



Analysis of factors associated with KIA Handbook utilization for neonatal health monitoring at Bendo Public Health Center

Rohimatul Hanifah*, Agustina Maratus Solichah, Uswatun Khasanah

Department of Midwifery, Poltekkes Kemenkes Surabaya, Surabaya, Indonesia

*Corresponding Author: imatakera@gmail.com

ABSTRACT

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The Maternal and Child Health (MCH) Handbook is an important tool for neonatal health monitoring because it provides essential information on newborn care, neonatal danger signs, and infant growth and development. However, its utilization remains suboptimal. This study aimed to analyze the association between maternal characteristics (age, education level, occupation, and number of children) and maternal knowledge with the utilization of the MCH Handbook for neonatal health monitoring at Bendo Public Health Center. This quantitative study employed an observational analytic cross-sectional design. A total of 50 respondents were selected using consecutive sampling. Data were collected using a structured questionnaire and analyzed using Fisher's exact test with a significance level of $\alpha = 0.05$. The results showed that maternal age ($p = 0.829$), education level ($p = 0.300$), occupation ($p = 0.300$), and number of children ($p = 0.776$) were not significantly associated with MCH Handbook utilization ($p > 0.05$). In contrast, maternal knowledge was significantly associated with MCH Handbook utilization ($p < 0.001$). Improving maternal knowledge through health education may optimize MCH Handbook utilization for neonatal health monitoring regardless of maternal sociodemographic characteristics.

INTRODUCTION

The neonatal period (0–28 days after birth) represents a highly vulnerable transition requiring vigilant surveillance, as it is a critical stage that contributes substantially to infant survival, with approximately two-thirds of infant deaths occurring during this time—making home-based neonatal health monitoring an essential strategy to reduce mortality. Failure to independently monitor neonatal health at home significantly increases the risk of adverse health outcomes, as without structured daily monitoring, mothers frequently fail to recognize early danger signs—such as poor feeding, lethargy, hypothermia, respiratory distress, and umbilical cord infections—leading to critical delays in seeking emergency medical care. Delayed recognition of neonatal danger signs and late presentation to health facilities are primary contributors to preventable neonatal morbidity and mortality from conditions such as neonatal sepsis and acute respiratory complications; thus, continuous home-based surveillance using tools like the MCH Handbook bridges this critical gap by empowering mothers to identify warning signs early and seek timely medical intervention. In Indonesia, the infant mortality rate (IMR) in 2023 was 16.85 per 1,000 live births, while in East Java the IMR increased from 5.9 to 7.4 per 1,000 live births. The leading causes of neonatal mortality include low birth weight, birth asphyxia, infections,



and congenital abnormalities. Early detection of neonatal danger signs through routine monitoring is therefore essential to prevent complications and improve neonatal outcomes⁽¹⁾. The Maternal and Child Health (KIA) Handbook is an important tool for recording, monitoring, and providing health education related to maternal and child health from pregnancy until the child reaches six years of age. In addition to serving as a medical record, the KIA Handbook provides information regarding newborn care, neonatal danger signs, exclusive breastfeeding, immunization, growth monitoring, and recommended neonatal health services. Proper utilization of the KIA Handbook enables mothers to identify danger signs early, monitor their infant's health status, and seek timely health care when necessary⁽²⁾. Although ownership of the KIA Handbook has increased nationally from 84.6% in 2021 to 90.3% in 2023, its utilization remains suboptimal. Many mothers use the handbook only as a record of immunization or child weight measurements during health visits without reading, understanding, or applying the health information provided⁽³⁾⁽⁴⁾. Preliminary observations conducted at Bendo Public Health Center also showed that all mothers (100%) did not complete the neonatal daily monitoring section of the KIA Handbook because they were unaware of its purpose and had never read the neonatal monitoring pages. This condition indicates that ownership of the handbook does not necessarily reflect its optimal utilization for neonatal health monitoring.

Previous studies have reported inconsistent findings regarding factors associated with KIA Handbook utilization. Suhartini and Rosmiyati reported that health education significantly improved mothers' knowledge regarding KIA Handbook utilization⁽⁵⁾. Huru found that parental knowledge and attitudes were significantly associated with KIA Handbook utilization for monitoring infant and toddler health⁽⁴⁾. Hasanah and Susanti also demonstrated that maternal knowledge, attitude, and education were related to KIA Handbook utilization among pregnant women⁽⁶⁾. Conversely, Dewi et al. found that maternal age, education, occupation, and knowledge were not associated with the completeness of KIA Handbook documentation, while family support significantly influenced its utilization⁽⁵⁾. These inconsistent findings indicate that determinants of KIA Handbook utilization may vary across populations and health service settings. To date, studies specifically examining factors associated with KIA Handbook utilization for neonatal health monitoring remain limited, particularly in Bendo Public Health Center. Most previous studies focused on pregnant women or mothers of toddlers and evaluated general utilization of the handbook rather than neonatal monitoring. Therefore, further research is needed to identify maternal factors influencing KIA Handbook utilization during the neonatal period. This study aimed to analyze the association between maternal age, education level, occupation, number of children, and maternal knowledge with the utilization of the KIA Handbook for neonatal health monitoring at Bendo Public Health Center.

METHODS

This study employed a quantitative observational analytic design with a cross-sectional approach to analyze factors associated with the utilization of the KIA Handbook for neonatal health monitoring⁽⁷⁾. The study was conducted at Bendo Public Health Center, Magetan Regency, East Java, Indonesia, from February to April 2026. The research instrument was tested for validity and reliability prior to data collection. The validity test results showed that all questionnaire items were valid ($r_{\text{count}} > r_{\text{table}}$), and the reliability test yielded a Cronbach's Alpha value > 0.60 , demonstrating acceptable internal consistency.

The study population comprised all mothers with neonates aged 0–28 days in the working area of Bendo Public Health Center, Magetan Regency, East Java, Indonesia, from February to April 2026. The average monthly delivery rate in this health center ranges between 45 and 55 live births. A total sample of 50 respondents was recruited using a consecutive sampling technique, representing nearly the complete accessible population during the study period. Subjects were selected based on specific eligibility criteria. The inclusion criteria were: (a) mothers with neonates aged 0–28 days residing in the working area of Bendo Public Health Center, (b) ownership of an official MCH Handbook, and (c) willingness to participate as demonstrated by signed informed consent. The exclusion criteria included: (a) mothers with severe medical or psychiatric conditions impeding communication, (b) mothers whose neonates were critically ill or hospitalized in intensive care (NICU) during the study, and (c) mothers who moved away from the study area prior to questionnaire completion. In this study, the dependent

variable was the utilization of the MCH Handbook for neonatal health monitoring, while the independent variables included maternal age, education level, occupation, parity (number of children), and maternal knowledge.

Data were collected using a structured questionnaire developed based on the research objectives and relevant literature. The questionnaire consisted of three sections: respondents' characteristics, maternal knowledge regarding the KIA Handbook, and utilization of the KIA Handbook for neonatal health monitoring. Before data collection, respondents were informed about the study objectives and procedures and provided written informed consent. For respondents who could not attend the integrated health post (Posyandu), data collection was conducted through home visits⁽⁹⁾. Data processing included editing, coding, scoring, data entry, and data cleaning before statistical analysis. Descriptive statistics were used to describe respondents' characteristics. Bivariate analysis was performed using Fisher's exact test because several expected cell frequencies did not meet the assumptions of the chi-square test. Statistical significance was determined at p-value of <0.05 (11).

This study received ethical approval from the Health Research Ethics Committee of Poltekkes Kemenkes Surabaya with approval number EA/4148/KEPK-Poltekkes_Sby/V/2026. All respondents voluntarily participated in the study after signing informed consent forms, and the confidentiality of participants' information was maintained throughout the research process.

RESULT AND DISCUSSION

Table 1. Characteristics of the study participants (n = 50)

No	Characteristics	Frequency (f)	Percentage (%)
1	Age		
	< 20 years	5	10
	20-35 years	33	66
	>35 years	12	24
2	Education level		
	Elementary School	0	0
	Junior High School	4	8
	Senior High School	37	74
	University	9	18
3	Occupation		
	Employed	42	84
	Unemployed	8	16
4	Number of children		
	1	21	42
	2-4	28	56
	>4	1	2

Association between maternal age and KIA handbook utilization for neonatal health monitoring

The bivariate analysis results using Fisher's exact test regarding factors associated with MCH Handbook utilization are presented in Table 2.

Table 2. Association between maternal age and KIA handbook utilization for neonatal health monitoring

Age	Utilization				<i>p-value</i>
	Did not utilize		Utilized		
	f	%	f	%	
< 20 and > 35 years	8	16	9	18	0.829
20-35 years	17	34	16	32	

The present study found no significant association between maternal age and the utilization of the KIA Handbook for neonatal health monitoring ($p = 0.829$). Both mothers in the reproductive age group (20–35 years) and those in the younger or older age groups showed similar patterns of KIA Handbook utilization. These findings indicate that maternal age was not a determining factor influencing the use of the KIA Handbook in monitoring neonatal health. This finding is consistent with a previous study by Dewi et al., which reported that maternal age was not significantly associated with KIA Handbook utilization⁽⁵⁾. Similarly, Lulianthy et al. suggested that although maternal age may influence cognitive maturity and decision-making, it does not necessarily determine maternal health behavior related to the utilization of maternal and child health services⁽¹⁰⁾.

Theoretically, women aged 20–35 years are considered to have better cognitive abilities and are more receptive to health information than younger or older mothers. Conversely, older mothers are expected to have greater parenting experience that may support appropriate childcare practices⁽¹¹⁾. However, the present findings suggest that these theoretical advantages did not translate into better utilization of the KIA Handbook. One possible explanation is that the KIA Handbook is routinely distributed to all mothers regardless of age through antenatal, delivery, postpartum, and child health services. Consequently, every mother has equal access to the handbook. The decision to utilize the handbook may therefore depend more on individual awareness, motivation, and perceived benefits than on maternal age alone. Furthermore, mothers of reproductive age often have greater work and household responsibilities, which may reduce the time available to read and complete the neonatal monitoring section independently. In contrast, mothers in the higher-risk age groups may demonstrate greater vigilance regarding their own and their infants' health, resulting in comparable levels of handbook utilization. These findings imply that maternal age should not be considered the primary determinant of KIA Handbook utilization. Instead, interventions aiming to improve neonatal health monitoring should emphasize increasing maternal awareness, motivation, and understanding of the importance of regularly using the KIA Handbook, regardless of maternal age.

Association between maternal occupation and KIA handbook utilization for neonatal health monitoring

Table 3. Association between maternal occupation and KIA handbook utilization for neonatal health monitoring

Occupation	Utilization				<i>p-value</i>
	Did not utilize		Utilized		
	f	%	f	%	
Employed	22	44	20	40	0.300
Unemployed	3	6	5	10	

The present study found no significant association between maternal occupation and the utilization of the KIA Handbook for neonatal health monitoring ($p = 0.300$). Mothers who were employed and those who were unemployed demonstrated comparable patterns of KIA Handbook utilization, indicating that employment status was not a significant determinant of mothers' utilization of the handbook.

This finding is consistent with the study by Husnah and Karuniawati, which reported no significant relationship between maternal occupation and KIA Handbook utilization⁽¹²⁾. Similarly, Lulianthy et al. stated that although occupation may influence access to health information and economic independence, it does not necessarily determine health-related behaviors, including the utilization of the KIA Handbook⁽¹⁰⁾. Employment is often associated with broader social interactions and greater exposure to health information. However, employed mothers may experience time constraints and work-related fatigue that limit their opportunity to read or complete the neonatal monitoring section of the KIA Handbook. Conversely, unemployed mothers may have more available time but may still not optimally utilize the handbook because of limited motivation, inadequate

awareness of its importance, or the perception that it serves only as a record required during health service visits.

The findings suggest that occupational status alone does not guarantee appropriate utilization of the KIA Handbook. Other factors, particularly maternal knowledge and awareness regarding the benefits of neonatal health monitoring, may have a greater influence on mothers' behavior. Since both employed and unemployed mothers showed similar utilization patterns, health education interventions should be provided equally to all mothers regardless of employment status. Flexible educational strategies, such as counseling during antenatal and postnatal care, Posyandu activities, and digital health education, may further improve maternal engagement in utilizing the KIA Handbook for neonatal health monitoring.

Association between maternal education level and KIA handbook utilization for neonatal health monitoring

Table 4. Association between maternal education level and KIA handbook utilization for neonatal health monitoring

Education level	Pemanfaatan				<i>p-value</i>
	Did not utilize		Utilized		
	f	%	f	%	
Elementary School	0	0	0	0	0.300
Junior High School	1	2%	3	6%	
Senior High School	21	42%	16	32%	
University	3	6%	6	12%	

The present study found no significant association between maternal education level and the utilization of the KIA Handbook for neonatal health monitoring ($p = 0.300$). Although most respondents had completed senior high school education, the utilization of the KIA Handbook was comparable across different educational levels, indicating that formal education was not a determining factor in mothers' utilization of the handbook. This finding is consistent with the study conducted by Dewi et al., which reported that maternal education was not significantly associated with KIA Handbook utilization⁽⁵⁾. Likewise, Sontry et al. found that formal education alone does not necessarily improve mothers' utilization of the KIA Handbook, as health-related behaviors are also influenced by knowledge, motivation, and exposure to health information⁽¹¹⁾.

Educational attainment is generally considered an important determinant of health behavior because individuals with higher education are expected to have better cognitive abilities to understand and apply health information. Hasanah et al. also suggested that mothers with higher educational levels tend to have better health literacy, which may facilitate access to maternal and child health information⁽⁶⁾. However, the findings of the present study indicate that higher educational attainment did not necessarily translate into better utilization of the KIA Handbook for neonatal health monitoring. One possible explanation is that the KIA Handbook is designed as a universal educational tool using simple language and illustrations that can be understood by mothers regardless of their educational background. Furthermore, increasing access to health information through digital media, social networks, healthcare providers, and community health workers has reduced disparities in health knowledge among mothers with different educational levels. Consequently, mothers with lower educational attainment may still adequately utilize the handbook when they receive sufficient health education and support. Interestingly, several mothers with higher educational attainment did not optimally utilize the KIA Handbook. This may be explained by the availability of alternative information sources, such as parenting applications, social media, and online health platforms, which some mothers perceived as more practical and comprehensive. These findings suggest that maternal education alone is insufficient to predict KIA Handbook utilization. Instead, continuous health promotion and effective counseling from healthcare providers remain essential to encourage mothers to use the KIA Handbook as the primary source of neonatal health monitoring.

Association between number of children and KIA handbook utilization for neonatal health monitoring

Table 5. Association between number of children and KIA handbook utilization for neonatal health monitoring

Number of children	Utilization				<i>p-value</i>
	Did not utilize		Utilized		
	f	%	f	%	
1	10	20%	11	22%	0.776
2-4	15	30%	13	26%	
>4	0	0	1	2%	

The present study found no significant association between the number of children and the utilization of the KIA Handbook for neonatal health monitoring ($p = 0.776$). Mothers with different parity levels demonstrated comparable patterns of KIA Handbook utilization, suggesting that the number of children was not a significant determinant of mothers' utilization of the handbook. This finding is consistent with previous studies by Dewi et al. and Husnah and Karuniawati, which reported that parity was not significantly associated with KIA Handbook utilization⁽⁵⁾⁽¹²⁾. Although parity is often considered an indicator of maternal experience in infant care, previous childbirth experience does not necessarily encourage mothers to utilize the KIA Handbook more effectively.

Theoretically, primiparous mothers tend to have limited experience in newborn care and are therefore expected to rely more on educational resources, including the KIA Handbook. In contrast, multiparous mothers may feel more confident in caring for their infants based on previous experiences and consequently pay less attention to written health information⁽¹¹⁾. However, the findings of this study indicate that these differences in maternal experience did not significantly influence the utilization of the KIA Handbook for neonatal health monitoring. One possible explanation is that mothers, regardless of the number of children they have, are increasingly exposed to various sources of health information, such as healthcare providers, community health workers, social media, and digital parenting platforms. Consequently, maternal decisions regarding KIA Handbook utilization may be influenced more by individual awareness, motivation, and understanding of the handbook's benefits than by previous parenting experience alone. In addition, the KIA Handbook is routinely provided as part of maternal and child health services, ensuring equal access for both primiparous and multiparous mothers. These findings suggest that parity should not be considered a primary predictor of KIA Handbook utilization. Therefore, health promotion programs should target all mothers regardless of the number of children they have, with greater emphasis on improving maternal awareness and knowledge regarding the importance of neonatal health monitoring through the KIA Handbook.

Association between maternal knowledge and KIA handbook utilization for neonatal health monitoring

Table 6. Association between maternal knowledge and KIA handbook utilization for neonatal health monitoring

Knowledge	Utilization				<i>p-value</i>
	Did not utilize		Utilized		
	f	%	f	%	
Poor knowledge	21	42%	5	10%	0.000
Good knowledge	4	8%	20	40%	

The present study demonstrated a significant association between maternal knowledge and the utilization of the KIA Handbook for neonatal health monitoring ($p < 0.001$). Mothers with good knowledge were more likely to utilize the KIA Handbook than those with poor knowledge, indicating

that knowledge plays an important role in encouraging mothers to use the handbook as a tool for monitoring neonatal health. This finding is consistent with previous studies reporting that maternal knowledge is a significant determinant of KIA Handbook utilization. Hartati found that mothers with adequate knowledge were more likely to use the KIA Handbook appropriately during maternal and child healthcare⁽³⁾. Similar findings were reported by Hutomo, who identified maternal knowledge as a key factor influencing KIA Handbook utilization⁽¹³⁾. Ade Ayuaningsih and Ernawati also demonstrated that higher levels of maternal knowledge were associated with better utilization of the KIA Handbook⁽¹⁴⁾. Furthermore, Hasanah et al. reported that mothers with good knowledge showed greater compliance in utilizing the KIA Handbook as a source of health information and monitoring⁽⁶⁾.

According to the Knowledge–Attitude–Practice (KAP) theory, knowledge is a predisposing factor that influences health behavior. Mothers who understand the purpose, contents, and benefits of the KIA Handbook are more likely to recognize its importance and use it consistently for recording and monitoring neonatal health⁽¹⁵⁾. Conversely, limited knowledge may lead mothers to perceive the KIA Handbook merely as an administrative document required during healthcare visits, without understanding its role as an educational resource for early detection of neonatal health problems. Although the majority of mothers with good knowledge utilized the KIA Handbook, a small proportion did not. This finding suggests that knowledge alone may not always translate into appropriate health behavior. Some mothers may prefer obtaining health information from pediatricians, social media, parenting applications, or other digital platforms, which they perceive as more accessible or up-to-date. Conversely, several mothers with limited knowledge still utilized the KIA Handbook because of healthcare providers' recommendations or because the handbook is routinely required during maternal and child health services. These findings indicate that improving maternal knowledge is essential to optimize the utilization of the KIA Handbook for neonatal health monitoring. Therefore, healthcare providers should strengthen health education and counseling regarding the functions and benefits of the KIA Handbook during antenatal care, postnatal care, neonatal visits, and community-based health services. Such interventions may improve mothers' awareness and encourage the consistent use of the KIA Handbook as a comprehensive guide for neonatal health monitoring.

CONCLUSION

This study demonstrated that maternal age, education level, occupation, and number of children were not significantly associated with the utilization of the Maternal and Child Health (MCH) Handbook for neonatal health monitoring at Bendo Public Health Center. In contrast, maternal knowledge was identified as the primary factor significantly associated with handbook utilization, indicating that mothers with better knowledge are more likely to utilize the MCH Handbook appropriately for monitoring neonatal health.

To optimize MCH Handbook utilization for neonatal health monitoring, health promotion strategies should shift from sociodemographic profiling toward active knowledge enhancement and practical guidance:

1. **Provider-Led Interactive Counseling:** Midwives and healthcare providers should actively instruct mothers on how to read, interpret, and complete the daily neonatal monitoring pages during routine Antenatal Care (ANC) and Postnatal Care (PNC) visits, rather than using the handbook merely as an administrative record.
2. **Focused Health Education at Posyandu:** Public health centers (Puskesmas) and community health posts (Posyandu) should conduct practical, small-group educational sessions focusing on the early recognition of neonatal danger signs and the importance of daily home-based monitoring.
3. **Digital Engagement Strategies:** Health units could integrate simple digital tools, such as automated messaging or mobile reminders, to prompt mothers to perform and record daily neonatal health checks at home during the critical 0–28 day postnatal period.

This study has limitations, particularly the relatively small sample size ($N = 50$) collected from a single public health center, which was constrained by the available monthly neonatal population during the study timeframe. Future multi-center studies involving larger sample sizes across multiple public health centers are recommended to validate these findings and to explore additional determinants

such as family support, health worker communication styles, and maternal attitudes toward home-based health records.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest regarding the publication of this article.

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DECLARATION OF ARTIFICIAL INTELLIGENCE USE

The authors used ChatGPT (OpenAI, version GPT-5) to assist in improving the language and grammar of the manuscript. The authors reviewed and verified the content to ensure accuracy and integrity.

AUTHOR CONTRIBUTIONS

RH was responsible for the conceptualization, methodology, data collection, data analysis, interpretation of the results, and manuscript preparation. AMS and UK reviewed and approved the final version of the manuscript and agrees to be accountable for all aspects of the work.

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