

FACTORS THAT SUPPORT THE COMPLETENESS OF FILLING OUT KIA BOOK (MOTHER AND CHILD HEALTH)

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ABSTRACT

KEYWORDS

KIA Handbook
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The KIA Handbook is a manual that contains information sheets and records of health services for mothers and children. However, the use of the KIA handbook has not achieved maximum results because the documentation system is still done conventionally. This study aims to analyze and describe the input, planning, and organizing factors that affect the completeness of filling out the KIA handbook. This study uses a literature review method. Journal searches were obtained from the Google Scholar database using keywords and inclusion criteria. The steps of data analysis are: data collection, data reduction, data presentation, and conclusions. The article search results obtained 34 articles published in national online journals using the Google Scholar search engine with keywords and inclusion criteria, namely: time period, language, subject, type of article, and theme of article content. The conclusions in this study are: (1) The input factors that affect the completeness of filling out the KIA book from the midwife's side are knowledge, attitudes, skills, while from the mother's side, namely in terms of knowledge, (2) Planning factors that affect the completeness of filling out the KIA book are service SOPs. Antenatal care at the Puskesmas is made by the Puskesmas based on the integrated antenatal service guidelines set by the District Health Office, and (3) Organizing factors that affect the completeness of filling out the KIA handbook, namely cooperation and joint commitment by each part involved such as: Health Office, Head of Puskesmas, Implementing Midwives, Local Government (Districts), Pregnant Women's Families, and Employers

INTRODUCTION

The goal of health development in 2020-2024 is to improve the health status of the community in an effort to improve the degree of public health which is marked by a decrease in maternal mortality, infant mortality, the prevalence of malnutrition, and the prevalence of stunting (Ambarita, Pane, Manurung, Nababan, & Silitonga, 2022). In Indonesia, the Maternal Mortality Rate (MMR) is still high. This mortality rate is related to pregnancy, childbirth, and the puerperium. One of the programs to reduce MMR in Indonesia is with antenatal care (ANC) services, namely health services carried out by professional health workers (specialist doctors, general practitioners, midwives, nurses) for pregnant women during their pregnancy on a regular basis to maintain the health of the mother and baby. and implemented according to service standards set out in the Midwifery Service Standards (Mure, Pramono, & Syukur, 2020). However, not all pregnant women check their pregnancy regularly [3]. This tends to make it difficult for health workers to carry out regular and comprehensive health care development for pregnant women, including early detection of pregnancy risk factors that are important to

be handled immediately (Doloksaribu, 2019). In addition, the Infant Mortality Rate (IMR) in Indonesia is also still high. Normal development in children needs to be monitored regularly because it can be used as a basis for determining developmental disorders. One of the programs used for children is to provide nutrition education (Rahmi, Darma, & Zaimy, 2018).

One of the efforts developed by the Ministry of Health of the Republic of Indonesia in order to reduce morbidity, high risk, maternal and neonatal mortality is to seek empowerment of families and communities through the use of the KIA handbook (Hasyim & Sulistyarningsih, 2019). The KIA handbook is a manual containing information sheets and health service records as well as special notes if there are abnormalities in the mother during pregnancy, childbirth to postpartum and in children (fetus, newborn, infants and children up to the age of 6 years) (Dewi & Nurtini, 2022). However, the use of the KIA handbook has not achieved maximum results because the documentation system is still done conventionally which causes the midwife to be constrained by time in recording (Ulfah, Amril Jaharadak, & Khatibi, 2019). Midwives are required to give a KIA book to every pregnant woman one KIA book at the first ANC visit (K1) either at the posyandu or puskesmas and provide an explanation of the benefits of the KIA book to remind pregnant women to read the information contained in the KIA book and can also create a good relationship. closer relationship between pregnant women and midwives, and midwives are also required to record health information from pregnant women. In practice, there are still midwives who do not apply the detailed recording of health information according to the KIA handbook (Krull & Kurniasari, 2020).

According to the results of Nurmalitasari's research (Nurmalitasari, 2019) incomplete KIA book filling at the Kedundung Public Health Center, Mojokerto City, in the last 2 years there has never been any training for midwives on filling KIA books by the Health Office or by the Puskesmas, while at the Geger Health Center, Madiun Regency, most of the midwives' motivation is still lacking and the workload has been heavy. In addition, according to the results of Siswiantari's research, the incompleteness of filling in the KIA book, namely at the Kartasura Health Center in Surakarta City, as many as 20 KIA books at the Kartasura Health Center on the history sheet were found to be incomplete in writing home addresses/phone numbers, while these notes are important for ease of contact if problems are found or is expected to provide the information needed and the physical examination sheet found incompleteness in the measurement of the Upper Arm Circle (LILA) even though this measurement is useful for screening for protein malnutrition which is usually used by the Ministry of Health to detect pregnant women at risk of giving birth prematurely if LILA < 23.5 cm.

This research is necessary because the results of this study are expected to provide information about the factors that support the completeness of filling out KIA books in Indonesia for the last 10 years and can be a reference in policy planning to support the completeness of filling out KIA books in the future. This study aims to analyze and describe the input, planning, and organizing factors that affect the completeness of filling out the KIA handbook

METHOD RESEARCH

This research uses the literature review method, which is a comprehensive overview of research that has been done on a specific topic to show the reader what is already known about the topic and what is not known to seek rationale from research that has been done or for further research ideas (Denney & Tewksbury, 2013). The data used in

this study comes from the results of research that has been carried out and published in national online journals using the Google Scholar search engine with the keywords “Input, Planning, and Organizing Factors Affecting the Completeness of Completion of KIA Handbooks (Maternal and Child Health)”. The inclusion criteria in this literature review study are as follows: (1) Period: Year of publication in the last 10 years starting from 2012 to 2022, (2) Language: Indonesian, (3) Subject: Pregnant women, maternity, until postpartum as well as in children (fetus, newborns, infants, and children up to the age of 6 years), (4) Article Type: Original articles not only in abstract form or books and articles in full text form, and (5) Article Content Themes : Factors that affect the completeness of filling out the KIA handbook which includes input, planning, and organization. Journal search results obtained from the Google Scholar database using keywords were obtained as many as 667 journals and then analyzed according to inclusion criteria so that 34 articles were reviewed. The steps of data analysis in this study are as follows: (1) Data Collection, (2) Data Reduction, (3) Data Presentation, and (4) Conclusion

RESULTS AND DISCUSSION

No	Author, Year, Research Title	Name of Journal	Research Objectives	Methods Research	Results
1	Kareth, Purnami, & Sriatmi (2015): Evaluation of the Implementation of KIA Service Recording and Reporting by Midwives at the Nabire District Health Center, Papua Province (Case Study at Nabire District Health Center) [12]	Jurnal Manajemen Kesehatan Indonesia Vol. 3 No. 1	To explain the implementation of KIA service data recording and reporting by the Coordinating Midwife at the District Health Nabire	Qualitative research	At puskesmas with good KIA recording and reporting, they are able to carry out these activities, as evidenced by the completeness of the data collected and recorded in the mother-child cohort according to the applicable format. Meanwhile, puskesmas with poor KIA reporting often do not fill out the cohort format completely on the grounds that they do not understand and do not understand the format that is always changing. This success was greatly supported by the Pustu Midwife in the process of recording and reporting KIA that she carried out.
2	Haleeda & Sholichah (2016): Overview of Completeness of Filling in the KIA Handbook in the Work Area of the Banyuasin Health Center, Loano District, Purworejo Regency [13]	Jurnal Komunikasi Kesehatan Vol. 7 No. 1	To find out the description of the completeness of filling out the KIA book in the working area of the Banyuasin Community Health Center, Loano District, Banyuasin Regency	Descriptive qualitative research	The completeness of filling out the MCH book in the Banyuasin Health Center Work Area as many as 55 books (64.7%) are filled out completely

3	Ariyanti, Dharmawan, & Mawarni (2016): Relationship of Behavioral Factors with Completeness of KMS Data Filling in the KIA Handbook by Posyandu Cadres in the Work Area of Sidorejo Lor Salatiga Health Center in 2016 [14]	Jurnal Kesehatan Masyarakat Vol. 4 No. 4	To examine the relationship of factors data for toddlers in the KIA book by posyandu cadres in the work area of the Sidorejo Lor Health Center, Salatiga City	Explanatory research with a cross sectional study approach	There is a long-standing relationship with being a cadre with the completeness of filling out KMS data in the KIA book
4	Cahyani, Dharmawan, & Dharminto (2016): A number of Factors Relating to Completeness of Data Filling and Utilization in the KIA Handbook by Village Midwives in Sragen Regency in 2016 [15]	Jurnal Kesehatan Masyarakat Vol. 4 No. 4	To determine behavioral factors, technical factors, and organizational factors with completeness of filling and utilization of data in the KIA Handbook by village midwives in the work area of Tangen Public Health Center, Public Health Center Kedawung II, Masaran I Health Center and Sumberlawang Health Center, Sragen Regency.	Explanatory research with a cross sectional study approach.	There is a relationship between tenure, skills, workload, motivation, rewards and the completeness of filling out data in the KIA book and there is a relationship between the completeness of data entry and the use of data in the KIA book by the village midwife
5	Hanum & Safitri (2018) : Relationship between Knowledge and Attitude of Pregnant Women on the Use of KIA Handbooks at the Namu Ukur Health Center [16]	Jurnal Bidan Komunitas Vol. 1 No. 3	To determine the relationship between knowledge and attitudes of pregnant women regarding the use of KIA books at the Namu Ukur Health Center	Survey research with a cross sectional approach	There is a relationship between knowledge and attitudes of pregnant women about the use of KIA books

6	Dewi & Nurtini (2022) : Analysis of the Use of Maternal and Child Health Books (KIA) during the Covid-19 Pandemic for Pregnant Women in Kesiman Bali [7]	Jurnal Menara Medika Vol. 4 No. 2	To analyze the use of KIA books during the covid-19 pandemic in pregnant women in Kesiman Bali	Descriptive research with a cross sectional approach.	The use of KIA books was not optimal as seen from: 70% of KIA books could be understood by pregnant women , 82.3% of mothers' KIA book filling incomplete pregnancy, 100% interested in reading KIA books, 94.1% of families play a role in supporting pregnant women in using KIA books.
7	Ambarita, Pane, Manurung, Nababan, & Silitonga (2021) : Factors Influencing the Utilization of Maternal and Child Health Books (KIA) by Pregnant Women with Toddlers at the Saitnihuta Health Center, Humbang Hasundutan Regency in 2021 [1]	Journal of Healthcare Technology and Medicine Vol. 7 No. 2	To find out the factors that influence utilization of KIA handbooks by pregnant women with toddlers at the Saitnihuta Public Health Center, Humbang Hasundutan Regency in 2021.	Quantitative research with analytical descriptive study through cross sectional approach.	The factors that influence the use of KIA books for pregnant women who have toddlers at the Saitnihuta Health Center are: (1) For mothers who have good knowledge, the use of KIA books can be seen from the participation of mothers in attending posyandu, (2) Mothers show a positive attitude during interviews. and filling out questionnaires, but the utilization of the KIA handbook is not optimal, (3) The support of health workers greatly affects the mother's willingness to use KIA books more optimally, (4) Family support is part of the mother's motivation to visit during pregnancy, up to toddlers .
8	Andriani & Nugrahmi (2021): Analysis of Factors Relating to the Performance of Midwives in Completing the KIA Handbook on Early Detection of High Risk Pregnancy at the Bukittinggi City Health Center in 2020 [17]	Jurnal Kesehatan Vol. 9 No. 2	To analyze the factors related to the performance of midwives in filling out the KIA book on detection early high-risk pregnancy	Analytical research	There is a significant relationship between attitudes and performance of midwives in filling out the KIA handbook on early detection of high-risk pregnancies
9	Khoiriah & Faizah (2021): Determinants of Posyandu Cadres in Utilizing KIA Handbooks in the Work Area of Singotrunan Public Health Center Banyuwangi [18]	Healthy Vol. 9 No. 2	To determine the determinants of Posyandu cadres in the use of the KIA Handbook in the Singotrunan Health Center Work Area.	Analytical research with a cross sectional approach	There is a relationship between cadre knowledge and the role of cadres in the use of the book KIA

1 0	Fitriyani, Zuhana, & Prafitri (2019): Relationship of Midwife Work Period with Completeness of Mother Card Documentation in Pekalongan Regency [19]	Jurnal Riset Kebidanan Indonesia Vol. 3 No. 1	To determine the relationship of midwife's tenure with card documentation Mothers	Non-experimental quantitative research	There is a relationship between years of service and completeness of mother card documentation.
1 1	Yuniarty & Lestari (2019): The Relationship between the Use of KIA Handbooks and Compliance in Complete Basic Immunization for Toddlers at Sindang Barang Health Center, Bogor City in 2019 [20]	Jurnal Ilmiah Wijaya Vol. 11 No. 2	To find out the relationship between the use of KIA handbooks and compliance with complete basic immunization for toddlers at Sindang Barang Health Center, Bogor City in 2019	Descriptive quantitative research with cross sectional design	Most of the 52 respondents, there are 22.7 (54.8%) respondents who are obedient in immunization and do not use the KIA handbook. There is a relationship between the use of KIA handbooks and compliance with complete basic immunization for toddlers at the Sindang Barang Health Center, Bogor City in 2019
1 2	Antika (2014): Completeness of KIA Handbook Filling Village, Asembagus District, Situbondo Regency Perante [21]	Oksitosin, Kebidanan Vol. 1 No. 1	To find out the description of the completeness of filling out the KIA book at the Ceria Posyandu, Perante Village, Asembagus District, Situbondo Regency	Cross-sectional research	The incompleteness of filling out the KIA handbook is related to the lack of knowledge and motivation of posyandu officers
1 3	Revinovita (2019): Knowledge, Education, and Perceptions of Pregnant Women in the Use of Maternal and Child Health (KIA) Books in Kungkai Village, Bangko Health Center Work Area [22]	Jurnal Media Kesehatan Vol. 12 No. 2	To find out the factors of using the MCH handbook for pregnant women in Kungkai Village, Bangko Health Center Work Area in 2018	Cross sectional research	There is a relationship between knowledge, education, and perceptions of pregnant women with the use of KIA health books in Kungkai Village, Bangko Health Center Work Area in 2018.
1 4	Anasari (2013) : Factors Affecting the Completeness of Filling in the KIA Handbook by Midwives in Early Detection of High Risk of Pregnancy at the Banyumas District Health Center in 2012 [23]	Jurnal Ilmiah Kesehatan Keperawatan Vol. 9 No. 3	This study aims to determine the factors that influence the completeness of filling out the KIA book by midwives in early detection of high risk pregnancies at the Banyumas	Analytical observational research with Cross Sectional approach	There is a relationship between knowledge, motivation, and workload with the completeness of filling out the KIA book by midwives in early detection of high risk pregnant women

			District Health Center		
1 5	Nurmalitasari (2018): Compliance with Filling in the KIA Handbook by Midwives on Early Detection of High Risk of Pregnancy at the Kasihan 1 Public Health Center, Bantul Regency [10]	Jurnal Universitas Aisyiyah	To determine the compliance with filling out the KIA handbook by midwives on early detection of high risk pregnancy at the Kasihan 1 Health Center, Bantul Regency	Quantitative descriptive research	A total 6 midwives complied in filling out the KIA book and as many as 3 midwives did not comply in filling out the KIA book. A total of 41 KIA books are in accordance with the technical instructions for using KIA books and as many as 19 KIA books are not in accordance with the technical instructions for using KIA books
1 6	Siswiantari (2016) : Analysis of Documenting Maternal Health Records in Maternal and Child Health Books (KIA) at Puskesmas Kartasura in 2016 [3]	Jurnal Universitas Muhammadiyah Surakarta	To analyze the documentation of Pregnant Women's Health Records in KIA Books at Puskesmas	Combination of quantitative and qualitative research (mixed methodology).	The unfilled history sheets were 19 KIA books (37.26%), found in HPHT items and complaints items. The physical examination sheets were not filled in as many as 16 KIA books (31.37%), contained in the items height, blood pressure and LILA
1 7	Mure (2020) : Factors Affecting the Performance of Midwives in Documenting KIA Books in the Muara Badak Health Center Work Area [2]	Jurnal Politeknik Kesehatan Kalimantan Timur	To determine the factors that affect the performance of midwives in documenting KIA Handbooks in the working area of the Muara Badak Health Center.	Descriptive research with cross sectional design	Factors that affect the performance of midwives in documenting the KIA Handbook: (a) Knowledge, (b) Attitude, (c) Skills, (d) Motivation, (e) Workload
1 8	Kasiman (2013): Health Recording Analysis Pregnant Women in the KIA Handbook in Monitoring Pregnancy in Health Facilities IBI Branch Ngemplak Boyolali [24]	Jurnal Universitas Muhammadiyah Surakarta	To analyze the health records of pregnant women in the KIA handbook in monitoring pregnancy in health facilities in the IBI working area, the Ngemplak Boyolali branch.	Qualitative descriptive research.	There are 2 factors that cause incomplete health records of pregnant women, namely from midwives, including lack of accuracy and patience, and midwives only write what is considered most important. While the patient factor was due to the patient's ignorance of the answers to the questions given by the midwife, the book was not brought and the book was lost
1 9	Idayanti, Sarwono, & Masini (2016): Filling in the KIA Handbook as Guidelines for Antenatal	Jurnal STIKES Karya Husada Semarang	To find out how to fill out the KIA book as a guideline for	Survey research with cross sectional	Factors related to the practice of village midwives in the service of filling out the KIA book are the level of education, support from

	Screening for Village Midwives in Magelang Regency [25]		antenatal screening of village midwives in Magelang Regency	coefficient contingency	professional friends, and the patient's family support at the village midwife.
20	Hasyim & Sulistianingsih (2019) : Utilization of Information on Toddlers Age 12-59 Months in the KIA Handbook with Complete Nutritional Status Recording in the KIA Handbook [6]	Jurnal Kedokteran dan Kesehatan Vol. 15 No. 1	To find out the use of information about toddlers aged 12-59 months in the KIA book with the completeness of recording nutritional status in the KIA book in Margakaya Pringsewu Village, Lampung	Handbook analytic observation with a cross sectional approach	Utilization of information on KIA books for mothers can improve the completeness of recording nutritional status on KIA books in Margakaya Pringsewu Village, Lampung
21	Kalsum & Febriyeni (2019) : Factors Relating to the Utilization of KIA Handbooks for Pregnant Women in the Tigo Baleh Health Center Work Area, Bukittinggi City in 2018 [5]	Maternal Child Health Care Journal Vol. 1 No. 2	To find out the factors related to the use of KIA handbooks in the Tigo Baleh Public Health Center work area, Bukittinggi City in 2018	A quantitative descriptive study with a quantitative cross sectional approach	There is a significant relationship between knowledge, motivation, role of health workers, and parity of respondents with the use of KIA handbooks in the working area of Tigo Baleh Public Health Center, Bukittinggi City in 2018,
22	Kunang & Puspariny (2020): Effectiveness of Using KIA Handbooks on Knowledge of Postpartum Mothers about Signs Dangers of the Postpartum Period[26]	Bina Generasi : Jurnal Kesehatan Vol. 12 No. 1	To determine the effectiveness of the use of the KIA handbook on the knowledge of postpartum mothers about the danger signs of the postpartum period	This study was an analytical survey using a cross-sectional approach.	The knowledge of postpartum mothers about the use of KIA books in PMB Langgeng was in the poor category as many as 11 (55.0%), Most postpartum mothers in PMB Langgeng were less effective in using KIA books as many as 13 (65.0%)
23	Meikawati, Setyowati, & Ulya (2019): Effectiveness of Completeness of KIA Handbook Documentation for Detection of High Risk of Pregnancy at	Akbidhi Pekalongan	To analyze the completeness of data documentation for pregnant women from KIA handbooks	Combined quantitative and qualitative research (mixed	Variables related to completeness KIA book documentation is period of work, education, and history taking.

	Pekalongan City Health Centers [27]		at Pekalongan City Health Centers	methodology)	
2 4	Krull & Kurniasari (2020) : Overview of Factors in Completeness of Health and Child Book Recording (KIA) by Midwives at Public Health Centers in Kupang City, East Nusa Tenggara Province [9]	Arc. Com. Health Vol. 7 No. 2	To describe factors for completeness of KIA book registration by midwives at Public Health Centers in Kupang City, East Nusa Tenggara Province	Descriptive research with a cross sectional	KIA bookkeeping is incomplete (52.3%), midwives lack knowledge (78.5%), all midwives have a positive attitude and have received training on completeness of KIA books (100.0%) and midwife supervision in an effort to complete bookkeeping KIA has been going well (96.9%)
2 5	Maharani, Qomariyah, & Rahimah (2019): Determinants of the Use of Maternal and Child Health Books (KIA) for Pregnant Women at Karangayu Health Center, Semarang City [28]	Jurnal Kesehatan STIKES Telogorejo Vol. 11 No. 2	To find out the use of maternal and child health books for pregnant women in Karangayu Public Health Center Semarang	Analytical descriptive research with a cross sectional approach	There is a relationship between knowledge and the use of KIA books for pregnant women at Karangayu Health Center Semarang
2 6	Sistiarani, Gamelia, & Sari (2014): The Function of Using KIA Handbooks on Maternal and Child Health Knowledge in Mothers [29]	Kesmas : Jurnal Kesehatan Masyarakat Nasional Vol. 8 No. 8	To analyze the relationship between the functions of KIA books which include recording, education, and communication with mother's knowledge of KIA	Cross sectional study	There are There is a significant relationship between the recording function and KIA knowledge, but there is no relationship between the education function and the communication function with KIA knowledge
2 7	Suparmi, Rizkianti, Maisya, & Saptarini (2018): The Relationship between KIA Book Ownership and Increased Utilization of Maternal Health Services in Indonesia [30]	Jurnal Kesehatan Reproduksi Vol. 9 No. 2	To measure the relationship ownership of KIA books on increasing utilization of maternal health services in Indonesia	Cross sectional study	Ownership of KIA books is associated with increased utilization of antenatal services (K4), assisted deliveries by health workers and deliveries in health facilities. However, the utilization of the KIA book is still not optimal
2 8	Finazis (2014): Accuracy of Recording and Reporting of Infant Measles Immunization	Jurnal Berkala Epidemiologi Vol. 2 No. 2	To find out the problems that occur in terms of recording and	Cross sectional study.	Immunization status in the KIA/KMS book or other health records at the posyandu has not been screened or scanned so that the

	in KIA Books and Cohort Books [31]		reporting measles immunization data, especially related to the quality of measles immunization data		immunization data entered in the posyandu baby register book is low. One thing that needs to be considered in recording and reporting is the discipline of health workers and posyandu cadres in recording and reporting immunization
29	Rahmawati, Syafruddin, & Werna (2020) : The Effectiveness of Using KIA Handbooks and Monsca Applications in the Implementation of 14T Antenatal Service Standards [8]	Jurnal Riset Kesehatan Poltekkes Depkes Bandung Vol. 12 No. 1	To compare the effectiveness of using the MCH handbook and the MONSCA application on midwives in the application of 14 T Antenatal service standards	Quasi experimental research (pre test post test non equivalent control design)	There is a difference in the effectiveness of using the KIA handbook with the MONSCA application in implementing the 14T antenatal care standard. The MONSCA application is easier, faster, safer and more accurate, so it can be said that the MONSCA application is more effective than the KIA book
30	Wijayanti & Nuraini (2017) : Factor Analysis of Officers in Filling in Maternal Cards and Referral Flows for Pregnant Women Risti [32]	Jurnal Politeknik Negeri Jember	To analyze the officer's factors in filling out the mother card and the referral flow for pregnant women at risk	Analytical observational research with cross sectional design	There is a significant relationship between the officer factor and compliance with filling in the mother's card and the referral flow for high-risk pregnant women in the Karang Duren Health Center, Balung District, Jember Regency.
31	Ulfa, Suhartati, & Anisa (2021): Evaluation of the Use of KIA Handbooks by Pregnant Women in East Banjarmasin District [33]	Jurnal Kebidanan dan Keperawatan Vol. 12 No. 1	To analyze the use of KIA books by pregnant women in the East Banjarmasin sub-district	Qualitative descriptive research	The KIA book has not been used optimally by pregnant women, it is proven that there are still pregnant women who do not read KIA books even though they have KIA books
32	Parwati, Wulandari, & Budarsana (2020): The Relationship between KIA Handbook Utilization and Mother's Knowledge of Early Detection of Growth and Development of Toddlers in Adapting to a New Life Order [34]	Jurnal Kesehatan Midwinerslion Vol. 5 No. 2	To analyze the relationship between KIA book use and Mother's knowledge about early detection of growth and development during adaptation to new habits	Analytical correlation research with cross sectional approach	There is a relationship between the use of KIA books and mother's knowledge about early detection of growth and development in toddlers

3	Parwati, Wulandari, & Darmayanti (2021): Characteristics and Perceptions of Mothers Toddler about Pe Use of KIA Handbooks as Early Detection of Toddler Development in the Adaptation Period to a New Living Order [35]	Jurnal Ilmu Kesehatan Makia Vol. 11 No. 2	To determine the characteristics and perceptions of mothers of children under five on the use of KIA Handbooks	Analytical research correlation with cross sectional approach	There is a relationship between mother's age, last education, number of children, and perceptions with the use of books KIA as early detection of toddler growth and development.
3 4	Dharmawan (2015) : Relationship of Characteristics to Knowledge and Attitudes of Health Cadres about the Importance of Data in the KIA Handbook [36]	Pena Jurnal Ilmu Pengetahuan dan Teknologi Vol. 28 No. 1	To find out the relationship between characteristics and knowledge and attitudes of health cadres about the importance of data in KIA Handbooks	Survey research with a cross sectional approach (at any time)	Most of the respondents' knowledge about the importance of KIA data is very good, because many answered above 90%. Similarly, the attitude of the majority of respondents. More than 90% support the existence of KIA data collection which is important for KIA program. There is a significant and positive relationship between education and knowledge and attitudes about the importance of KIA data.

Input Factors Affecting Completeness of Completion of KIA Handbook (Maternal and Child Health)

According to Cahyani [37] inputs are a collection of parts or elements contained in the system and which are needed for the system to function. In this input, there are several management elements, including Man, Money, Material and Machine, and method. Given the nature of limitations and uncertainties, these elements must be utilized effectively and efficiently through the implementation of management functions, especially on the man (HR) element as the main resource

1. Man

Human resources are the main means of every management to achieve the goals that have been set, various activities that have been carried out to achieve the goals are planning, organizing, implementing, directing, and supervising organizational activities, all of which require humans as a means of mobilization. Humans are the most important element among productive resources. The success or failure of an organization depends on the people themselves. Other management elements such as money, facilities, infrastructure, and methods will not be useful if people do not know how to use them properly and correctly (Cahyani & Indrawati, 2020). According to Hasyim & Sulistianingsih the role of midwives is very large in improving the completeness of KIA records for toddlers. Several factors related to the completeness of filling out the KIA handbook include the knowledge, attitudes, and skills of the midwife because it affects the ability to understand KIA books and provide education to mothers to use KIA books. Therefore, to improve the completeness of filling out, it is necessary to increase the knowledge and skills of village midwives together. This can be done by providing training with learning methods based on the problem or condition of the mother and child

(R. I. Idayanti, 2016) explained that regarding filling out the KIA handbook in conducting antenatal screening by village midwives, filling out the KIA book was still lacking in terms of: reviewing patient complaints lack of detail, lack of preparing information about preparation for delivery, namely information about walking blood donation and ambulance, or transportation before delivery is not very important given to patients even though it is already in the KIA handbook. It is necessary to evaluate whether the patient already knows about the danger signs of pregnancy and healthy food for pregnant women. Village midwives also do not carry out laboratory examinations, especially examination of Hb, urine protein. Village midwives do not carry out laboratory examinations because they assume that laboratory examinations are carried out at the Puskesmas while PMS examinations are rarely carried out on the grounds that there are no indications even though PMS examinations are included in the antenatal standard, there should be or there is no indication of a history study of PMS should still be asked because it is included in the examination SOP antenatal and included in antenatal screening.

According to (Nurmalitasari, 2019) education owned by midwives is one of the factors that affect compliance with filling out the KIA handbook in carrying out their obligations and is related to the knowledge of midwives. In addition, (Fitriyani, Zuhana, & Prafitri, 2019) explained that the tenure of the village midwife is related to the completeness of the documentation of the KIA book because a longer working experience will make the village midwife more proficient and skilled in providing midwifery care and feel responsible as a midwife, but there are midwives who do not fill in the complete documentation because the midwife's workload is already quite heavy. (Haleeda & Sholichah, 2016) explained that the Midwives in the Puskesmas Working Area who did not fill in the column for welcoming childbirth in TM 1 were due to a young gestational age where at TM 1 to welcome childbirth was considered too early to be filled in first and midwives put more emphasis on other things such as danger signs. TM 1 and nutritional fulfillment in TM 1.

According to (Prabandari, Syamsulhuda, & Kusumawati, 2018) the factors related to the completeness of filling out and using the data in the KIA book by the Village Midwife are: (1) Working period, because someone who works longer hours is considered more capable in carrying out their duties, (2) Skills, due to lack of training by the village midwife can affect the lack of training. skills possessed and can have a direct impact on the lack of completeness of data entry in the KIA book, (3) Workload, because village midwives who have poor motivation can affect incomplete data filling in the KIA book because of the desire from within and outside the village midwife to fill in Complete KIA handbooks are still lacking, and (4) Award, because the award given to village midwives can increase the sense of respect and increase motivation in midwives to always fill in data on the KIA book completely, and (5) Completeness of data entry, because KIA books are used as counseling materials in antenna services tal by the puskesmas midwife and therefore the KIA handbook data must be complete in order to be able to make use of it. The better the completeness of the data, the better the quality of the information.

Siswiantari explained that the incompleteness of the history sheet was due to the midwife's factors, namely because the midwife was impatient and only recorded what was considered important. while the incompleteness of pregnant women is because pregnant women do not answer the midwife's questions. According to (Meikawati, Setyowati, & Ulya, 2019) the longer the working period of the midwife, the midwife

tends to document the KIA handbook for early detection of high-risk pregnancies completely because their skills will be better because it is in accordance with their work.

According to (Anasari, 2012) factors that affect the completeness of filling out the KIA book by midwives in early detection of high risk of pregnancy at the Puskesmas are by looking at the completeness of filling out or the percentage of completeness in filling out the KIA book. There is a relationship between knowledge, motivation, and workload with the completeness of filling out the KIA book by midwives in early detection of high risk pregnant women. Mure explained that the factors that affect the performance of midwives in documenting KIA books in the working area of the Puskesmas are as follows: (1) Knowledge. Knowledge can be obtained from reading technical instructions, from the coordinating midwife, as well as from the experience of each village midwife when filling out the KIA handbook. So that midwives who fill out the KIA book completely tend to have high knowledge. Knowledge is also obtained from education, training, KIA books, and ANC guidelines which have fully explained antenatal services and their implementation standards, (2) Attitudes. In general, midwives agree with the standard of documenting the KIA book which must be provided in full so that the detection of pregnancy risks can be known early, (3) Skills. Midwives must know and understand the correct ways to fill out the KIA handbook, including giving signs or information when recording, so that the information contained in the KIA book can be understood by mothers, families, and the community. This filling must be in accordance with the technical instructions for filling out the KIA handbook and filled in completely, (4) Motivation. Midwives who have poor motivation can affect the incompleteness of filling out data in the KIA book because the desire from inside and outside the village midwife to fill out the KIA book completely is still lacking, (5) Workload. The higher the workload, the more work the midwife has to do so that other jobs can be neglected or incomplete.

(Ariyanti, Dharmawan, & Mawarni, 2016) explained that for cadres with a working period of more than 10 years (old cadres) and often attend training and meetings held by the Puskesmas or the coordinating midwife makes the cadres skilled in filling out the KMS in the KIA book so that the completeness of the filling is also good. According to (Dharmawan, 2015) cadres' attitudes that support the recording of KIA data participate in improving KIA data and are responsible for maintaining good data on KIA data recording.

According to (Rosida, ST, Kes, Kurniawati, & SiT, 2020) when mothers have less knowledge about KIA books, mothers do not know that KIA books can detect early disturbances and become a source of information regarding maternal and child health so that mothers only think that the book is not too important, because if they are not brought In every pregnancy examination, the mother can still carry out the examination without feeling at all loss. (Indriyani & Puspitasari, 2016) explained that most pregnant women have negative perceptions about the use of KIA handbooks. There are still many pregnant women who do not use the KIA handbook properly. The use of maternal and child health services is still constrained by the lack of knowledge of mothers about the use of KIA books, KIA services, and until now there is still a misunderstanding about KIA books because they are only considered as pregnancy check-up notes. According to (Yuniarty & Lestari, 2019) the more knowledge about the use of KIA books, the more obedient mothers are in carrying out complete basic immunizations.

(Ambarita et al., 2022) explains that the use of KIA handbooks has a relationship with attitudes because people are more interested in listening to information through the media because it is easier to understand the benefits and how to fill out KIA books. In addition, it also has the closest family support relationship because husband and family have an important role in helping mothers during the process of pregnancy, childbirth, and postpartum. This is especially true for women who are relatively young in age so that their ability to make decisions independently is still low. According to (Rahmi et al., 2018) factors related to the use of the KIA handbook for pregnant women in the working area of the Puskesmas are: (1) Knowledge. The existence of pregnant women who have poor knowledge is seen from the number of pregnant women who do not understand the contents of the KIA book or do not know the benefits of the KIA book due to the lack of information obtained about the KIA book and the inactivity of pregnant women in seeking information about KIA books, (2) Motivation. Lack of support from families for the use of KIA books so that it does not direct pregnant women to use KIA books, (3) The role of health workers. The lack of a role for health workers is due to the lack of information provided to pregnant women such as not explaining in advance the contents and uses of the KIA handbook but only explaining that the KIA handbook must be brought during pregnancy check-ups, (4) Primigravida pregnancy. There is a tendency that the KIA handbook is only a book for visiting pregnant women to carry out examinations, not as a source of useful information in the process of pregnancy, (5) Parity. Mother assumes that she knows from the contents of the KIA book and that the KIA book is only used during the examination.

According to the results of the research by (Kunang & Puspariny, 2020) the knowledge of postpartum mothers about the importance of postpartum visits as an effort to prevent complications during the puerperium is still lacking. Most postpartum mothers do not understand the danger signs in postpartum mothers. One form to prevent death in postpartum mothers is to use the MCH book where in the MCH book there is a lot of knowledge that is obtained, this is in accordance with the government through KEPMENKES No. 284/Menkes/SK/III/2004 states that the MCH handbook is a tool for early detection of disorders or problems with maternal and child health, a means of communication and counseling with important information for mothers, families and communities. In this case, the role of midwives is very important to provide information and increase knowledge of mothers about the dangers of postpartum and mothers can independently detect early health problems in mothers and babies, especially danger signs in postpartum mothers. (Sistiarani, Gamelia, & Sari, 2014) explain that mothers who have a high economic level tend to be working mothers who are also classified as having a secondary education level, they may have a less profound impression of information on KIA books so they do not feel motivated to make it a necessity. On the other hand, group learning activities to understand KIA book information are still rarely carried out by cadres or health workers.

According to (Suparmi, Rizkianti, Maisya, & Saptarini, 2018) some of the factors that encourage the increasing ownership of KIA books are the use of KIA books as one of the requirements for receiving cash transfers for the Family Hope Program (PKH), a requirement for pregnant women to claim a pregnancy check using the National Health Insurance (JKN), making it easier to obtain a birth certificate in certain areas, and as a requirement for children to enter kindergarten or elementary school. Mothers who have the KIA handbook are more likely to perform antenatal care (K4) examinations, perform deliveries assisted by health personnel, and deliver at health

facilities. According to (Wijayanti & Nuraini, 2017) Coordinator Midwives are expected to be able to provide encouragement, motivation, and build teamwork as well as provide technical guidance in the workplace to midwives in their working areas and together with puskesmas leaders can propose awards for outstanding midwives so as to increase midwives' work motivation in carrying out their duties. filling out the KIA book

(Maharani, Qomariyah, & Rahimah, 2019), explained that the KIA book is not only a record of maternal and child health, it is also a health monitoring tool, and a means of communication between health workers and patients. KIA handbooks can be obtained free of charge through Puskesmas, general hospitals, sub-health centers, polindes, doctors, and private practice midwives. The KIA handbook contains information and counseling materials on nutrition and maternal and child health, cards for pregnant women, KMS for infants and toddlers and health service records. Health workers will record the complete maternal examination results in the KIA book so that the mother will let other families know with certainty the health of the mother and child. child. According to (Putri, n.d.) inputs (man) for the implementation of ANC in the working area of the Puskesmas are that there are components of input aspects that have been provided by the Government, Regional Government, and District Health Offices to support the implementation of quality health services for pregnant women, namely health workers. The availability of health resources is seen from the organizational structure. The Health Office can take policies to improve the quality of health human resources by making various efforts to improve the quality of these human resources, such as providing training, workshops, comparative studies, and even knowledge dissemination for all health workers, both as managers and as implementers of health services for pregnant women.

2. Money

Funds are an important element after humans. These funds or money are needed in running an organization, if in an organization there is no money then the facilities and infrastructure cannot be provided. The implementation of the operational activities of a health service organization requires facilities in the form of money used as a means of purchasing medical and non-medical materials for hospital operations, paying salaries, and so on. According to (Kareth, Purnami, & Sriatmi, 2013) puskesmas with good KIA reporting records, so far, the puskesmas have provided an allocation of funds in the form of incentives for sending reports to DKK in the amount of Rp 100.000,-. Meanwhile, for puskesmas with poor recording and reporting of KIA, the incentive provided by the puskesmas is only Rp 50.000,-. This fund is also used as transportation costs for sending KIA reports to the Health Office. (Novitasari, 2020) explained that the source of funds for high-risk pregnant women at the Puskesmas comes from BOK (Health Operational Assistance). The funds are allocated for high-risk pregnant women classes which are implemented in puskesmas and pregnant women classes which are conducted in villages. There are no other sources of funding for the class program for pregnant women at the puskesmas.

3. Material and Machine

In the implementation of health service organizations require materials as a means or management tool to achieve the expected goals and the implementation of management functions as well as in decision making by leaders. According to Anasari

the KIA handbook is kept by the mother and the mother must bring it when she does a health check, especially antenatal visits. So if the mother does not bring the KIA handbook at the time of the antenatal visit, the midwife cannot fill out the KIA book completely in early detection of high risk in pregnant women, even though the available tools for early detection are complete. Idayanti, Sarwono, & Masini [25] explained that the lack of availability of facilities can hinder the performance of village midwives to carry out antenatal screening such as conducting examinations for sexually transmitted diseases and inspections. In addition, the lack of facilities resulted in incomplete filling in the KIA handbook.

According to Siswiantari KIA books contain health records of pregnant women in the form of anamnesis and physical examinations containing information on the mother's health during her pregnancy. The KIA handbook serves to monitor maternal health and is a tool for early monitoring and detecting any disturbances or problems during pregnancy, as a means of communication between health, and as an outreach tool. The incompleteness of filling in the anamnesis sheet at the Puskesmas was caused by factors from the midwife and the patient. The factor of the midwife is that the midwife is impatient in documenting and the complaints of pregnant women are many and time-consuming so that they are not written in the complaint items and the recording is only carried out on the parts that are considered important. Though the column should not be left blank and must be marked when nothing needs to be written. The incomplete history sheet is also caused by mothers who do not answer questions, such as the HPHT item which will make it difficult for the midwife to determine the mother's estimated delivery day (HPT). With the existence of KIA, it can be used as legal evidence accountability data in court in case of problems with pregnant women and can also be used as a medium for education and research.

(Krull & Kurniasari, 2020) explained that most of the incomplete records of the KIA book were in writing family identities, welcoming childbirth (delivery mandate), P4K stickers that were filled out and pasted at pregnant women's homes, and health records of pregnant women. A fully completed KIA handbook will make it easier for midwives to detect as early as possible any risks or problems that occur in pregnancy and to know the development and growth of toddlers. According to Ulfa, Suhartati, & Anisa. most pregnant women have KIA books and can show them. The KIA handbook is one of the media to get information and also increase the knowledge of mothers in this case is to maintain health from pregnancy to toddlers.

According to (Mawarni, Sulistyani, & Adi, 2021) most of the supporting facilities for antenatal care at the Puskesmas are adequate, namely meeting the standards of health services during pregnancy. Supporting facilities are used as needed to provide antenatal services. However, there is a potential for equipment damage which is feared to hinder the implementation of antenatal care. According to Novitasari³⁹ of the tools/equipment used in the high-risk pregnant women class include: a hall, loudspeakers, flipcharts, mattresses, pink books (KIA) and LCD. The equipment for the implementation of the pregnant women class includes: carpets, loudspeakers, and mattresses in the hall where the activities are carried out, while the KIA pink book and flipchart are in the KIA polyclinic, making the 2011 pregnant women class manual as a reference for infrastructure. Based on the guidebook for the implementation of classes for pregnant women from the Ministry of Health of the Republic of Indonesia in 2011 that the facilities and infrastructure needed for classes for pregnant women are study rooms, writing tools, KIA books, flipcharts for pregnant

women classes, guidebooks for implementing classes for pregnant women, facilitator handbooks, props, mats/carpets, pillows, chairs, pregnancy exercise books, and/or pregnancy exercise CDs. However, if there is no special room anywhere, it can be carried out according to the agreement between the pregnant woman and the facilitator

4. Method

This machine management element refers to machines or technology as facilities or tools to support the activities of an organization. Equipment or infrastructure is useful to help human work. With the advancement of technology in the field of medicine, currently equipment that keeps up with the times is needed to support health services. According to Siswiantari the filling process for new patients is the first stage starting from the patient coming to register at the registration site, then the patient is directed to the KIA poly. At the KIA Poly, the midwife performs midwifery services. Before providing the service, the midwife gives pregnant women a KIA book, the midwife records the registration number, serial number, date of receiving the KIA book, and the place of service. The second stage is anamnesis, the third stage is a physical examination, the fourth stage is the provision of services as needed. As for old patients, midwives do not need to take anamnesis because it was filled in at the time of the first visit, the examination was carried out directly to the stage of physical examination, provision of health services, and recording of service results

Kasiman explained that the process of filling in the records of pregnant women in the KIA book at health facilities was has complied with the guidelines for filling out the KIA handbook. The incompleteness of filling out the KIA handbook was caused by the midwife filling in the items that were considered the most important to shorten the time and the blanks would be filled in at the next patient visit. This is because the midwife is impatient and in a hurry, which results in the midwife being not careful in filling out the KIA handbook. Meanwhile, the patient did not know the answers to the questions asked by the midwife, the KIA book was not carried when the patient checked her pregnancy, and the KIA book was lost.

Antika explained that the sections that are often filled in in the KIA handbook are matters relating to direct examinations such as HPHT to determine gestational age, items pregnant to, weight and fundal height to detect/screen high-risk pregnant women. Before filling in the medical history item, the midwife first looks at the patient's clinical signs and if there are no clinical signs that lead to abnormalities such as swelling, anemia, and yellow sclera, the midwife will fill in and ask the patient about the history of the disease and if the result is the mother has a history of dangerous disease, the midwife writes the history and vice versa if the mother does not have a history of the disease, the midwife skips it (does not fill in the history of the disease suffered by the mother). According to Andriani & Nugrahmi filling out the KIA handbook in early detection of high-risk pregnancies has been taught so that midwives already have a basic knowledge of it. Antenatal screening should be done repeatedly to identify risk factors early during pregnancy. It is necessary to conduct a mini-workshop on KIA policy from the head of the puskesmas which is very much needed in the success of the national policy as an effort to detect risky pregnancies and prepare appropriate referral patterns for mothers. According to Dewi & Nurtini at the Ministry of Health of the Republic of Indonesia in 2020 there is a monitoring sheet for drinking TTD in the latest KIA book, which is 2020, but the KIA book owned by the majority of pregnant women is still in the old edition, namely 2015 so that pregnant women have not been able to do/fill out the drinking control sheet TTD.

According to Finazis mothers who bring their children to be immunized at posyandu and puskesmas have media for recording infant immunizations, usually in the form of a KIA or KMS book. In the Regulation of the Minister of Health No. 42 of 2013 concerning the Implementation of Immunization, it is stated that the recording of immunization results is recorded in the KIA book on the same day, namely after the provision of immunization services. Measles immunization must be given according to the schedule, namely at the age of 9 months. Writing date of birth and date of immunization must be written in full (date, month, and year). This is because the date of birth and the date of immunization will be related to the valid dose which is the dose recorded when the baby reaches the minimum age for immunization and recorded with the correct distance between doses according to the national immunization schedule. Midwives and surveillance officers cooperate with each other in data management in the puskesmas unit. Midwives are responsible for carrying out routine surveillance for program purposes such as measles immunization coverage. Meanwhile, surveillance officers are responsible for diseases that have the potential for outbreaks or classified as extraordinary events such as measles. Parwati, Wulandari, & Budarsana explained that the growth of toddlers can be known if each month is weighed, the weighing results are recorded in the KMS, and is connected between the weight points on the KMS from the weighing results last month and the weighing results this month. The series of children's growth lines form a child's growth graph. In healthy toddlers, their weight will always increase, following the growth band according to their age. The information and KMS contained in the KIA handbook can be used to monitor children's growth and development. The KIA handbook contains information and counseling materials on nutrition and maternal and child health, cards for pregnant women, KMS for toddlers and records of maternal and child health services.

Planning Factors Affecting Completeness of Completion of KIA Handbook (Maternal and Child Health)

Planning is the core of management activities, because all management activities are regulated and directed by the planning. Planning allows decision makers or managers to use their resources effectively and efficiently. Planning is an activity or process of analyzing and understanding systems, drafting concepts and activities to be carried out to achieve goals for a good future. Planning includes, among other things: (1) Planning must be based on a good system analysis and understanding, (2) Planning in essence compiles concepts and activities that will be carried out to achieve organizational goals and missions, and (3) Planning implicitly carries out the organization's mission to achieve a better future. According to Mawarni, Sulistyani, & Adi. Standard Operating Procedures (SOP) for antenatal care at the Puskesmas were made by the Puskesmas themselves based on the integrated antenatal care guidelines set by the District Health Office covering management of anaphylactic shock, KIA poly service flow, midwifery care for pregnant women containing 10T standard. The preparation of SOPs for antenatal care also follows the direction of the Indonesian Midwifery Association as a professional organization in the field of midwifery.

According to Novitasari the planning of the high-risk pregnant women class program at the Puskesmas is planned by the coordinating midwife, the head of the puskesmas, the midwife at the puskesmas, the village midwife and a nutritionist. One form of initial planning for this class of pregnant women is the determination of the place and time of the activity. Basically, the target of the puskesmas in this activity is mothers with a gestational age of 20-36 weeks but still allows mothers with a younger gestational

age to participate. The material that will be delivered in 4 meetings has also been prepared from the start. Ideally a class, pregnant women must go through stage by stage pregnant women's class meetings on a regular basis. In addition to providing material, supporting examinations are also carried out for participants to meet quality antenatal care. Putri explained that the implementation of ANC in the Puskesmas working area, namely the method of health services provided by health workers for pregnant women was optimal because it was accompanied by SOPs and technical guidance that was carried out to all health workers in the Puskesmas Working Area. The management method for the implementation of health services provided to pregnant women is in accordance with the legislation where there are 2 implementations in the management of health services for pregnant women, namely 10 services that must be received by mothers who are better known as 10T and technical guidance methods used to improve their abilities health workers in providing services to pregnant women.

Organizing Factors Affecting the Completeness of Completion of KIA Handbooks (Maternal and Child Health)

After planning, the next thing to do is organizing. Organizing is an activity to regulate personnel or staff in an institution so that all activities that have been set out in the plan can run well, which in the end all objectives can be achieved. So it can be concluded that organizing is coordinating the activities that will be carried out by an institution in order to achieve the goals that have been set. Organizing includes, among others: (1) There are 2 kinds of things that are organized, namely organizing activities and organizing staff. Organizing activities is the arrangement of various activities in the plan so as to form an integrated unit to achieve a goal. Meanwhile, organizing the implementing staff includes the rights and authorities of each implementing staff so that each activity has a person in charge, (2) The organizing process is the steps that must be carried out in such a way that all activities and implementing personnel can run as well as possible, and (3) Results

According to Novitasari organizing at the District Health Office is the assignment of tasks to implementers, namely the coordinating midwife of the puskesmas, midwife at the puskesmas, and the village midwife. This task was given to village midwives because they are the personnel responsible for implementing the pregnant women class program in their area. The division of tasks carried out by the coordinating midwife to the implementing midwife is carried out verbally before the program is implemented. They are given the authority and responsibility to distribute invitations to pregnant women. Supervision activities are carried out periodically and in stages starting from the Village, District, Regency/City and Provincial levels. Monitoring at the provincial and district/city levels is carried out at least once every 3 months. Hasyim & Sulistianingsih explained that the recording of the KIA book was carried out by the village midwife and could be assisted by cadres in organizing the posyandu. Mothers who use the KIA handbook well.

Putri explained that in completing the KIA booklet, it requires cooperation and joint commitment by each part involved, such as: (1) The Health Office. Improving the quality of services can be done by improving the maternal health service management system by retraining it through technical guidance, especially for health workers who provide health services to mothers, especially those with less than 10 years of service because the Regional Government has a role in the environmental line, where the flow of the health management system also influences it, (2) Head of the Puskesmas. Improving the implementation of technical guidance or knowledge dissemination is the main choice because not every time special training for midwives can be carried out by the Health

Office. Scientific presentations such as case management mini workshops can be the topic of choice in the implementation of scientific workshops at the Puskesmas as an initial action in improving the quality of health workers in dealing with pregnant women, (3) Implementing Midwives. Midwives are needed who are more sensitive to the conditions of the surrounding community so that they can be even more sensitive in screening prospective pregnant women, (4) Local Government (District). Synergize existing work programs in the District with the Puskesmas to improve community welfare, (5) Pregnant women's families. Community activity in Community Based Health Efforts (UKBM) which is evenly distributed throughout the region, and (6) Employers. Employers can reduce or limit and if possible do not accept pregnant employees in order to reduce the incidence of abortion in the working area of the Puskesmas

CONCLUSION

The conclusions in this study are as follows: (1) Input factors that affect the completeness of filling out the KIA book from the midwife's perspective, namely knowledge, attitudes, skills, years of service, motivation of midwives affect the ability to understand KIA books and provide education to mothers to use KIA books. . Midwives must know and understand the correct ways of filling out the KIA book, including giving signs or information when recording so that the information contained in the KIA book can be understood by the mother, family, and the community, while from the mother's side, the mother only considers the KIA book as a notebook. antenatal care only, (2) Planning factors that affect the completeness of filling out the KIA book, namely the SOP for antenatal care at the Puskesmas is made by the Puskesmas based on integrated antenatal care guidelines set by the District Health Office including management of anaphylactic shock, KIA poly service flow, maternal midwifery care. pregnant women which contains the 10T standard, and (3) Organizing factors that affect the completeness of filling out the KIA handbook, namely cooperation and joint commitment by each part involved such as: Health Office, Head of Public Health Center, Implementing Midwife, Local Government (District), Mother's Family Pregnant, and giver of work yes. Suggestions in this study are to improve the completeness of filling out, it is necessary to increase the knowledge and skills of midwives together. This can be done by providing training with learning methods based on the problem or condition of the mother and child.

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