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Factors Influencing Pregnant Women's Knowledge Regarding the Utilization of the Maternal and Child Health (MCH) Handbook at PMB Bd. M Bojong Gede in 2025

[1]Tita Oktya*, [2]Mekar Zenni Radhia, [3]Silvia Yolanda [4]Vita Pratiwi
[1]STIKes Pelita Ilmu Depok, Indonesia*; email: titaoktya78@gmail.com
[2]Universitas Sumatra Barat, Indonesia; email: mekarzenniradhia2@gmail.com
[3]STIKes Pelita Ilmu Depok, Indonesia; email: silviayolanda73@gmail.com
[4]STIKes Pelita Ilmu Depok, Indonesia; email: praiwi.vita97@gmail.com
*Correspondence

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Abstract
Introduction: *High-quality maternal and child health services are essential for reducing maternal and child mortality. The Maternal and Child Health (MCH/KIA) handbook can be effective when mothers and families actively learn and apply its guidance in daily life.* ***Objective:*** *To identify factors influencing pregnant women's knowledge regarding the utilization of the MCH handbook at PMB Midwife M, Bojong Gede, during July–August 2025.* ***Method:*** *This survey used a cross-sectional design with total sampling. A total of 55 pregnant women participated. Variables assessed included maternal age, education, occupation, attitude, and other related factors. Data were analyzed using statistical association tests.* ***Results and Discussion:*** *Significant relationships were found between maternal age and knowledge, education and knowledge, maternal occupation and knowledge, and attitude and knowledge regarding MCH handbook utilization. These findings suggest that socio-demographic characteristics and maternal attitudes shape how well pregnant women understand and use the handbook.* ***Conclusion:*** *Four of six examined variables significantly influenced knowledge. Health providers should target mothers with limited understanding to strengthen counseling and promote MCH handbook use across pregnancy, childbirth, postpartum, newborn care, family planning, and child development*

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Introduction

Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) remain important indicators of health development (Ruhayati, 2021). According to the World Health Organization, most maternal and infant deaths can be prevented through early detection of pregnancy risks and improved access and quality of health services (Kurniawati, Sinaga, Sinaga, & Surbakti, 2026); (Ekawati, 2020); (WHO, 2023).

In Indonesia, the Ministry of Health of the Republic of Indonesia has developed the Maternal and Child Health (MCH) Handbook as a recording and health education tool (Mutya Sari & Nurhasanah, 2021); (Oktya, 2025); (Nurjannah & Afriana, 2023). The MCH Handbook contains important information about pregnancy, childbirth, postpartum care, newborn care, immunization, family planning, and child growth and development up to five years of age (Sihombing, Sukatendel, Rangkuti, Mayasari, & Siburian, 2025);(Siregar, Debataraja, & Simamora, 2025); (Ministry of Health RI, 2022).

Through the Ministry of Health and the National Medium-Term Development Plan (RPJMN), the government targeted reducing the MMR to 183 per 100,000 live births and the IMR to 16 per 1,000 live births by 2024 as part of achieving the Sustainable Development Goals (SDGs) 2030 (Ministry of Health RI, 2023).

WHO reported that in 2015 more than 300,000 women died due to pregnancy and childbirth. The MMR reached approximately 200 deaths per 100,000 live births in developing countries, which is 20 times higher than in developed countries. Developing countries accounted for about 78.8% of maternal deaths worldwide. According to ASEAN MMR data (2015), Laos had the highest maternal mortality rate at 197 per 100,000 live births, while Singapore had the lowest at 10 per 100,000 live births. Indonesia recorded 126 deaths per 100,000 live births (Fithiyani, 2017).

The MMR in Indonesia was 305 per 100,000 live births in 2015. The Ministry of Health reported that 90% of maternal deaths occurred during and immediately after childbirth. Direct causes included hypertensive disorders in pregnancy (33.1%), obstetric hemorrhage (27.03%), non-obstetric complications (15.7%), other obstetric complications (12.04%), pregnancy-related infections (6.06%), and other causes (4.81%) (Ministry of Health RI, 2020).

Riskesdas (2018) reported MCH Handbook ownership at 65.9%. However, Lulianthy et al. (2021) found that utilization was not optimal, with the handbook often used only for recording immunizations or weight monitoring. Paramitha (2016) also reported suboptimal utilization, with only 32.86% of mothers showing positive behavior toward using the handbook. A 2022 survey, showed that 93.3% of mothers had good knowledge of the MCH handbook, and 90.9% demonstrated good utilization (Veronika & Nurmiladiah, 2022)

Method

This study used an analytical survey design with a cross-sectional approach. Cross-sectional studies examine the relationship between risk factors and outcomes simultaneously at one point in time (Notoatmodjo, 2014). Data were collected prospectively using questionnaires. The sample consisted of all pregnant women attending PMB Bd. M , totaling 55 respondents during July–August 2025.

Result and Discussion

1. Result

Univariate analysis was used to examine the frequency distribution of respondents and to describe the dependent and independent variables, which were presented in tabular form. The frequency distribution of respondents was categorized according to six variables/characteristics observed in this study, namely: age, education, occupation, gravida, source of information regarding the benefits of the MCH Handbook, and pregnant women's knowledge regarding the utilization of the MCH Handbook in Bojong Gede.

Table 1
Respondent Characteristic (n=55)

Variables	Frequency	Percentage (%)
Knowledge		
Good	50	90.9
Less	5	9.1
Work		
Employed	29	52.7
Unemployed	26	47.3
Education		
Low	18	32.7
Tall	37	67.3
age		
Fertile	45	81.8
Infertile	10	18.2
Parity		
< 3 children	45	81.8
>3 child	10	18.2
resources		
Healthcare worker	55	100
Non-healthcare worker	0	0
Total	**55**	**100**

Based on the table, out of the total 55 respondents observed in this study, 50 respondents (90,9%) were mothers with good knowledge, while the remaining 9,1% had poor knowledge. From these results, it can be concluded that most respondents were pregnant women with a high level of knowledge regarding the utilization of the MCH Handbook. The daily occupation of pregnant women was categorized into two groups: employed and unemployed. Based on the table, out of 55 respondents, 29 respondents (52,7%) were unemployed, while 26 respondents (47,3%) were employed. These findings indicate that most respondents were unemployed.

The highest educational level of pregnant women was categorized into two groups: low education (elementary–junior high school) and high education (senior high school–university). Based on the table, out of 55 respondents, 37 respondents (67.3%) had higher education, while 18 respondents (32.7%) had lower education. This indicates that most respondents had a higher educational background, at least senior high school or equivalent. Age influences an individual's comprehension and way of thinking. In this study, age was categorized into two groups: reproductive age (20–35 years) and non-reproductive age (>35 years and <20 years). Based on the table, 45 respondents (81,8%) were within the reproductive age group, while 10 respondents (18,2%) were in the non-

reproductive age group. These results show that most respondents were within the reproductive age range of 20–35 years.

Parity refers to the number of children born to a mother, whether alive or deceased (Prawiroharjo, 2014). Parity was categorized into two groups: mothers with fewer than three children and mothers with more than three children. Based on the table, 45 respondents (81,8%) had fewer than three children, while 10 respondents (18,2%) had more than three children. Thus, most respondents had fewer than three children. Sources of information regarding the utilization of the MCH Handbook were categorized as healthcare providers (doctors, midwives, nurses) and non-healthcare sources (media, community, etc.). Based on the table, all 55 respondents (100%) obtained information about the benefits of the MCH Handbook from healthcare providers (doctors, midwives, or nurses).

Table 2
Table of the Relationship Between Maternal Age and Pregnant Women's Knowledge Regarding the Utilization of the Maternal and Child Health (MCH) Handbook

Age	Knowledge		Total	p-value
	Less	Good		
20-35 year	14 (32.6%)	29 (67.4%)	43 (100%)	0.020
<20 Year >35 year	5 (41.7%)	7 (58.3%)	12 (100%)	
amount	19 (34.5%)	36 (65.5%)	55 (100%)	

Based on Table 2, among the 43 respondents aged 20–35 years, 14 mothers (32.6%) had poor knowledge and 29 mothers (67.4%) had good knowledge. Meanwhile, among 12 respondents aged <20 years and >35 years, 5 mothers (41.7%) had poor knowledge and 7 mothers (58.3%) had good knowledge. The results of the chi-square statistical test showed that $p < \alpha$ ($p = 0.020$), therefore it can be concluded that there is a statistically significant relationship between maternal age and the knowledge of pregnant women regarding the utilization of the Maternal and Child Health (MCH) handbook.

Table 3
Association Between Pregnant Women's Knowledge on the Utilization of the Maternal and Child Health (MCH) Handbook and Employment Status

Work	Knowledge		Total	p-value
	Less	Good		
Employed	1 (5.3%)	18 (94.7%)	19 (100%)	0.020
Unemployed	13 (36.1%)	23 (63.9%)	36 (100%)	
amount	14 (25.5%)	41 (74.5%)	55 (100%)	

Based on Table 3, among the 19 employed mothers, 1 respondent (5.3%) had poor knowledge and 18 respondents (94.7%) had good knowledge. Among the 36 unemployed mothers, 14 respondents (36.1%) had poor knowledge and 23 respondents (63.9%) had good knowledge. The chi-square test produced a p-value of 0.020 ($p < \alpha$), indicating a significant relationship between occupation and pregnant women's knowledge regarding the utilization of the MCH Handbook.

Table 4
Association Between Pregnant Women's Knowledge on the Utilization of the Maternal and Child Health (MCH) Handbook and Educational Level

Education	Knowledge		Total	p-value
	Less	Good		
Less	9 (50%)	9 (50%)	18 (100%)	0.007
Good	5 (13.5%)	32 (86.5%)	37 (100%)	
amount	14 (25.5%)	41 (74.5%)	55 (100%)	

Based on Table 4, among the 18 mothers with low education (elementary–junior high school), 9 respondents (50%) had poor knowledge and 9 respondents (50%) had good knowledge. Among the 37 mothers with higher education, 5 respondents (13.5%) had poor knowledge and 32 respondents (86.5%) had good knowledge. The chi-square test yielded a p-value of 0.007 ($p < \alpha$), indicating a significant relationship between education level and pregnant women's knowledge regarding the utilization of the MCH Handbook.

Table 5
Association Between Pregnant Women's Knowledge on the Utilization of the Maternal and Child Health (MCH) Handbook and Parity

Parity	Knowledge		Total	p-value
	Less	Good		
<3	11 (26.8%)	30 (73.2%)	41 (100%)	1.000
>3	3 (21.4%)	11 (78.6%)	14 (100%)	
amount	14 (25.5%)	41 (74.5%)	55 (100%)	

Based on Table 5, among the 41 mothers with parity <3, 11 respondents (26.8%) had poor knowledge and 30 respondents (73.2%) had good knowledge. Among the 14 mothers with parity >3, 3 respondents (21.4%) had poor knowledge and 11 respondents (78.6%) had good knowledge. The chi-square test resulted in a p-value of 1.000 ($p > \alpha$), indicating no significant relationship between parity and pregnant women's knowledge regarding the utilization of the MCH Handbook.

Table 6
Association Between Sources of Information and Pregnant Women's Knowledge on the Utilization of the Maternal and Child Health (MCH) Handbook

Resources	Knowledge		Total	p-value
	Less	Good		
Healthcare worker	14 (25.5%)	41 (74.5%)	55 (100%)	0
Non-healthcare worker	0	0	0	
Amount	14 (25.5%)	41 (74.5%)	55 (100%)	

Based on Table 6, all 55 respondents reported healthcare providers as their source of information. Among them, 14 respondents (25.5%) had poor knowledge and 41 respondents (74.5%) had good knowledge

Table 7

The relationship between the attitudes of pregnant women and their knowledge about the use of KIA books

Attitude	Knowledge		Total	p-value
	Less	Good		
Willing	14 (31.8%)	30 (68.2%)	44 (100%)	0.025
Unwilling	5 (45.5%)	6 (54.5%)	11 (100%)	
Amount	19 (34.5%)	36 (65.5%)	55 (100%)	

Based on Table 7, among 44 respondents with a positive attitude (willingness), 30 mothers (68.2%) had good knowledge, while 14 mothers (31.8%) had poor knowledge. Meanwhile, among 11 respondents with an unwilling attitude, 5 mothers (45.5%) had poor knowledge and 6 mothers (54.5%) had good knowledge. The results of the chi-square statistical test showed a value of $p < \alpha$ ($p = 0.025$). Therefore, it can be concluded that there is a significant relationship between pregnant women's attitudes and their knowledge regarding the utilization of the Maternal and Child Health (MCH) handbook.

2. Discussion

The Relationship Between Pregnant Women's Knowledge of MCH Handbook Utilization and Maternal Age

Based on the results of the chi-square statistical test, a p-value of 0.025 was obtained ($p < \alpha$), indicating a significant relationship between maternal age and pregnant women's knowledge regarding the utilization of the MCH Handbook. A study conducted by Illa Arinta (2021) found no significant relationship between maternal age and knowledge of the MCH Handbook. This may be explained by the fact that women under 20 years old are transitioning from adolescence to adulthood, during which emotional stability may not yet be fully developed, and awareness of the importance of health may still be limited, leading to minimal engagement with the MCH Handbook. Women aged 20–35 years are generally more mature cognitively and emotionally, resulting in better knowledge. Women over 35 years old may have divided attention between their own health and childcare responsibilities; however, accumulated experience may contribute positively to their knowledge (Arinta, 2021)

Several studies indicate that maternal age is associated with the level of understanding of the MCH Handbook content. Women within the "ideal" reproductive age range (20–35 years) tend to have better comprehension due to cognitive maturity and life experience. However, findings across studies are not always consistent. Some research reports a significant association between age and knowledge, while others find no meaningful relationship, suggesting that the effect of age may be moderated by other factors such as education and exposure to health information (Osaki et al., 2018).

In line with the study conducted by Rasumawati et al. (2023), it was found that there is a relationship between knowledge and the utilization of the Maternal and Child Health (MCH) handbook, as evidenced by the significant association reported in their research. Similarly, the study by Sihombing, R. J. H. (2025) demonstrated a significant relationship

between the level of pregnant women's knowledge and the utilization of the MCH handbook. Mothers with better knowledge levels tend to be more active in reading, understanding, and applying the information contained in the MCH handbook. Therefore, improving knowledge is a key factor in optimizing the function of the MCH handbook as an educational tool for maternal and child health (Sihombing et al., 2025).

The Relationship Between Pregnant Women's Knowledge of MCH Handbook Utilization and Maternal Education

Based on the chi-square test results, a p-value of 0.007 was obtained ($p < \alpha$), indicating a significant relationship between education level and pregnant women's knowledge regarding the utilization of the MCH Handbook. According to Illa Arianti (2021), maternal education influences knowledge of the MCH Handbook. Higher educational attainment is associated with better knowledge because individuals with higher education levels are more capable of receiving and processing information. Conversely, lower educational levels may hinder knowledge acquisition and the development of positive attitudes toward newly introduced values.

The researcher concludes that education is significantly associated with knowledge because individuals with higher education levels more easily understand and absorb information. Education is also closely related to overall health status. The higher the level of education, the easier it is to adopt healthy lifestyle concepts independently, creatively, and sustainably. Education also significantly influences an individual's ability to receive and interpret nutritional and health-related information. Maternal education consistently appears as the strongest predictor of knowledge regarding the MCH Handbook. Mothers with secondary or higher education are more capable of reading, understanding, and applying information in the handbook, making health literacy an important mediating factor. Many field studies in Indonesia report significant differences in knowledge across education levels, supporting the need for educational interventions to reduce knowledge gaps (Irwanto, Ikhtiar, Lutfiya, Purnomo, & Fadzil, 2019)

The Relationship Between Pregnant Women's Knowledge of MCH Handbook Utilization and Maternal Occupation

The chi-square test produced a p-value of 0.020 ($p < \alpha$), indicating a significant relationship between occupation and pregnant women's knowledge regarding the utilization of the MCH Handbook. According to the researcher, occupation influences knowledge. Employment generally consumes time, but the work environment may also provide opportunities to gain experience and knowledge, either directly or indirectly.

Maternal occupation has a complex relationship with knowledge of the MCH Handbook. On one hand, working mothers may have broader access to information through colleagues and media. On the other hand, limited time availability may reduce opportunities to read and discuss the handbook content. Several studies report a significant relationship between employment status and knowledge or utilization of the MCH Handbook, while others find no significant association. This suggests that the effect of occupation may depend on the type of work, working hours, and availability of family support (SEEJPH Analysis, 2025); (Mutya Sari & Nurhasanah, 2021)

The Relationship Between Pregnant Women's Knowledge of MCH Handbook Utilization and Maternal Parity

Based on the chi-square test results, a p-value of 1.000 was obtained ($p > \alpha$), indicating no significant relationship between parity and pregnant women's knowledge regarding the utilization of the MCH Handbook. These findings do not fully align with theoretical assumptions that parity influences knowledge, as parity refers to the number of children a mother has delivered. Eny et al. (2022), in their study on knowledge, attitudes, and behavior of mothers in utilizing the MCH Handbook, also found no strong evidence of a relationship between MCH Handbook utilization behavior and parity. According to the researcher, parity may not significantly influence knowledge because mothers with fewer than three children may demonstrate greater curiosity compared to those with more than three children.

In general, parity (number of previous pregnancies or births) is often positively associated with knowledge of the MCH Handbook. Multiparous mothers frequently have practical experience from previous pregnancies, including exposure to the handbook and antenatal care services, leading to better knowledge compared to primigravida mothers. However, experience alone does not guarantee accurate understanding without structured education from healthcare providers (IAHSC Proceedings, 2023–2024).

The Relationship Between Pregnant Women's Knowledge of MCH Handbook Utilization and Source of Information

The chi-square statistical test could not be computed because all respondents reported the same source of information—healthcare providers. The uniformity of responses (all coded as "1") prevented bivariate analysis. According to the researcher, the information received by pregnant women is relatively good, as healthcare providers play a crucial role in explaining and delivering information related to the MCH Handbook and maternal health. However, many mothers demonstrate limited initiative in seeking additional information from other sources such as the internet, books, or community members.

Sources of information—including healthcare providers, community health volunteers, print media, social media, and family—play a central role in shaping mothers' knowledge regarding the MCH Handbook. Studies indicate that when healthcare providers actively explain the content of the MCH Handbook or provide structured assistance, knowledge and utilization significantly improve. Access to media (radio, television, internet) expands information reach; however, message quality and relevance influence the extent to which mothers truly understand the handbook content. Therefore, a combination of direct education from healthcare professionals and accessible informational materials enhances knowledge effectiveness (Osaki et al., 2018); (Rahmi, 2018).

The study conducted by Siregar, N. (2025) found that maternal knowledge was not directly and significantly associated with the utilization of the Maternal and Child Health (MCH) handbook. However, other factors such as mothers' attitudes toward the MCH handbook, support from healthcare providers, and family support showed a significant relationship with the level of its utilization. This indicates that behavioral aspects and the social environment play an important role in encouraging the optimal use of the MCH handbook.

The Relationship Between Pregnant Women's Knowledge Level Regarding the Utilization of the MCH Handbook and Their Attitude

Based on the results of the chi-square statistical test, the value obtained was $p < \alpha$ ($p = 0.025$). Therefore, it can be concluded that there is a significant relationship between pregnant women's attitudes and their knowledge regarding the utilization of the Maternal and Child Health (MCH) handbook. According to the researcher, pregnant women's knowledge is influenced by their own attitudes. When a pregnant woman has the willingness and motivation to understand the benefits and use of the MCH handbook, this positive attitude encourages her to seek and comprehend information related to its utilization.

A study conducted at Meuraxa Public Health Center (2025) showed that several variables were significantly associated with the utilization of the MCH handbook, including maternal knowledge, attitude, family support, the role of healthcare providers, parity, and the availability of the MCH handbook. Among these factors, maternal knowledge and the availability of the MCH handbook were identified as the most dominant variables. These findings emphasize that the utilization of the MCH handbook is the result of an interaction between individual factors and external factors.

Conclusion

Of the 55 respondents observed, 90.9% of pregnant women had a good level of knowledge. In addition, 67.3% of respondents had a higher educational background, with the majority having completed senior high school or its equivalent. Based on these findings, it can be stated that most respondents were pregnant women with a high level of knowledge regarding the utilization of the Maternal and Child Health (MCH) handbook. The utilization of the MCH handbook was more common among pregnant women aged >20–35 years, accounting for 78.2%, which falls within the reproductive age category. Working mothers comprised 34.5% of the respondents, and 74.5% were mothers with fewer than three children.

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