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Effectiveness of Telenursing Based on Mobile Learning Peri-Ku Application on Self-efficacy of Low Birth Weight and Premature Infants: A Quasy Experimental Study in the Perinatology Room of Banyumas Hospital

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ABSTRACT

Background: Infants who are born with Low Birth Weight (LBW) or premature often receive care in the perinatology or NICU. LBW or premature babies have special health problems. Baby's mother who is separated from her baby, and length of stay in the hospital will affect mother's self-efficacy. Therefore, innovation is needed to increase mother's self-efficacy through telenursing based on mobile learning. Objective: to find out the effectiveness of telenursing with mobile learning on the selfefficacy of low birth weight (LBW) and premature's mother in the perinatology of Banyumas Regional Hospital. Methods: The design of this study is one group pre and post test design, total of respondents are 16. The research was conducted at February-March 2024. Research results: bivariate analysis using paired t test, it shows that the p value = 0.000 so there is a significant difference in the self-efficacy of infant mothers before and after intervention with telenursing intervention by mobile learning. Conclusion: the results of the research is telenursing based on mobile learning effective to increase mothe with LBW and premature babies's self-efficacy.

Keywords: LBW, Premature, Self-efficacy, Mobile Learning

1. INTRODUCTION

A baby weighing less than 2500 grams is a low-birth-weight baby (LBW). LBW occurs regardless of gestational age. If the baby is born at <37 weeks of gestation, it is called a premature baby (Suryani, 2020). Based on the 2017 Indonesian Demographic and Health Survey (IDHS), the prevalence of LBW in Indonesia is still relatively high at 7.1% (BKKBN et al., 2018). In addition, data from BPS Banyumas Regency in 2021 stated that the number of LBW births was 1751 babies. Data from Banyumas Hospital ponek stated that the number of LBW in 2022 was 711 babies. Meanwhile, the number of premature babies in 2022 was 559 babies.

One of the highest mortality factors in infants in 2019 was premature and LBW babies with a percentage of 35.3% (Ministry of Health of the Republic of Indonesia, 2020). In addition, the treatment of LBW and premature babies requires a long time in the hospital so that special interventions and family involvement in their care are needed.

Low birth weight babies often experience several health problems, including unstable blood sugar, hyper bilirubinemia, instability of body thermoregulation, respiratory problems,

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and retinopathy. These problems cause premature and LBW babies to experience medical emergencies, and cause stress for parents. Parents whose babies are admitted to the NICU will experience emotional and psychological crises that can interfere with parent-baby interaction relationships (Bahmanpour et al., 2023).

Parents whose children are admitted to the NICU room will also experience new and unfamiliar situations. They will find their baby undergoing intensive care by getting a variety of procedures, installed complicated medical devices, and health conditions that can change for the worse at any time will be a stressor for parents. Anxiety over lack of control over the situation and separation from the baby will affect the mental health of the parents.

The changing role of being a parent of a sick LBW or premature baby will have an impact on the baby's mother's self-efficacy. Self-efficacy is a belief in parents about their ability to engage in parenting behaviors that affect the health and development of their children (Njakatara et al., 2021).

Prematurity will affect the self-efficacy of the baby's mother in caring for her child. Permatasari et al. (2021) conducted a study and found that the average self-efficacy score of mothers of normal birth weight babies was higher when compared to mothers with LBW. Parents often feel worried about parenting due to lack of knowledge and skills in infant care (Astari et al., 2021).

Several factors are related to self-efficacy in individuals, including individual personal experience, experience from others, belief in words, and psychological or emotional states. WHO also states that a factor that can increase maternal self-efficacy after childbirth is the knowledge aspect. Mothers who have poor knowledge and skills will have an impact on poor baby care as well (Mandasari et al., 2021).

In other words, the self-efficacy of mothers of LBW and premature babies can be improved by increasing knowledge and skills in the care of LBW and premature babies, and involving baby mothers in the care of their babies. In addition, we as health workers can provide space for communication to build confidence in the baby's mother as a concept of family centered care (Ilda et al., 2013)..

However, the conditions in the field, premature and LBW babies who are treated in the Perinatology and NICU rooms experience separation from the baby's mother. This separation of space will hamper the process of parental involvement and the education process by nurses, so that health information that should be obtained by the baby's mother as early as possible can be delayed.

In this era of digitalization, the development of information technology can be an opportunity to bridge the problem of nursing care for mothers who experience separation from their babies. Nurses can utilize social media to share health information digitally, so that parents can access information from anywhere and anytime.

Telenursing can be an alternative strategy in providing nursing care by utilizing technology in its implementation. The development of technology requires adaptation of nurses in providing care in accordance with the times (Mardiyanti et al., 2022). Telenursing can be used to provide nursing care and health education based on electronic media remotely (Chang et al., 2021).

Electronic devices that can be utilized for telenursing media are through mobile learning with android smartphones. Android-based smartphones are the most widely used communication tools by the public. Through this tool, health workers can use it as a medium for education and counseling for baby mothers and families, so that health-related information can be received efficiently (Farhati et al., 2023).

The advantage of telenursing is that it makes it easier for patients to reach health services due to distance, chronic disease patients, and the elderly. Through digital communication, these patients still get comprehensive health services because telenursing still goes through the nursing care process in the form of assessing complaints, planning interventions, implementing, evaluating and documenting actions (Fadhila & Afriani, 2020).

The development of information technology makes opportunities for nurses to be able to

improve the quality and expand the range of nursing services (Boro & Hariyati, 2020). According to Farhati et al (2023) the use of the "Bidanku" application can increase the knowledge and self-efficacy of postpartum women. The results of this study can be an innovation in IEC media in obstetric care for postpartum women. Another study conducted by Krissanti & Wardani (2022) stated that the use of the SIPER-B application was effective in improving cognitive abilities, self-confidence and baby care skills in mothers. Research related to the utilization of telenursing still needs to be developed again in Indonesia.

Researchers have conducted a study on October 19, 2023, the number of births of premature babies at the Banyumas Regional Hospital in September was 47 births. Based on interviews with 3 mothers of LBW babies in the perinatology room, all said that they did not understand the care of LBW babies, were still afraid of caring for small babies, and were not confident in caring for children independently. In addition, an interview with the Head of the perinatology room also mentioned that so far, the education process in the perinatology room is still conventional, not using digital communication education media.

Therefore, researchers are interested in conducting research on the effectiveness of mobile learning-based telenursing on the self-efficacy of mothers of LBW and premature babies in the Perinatology Room of Banyumas Hospital.

2. METHODS

This research model is a quantitative quasi-experimental one group pre and posttest design. Consists of one group of research subjects measured before and after the intervention. The research was conducted in the Perinatology room of Banyumas Hospital in February-March 2024. Before carrying out the study, the researcher had obtained a research permit and obtained a letter of ethical feasibility issued by Banyumas Hospital with number 420/1640/XII/2023 on December 27, 2023.

The population in the study were all mothers who had babies with LBW and premature who were treated in the Perinatology room of Banyumas Hospital. Samples were taken with consecutive sampling technique. The number of samples was calculated using the Lemeshow formula with an error limit in this study of 5%, so the accuracy rate was 95%. The minimum number of samples plus 10% in anticipation of dropout samples, obtained a total sample in this study of 16 respondents.

The inclusion criteria in the study were mothers who had LBW babies (birth weight less than 2500 grams) or premature babies (gestational age <37 weeks) who were treated in the perinatology room of Banyumas Hospital, had smartphones and could operate smartphones, mothers could read and write. While the exclusion criteria in the study were mothers of LBW or premature babies with complications of congenital abnormalities.

The research instrument used in the study was the perceived maternal parenting self-efficacy (PMP S-E) questionnaire adapted from the research of Fitria et al (2020). The validity test results showed a correlation coefficient value of 0.70-0.91 and the PMP S-E instrument reliability test resulted in an alpha value of 0.91. so that the instrument was declared valid and reliable.

The PMP S-E questionnaire consists of 20 questions which are divided into four subscales, namely care taking procedures, evoking behavior, reading behavior or signalling, and situational beliefs. The questionnaire answers used a Likert scale of 1= strongly disagree, 2= disagree 3= agree 4= strongly agree, resulting in a score range of 20-80. Furthermore, the mobile learning application used is the Peri-ku android-based application which contains material and videos on the care of LBW and premature babies, and there is a chat media for communication between mothers and nurses.

In the research process, the researcher conducted inform consent to the baby's mother, then the baby's mother filled out the demographic data form. At the first meeting, the baby's mother took a pretest to measure self-efficacy before being given the Peri-ku application. After that, the baby's mother was given education using the Peri-ku application. The education process was carried out for 7 days. Monitoring of the education process was

carried out twice, then on day 7 a posttest was conducted.

The data from the study were analyzed univariately and bivariately. Univariate analysis was carried out to obtain the results of the description of the respondents' characteristics. Characteristics of respondents in the form of categorical data, namely education, occupation, parity, and type of labor, are displayed in the form of frequency distribution tables, and percentages. While numerical data on maternal age, baby's birth weight, and gestational age, pretest, and postest are displayed in the form of minimum, maximum, mean and standard deviation values.

Prior to bivariate analysis, a normality test was conducted using the Shapiro-Wilk test where the resulting data were normally distributed ($p>0.05$) with a pretest significance value of $p = 0.10$ and postest of $p = 0.06$. So that the bivariate analysis to test the difference in the mean value of self-efficacy of infant mothers before and after the mobile learning-based telenursing intervention using a paired t test.

3. RESULT AND DISCUSSION

3.1 Result

The characteristics of the research respondents in the form of parity, education, occupation, and type of delivery, maternal age, baby's birth weight, gestational age, self efficacy before treatment, and self efficacy after treatment are displayed in the frequency distribution table as follows.

Table 1. Respondent characteristics parity, education, occupation, gender

No	Characteristics	Category	*f*	%
1	Parity	Primiparous	6	37,5
		Multiparous	10	62,5
		Total	16	100
2	Education Level	Elementary	2	12,5
		Junior High School	5	31,3
		High School	8	50
		College	1	6,3
		Total	16	100
3	Occupation	Employed	1	6,25
		Not working	15	93,75
		Total	16	100
4	Type of labor	SC	3	18,8
		Spontan	13	81,3
		Total	16	100

Based on table 1. The results showed that maternal parity was mostly 62.5% multiparous (10 people), and the remaining 37.5% primiparous (6 people). Half of the respondents had a high school education, namely 8 people (50%), then the other half had a junior high school education as many as 5 people (31.3%), elementary school 2 people (12.5%) and college only 1 person (6.3%).

In terms of employment status, almost all respondents did not work, namely 93.75% (15 people), and only 1 person who worked (6.25%). The type of delivery of the most respondents was spontaneous 81.3% (13 respondents), and the other 3 respondents were SC (18.8%).

Table 2. Respondent characteristics of maternal age, infant birth weight, gestational age

No	Characteristics	*Min*	*Max*	*Mean Elementary*
1	Mother's age (years)	17	38	27,88 6,60
2	Infant birth weight (years)	1445	2450	1951,8 337,52
3	Gestational age (weeks)	31	39	34,25 2,35

Based on table 2. shows that the age of the baby's mother ranged from 17-38 years, the baby's birth weight was between 1445-2450 grams, and the gestational age was 31-39 weeks. The difference in the average self-efficacy of infant mothers before being given a mobile learning-based telenursing intervention and after the intervention is contained in the following table.

Table 3. Differences in infant mothers' self-efficacy before and after the intervention

Mother's self-efficacy	Research results			α	p *value*
	Min	***Max***	***Mean Elementary***		
Prestest	43	60	50,35,48	0,05	0,000
Posttest	47	60	53,94,41		

Based on table 3. the results showed that before the intervention the minimum mother's self-efficacy value was 43 and the maximum was 60. The average value of maternal self-efficacy before the intervention was 50.3. While the value of maternal self-efficacy after the intervention is a minimum of 47, a maximum of 60, and an average self-efficacy value of 53.9.

The results of the bivariate test conducted with the paired t test showed a p value of 0.000 (p <0.05). This states that there is a difference in the average self-efficacy before and after the intervention. So that telenursing based on mobile learning is effective in increasing the self-efficacy of mothers of LBW and premature babies in the perinatology room of Banyumas Hospital.

3. 2 Discussion

The age of the baby's mother from the results of the study was obtained in the range of 17-38 years. maternal age is one of the risk factors associated with the birth of LBW. Age <20 years and >34 years are at risk for giving birth to LBW babies (Lestari et al., 2021). The reproductive organs are not mature for pregnancy when less than 20 years old, while more than 35 years of age has more comorbidities, for example preeclampsia. Carolin & Widiastuti (2020) conducted a study and stated that preterm birth was experienced by mothers of high-risk age, namely less than 20 years and more than 35 years, as many as 31 people (51.7%).

The age of the baby's mother, who is still in the productive range, makes it easier for them to access information and technology. Young people will use social media more than other ages. The use of social media will make a person obtain broader information and knowledge (Fitria et al., 2023).

The gestational age in the study obtained an average result of 34.25 weeks. The results of this study are supported by research by Permatasari et al. (2021) which said that LBW was born to mothers with a gestational age of less than 37 weeks by 46.7%. According to Lestari et al. (2021) stated that preterm birth that occurs at <37 weeks is one of the predictors of babies born with LBW.

According to Permatasari et al (2021) the gestational age of the mother will affect the self-efficacy of the baby's mother. The process of readiness to become parents is directly proportional to the process of pregnancy maturation. In preterm labor, this readiness process occurs more briefly because the baby is born prematurely. Mothers of LBW and premature babies can have unstable emotional conditions in the transition period of their role as a mother. Newborn care, especially babies with certain health problems, requires an understanding of the aspects of knowledge, attitudes, and skills that are more in the process (Astutiningrum et al., 2016).

The birth weight of babies in the study obtained an average result of 1951.8 grams. This is reinforced by research conducted by Lameky et al. (2021) that the lowest baby weight is 1870 grams and the largest is 2450 grams. Premature or untimely birth of babies and intrauterine growth restriction (IUGR) can cause babies to be born weighing <2500 grams (Suryani, 2020).

The occupation of mothers of LBW and premature babies in the study was mostly housewives. This is in accordance with research conducted by Njakatara et al (2021), according to these data the occupation of primiparous mothers with LBW is 100% housewife. Compared to working mothers, housewives have more time to be involved in baby care, thus allowing self-efficacy to increase.

The education of mothers of LBW and preterm infants is mostly in secondary school. Health status is influenced by education. The level of education has an impact on the ability to seek, understand and use health information. Babies born LBW and premature can be caused

by a lack of knowledge of antenatal care and nutrition for mothers during pregnancy (Sidarang, 2021).

The self-efficacy of mothers of premature and LBW babies before and after being given telenursing intervention using Peri-ku application has changed, with a p value of 0.000. This value states that there is a significant difference before and after the intervention. So that telenursing based on mobile learning is effective in increasing the self-efficacy of mothers of LBW and premature babies.

The results of this study are supported by Lameky et al (2021) where the results of their research show that there is a significant difference between the knowledge and skills of mothers before and after the intervention of providing the smart mother application with a p value of 0.001. Another study conducted by Farhati et al (2023) also stated that the use of the Bidanku application increased the self-efficacy score of postpartum women by 2.1 times.

In addition, the results of this study are also supported by Bandura's theory, which states that increased self-efficacy is formed by successful experiences, experiences from others, persuasion/suggestion, and emotional conditions. Self-efficacy is related to social cognitive theory. Beliefs within the individual determine the individual's thinking, behavior, and beliefs. Self-efficacy will increase if you successfully solve problems, and vice versa, the inability to solve problems can make the value of self-efficacy decrease (Rustika, 2012). A person's success in solving problems is influenced by the knowledge he has. Another study by Suyami et al (2015) states that education about LBW care reduces anxiety in 86.4% of respondents, and as many as 18.2% of baby mothers experience increased self-efficacy.

Knowledge of infant mothers is one of the basic human needs that must be met to improve health status. Increasing the knowledge of infant mothers and families is the responsibility of nurses in the nursing care process provided. In this digitalization era, one of the efforts of nurses in expanding the reach of their services is through telenursing. According to Kermani et al (2023), educational technology is an intervention that can handle maternal anxiety caused by a lack of knowledge about infant care.

The focus of telenursing is on informing, supporting and increasing the knowledge of the mother. A good way of communicating is necessary to achieve positive outcomes from telenursing. Good communication will have an impact on feelings, making every word easy to hear and understand (Gholami et al., 2022). Thus, the client and their family will be motivated to follow the nurse's advice.

Telenursing, regardless of time and place, can provide education and care services to mothers of premature babies. Telenursing provides an opportunity for mothers of preterm infants to continue and improve maternal training and increase their autonomy and self-management while providing care to preterm infants (Bahmanpour et al., 2023).

Virtual supportive interventions make it easier for mothers of preterm infants to access the information they need anytime and anywhere, thereby raising awareness and improving their functioning and care skills. Furthermore, the knowledge and information obtained by the mother of the baby can form confidence in the ability to care for her baby which has an impact on increasing self-efficacy (Bahmanpour et al., 2023).

The telenursing intervention conducted in the study used the Peri-ku application. This application contains various kinds of educational features in the form of articles and videos that make it easy for baby mothers to learn and watch them anywhere and anytime. The health articles displayed are about the care of LBW and premature babies, videos learning skills in caring for LBW babies including KMC, how to breastfeed, bathe babies, massage babies, and the use of MCH Books specifically for small babies. In addition, the Peri-ku application also has a chat media that can be used at any time for counseling between health workers and baby mothers.

In line with Astutiningrum et al (2016) said that providing counseling and demonstrations and providing booklets increases the mother's

knowledge and confidence in her ability to carry out the main tasks of caring for children such as breastfeeding, changing the principal, bathing, putting to bed, and calming the baby.

The discussion forum feature in the Peri-ku application is in the form of interactive chatting connected via WhatsApp, where baby mothers can ask about conditions and things that are not yet understood to health workers in the Perinatology room. So that the baby's mother will get additional information and support from health workers. In the results of research by Njakatara et al (2021) stated that in the affective aspect, there was a significant difference in the level of self-efficacy before and after the intervention. This is because a person's emotional reactions can lead to beliefs based on previous experiences, learning from the closest people or figures who are considered competent. In line with research by Fitria et al (2020), information, especially related to newborn care, is the social support that plays the most role in maternal self-efficacy.

In a study conducted by Joventino et al (2017) revealed that health education using videos had a significant effect on increasing maternal self-efficacy. Telenursing has an effect on increasing self-efficacy because telenursing can influence behavior through increased knowledge. The use of mobile learning applications also makes it easier for mothers to access information on the care of LBW and premature babies. A more attractive appearance, more interactive learning media because there is audio-visual material can increase the desire to learn. Information in digital media will provide suggestive messages to perform certain skills (Lameky et al., 2021).

Literature review conducted by Jaya & Pratiwi (2022) on factors affecting breastfeeding self-efficacy of pregnant women in trimester 3 states that there are internal and external factors that affect breastfeeding self-efficacy. Internal factors are breastfeeding intention, mother's experience in breastfeeding, anxiety and depression. While external factors that influence are husband and family support, and parity. It can be concluded that maternal self-efficacy depends on the mother's intention, experience, emotional state, social support and parity.

Family support will affect the level of maternal self-efficacy. If the family supports the mother in caring for her LBW or premature baby, the mother will feel more confident and able to overcome the obstacles she encounters. Mothers of LBW and premature babies need a support system, a family member whose role is most important in providing support is the husband (Jaya & Pratiwi, 2022).

Maternal parity affects experience in caring for babies. The experience of the first birth will be different from the second birth or so on. Research conducted by Jaya & Pratiwi (2022) states that good self-efficacy of breastfeeding mothers is obtained in mothers who have more than two births.

The limitations in this study are the small sample size and the absence of a control group, so that it can cause bias in self-reporting filling out the questionnaire. In addition, the time of the telenursing intervention was relatively short, only for 7 days, while the formation of self-efficacy requires a continuous process. So that the limitations of this study are expected to be used as a reference to be developed in further research.

CONCLUSION

Based on the results of the study, it can be concluded that telenursing based on mobile learning application Peri-ku is significantly effective in increasing the self-efficacy of mothers of babies with low birth weight and premature babies with a p value of 0.000 ($p < 0.05$). The characteristics of respondents based on parity were mostly multiparous (62.5%), the last education of the mother was high school (50%), the majority of baby mothers did not work (93.75%), and the type of delivery of the most respondents was spontaneous (81.3%). Limitations in the research conducted are the small sample size and the absence of a control group, so that it can cause bias in self-reporting filling out the questionnaire. In addition, the time of telenursing intervention was relatively short for only 7 days.

ADVISE

Suggestions for further research can be carried out using a larger sample size and a control group, and research can be carried out related to factors that affect the self-efficacy of mothers of LBW and premature babies. Follow up research related to self-efficacy using a longer period of time. For Banyumas Hospital, especially nurses in the Perinatology room, they can apply telenursing using the Peri-ku application in providing health education services and nursing consultations as an effort to reach clients without time and space limits, as an effort to increase the self-efficacy of mothers of LBW and Premature babies.

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