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Maternal predisposing factors and KIA handbook utilization: Urban-rural comparison in South Sulawesi

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ABSTRACT

Although the Maternal and Child Health (KIA) Handbook is widely promoted in Indonesia to support maternal knowledge, child growth monitoring, and stunting prevention, evidence comparing predisposing factors influencing its utilization between urban and rural settings remains limited. This study aimed to determine the relationship between maternal predisposing factors and KIA Handbook utilization in urban and rural areas of South Sulawesi Province. A quantitative analytical observational study with a cross-sectional design was conducted from January to February 2025 among 126 mothers in the urban catchment area of Kassi Kassi Community Health Center, Makassar City, and 113 mothers in the rural catchment area of Bontoa Community Health Center, Maros Regency. Respondents were selected using purposive sampling, and data were analyzed using univariate and bivariate analyses. KIA Handbook utilization was higher in rural than in urban areas. In urban areas, attitude ($p<0.001$) and age ($p=0.031$) were significantly associated with handbook utilization, whereas knowledge ($p=0.066$) and education ($p=0.215$) were not. In rural areas, knowledge ($p<0.001$), attitude ($p<0.001$), and age ($p=0.044$) were significantly associated with utilization, while education was not ($p=0.091$). These findings support context-specific maternal health interventions that strengthen knowledge in rural communities and promote positive attitudes toward KIA Handbook utilization across both settings.

ABSTRAK

Meskipun Buku Kesehatan Ibu dan Anak (KIA) telah dipromosikan secara luas di Indonesia untuk mendukung peningkatan pengetahuan ibu, pemantauan pertumbuhan anak, dan pencegahan stunting, bukti yang membandingkan faktor-faktor predisposisi yang memengaruhi pemanfaatannya antara wilayah perkotaan dan perdesaan masih terbatas. Penelitian ini bertujuan untuk mengetahui hubungan antara faktor predisposisi ibu dan pemanfaatan Buku KIA di wilayah perkotaan dan perdesaan di Provinsi Sulawesi Selatan. Penelitian kuantitatif dengan pendekatan observasional analitik dan desain potong lintang dilaksanakan pada Januari hingga Februari 2025 terhadap 126 ibu di wilayah kerja Puskesmas Kassi Kassi, Kota Makassar, sebagai wilayah perkotaan, serta 113 ibu di wilayah kerja Puskesmas Bontoa, Kabupaten Maros, sebagai wilayah perdesaan. Responden dipilih menggunakan teknik purposive sampling, dan data dianalisis secara univariat dan bivariat. Pemanfaatan Buku KIA lebih tinggi di wilayah perdesaan dibandingkan wilayah perkotaan. Di wilayah perkotaan, sikap ($p<0,001$) dan usia ($p=0,031$) berhubungan signifikan dengan pemanfaatan Buku KIA, sedangkan pengetahuan ($p=0,066$) dan pendidikan ($p=0,215$) tidak menunjukkan hubungan yang signifikan. Di wilayah perdesaan, pengetahuan ($p<0,001$), sikap ($p<0,001$), dan usia ($p=0,044$) berhubungan signifikan dengan pemanfaatan Buku KIA, sedangkan pendidikan tidak menunjukkan hubungan yang signifikan ($p=0,091$). Temuan ini mendukung perlunya intervensi kesehatan ibu yang disesuaikan dengan konteks wilayah, khususnya melalui penguatan pengetahuan di masyarakat perdesaan serta peningkatan sikap positif terhadap pemanfaatan Buku KIA di kedua wilayah.

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INTRODUCTION

Stunting remains a major public health challenge in Indonesia because of its long-term consequences for child growth, cognitive development, educational attainment, and future productivity. Although substantial progress has been made, the burden remains considerable. In 2020, Indonesia was reported to have one of the highest stunting prevalences in Asia, at approximately 30.8% (UNICEF et al., 2021). The 2023 Indonesian Health Survey subsequently reported a national stunting prevalence of 21.5%, which remained substantially above the national development target of 14% for 2024 (Survei Kesehatan Indonesia, 2023). Geographic disparities further complicate stunting prevention. Children living in rural areas have been reported to face a greater risk of stunting than those living in urban areas, with an adjusted odds ratio of 1.450 (95% CI: 1.447–1.452) (Sudikno et al., 2021). These differences indicate that interventions addressing stunting should consider not only nutritional and health determinants but also variations in maternal knowledge, attitudes, access to health information, and health-service utilization between urban and rural communities.

South Sulawesi represents an important setting for such interventions because its stunting prevalence remains relatively high. The 2023 Indonesian Health Survey reported a prevalence of 27.4% in the province (Survei Kesehatan Indonesia, 2023). One potentially modifiable determinant is the effective utilization of the Maternal and Child Health (KIA) Handbook. Developed through collaboration between the Indonesian Ministry of Health and the Japan International Cooperation Agency, the KIA Handbook integrates essential information and health records covering pregnancy, childbirth, infancy, child growth, development, nutrition, immunization, and disease prevention. Its formal role was strengthened through Decree of the Minister of Health of the Republic of Indonesia Number 284/Menkes/SK/III/2004, which established the handbook as a guide and health record for mothers and children (Salsabilla, 2022). Therefore, the handbook can function not merely as a recording instrument but also as a practical health-education intervention supporting appropriate maternal and child-care practices.

Despite its potential, utilization of the KIA Handbook remains suboptimal. Nationally, 17.5% of pregnancy-history records were incomplete and 4.0% were missing, 21.2% of newborn-history records were incomplete, and 38.1% of developmental-monitoring records were incomplete while 29.1% were missing. Furthermore, 25.6% of children did not use the KIA Handbook as a source of growth and development information, 56.9% had incomplete basic immunization, and 7.3% had received no immunization (Survei Kesehatan Indonesia, 2023). Similar problems occur in South Sulawesi, where 21.2% of pregnancy histories were incomplete, 5.5% were missing, 37.5% of developmental-monitoring sections were incomplete, and 32.0% were missing. In addition, 30.1% of children did not utilize the handbook as a source of growth and development information, while 61.8% had incomplete basic immunization and 6.2% had not been immunized (Survei Kesehatan Indonesia, 2023). Strengthening active KIA Handbook utilization is therefore an important health-intervention strategy for improving maternal knowledge, attitudes, preventive practices, and regular monitoring of child growth and development.

Maternal knowledge and attitudes are important predisposing factors that may determine whether health information is translated into appropriate childcare practices. The KIA Handbook provides structured information that mothers and families can repeatedly access from pregnancy through early childhood, thereby supporting decisions related to nutrition, breastfeeding, complementary feeding, immunization, growth monitoring, developmental stimulation, and timely use of health services. Its consistent utilization may consequently strengthen parental capacity to recognize growth problems and seek appropriate intervention before nutritional deficiencies become persistent.

Existing evidence supports the relevance of KIA Handbook utilization to stunting prevention. Rohani et al. (2024) reported a statistically significant association between maternal utilization of the KIA Handbook and stunting among toddlers ($p < 0.001$). Similarly, Ngaisyah (2022) found that inappropriate or absent utilization of the handbook was associated with approximately 1.586 times greater risk of stunting. Regular use of the handbook has therefore been proposed as a means of

increasing parental knowledge and skills related to monthly recording and monitoring of child growth and development and strengthening family participation in specific stunting-prevention interventions (Rohani et al., 2024).

Although previous studies have demonstrated associations between KIA Handbook utilization and child nutritional outcomes, evidence comparing the predisposing determinants of handbook utilization across urban and rural settings remains limited. This distinction is important because differences in access to health services, educational opportunities, exposure to health information, and community-health activities may influence maternal knowledge and attitudes and consequently affect how the handbook is used. Given the higher vulnerability to stunting reported among rural children (Sudikno et al., 2021), an intervention strategy based on the KIA Handbook may require context-specific approaches rather than uniform implementation across different geographic settings.

Accordingly, the novelty of this study lies in directly comparing predisposing factors associated with KIA Handbook utilization between urban and rural communities in South Sulawesi Province. The study was conducted from January to February 2025 among 126 respondents in the urban catchment area of Kassi Kassi Community Health Center, Makassar City, and 113 respondents in the rural catchment area of Bontoa Community Health Center, Maros Regency. These sites represented urban and rural settings and were selected from areas with substantial stunting cases. This study aimed to determine and compare the relationship between predisposing factors and KIA Handbook utilization in urban and rural areas, thereby providing evidence for geographically responsive maternal and child health interventions and more targeted strategies for stunting prevention.

METHODS

This study employed a quantitative analytical observational approach with a cross-sectional design to examine the relationship between predisposing factors and the utilization of the Maternal and Child Health (KIA) Handbook in urban and rural areas of South Sulawesi Province. The cross-sectional design was selected because the independent variables and KIA Handbook utilization were assessed at the same point of observation, allowing comparisons of the patterns and associations between predisposing factors and handbook utilization across different residential settings.

The study was conducted from January to February 2025 at two primary healthcare facilities representing urban and rural areas. The urban study site was Kassi Kassi Community Health Center in Makassar City, while the rural study site was Bontoa Community Health Center in Maros Regency. These locations were selected to represent differences in geographical and community characteristics between urban and rural populations and because they served areas with substantial numbers of stunting cases.

The study population consisted of all mothers with children aged <2 years who had received the KIA Handbook since pregnancy and accessed maternal and child health services at Kassi Kassi Community Health Center or Bontoa Community Health Center. Participants were selected using purposive sampling according to the characteristics and eligibility criteria established for the study. The final sample consisted of 239 respondents, comprising 126 mothers from the urban area and 113 mothers from the rural area.

The inclusion criteria were mothers who had children younger than two years of age, had received the KIA Handbook during pregnancy, resided within the service area of the selected community health center, and were available and willing to participate during the data-collection period. Mothers who were unable to complete the questionnaire or who did not provide sufficient information for the variables analyzed were excluded from the final analysis.

Data were collected directly from respondents using a structured questionnaire. The questionnaire was administered to obtain information regarding respondents' characteristics, predisposing factors, and KIA Handbook utilization. Predisposing factors focused on maternal characteristics that could influence the use of maternal and child health information, particularly factors related to mothers' knowledge and attitudes toward the KIA Handbook and maternal and

child health practices. KIA Handbook utilization was assessed based on respondents' use of the handbook as a source of health information and as a guide for monitoring maternal and child health, growth, and development.

Before data collection, eligible respondents were approached at the study sites and informed about the purpose and procedures of the research. Respondents who agreed to participate were asked to complete the questionnaire. The researcher ensured that the questionnaires were completed appropriately and checked the collected data for completeness before data entry. Participation was voluntary, and respondents were informed that the information they provided would be kept confidential and used solely for research purposes. Informed consent was obtained from each respondent before participation.

The collected data were coded, entered, cleaned, and analyzed using Statistical Package for the Social Sciences (SPSS) version 26. Data analysis consisted of univariate and bivariate analyses. Univariate analysis was used to describe the distribution of respondent characteristics, predisposing factors, and KIA Handbook utilization in urban and rural areas. The results were summarized using frequencies and percentages and presented in tables to facilitate comparison between the two study settings. Bivariate analysis was performed to assess the relationship between the predisposing factors and KIA Handbook utilization separately in urban and rural populations. Statistical findings were interpreted based on the resulting measures of association and statistical significance to identify factors associated with KIA Handbook utilization and differences in these relationships between urban and rural areas.

RESULTS AND DISCUSSION

Table 1 shows that the utilization of the MCH Handbook was relatively balanced overall, with 51.05% of respondents categorized as underutilizing it and 48.95% utilizing it. Underutilization was more common in urban areas (56.3%), while utilization was higher in rural areas (54.9%). Most respondents had a high level of knowledge (54.4%), a positive attitude (61.9%), and were aged ≥25 years (54.4%). Regarding education, 53.1% had higher education overall, although low education was more common among rural respondents (61.0%).

Table 1
Frequency Distribution of Study Variables

Variable	Urban n	Urban %	Rural n	Rural %	Total n	Total %
Utilization of the MCH Handbook						
Underutilization	71	56.3	51	45.1	122	51.05
Utilization	55	43.7	62	54.9	117	48.95
Total	126	100	113	100	239	100
Level of Knowledge						
Low knowledge	54	42.9	55	48.7	109	45.6
High knowledge	72	57.1	58	51.3	130	54.4
Total	126	100	113	100	239	100
Level of Attitude						
Negative	43	34.1	48	42.5	91	38.1
Positive	83	65.9	65	57.5	148	61.9
Total	126	100	113	100	239	100
Age Group						
<25 years	54	42.9	55	48.7	109	45.6
≥25 years	72	57.1	58	51.3	130	54.4
Total	126	100	113	100	239	100
Level of Education						
Low education	43	34	69	61	112	46.9
Higher education	83	66	44	39	127	53.1

Table 2
Relationship of Knowledge, Attitude, Age Group, and Education Level with Utilization of the MCH Handbook

Variable	Category	Underutilization n	Underutilization %	Utilization n	Utilization %	Total n	p-value
Knowledge Level							
Urban	Low	36	66.7	18	33.3	54	0.066
	High	35	48.6	37	51.4	72	
Rural	Low	42	76.4	13	23.6	55	<0.001
	High	9	15.5	49	84.5	58	
Attitude Level							
Urban	Negative	34	79.1	9	20.9	43	<0.001
	Positive	37	44.6	46	55.4	83	
Rural	Negative	37	77.1	11	22.9	48	<0.001
	Positive	14	21.5	51	78.5	65	
Age Group							
Urban	<25 years	24	44.4	30	55.6	54	0.031
	≥25 years	47	65.3	25	34.7	72	
Rural	<25 years	19	34.5	36	65.5	55	0.044
	≥25 years	32	55.2	26	44.8	58	
Education Level							
Urban	Low	28	65.1	15	34.9	43	0.215
	High	43	51.8	40	48.2	83	
Rural	Low	36	52.2	33	47.8	69	0.091
	High	15	34.1	29	65.9	44	

Table 2 showed a p-value of 0.066 > a = 0.05, indicating no significant relationship between the level of knowledge and the utilization of KIA books in urban areas. Meanwhile, in rural areas, the p-value was 0.000 < a = 0.05, indicating a significant relationship between the level of knowledge and the utilization of KIA books in rural areas. The results of this study show significant differences between urban and rural areas: no relationship was found between knowledge level and KIA handbook utilization in urban areas, while a relationship was found in rural areas. In urban areas, high knowledge is not always due to KIA handbook utilization. This is because urban residents tend to seek maternal and child health (KIA) information through the internet and social media, which are considered more practical. Furthermore, some urban residents tend to ask midwives and health workers directly during integrated health post (Posyandu) visits.

The results of the urban study align with research conducted by Istiqamah in 2024. The chi-square statistical test yielded a p-value of 1.000, indicating a p-value >0.05, indicating no relationship between knowledge level and KIA handbook utilization in the Bontomarannu Community Health Center (UPT) work area (Istiqamah et al., 2024). Mothers' knowledge of the KIA Handbook does not always correlate with its use. A thorough understanding does not guarantee optimal utilization, and vice versa. This is because awareness of the significance of the information contained in the handbook is the primary driver of utilization, not simply knowledge level (Hasanah & Susanti, 2023).

Unlike urban areas, rural areas demonstrate a relationship between knowledge level and KIA handbook utilization. Respondents with high levels of knowledge in villages tended to use the KIA handbook more frequently as a primary source of information. Conversely, respondents with low levels of knowledge utilized the KIA handbook less frequently, mostly relying on information from family traditions passed down through generations, while others had difficulty understanding the standard language used in the handbook.

The results of the village study align with research conducted by Wijiyanti in 2024. The chi-square test yielded a p-value of 0.000, indicating a p-value <0.05, indicating a relationship between knowledge level and the use of the KIA handbook in the Sungai Jingah Community Health Center in Banjarmasin (Wijiyanti et al., 2024). Mothers with limited knowledge of the KIA Handbook tend to have

low awareness of its importance, resulting in suboptimal utilization. This is due to the limited information received or difficulty understanding and applying the KIA Handbook's contents (Guntara et al., 2024). Mothers with low knowledge tend to be unaware of the KIA Handbook's function as a tool for monitoring child and pregnancy health, resulting in less use due to lack of direct benefits. Conversely, mothers with better knowledge are more active in accessing health services, including utilizing the KIA Handbook, as part of efforts to maintain family health (Wardiati & Rifiqoch, 2023).

Table 2 show a p-value of 0.000 < a = 0.05, indicating a significant relationship between attitudes and the use of KIA books in urban areas. Meanwhile, in rural areas, the p-value is 0.000 < a = 0.05, indicating a significant relationship between attitudes and the use of KIA books in rural areas. Both regions showed a significant relationship between positive maternal attitudes and the use of the KIA Handbook. Mothers with positive attitudes tended to use the handbook more frequently. Conversely, mothers with negative attitudes toward the KIA Handbook tended to seek maternal and child health information from other sources, such as the internet, midwives, integrated health post (Posyandu) cadres, or family, as they considered the KIA Handbook not the sole reference.

This aligns with research conducted by Ambarita in 2022. A chi-square test yielded a p-value of 0.031, indicating a p-value <0.05, indicating a relationship between attitude and KIA Handbook use in the Saitnihuta Community Health Center (Puskesmas) work area (Ambarita et al., 2022). Mothers' attitudes toward the KIA Handbook significantly influenced the frequency and effectiveness of its use. Positive attitudes, such as acceptance of its benefits, belief in the importance of the information, and willingness to follow recommendations, encouraged mothers to use the handbook more actively (Istiqamah et al., 2024). Guntara's 2024 study found that mothers' positive attitudes, closely linked to trust in health services, influenced the use of the KIA Handbook. Mothers with positive experiences tended to be more motivated to continue using the KIA Handbook as a vital tool in child care (Guntara et al., 2024).

Table 2 showed a p-value of 0.031 < a = 0.05, indicating a significant relationship between age and the use of KIA books in urban areas. Meanwhile, in rural areas, the p-value was 0.044 < a = 0.05, indicating a significant relationship between age and the use of KIA books in rural areas. Both regions showed a significant relationship between maternal age and utilization of the KIA Handbook. Mothers aged <25 years tended to be more active in utilizing the KIA Handbook due to their lack of experience in maternal and child health (MCH) issues. Conversely, mothers aged 25 years or older, who generally had previous childcare experience, tended to utilize the KIA Handbook less.

This aligns with research conducted by Lestari & Masluroh in 2025. The chi-square test yielded a p-value of 0.004, indicating a p-value <0.05, indicating a relationship between age and utilization of the KIA Handbook at the Integrated Health Service Post (Posyandu) in Sukahaji Village, Sukawening District, Garut Regency (Lestari & Masluroh, 2025). Pregnant women around 20 years of age tend to be more proactive in utilizing the KIA Handbook. At this age, awareness of the importance of health monitoring during pregnancy, especially for first pregnancies, is strong. They view the KIA Handbook as an essential guide for monitoring pregnancy conditions and a source of initial information on future infant and child care. Conversely, more experienced pregnant women tend to utilize the KIA Handbook less intensively, believing they already possess knowledge from previous pregnancies. However, the KIA Handbook provides an essential ongoing health record, not only during pregnancy but also covering information on child growth and development, immunizations, feeding, and important aspects of early childhood care. Therefore, use of the KIA Handbook ideally continues throughout childhood to ensure optimal health and growth (Napitupulu et al., 2018).

Table 2 showed a p-value of 0.215 > a = 0.05, indicating no significant relationship between education level and the use of KIA books in urban areas. Meanwhile, in rural areas, the p-value was 0.091 > a = 0.05, indicating no significant relationship between education level and the use of KIA books in rural areas.

Both regions showed no significant relationship between education level and utilization of the KIA Handbook. Mothers with low education in both regions tended to underutilize the KIA Handbook, either due to a lack of understanding of its importance or difficulty understanding standard language in rural areas. Interestingly, highly educated mothers in urban areas also tended to underutilize the KIA

Handbook, preferring to seek more detailed KIA information online. Conversely, highly educated mothers in rural areas utilized the KIA Handbook more frequently.

This aligns with research conducted by Irwanto in 2019, where the chi-square test yielded a p-value of 0.182, indicating a p-value >0.05, indicating no relationship between education level and KIA Handbook utilization in Surabaya (Irwanto et al., 2019). A person's formal education level and reading ability do not guarantee utilization of the KIA Handbook, even though it is an official and standardized document. A more relevant factor influencing KIA Handbook utilization is health literacy. According to the definition in MeSH (Medical Subject Headings), health literacy is an individual's ability to obtain, process, and understand basic health information and services to make informed health decisions. Therefore, even someone with a high level of education and good reading skills, if they lack adequate health literacy, will likely not utilize the MCH Handbook optimally to make decisions about their own and their children's health (Irwanto et al., 2019).

CONCLUSION

This study demonstrates that KIA Handbook utilization differs between urban and rural settings in South Sulawesi, with higher utilization observed among mothers in rural areas. Knowledge was significantly associated with KIA Handbook utilization in rural areas but not in urban areas, whereas maternal attitudes and age were associated with utilization in both settings. In contrast, educational level was not associated with KIA Handbook utilization in either urban or rural areas. These findings indicate that geographic context influences the role of predisposing factors in maternal engagement with the KIA Handbook. Health interventions should therefore prioritize strengthening maternal knowledge, particularly in rural communities, while promoting positive attitudes toward consistent handbook utilization in both settings. Context-specific health education and counseling through community health centers may enhance the KIA Handbook's function as a practical tool for maternal and child health promotion, growth monitoring, and stunting prevention. Future studies should investigate enabling and reinforcing factors and employ longitudinal designs to clarify pathways influencing sustained KIA Handbook utilization.

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AUTHORS' CONTRIBUTION

Andi Hajra Zalwania Poetri: Conceptualization, methodology, data analysis, and manuscript preparation. Dian Ihwana Ansyar: Supervision and interpretation of the research findings. Nur Rahmah: Data collection and manuscript review. All authors contributed to the critical revision of the manuscript, reviewed the final version, and approved the manuscript for publication.

COMPETING INTEREST

The author(s) declare no potential conflict of interest with respect to the research, authorship, or publication

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