfactory decline, from 32 per 1000 live births in 1991 to 15 per 1000 live births in 2017. In Indonesia is still in the fairly high category in the Southeast Asia region. (ASEAN Millennium Development Goals (MDGs), 2017).⁵ One of the causes of newborn deaths can be caused by improper care. The inhibiting factor in carrying out proper newborn care is the lack of public knowledge about newborn care.⁶ Newborns or neonates are the period of newborns to the age of 4 weeks or the first 28 days of life, with a gestational age of 38-42 weeks. During this period, the baby's body system adapts from intra-uterine life to extra-uterine life. This period needs extra attention and care because at this time there is the highest mortality rate.⁷

More than 50% of infant deaths occur in the neonatal period within the first month of life. Poor handling of newborns who are born healthy will cause abnormalities that can lead to lifelong disabilities and even death.⁸ For example, due to hypothermia in newborns, cold stress can occur which further causes hypoxemia or hypoglycemia and causes brain damage. Another example, for example, poor airway clearance at birth can cause gastric fluid to enter the lungs resulting in difficulty breathing, lack of acid, and if this lasts too long can cause brain hemorrhage, brain damage, and then growth and development delays.⁹ Likewise, efforts to prevent infection through the umbilical cord, eyes, and ears at the time of delivery or when bathing and cleaning the baby with materials, fluids, or tools that are not clean. Caring for babies is an activity that is easy and difficult to do, not only requires patience but knowledge about the proper care to be had.¹⁰ Although it seems trivial if not noticed it can harm the baby. Therefore, knowledge and behavior about newborn care for mothers are very important.^{11,12}

Baby care is an act of caring for and maintaining infant health in the preventive and curative fields. The not yet optimal care of the newborn can affect the health status of the baby.¹³ Some research on newborn care in the community shows that knowledge and simple treatments such as prevention of hypothermia, giving colostrum and exclusive breastfeeding are still very lacking.⁶

Nationally, public access to maternal and child health services tends to improve. However, newborn mortality is still caused by various interrelated things between medical causes, social factors, and system failures which are heavily influenced by circumstances and culture.^{14,15} Basically, neonatal deaths in developing countries usually often occur at home, during delivery, or in the early neonatal period, without the help of health workers and delays in access to receive good care. The underlying cause of newborn death is the inability to access care in the community.¹⁵ In Indonesia, the newborn health program is included in the maternal health program. The target of the health impact for newborns is to reduce the neonatal mortality rate to 15 per 1000 live births. Normal babies born in hospitals or maternity clinics usually only receive care for 2-3 days. Subsequent care at home is entirely carried out by the mother after giving birth, caring for a newborn is not an easy thing. Every mother should know how to properly and healthy baby care because this is an absolute requirement as a parent.¹⁶

Newborn care is influenced by the knowledge possessed by mothers obtained from their parents, health workers, and the print media. Because the action in caring for a newborn greatly determines the health of the baby, if the treatment is carried out by the mother, it can increase the close relationship between mother and baby, especially psychosocial and emotional relationships, so that it can have a positive impact on the development and growth of babies in the future.¹⁷ In developed countries, some elements support the high status of public health, namely through optimal education, high socio-economic conditions, and good environmental health. Thus, health services become very special so that they can meet the needs of clients.¹⁸ The existence of the Corona Virus or Covid-19 disaster has had an impact on increasing the number of victims and property losses, expanding the coverage area affected by the disaster, as well as having implications for broad socio-economic aspects in Indonesia.

In normal situations, maternal and neonatal mortality in Indonesia is still a big challenge,

especially during the Covid-19 disaster situation so that maternal and neonatal health services are one of the services that are affected both in terms of access and quality. It is feared that this will lead to an increase in maternal and newborn morbidity and mortality. The Covid-19 pandemic situation has many restrictions on almost all routine services, including maternal and neonatal health services. For example, pregnant women are reluctant to go to public health centers or other health service facilities for fear of being infected, there are recommendations for postponing pregnancy check-ups and classes for pregnant women, as well as the unpreparedness of services in terms of personnel and infrastructure including Personal Protective Equipment. Limited information and uncertainty in obtaining maternal and neonatal services in a pandemic situation cause concern for mothers and families so that it can have an impact on maternal and neonatal visits which are ultimately not identified early on, signs and dangers that may arise in newborns. Ignorance will lead to mistakes in taking attitudes and decisions. Therefore, researchers are interested in knowing the description of mothers' knowledge and attitudes about BBL care during the New Normal Pandemic Covid-19 at Posyandu Jayalaksana RW 03 Village 3-4 Ulu Palembang. The novelty of this research is that it becomes basic data for the Public health center in the approach to basic obstetric and neonatal services during the new normal period of the Covid-19 pandemic.

Methods

This research is descriptive-analytic research using the observational method. The population in this study were mothers with babies aged 0-28 days who lived in the work area of Posyandu Jayalaksana RW 03 Village 3-4 Ulu Palembang, totaling 80 people. The research sample was 44 respondents who were obtained by accidental sampling,^{19,20} namely those who were present when the posyandu activities were carried out. Data collection was carried out in October-November 2020. Ethical considerations in this study were carried out by complying with the principles of the Five Human Rights as Subjects in Research, namely the right to self-determination; the right to privacy and dignity; the right to anonymity and confidentiality; the right to fair treatment; and the right to protection from error or loss. This research has obtained ethical approval Number 543/KEPK/Adm2/XII/2020 issued by Polkesbang.

The data collection tool used an instrument in the form of a questionnaire containing questions about the patient's identity including the name that was written enough with initials, age, education, and occupation. The knowledge questionnaire consists of 15 multiple choice questions containing questions about the daily care of newborns in the new normal. Knowledge is categorized as good if the mother can answer >76% of all questions asked. Enough, If the mother can answer 50%-76%, of all questions. Less, if the mother can answer <50% of all questions. The attitude assessment consists of 15 statements using a Likert scale with a range of 1-5 consisting of positive statements (favorable) with a choice of strongly disagree-strongly agree and negative statements (unfavorable) with a choice of strongly agree-strongly disagree. All of the questions asked to the respondents had passed the validity and reliability test with a total score of each variable > 0,33 for the validity test and an alpha value between 0,72-0,89 for the reliability test. The observation sheet was also used to assess the mother's attitude. Data analysis used univariate analysis to determine the characteristics of respondents and the frequency distribution of knowledge and attitudes of mothers and bivariate analysis to assess the relationship between variables.

Result

Univariate analysis was used to see the characteristics of the respondents. Characteristics of respondents in this study include age, education, and occupation of the mother. The results of the univariate analysis are presented in the following table. Based on table 1, it can be seen that most of the respondents are aged > 30 years, namely 24 people (54,5%) with the highest age being 40 years, aged 20-30 years as many as 16 people (36,4%) and age <20 years. as many as 4 people with the lowest maternal age, namely 18 years.

Table 1. Characteristics of Respondents

Characteristic	Frequency	Percentage
Age		
< 20 years	4	9.1
20-30 years	16	36.4
>30 years	24	54.5
Level education		
Low (Elementary)	22	50.0
Junior High School	8	18.2
High School	14	31.8
Employment		
Yes	n/a	n/a
No	44	100
Knowledge		
Good	6	13,6
Enough	27	61,4
Not enough	11	25,0
Mother's Attitude		
Very good	8	18,2
Good	26	59,1
Good enough	10	22,7

Most of the respondents were at the basic education level, namely as many as 22 people (50%), high school education as many as 14 people (31.8%), junior high school education as many as 8 people (18,2%), and 44 people. (100%) do not have a job (housewife). The results of the analysis also illustrate that most of the respondents have sufficient knowledge as many as 27 people (61.4%), respondents who have less knowledge as many as 11 people (25%), and 6 people have good knowledge (13.6%). And from the results of the analysis of the mother's behavior, shows that most of the respondents have a good attitude 26 people (59,1%), 10 people (22.7%) have a good enough attitude and 8 people (18,2%) have a very good attitude.

Table 2. Bivariate analysis of respondents' knowledge about newborn care in the new normal period

Characteristic	Knowledge						Total	p-value	
	Good		Enough		Not Enough				
	f	%	f	%	f	%			
Age									
< 20 years	1	25	3	75	n/a	n/a	4	100	0,001
20-30 years	n/a	n/a	15	93,8	1	6,2	16	100	
>30 years	5	20,8	9	37,5	10	41,7	24	100	
Level education									
Low (Elementary)	n/a	n/a	14	63,6	8	36,4	22	100	0,011
Junior High School	1	12,5	5	62.5	2	25	8	100	
High School	5	35,7	8	57.1	1	7,1	14	100	

The results of data analysis in table 2 can be seen that respondents who have good knowledge about newborn care are respondents aged over 30 years, namely 5 people (20,8%), while respondents who have sufficient knowledge are in the age range of 20-30 years as many as 15 people (93,8%) and respondents who have less knowledge are in the age range >30 years, namely as many as 10 people (41,7%). The chi-square test shows that there is a significant relationship between age and respondent's knowledge (p-value = 0,001), this means that mothers over 30 years of age have better knowledge of newborn care in the new normal era. Based on the education level of the respondents, respondents who have good knowledge are respondents with high school education level, namely 5 people (35,7%), 8 people (57,1%) have sufficient knowledge and only 1 respondent (7,1%) is knowledgeable not enough. The chi-square test shows that there is a significant relationship between the level of education and the knowledge of the respondents (p-value = 0,011), this means that the higher the education level of the mother, the better her knowledge of newborn care in the new normal era.

Table 3. Bivariate analysis of Respondents' Attitudes towards Newborn care in the New Normal period

Characteristic	Mother's Attitude						Total		p-value
	Very Good		Good		Good enough				
	f	%	f	%	f	%	f	%	
Age									
< 20 years	2	50	1	25	1	25	4	100	0,123
20-30 years	3	18,8	7	43,8	6	37,5	16	100	
>30 years	3	12,5	18	75	3	12,5	24	100	
Level education									
Low (Elementary)	4	18,2	8	36,4	10	45,5	22	100	0,001
Junior High School	1	12,5	7	87,5	n/a	n/a	8	100	
High School	3	21,4	11	78,6	n/a	n/a	14	100	

The results of data analysis in table 3 can be seen that respondents who have very good behavior in caring for newborns are respondents aged above 20-30 years, namely 2 people (18,8%), while respondents who have good behavior are in the age range. >30 years, as many as 18 people (75%) and respondents who have fairly good knowledge are in the age range of 20-30 years, namely 6 people (37,5%). The chi-square test shows that there is no significant relationship between age and respondent's behavior (p-value = 0,123) this means that age is not a factor that influences maternal behavior in caring for newborns in the new normal era. Based on the education level of the respondents, the respondents who have very good behavior are respondents with high school education level, namely 3 people (21,4%), 11 people (78,6%) with good behavior, and no respondent who behaves less. The chi-square test shows that there is a significant relationship between the level of education and the respondent's behavior (p-value = 0,001), this means that the higher the education level of the mother, the better her behavior in caring for newborns in the new normal era.

Discussion

The results of the analysis showed that the knowledge of mothers in the care of newborns in the new normal was mostly in the sufficient range, namely 27 people (61.4%). However, there are still mothers who have less knowledge, namely as many as 11 people (25%). Good knowledge of mothers in caring for newborns in the new normal era is very possible because there has been a lot of information, education and incessant promotions delivered not only from the government but from all walks of life and related agencies about the dangers of infection from the coronavirus, so the community is no exception. Mothers who have babies will anticipate transmission of the virus by implementing strict health protocols, namely washing hands before and after touching the baby, before and after breastfeeding the baby, using a mask, and limiting the number of visits including the closest

family. According to Notoatmojo (2003), behavior based on knowledge will be more lasting than behavior that is not based on knowledge. Knowledge is the result of knowing, and this occurs after people have sensed a certain object. Know is defined as remembering a material that has been studied previously. Included in this level of knowledge is recalling something specific and all the material learned or stimuli that have been received. The mother's level of knowledge is influenced by several factors, including age, education, experience, work and information, environment, and also socio-culture.²¹

The results showed that most of the respondents were in the age range >30 years, as many as 24 people (54.5%), where the minimum-maximum age range was 18-40 years with an average age of 29,43. The results of the bivariate analysis showed a significant relationship between maternal age and knowledge of caring for newborns in the new normal era (p -value = 0,001) where age > 30 years and over had good knowledge as many as 5 people (20.8%) and most of the mothers 15 people (93,8%). This is possible because mature mothers (>30 years) may already have more than 1 child. Mother will use the experience of caring for babies and will apply new things from the experience she gained from her previous baby care practice. Likewise, mothers aged 20-30 years who have fairly good knowledge. They will try to explore as much knowledge as possible about how to care for babies, especially mothers with the birth of their first child. Age is the age that is calculated from the time of birth to the time he will have a birthday. The older a person is, the level of maturity of a person is thinking and working will be better. In public trust, more mature people will be more trusted than those who are not yet high enough in their level of maturity. This is as a result of the experience and maturity of his soul. So that mother who has mature age is believed to be able to take care of newborns well. This opinion is in line with the results of Meiferina DA, 2017 where the results of interviews with 3 postpartum mothers who have newborns <18 years old, it is known that 2 people (66,67%) do not know how to properly care for their babies.²² Newborn care includes umbilical cord care, bathing the baby, breastfeeding, cleaning the ears, cleaning the genitals, changing the baby's diaper, and cutting nails. Inappropriate newborn care can cause health problems for the baby and even death. This error is caused by the lack of knowledge and readiness of mothers in caring for newborns. The age of marriage of mothers who are too young (less than 18 years) allows for a lack of knowledge and readiness of mothers in caring for newborns because adolescent mothers are at high risk for development and role conflicts related to their role as parents.²³

Mother's knowledge is also influenced by education, almost half of the respondents have elementary education as many as 22 people (50%) and none of them have good knowledge about how to care for newborns in the new normal era. Meanwhile, the results of the bivariate analysis showed that mothers with higher education had good knowledge of 35,7% (5 people) and the chi-square results showed a significant relationship between the level of education and mother's knowledge (p -value = 0,011). Education is a factor that affects the mother's understanding in absorbing the information conveyed, especially the care of newborns in the new normal. A high level of education will affect the absorption or acceptance of the development of one's attitude towards newly recognized values.²⁴ Other than that, a person's level of education will affect his view of something that comes from outside. Those with higher education will give a more rational response compared to those with low education or no education at all.²⁵ According to research by Husein et al., (2018), it is stated that there is a need for continuous learning needs for mothers, especially primiparas which must be based on on the learning needs of women themselves²⁶ so that a mother can provide proper care for her baby in the new normal without being haunted by fear and anxiety of contracting Covid-19. According to the researcher, although most of the respondents had elementary education, their understanding of caring for newborns in the new normal was quite good, this was because the mother's need for learning was high enough that they upgraded their knowledge informally from mass media, internet, television, newspapers, and social media. others to enable a mother to update her knowledge which in turn affects her attitude and behavior in caring for newborns daily.

Mother's knowledge is also influenced by work. The results of this study indicate that all mothers do not work (housewives). Work is a series of tasks or activities that must be carried out or completed

by someone according to their respective positions or professions. Low job status often affects a person's level of knowledge. Work is usually a symbol of social status in society.²¹ The respondent's occupation will identify the respondent's knowledge, the higher a person's level of knowledge about newborn care, the more likely a person will behave well about newborn care, conversely, the lower a person's knowledge about infant care Newborn. resulting in not behaving well in the care of newborns so that it can endanger the baby's condition.²⁷ According to the researcher, although all respondents do not work and are only housewives, respondents have fairly good knowledge in caring for newborns during the new normal period, this is because mothers who do not work have plenty of time to care for their babies and also have adequate rest time. so that it will affect the mood of the mother in caring for her baby. They also have plenty of time to learn and gain experience from those closest to them. Working mothers tend to experience fatigue and are less skilled in caring for their babies because of the limited time they have and lack of intensity with their babies.

The results of data analysis showed that the attitude of mothers in caring for newborns during the new normal period was mostly in the good category, namely 26 people (59%). The results of the bivariate analysis did not show a significant meaning between age and mother's attitude were the results of chi-square $p\text{-value} = 0,123$. Both mothers aged <20 years, 20-30 years, or >30 years both showed a very good attitude in caring for newborns. A good attitude can also be influenced by the mother's education. The results of the chi-square test showed a significant relationship between education level and mother's attitude ($p\text{-value} = 0,001$) where mothers who had higher education had a very good attitude of 21,4% and a good attitude of 78,6%. A good attitude based on good education and knowledge will usually last a long time.²⁸ Mother's knowledge which is supported by mother's education about newborn care will lead to correct attitudes and behavior in caring for newborns, on the other hand, lack of knowledge and low maternal education causes mothers not to can take good care of the baby. According to the researcher, the good attitude of mothers in caring for newborns during the New normal period is because mothers can transform the knowledge that has been obtained and adopt it in attitudes and behavior. Mothers are very aware that maintaining personal hygiene such as always wearing masks and washing hands before and after contact with babies, regularly cleaning surfaces where mothers come in contact with babies, not kissing babies often, maintaining personal hygiene, limiting visits, keeping a distance, reducing visits. seek treatment at a health facility except for an emergency, make contact with the nearest doctor or health worker for consultation and continue to provide immunizations are the best efforts for mothers to protect themselves and their babies from exposure to covid-19 and also evidence of the mother's success in adopting new habits during the pandemic.

Conclusion

Caring for a newborn is not easy, not only based on the experience and instincts of a mother but also requires good knowledge and the right practice, especially during the Covid-19 pandemic. Mothers are required to further upgrade their knowledge and skills to be able to care for their babies without worrying about contracting Covid-19. The better the mother's knowledge, the better her attitude and behavior in caring for the baby every day. It takes cooperation from various parties between the community, health workers, and also the government so that maternal and neonatal nursing care during a pandemic can be optimized.

Conflict of Interest Declaration

This article is the result of independent research using the researcher's funds and this article has never been published in any journal. I declare as the author that I have fully expressed my interest in the Indonesian Nursing Journal, and declare that there is no conflict of interest in the publication of this article.

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