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論 文 内 容 の 要 旨

Maternal and newborn health remains a problematic issue all over the world. Each year, about 350,000 deaths of women are attributed to unsafe pregnancies and deliveries, and around 3.1 neonatal deaths occur during the first 28 days after delivery. More than 98% of maternal and neonatal deaths took place in developing countries like Indonesia. In 2008, maternal mortality ratio in Indonesia is 228 per 100,000 live births and neonatal mortality rate is 19 per 1,000 live births.

WHO, UNICEF and UNFPA identify that most of maternal and neonatal deaths are preventable.

Many previous studies revealed that the lack of information on maternal and newborn care practices was one of the affecting factors which lead high mortality during pregnancy, delivery and newborn. Antenatal education is widely recognized as an effective intervention to mothers in many developed countries. Indonesia as a developing country, has been promoting antenatal education as a mother class. Mother classes utilized maternal and child health (MCH) handbook as the main reference material not only for mothers but also to health care providers.

The general objective of this study was to investigate the effect of mother class intervention to knowledge and practice on pregnancy and newborn care in Banten Province, Indonesia. More specifically, the study aimed to examine the change of knowledge on pregnancy and newborn care before and after the intervention of mother class, to analyze how demographic factors influence practice on pregnancy and newborn care, to identify the influence of traditional belief on the practice of pregnancy and newborn care, and to analyze the role of health providers.

This study was undertaken in Tangerang Selatan District, Banten Province, where is bounded by Jakarta, a capital city of Indonesia. A mixed method approach which emphasized on qualitative data and supported by qualitative data was carried out. An intervention study using pre and post test was conducted utilizing a structured questionnaire by interviewing 427 pregnant mothers living in target areas. They were recruited and divided into two groups; as an intervention group ($n = 214$) who attended mother class and a control group ($n = 213$) who had not. Mother class was facilitated by midwives. Each session lasted 80-120 minutes, with around 15 mothers participating.

The same mothers were interviewed with similar questions on knowledge and practice during pregnancy and newborn before and after the intervention. Questions on newborn care practices were asked only for mothers with babies. A home visit followed the intervention study to assess newborn care practices in 2010 and 2011. In-depth interviews were conducted to 13 mothers, who were selected purposively from the participants completed the intervention study. Two health personnel were also interviewed.

The results of this study showed that mothers who had attended mother class had significantly higher knowledge and showed appropriate practice in maternal and newborn care than mother who had not attended mother class; mother's knowledge of danger signs during pregnancy and delivery ($p < 0.001$) and mother's knowledge of how to tackle those danger signs ($p < 0.001$), breastfeeding initiation ($p < 0.005$), hepatitis B immunization ($p < 0.05$), recognition ($p < 0.001$), and tackling of danger signs in newborn ($p < 0.001$). A multivariate analysis demonstrated that mother class has a significant effect on newborn care practices. Mothers in the intervention group had the likelihood of practicing appropriate newborn care compared to the

control group. A gap between respondents' knowledge and actual practices was also found.

The health care provider played an important role in encouraging mothers to practice good pregnancy and newborn care. Mothers emphasized that they tend to follow the suggestions from health care provider, such as midwives and doctors. Both mothers and health care provider have positive perception on mother class. The health care provider acknowledged that mother class implementation is a good effort to urge mothers to be more knowledgeable. Furthermore, it made their work easier, especially in enhancing good health practices among mothers. However, time constraint and limited number of health personnel were potential barriers in implementing optimum mother class.

Traditional belief has an influence in the practice of pregnancy and newborn care. Carrying a talisman (*jimat*) during pregnancy and for the newborn baby, and not going outside for 40 days after delivery were the beliefs which were observed by the mothers. They believed it will protect them from evil spirits. Mothers also had a strong belief on giving honey to newborn baby which is influenced mainly by Islamic custom. The traditional belief can co-exist with the local health program as long as there is no harmful consequence. There is no need to push mother to stop practicing the traditional belief if it does not bring disadvantages to human health.

Mother class enables mothers to freely share what they think and ask what they want to know. This is difficult to do in routine antenatal care because mothers may hesitate to ask many questions in a clinical setting in which they are 'patients' to the health care providers. However, the setting of mother class could promote the mutual communication between health care providers and mothers. Therefore, providing mother class could be a method that actively allows mothers to engage in appropriate health behavior for their babies and themselves. This study revealed that mother class increased mother's knowledge and change behaviors for maternal and newborn care, which are one of the most urgent issues in many developing countries including Indonesia. Mother class is expected to be expanded to other areas in order to improve the quality of maternal and newborn health care.

This study was the first research on analyzing the effect of mother class using a quasi experimental design in an urban setting in Indonesia. The same mothers were followed from pregnancy period until the baby was born during the study. This study was interesting because it revealed that mother class is an effective method in promoting good practices for newborn care. Therefore, change in practice is important following the WHO data that 40% of under-five children deaths occur during neonatal period. It is essential to enhance good practices of newborn care among mothers in order to reduce neonatal deaths.

論文審査の結果の要旨

本論文は、インドネシアのバンテン州で実施した母親学級プログラムの介入調査に基づき、母親学級が妊娠婦ケアおよび新生児ケアの知識と行動に及ぼす影響を明らかにしたものである。インドネシアでは、 ASEAN諸国と比較しても非常に高い妊娠婦死亡率の減少をめざして、母子健康手帳を導入し、同時に健康教育の場として母親学級の普及を開始した。本研究では、バンテン州南タンゲラン郡において、妊娠中の母親に対して構造化質問紙調査を実施し、その後母親学級を受けた介入群（214名）と母親学級を受けなかった対照群（213名）に対して出産後に自宅訪問を行い、構造化質問紙調査を実施した。また、母親学級に参加した母親13名と母親学級を助産師2名に対して、インタビュー調査を行った。

その結果、母親学級を受けた母親は、受けていない母親に比較して、妊娠中および新生児ケアに関する知識が有意に向上し、母乳開始の時期（ $p<0.005$ ）やB型肝炎の予防接種（ $p<0.05$ ）という行動変容を生じていた。また、同時に、妊娠や出産にまつわる伝統的な信念が根強く残っていることも明らかとなった。妊娠健診のような臨床的場面とは異なる母親学級において、母子保健サービス提供者と利用者の間に相互交流が生じ、母親の行動変容につながっていた。

インドネシアの母親学級が妊娠中および新生児ケアに及ぼす効果を実証することにより、妊娠婦および新生児の健康の改善というミレニアム開発目標に直結する保健施策に関する研究に新しい視座を提示することができた。本研究の独自性と有用性はインドネシア国内のみならず国際的にも高く評価されており、博士（人間科学）の学位授与にふさわしいと判断された。

今後は、先行文献をより批判分析的に読み込むことにより、他の途上国にも応用可能な普遍性をもつ本研究成果の新たな展開に期待したい。