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EVALUATION OF THE USE OF THE MATERNAL AND CHILD HEALTH (MCH) HANDBOOK AND THE DEVELOPMENTAL PRE-SCREENING QUESTIONNAIRE FOR MONITORING CHILD DEVELOPMENT AT BAITUSSALAM COMMUNITY HEALTH CENTER, ACEH BESAR

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ABSTRACT
Growth and development are continuous processes that encompass physical growth and the development of a child's abilities. The Maternal and Child Health (MCH) Handbook (Buku KIA) serves as an important tool for monitoring child growth and development from birth to six years of age through documentation, education, communication, and early detection of developmental disorders. However, mothers' use of the MCH Handbook to monitor child development remains suboptimal. Objective: This study aimed to assess and evaluate the use of the MCH Handbook in monitoring the development of children aged 0–6 years in the working area of Baitussalam Community Health Center, Aceh Besar. Methods: This was a descriptive observational study with a quantitative approach and a cross-sectional design. The study population consisted of mothers with children aged 0–6 years who used the MCH Handbook. A sample of 94 respondents was selected through purposive random sampling. The research instruments included a questionnaire on MCH Handbook use and the Developmental Pre-Screening Questionnaire (Kuesioner Pra Skrining Perkembangan, KPSP). Data were analyzed univariately using frequency and percentage distributions. Results: Independent monitoring of child health by mothers was in the good category for 55 respondents (58.5%), maternal knowledge of child growth and development was good for 60 respondents (63.8%), and MCH Handbook use was good for 78 respondents (83.0%). KPSP results showed that most children had age-appropriate development. Conclusion: The use of the MCH Handbook in monitoring child development at Baitussalam Community Health Center, Aceh Besar, was classified as good and plays a role in supporting the monitoring of growth and development as well as the early detection of developmental disorders in children.
Keywords: *KPSP, early detection, maternal knowledge, toddlers*

INTRODUCTION

Growth and development in children are continuous processes that take place from birth to adulthood, encompassing not only physical growth but also the progressive maturation of social, emotional, and functional abilities. This developmental trajectory is shaped by complex interactions among various factors, including genetic predisposition, environmental conditions, overall health status, and the type and consistency of stimulation that children receive throughout their early years of life. Genetic factors determine the basic growth potential, while environmental influences—ranging from nutrition and sanitation to family dynamics and socioeconomic conditions—determine the extent to which that potential is realized. Health status, including the presence or absence of disease and access to timely medical care, also affects the pace and quality of development.

Among these determinants, stimulation stands out as a modifiable and highly influential factor: appropriate and sustained stimulation plays an important role in supporting brain function and neural connectivity, enabling motor, language, social, and self-help abilities to develop optimally in line with the child's developmental stage.[2] Because these abilities build cumulatively on one another, delays or deficits at one stage can have cascading effects on

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subsequent developmental achievements, underscoring the importance of early and continuous attention to child development.

Routine and systematic monitoring of child growth and development should therefore begin as early as possible, as a proactive strategy for the early detection of growth disorders or developmental delays. This is particularly important given that the early period of life is a phase of very rapid brain cell development a "window of opportunity" during which neural pathways form at high speed. The quality of stimulation and caregiving received during this period has a profound and lasting influence on an individual's cognitive capacity, emotional regulation, and overall quality of life in later years (Fuadia, 2022). Missed or delayed detection during this critical window may result in developmental deficits that are far more difficult, and in some cases impossible, to fully correct later in life. This reality underscores the importance of accessible, low-cost, community-based tools that empower parents—particularly mothers, who are generally the primary caregivers to actively monitor and support their children's development from infancy.

Maternal and Child Health (MCH) remains one of the main priorities on Indonesia's national health development agenda. As a central component of this program, the Maternal and Child Health Handbook (Buku KIA, hereafter the MCH Handbook) serves both as a documentation tool and as an educational medium, designed to support the delivery of health information to mothers and children, with the ultimate goal of reducing maternal and child morbidity and mortality.[4] The MCH Handbook is a comprehensive record containing a wide range of health information, from the mother's condition during pregnancy, childbirth, and the postpartum period to the child's health status from the prenatal period up to six years of age. Given this broad scope and continuity of documentation, the MCH Handbook plays an irreplaceable role in the continuous monitoring of maternal health and of child growth and development over time.[5] In addition to serving as a recording instrument, the MCH Handbook also acts as an important educational resource for families, providing practical guidance on age-appropriate developmental stimulation techniques that parents can apply at home. In this capacity, the MCH Handbook makes a meaningful contribution to improving overall maternal and child health by ensuring that accurate, accessible, and actionable health information reaches the household level. The MCH Handbook contains a specific instrument for monitoring child development, namely the Developmental Pre-Screening Questionnaire (Kuesioner Pra Skrining Perkembangan, KPSP). This tool serves as an early detection instrument that allows caregivers and health workers to assess whether a child's development is proceeding in accordance with his or her age group. However, the effectiveness of the KPSP as a screening tool is not automatic; it depends heavily on the mother's ability to read the instructions correctly, complete the questionnaire accurately, and interpret and act on the screening results meaningfully as a basis for the continuous monitoring of child growth and development. Without adequate maternal understanding, even a well-designed screening instrument such as the KPSP may fail to achieve its purpose of early identification and timely intervention.

The global burden of child mortality further underscores the urgency of strengthening these monitoring efforts. According to the World Health Organization (WHO), the global neonatal mortality rate has declined by 44% since 2000; nevertheless, deaths in the neonatal period remain a significant public health problem. Notably, approximately 47% of all deaths among children under five years of age occurred within the first 28 days of life in 2022, highlighting the neonatal period as a particularly vulnerable window.[9] In Indonesia, the Infant

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Mortality Rate (IMR) in 2023 remained at 8 per 1,000 live births, with birth asphyxia identified as one of the leading causes of neonatal death—282 cases were recorded in Banten Province in 2020 alone.[10] On a more encouraging note, national coverage of Early Initiation of Breastfeeding (EIBF) reached 73.06% in 2023, with Aceh Province recording the highest coverage nationally at 97.31%. Nevertheless, infant mortality remains a serious concern within Aceh itself: Aceh Besar Regency recorded the highest number of infant deaths in the province, with 72 cases per 1,000 live births in 2020, mostly attributable to low birth weight (LBW). Taken together, these regional and national data reinforce the importance of the MCH Handbook as a tool for mothers of infants and toddlers, serving simultaneously as a source of health education and as a mechanism for the early detection of health problems in children.

This study is in line with the findings of Oktafiani et al. (2026), who showed that most mothers had used the MCH Handbook to monitor their children's health and development, although some respondents had not used it optimally—indicating a positive relationship in which more effective use of the MCH Handbook is associated with more optimal monitoring of child growth and development. Based on this evidence, this study aimed to evaluate the use of the MCH Handbook and the KPSP in monitoring child development at Baitussalam Community Health Center, Aceh Besar, given the persistent gap between the availability of these instruments and their optimal use in the community.

RESEARCH METHODOLOGY

This was a descriptive observational study with a quantitative approach using a cross-sectional design. The study was conducted in the working area of Baitussalam Community Health Center, Aceh Besar, from April to May 2026. The study population comprised all mothers with children under five at Baitussalam Community Health Center, totaling 1,613 individuals during the study period. The sample size was calculated using the Slovin formula with a 10% margin of error, yielding a sample of 94 respondents selected through purposive random sampling.

The inclusion criteria were mothers who had an MCH Handbook for a child aged 0–6 years, who used the MCH Handbook to monitor their child's growth and development, and who were willing to participate as respondents. The exclusion criteria were mothers who did not have an MCH Handbook and those who were unwilling to participate as respondents. The independent variable in this study was child development, while the dependent variable was the evaluation of MCH Handbook and KPSP use for monitoring child development.

Data were collected as primary data through questionnaires on MCH Handbook use and the KPSP, which were distributed directly to respondents who met the inclusion criteria. The validity and reliability of the research instruments were tested at Krueng Barona Jaya Community Health Center on 30 respondents; items were considered valid if the significance value was < 0.05, and the instrument was considered reliable if Cronbach's alpha was > 0.60. Data processing was carried out through the stages of editing, coding, data entry, and tabulation, followed by univariate analysis to describe the frequency and percentage distribution of each variable. This study observed research ethics, including obtaining permission from the relevant authorities and maintaining the confidentiality of respondents' identities.

RESULT AND DISCUSSION

Use of the MCH Handbook in Monitoring Child Development

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The results of this study show that most mothers at Baitussalam Community Health Center owned an MCH Handbook, brought it to every visit to the posyandu (integrated health service post) or community health center, understood the importance of the MCH Handbook for monitoring child growth and development, and were willing to use it regularly. This pattern of engagement is encouraging, as it indicates that ownership of the MCH Handbook in this population has translated into meaningful and routine use rather than merely passive or symbolic possession. The fact that mothers consistently brought the handbook to every health facility visit further suggests that they recognized its practical function as a continuous health record, not simply a document kept after childbirth. This behavior reflects a broader awareness among respondents that monitoring child growth and development is an ongoing process requiring routine documentation, rather than a one-time event limited to the immediate postnatal period.

This finding is consistent with the study by Vika et al. (2025), which stated that the MCH Handbook, when properly read and understood, can be an accurate and reliable source of information for mothers seeking guidance on their child's health status.[45] Vika and colleagues further emphasized that the accuracy and usefulness of the MCH Handbook as a source of information are not automatic; they depend heavily on the extent to which mothers are able to understand its contents. This underscores the need for health workers and community health cadres to play an active and sustained role in improving maternal knowledge through structured education, counseling, and practical demonstrations during posyandu activities. Without this educational reinforcement, even a well-designed and comprehensive MCH Handbook may fail to achieve its purpose, as mothers may possess the physical document without fully understanding how to interpret or apply the information it contains.

Similar results were reported by Marbun et al. (2024), who found that the use of the MCH Handbook was effective in improving the health knowledge of pregnant women and of mothers of infants and toddlers. Their findings reinforce the notion that the MCH Handbook functions as more than a static record; it acts as a dynamic educational tool capable of strengthening maternal health literacy across the various stages of the reproductive and child development continuum, from pregnancy to early childhood.

This study is also in line with the findings of Pramesti et al. (2025) and Rahim et al. (2025), who showed that the MCH Handbook serves not only as a recording tool but also as a medium of communication and education between health workers and families. These researchers also established that mothers' active participation in posyandu activities is closely associated with more optimal use of the MCH Handbook, suggesting that community-based health platforms help strengthen maternal engagement with the document over time. This relationship indicates that interventions aimed at increasing posyandu attendance may contribute indirectly, yet meaningfully, to improving MCH Handbook use.

Conversely, this study is not in line with the findings of Sinaga et al. (2022) and Oktavia and Mariyani (2023), who reported a stronger and more direct relationship between maternal knowledge, MCH Handbook use, and child developmental outcomes than was found in the present study. This discrepancy may be attributable to several contextual factors, including differences in respondent characteristics such as age distribution and parity, variation in educational levels across sample populations, differences in access to health information across study sites, and the extent to which health workers were actively involved in providing education and guidance to mothers in each area. Such contextual variation is not uncommon in public health research and underscores the importance of interpreting cross-study comparisons with appropriate caution.

Overall, the high level of MCH Handbook use found in this study indicates that mothers in the Baitussalam working area had adequate access to essential child health information, including growth monitoring parameters, immunization schedules, and completion of the KPSP as an early detection instrument for identifying developmental problems. Importantly, this access appears to be strongly influenced by the extent of mothers' knowledge of the functions

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and benefits of the MCH Handbook itself, suggesting a mutually reinforcing relationship between knowledge and use. Mothers who understand the importance of the MCH Handbook tend to use it more consistently and effectively, which further underscores the importance of sustained, practical maternal education as a foundation for optimizing child health monitoring practices at the community level.

Child Development Based on the KPSP

The KPSP results across the 16 age groups examined in this study show that child development was generally in the age-appropriate category, indicating that most children in the sample were developing in accordance with the expected developmental milestones for their respective ages. This generally favorable pattern had two notable exceptions: the 21-month age group, most of whom were classified as questionable, and the 66-month age group, most of whom were classified as delayed. These two age groups stand out as areas requiring further clinical attention, as they deviate from the general trend of age-appropriate development observed in the rest of the sample. The concentration of questionable and delayed classifications at these particular ages may reflect transitional developmental phases in which children are expected to acquire more complex motor, language, or social skills, making them more susceptible to being classified as atypical if stimulation or environmental support was inadequate in the preceding months.

This finding is consistent with the study by Safitri et al. (2024), which stated that the use of the KPSP can significantly improve maternal adherence in monitoring child development.[53] According to their study, when mothers are equipped with a structured and easy-to-use screening tool such as the KPSP, they become more consistent and engaged in monitoring their child's development over time. This improved adherence, in turn, has a positive impact on the quality of stimulation and caregiving practices provided at home, as mothers who routinely assess their child's development are better able to identify specific areas requiring additional attention and to adjust their caregiving approach. In this respect, the KPSP functions not only as a diagnostic instrument but also as a behavioral catalyst that encourages more responsive and informed caregiving.

This relationship is further supported by Zubaeda et al. (2023), who emphasized that inadequate stimulation in early childhood can lead to developmental disorders that are persistent and increasingly difficult to correct if not addressed early.[54] Their findings underscore the time-sensitive nature of developmental intervention, suggesting that delays identified through tools such as the KPSP should prompt swift corrective action rather than a wait-and-see approach. Complementing this perspective, Nurhaida et al. (2025) recommended providing targeted additional stimulation for children with KPSP results in the questionable category, with particular emphasis on three domains: fine motor skills, social skills, and self-help.[55] This recommendation aligns closely with the pattern observed in the present study, particularly in the 21-month age group, where the predominance of questionable classifications suggests that additional stimulation efforts targeting these specific domains could be highly beneficial.

However, this study is not in line with the findings of Rofi'ah et al. (2025) and Ibrahim et al. (2024), both of which emphasized a statistically significant effect of maternal adherence and KPSP use on overall child developmental outcomes. The difference between their findings and the results of the present study may be due to several factors, including variation in respondent characteristics across different study populations, as well as other influential variables such as parenting style, the type and consistency of stimulation provided, the child's underlying health status, and broader aspects of the family environment. These factors are known to interact in complex ways and may independently affect screening results for each child, regardless of how consistently the KPSP itself is administered. This suggests that although maternal adherence to KPSP monitoring is certainly important, it should not be regarded as the sole determinant of

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developmental outcomes, but rather as one component within a larger ecosystem of factors influencing child development.

It is also important to consider the structural design of the KPSP itself when interpreting these findings. The KPSP assesses four main aspects of child development, namely gross motor, fine motor, language, and personal-social.[58] This multidimensional design allows the instrument to capture a comprehensive picture of a child's developmental status rather than focusing narrowly on a single domain. Therefore, when developmental delays are identified through this screening process, early intervention becomes crucial to take full advantage of the child's neuroplasticity during this critical period of brain development, including timely referral to appropriate specialists as early as possible based on relevant clinical indications. Routine and regular administration of the KPSP thus enables parents and health workers to systematically determine whether a child's development is age-appropriate and to promptly identify situations requiring additional stimulation or earlier follow-up. Accordingly, consistent and routine completion of the KPSP remains an important practice for supporting optimal child growth and development, serving as a practical bridge between passive observation and proactive, evidence-based developmental support.

CONCLUSION

The use of the Maternal and Child Health (MCH) Handbook in monitoring child development at Baitussalam Community Health Center, Aceh Besar, was classified as good, as reflected in the ability to monitor child health independently (58.5%), maternal knowledge of child growth and development (63.8%), MCH Handbook use (83.0%), and knowledge of the functions and benefits of the MCH Handbook (63.8%), all of which were in the good category. The KPSP results showed that the development of children aged 0–6 years was mostly appropriate for their respective age stages, although children with questionable or delayed classifications were still found in several age groups, particularly at 21 and 66 months, requiring further monitoring and follow-up. It is recommended that mothers and families make more active use of the MCH Handbook as a guide for independently monitoring child growth and development and bring it regularly to health facilities, and that health workers and posyandu cadres strengthen education on the use of the MCH Handbook and the KPSP to support the early detection of developmental disorders in children.

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