Original Research Papers

Correlation of knowledge, attitude, and family support with wound care of post sectio caesaria patients in Sejiran Setason Hospital West Bangka Regency

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Submitted: July 24, 2022 Revised: August 10, 2022 Accepted: August 26, 2022

Abstrak

Wound care in post Sectio Caesaria (SC) patients is one of the external factors that are very important for the wound healing process. After returning home, the post-SC mother still has to take care of the wound so as not to cause infection. Data on childbirth through SC at Sejiran Setason Hospital, West Bangka, was recorded in as much as 48% of 658 deliveries in 2018. This study aimed to determine the relationship between knowledge, attitudes, and family support with post sectio caesaria wound treatment at Sejiran Setason Regional Hospital, West Bangka Regency in 2019. The study was conducted using a cross-sectional design. The population in this study was all mothers who had experienced sectio caesaria at Sejiran Setason Hospital, with as many as 368 patients. The sample taken in this study was 86 respondents who met the inclusion criteria. Sampling uses quota sampling techniques, while hypothesis testing uses spearman rank (rho). The results showed the relationship of knowledge (p = 0.026;r = 0.240*) and attitude (p = 0.011; r = 0.273*) with the care of post-SC patient wounds. In the variable family support, the result was p=0.782 > (0.05), which means that there is no relationship. For this study, it is hoped that health workers can improve post-SC wound care education to patients and provide resume returns to improve mothers' knowledge and attitudes in caring for post-SC wounds.

Keywords: attitude; knowledge; post sectio caesaria wound care

1. Introduction

The Maternal Mortality Rate is part of several indicators that can illustrate the well-being signals of a country. Over time, the increase in maternal deaths is often an indicator of assessment to see the results of health programs on efforts to improve public health degrees. A high MMR can describe the degree of healthy living of people below the entry-level so that it has the potential to cause the retreat of domestic life nationally from a socio-cultural and economic point of view. Sustainable Development Goals (SDGs) aim to reduce the number of global MMR 2030 below 70/per 100,000 live births (Rochmatin, 2019). The maternal mortality rate in Indonesia is estimated at 300-400 per 100,000 live births. This range of figures explains that in Indonesia, a mother dies every hour either due to pregnancy, complications during childbirth, late referrals to hospitals, or poor obstetric emergency services. Of the cause of maternal death in Indonesia, 28% were caused by several things: bleeding, preeclampsia and eclampsia (24%), infection or sepsis (11%), complications due to abortus (6%), stunted childbirth (5%) and other causes (26%) (Prihesti et al., 2019). The MMR in West Bangka Regency is 104.33 per 100,000 live births, while the MMR in Bangka Belitung Province is 82.49 per 100,000 live births (Bangka Belitung Islands Provincial Health Office., 2018).

Indirect risk factors, such as delaying decisions and seeing warning signals, being late in receiving referrals, and being late in receiving medical help, can also lead to maternal death. One way to prevent

this is to give birth with the care of medical personnel in health facilities (Ministry of Health of the Republic of Indonesia, 2015). WHO estimates the global guidance for SC in a country is between 5% and 15% for every 1000 live births. Based on Basic Health Research (Riskesdas) data in 2013, it was recorded that 9.8% of childbirth in Indonesia were carried out through SC. Of the 658 births in West Bangka District Hospital, 48% were through SC.

Surgical wound infection is one of the side effects of SC administration, which can negatively impact health. Infection at the site of surgery, one of the main postoperative consequences that increase morbidity and the cost of treatment, is referred to as surgical wound infection—paying attention to the risk of infection after surgery is important to lower the mortality rate. The frequency of infection in a professional healthcare facility is a good indicator of the level of treatment given. Infections in addition to inhibiting wound healing also increase mortality. In 2013, the maternal mortality rate in Indonesia due to post-SC infection was 7.3% (Ministry of Health of the Republic of Indonesia, 2015). The prevalence of post-SC wound infection is 1.29% in Sejiran Setason Hospital, West Bangka but not as the main cause of maternal death (West Bangka Hospital, 2018).

Surgical wound infection is part of the main problem. Infections that occur will hinder wound healing in addition to increasing morbidity and mortality rates. In addition, surgical wound infection has an impact on increasing the time and cost of treatment (Warniati & Kurniasari, 2019). Wound care is a nursing procedure often done in hospitals and must follow a procedure. Otherwise, this will lead to the occurrence of clinical infections. Wound care aims to prevent infections due to the entry of microorganisms into the skin, prevent increased tissue damage, and accelerate healing (Yulianto, 2016). Wound care is the daily task of nurses and midwives in maternity wards so that nurses and midwives can use wound care skills correctly. The correct wound care is as follows, do not touch the incision wound area with your hands, wash your hands before and after the wound care procedure, the wound care tools to be used must be sterile (free from germs), clean the wound using septic and antiseptic techniques, after cleaning the wound, the incision is closed again with a bandage (Koto & Munandar, 2018). The wound healing process consists of 3 phases, namely inflammation, proliferation (epithelialization) and maturation (remodelling). Wound healing in the inflammatory phase occurs until the 5th day after surgery. This phase can be short if there is no infection (Nurani et al., 2015). Wound healing, according to the Wound Healing Society (WHS), is complex and dynamic as a result of the return of continuity and anatomical function. The ideal wound healing referring to WHS is the normal return of the skin's structure, function and anatomy. The time limit for wound healing is determined by the type of wound and its environment both intrinsic and extrinsic. The healing of ordinary wounds is rapid. In surgical wounds, collagen synthesis can be detected by seeing a healing bridge under the stitches that begin to coalesce.

The healing bridge appears on the post-surgery's fifth to seventh day (Setyaningrum, 2019). The mother's ability to take care of herself after childbirth is very important for restoring her health. The mother's knowledge and attitude regarding postpartum care sectio caesarea can determine her ability to take care of herself independently so that the mother can monitor the changes that occur in her, maintain her health and make the right decisions if problems occur during the postpartum period (Rahim et al., 2019). If there are no puerperal problems, post-SC wound care at Sejiran Setason Hospital lasts between 3 to 4 days. The mother was free to go home after three days of treatment but had to return to the hospital for control seven days after SC. This control aims to monitor the progression of the disease, the diet lived, and the drugs used. Repatriation planning begins as soon as the patient is admitted to a hospital where the length of hospitalization is reduced. Repatriation planning seeks to identify specific requirements in addition to maintaining or maximizing functionality after repatriation. After returning home, post-SC mothers can keep incision wounds clean, bathe regularly, and keep the wounds dry to avoid infection. Mothers should seek emergency help at a nearby medical facility if the incision area is painful, reddened, swollen, or oozing unusual fluids in addition to keeping the body position so that the

surgical wound sutures do not open. A total of 27 people from 89 post-SC mothers carried out post-SC control based on information on post-SC maternal visits to the Obstetrics Polyclinic of rsud for the January-March 2019 period. Based on the background description above, researchers conducted a study on the relationship of knowledge, attitudes and family support with the wound care of post-Sectio Caesaria patients at Sejiran Setason Muntok Hospital, West Bangka Regency.

2. Research Methods

This study belongs to the correlational observational or non-experimental research design category, which explains the relationship using estimates and tests based on accepted theories. At Sejiran Setason Hospital in West Bangka, this study looked at the relationship between knowledge, attitudes, and family support as free variables and postoperative wound care as bound variables. 86 post-SC patients of Sejiran Setason Hospital who met the requirements were used as research samples. The sampling used in this study was non probability sampling. The data collection tool in this study is a questionnaire measuring tool to determine the variables to be measured by the researcher. To obtain valid data, researchers conducted a validity test by taking a sample at one of the clinics with as many as 20 respondents. After the validity test, a reliability test was carried out using Alpha Cronbach. The knowledge questionnaire showed a result of 0.792 which means it has a high interpretation. The attitude questionnaire showed a result of 0.717 and the family support questionnaire showed a result of 0.801 which means it is highly interpreted, while the wound care questionnaire showed a value of 0.779 which also means it has a high interpretation. Data analysis in this study used univariate and bivariate analysis. The univariate analysis of this study is an independent variable (knowledge, education, attitudes, and family support) and a dependent variable (post-SC patient wound care). Univariate and bivariate analyses in this study were used to analyze data where knowledge, education, attitudes, and family support were free variables, while wound care in post-SC patients was a bound variable.

Furthermore, bivariate analysis in this study was carried out to test the strength of the relationship between three free variables (knowledge, attitudes, and family support) and one bound variable that had an ordinal measurement scale using the Spearman coefficient test (wound care in post SC patients). The significance threshold states that the estimation findings are significant if the p-value is less than 0.05 and insignificant if the p-value is greater than 0.05. In the wound care variable, researchers use measuring methods through questionnaires and interviews that have been carefully prepared carefully. Previously Researchers carried out ethical permits from STIKES Citra Pomegranate Bangka Belitung by submitting a permit letter addressed to the Director of Sejiran Setason Hospital with letter number 0522/UM-B/SCDBB/V/2019. After obtaining approval, researchers conduct research by emphasizing ethical issues.

3. Results and Discussion

3.1. Results

3.1.1. Univariate Analysis

This univariate analysis describes the distribution, frequency and percentage of dependent variables (wound care) and independent variables (knowledge, attitudes, and family support). The following data for each of the variables is presented in the form of frequency and percentage.

3.1.1.1. Post Sectio Caesaria Wound Care

Table 1. The Distribution of respondents based on the ability of post SC mothers in carrying out wound care at Sejiran Setason Regional Hospital in 2019

No	Wound Care	Number of	Percentage(%)
		Respondent	
1.	Good	38	44.2
2.	Less	48	55.8
	Total	86	100

Based on table 1 of the distribution of respondents from 86 respondents who have the ability to treat good wounds, 38 respondents (44.2%) are less than respondents who treat wounds poorly.

3.1.1.2. Knowledge

Table 2. Distribution of respondents based on knowledge at Sejiran Setason Regional Hospital in 2019

No	Wound Care	Number of Respondent	Percentage(%)
1.	Good	38	44.2
2.	Less	48	55.8
	Total	86	100

From table 2 above, it is known that the distribution of respondents from 86 respondents who had a good level of knowledge, as many as 4 (4.7%) respondents was less than that of respondents who had sufficient and less good knowledge.

3.1.1.3. Attitude

Table 3. Distribution of respondents based on attitudes at Sejiran Setason Regional Hospital in 2019

Questions Items		ongly gree	Ag	gree		ess gree	Stro Disa	ngly gree	Total	
	f	%	f	%	f	%	f	%	f	%
X2.1	17	19.8	68	79.1	1	1.2	0	0	86	100
X2.2	8	9.3	48	55.8	30	34.9	0	0	86	100
X2.3	15	17.4	71	82.6	0	0	0	0	86	100
X2.4	1	1.2	50	58.1	35	40.7	0	0	86	100
X2.5	16	18.6	70	81.4	0	0	0	0	86	100
X2.6	1	1.2	79	91.9	6	7.0	0	0	86	100
X2.7	9	10.5	53	61.6	24	27.9	0	0	86	100
X2.8	22	25.6	51	59.3	13	15.1	0	0	86	100

Source: data processing results in 2019

Based on table 3, the distribution of respondents from 86 respondents obtained the results of respondents' answers to the maternal attitude variable question as follows:

- a. From question X2.1, the highest answer was obtained. Namely, the answer Agree 68 respondents (79 %), Strongly Agree (19.8%) and disagree (1.2%).
- b. From question X2.2, the highest answer was 48 respondents (55.8%), disagree (34.9%) and Strongly Agree (9.3%).

- c. From question X2.3, the highest answer was obtained: Agree 71 respondents (82.6%), Strongly Agree (17.4%).
- d. d. From question x2.4, the highest answer of respondents Agree 50 respondents (58.1), Disagree (40.7%), and Strongly Agree (1.2%),
- e. From question X2.5, the highest answer was obtained, namely, Agree 70 respondents (81.4%) and Strongly Agree (18.6%),
- f. From question X2.6, the highest answer was 79 respondents (91.9), disagree (7.0%) and Strongly Agree (1.2%),
- g. From question X2.7, the highest answer was obtained, namely Agree 53 respondents (61.6%), Disagree (27.9%), and Strongly Agree (10.5%),
- h. From question x2.8, the highest answer was obtained, namely Agree 51 respondents (59.3%), Strongly Agree (22.6%) and Disapprove (15.1%).

3.1.1.4. Family Support

Table 4. Distribution of respondents based on family support at Sejiran Setason Regional Hospital in 2019

No	Family Support	Number of	Percentage %
		Respondent	
1	Baik	48	55.8
2	Kurang	38	44.2
	Total	86	100

Based on table 4 shows that the distribution of respondents from 86 respondents who received good family support was 48 (55.8%) more than respondents who received less family support.

3.1.2. Bivariate Analysis

This analysis was carried out to determine two variables, namely independent variables and dependent variables, using the Spearman Rank correlation test (rho) with a meaningfulness level of 5% (α = 0.05).

3.1.2.1. The Relationship of Knowledge with post SC Wound Care

Table 5. The relationship of knowledge with post-SC patient wound care at Sejiran Setason Hospital in 2019

Variable			
v ariable	N	P	R
Knowledge	86	0.026	0.240*

Based on table 5 of the spearman correlation measurement results obtained a calculated r value of 0.240 with a signification value (p-value = 0.026) then there is a relationship of knowledge level with wound care (p=0.026< 0.05) with a weak correlation of 0.240 with a positive correlation direction and both unidirectional variables.

3.1.2.2. The Relationship of Attitude to post SC Wound Care

Table 6. The relationship between attitudes and post-SC patient wound care at Sejiran Setason Hospital in 2019

Variable			
variable	N	P	R
Attitude	86	0.011	0.273*

Based on table 6, it is clear that there is a relationship between attitude and wound care (p=0.11<0.05) with a weak correlation of 0.273 with a positive correlation direction and both variables in the same direction.

3.1.2.3. The Relationship of Family Support with post SC Wound Care

Table 7. Family support relationship with post-SC wound care at Sejiran Setason Hospital in 2019

Variable	Wound Care			
variable	N	P	R	
Family Support	86	0.782	-0.30	

Table 7 above shows the correlation coefficient number is -0.30, with values (p=0.782 > 0.05), meaning there is no relationship between family support and post SC wound care.

3.2. Discussions

3.2.1. The Relationship of Knowledge with post SC Wound Care

Knowledge is the result of knowing and this happens after people have sensed a certain object. Most human knowledge is obtained through education, the experience of both oneself and others, mass media, or the environment. Good and sufficient knowledge can be influenced by several factors, such as sources of information and educational factors. More and more people get information from the family environment, neighboring neighborhoods from health workers and from print media (Heriansyah et al., 2019). Mrs. Post SC's knowledge of managing post SC wound care at home increased. There is positive support from stakeholders about implementing post SC wound care management at home. There is a post-SC wound care management SOP manual at home (Jama & Alam, 2022).

Based on data from research conducted at Sejiran Setason Regional Hospital, West Bangka Regency in 2019 based on spearman-rho, it is known that maternal knowledge with post SC wound care with a value of p=0.026<0.05 which means there is a meaningful relationship between the two variables.

This is in accordance with the research of Rahim et al. (2019), who found that 52 respondents (60.5%) at Sejiran Setason Hospital, West Bangka, rated their knowledge of post-SC wound care as quite good. The researchers also found that health professionals (doctors, midwives, and nurses) could help mothers learn more about wound care as they receive care.

These results are in line with research conducted by Maria (2016), which showed that as much as 74% of maternal knowledge about postoperative wound care sectio caesarea is in the good category. Knowledge is influenced by various factors that occur around us, both internal and external factors. Internal factors come from personal experience and external factors from the experience of others and are influenced by education level and age. These factors shape a person's knowledge of sectio caesarea surgery. In this way one can acquire extensive knowledge.

In Zulhaedah's research (2017), it was found that out of 37 mothers, 25 mothers had good knowledge (67.6%), 12 mothers had less knowledge (32.4%), and 27 mothers had a positive attitude (73.0%). There is a relationship between the mother's understanding of how to do post-cesarean section wound care. Based on the results of the study, there are still some mothers who have sufficient knowledge about post-cesarean section wound care, but it still has to be improved so that in the future, all mothers can have a better level of knowledge about post section caesarea wound care. Cesarean section, the idea of post-cesarean section wound care, and the advantages of receiving such treatment, indications and taboos for post-cesarean wound care so that all mothers can benefit in the future (Zulhaedah, 2017).

Therefore health workers can provide education about wound care for post-SC patients when patients enter the hospital while being treated and before returning home. It is intended to increase knowledge in treating post-SC wounds after being allowed to return home from the hospital.

3.2.2. The Relationship of Attitude to post SC Wound Care

Knowledge influences the mother's attitude towards the implementation of post section caesarea wound care. Basically, all mothers want to take care of their own wounds, but some factors that sometimes prevent the mother from treating her own post sectio caesarea wound, such as, such as diseases or disorders suffered by the mother so that it needs intervention or treatment from a special officer, or because the mother cannot do the treatment herself and needs help from other health workers (Zulhaedah, 2017). A person develops an attitude based on his own experience or the experience of others closest to him so that they can react good or bad to an object.

Based on the results of the study, it was obtained that out of 89 respondents, who had a fairly good attitude in wound care, there were 60 respondents (69.8). Meanwhile, respondents who had a good attitude in carrying out wound care were 21 respondents (24.4%). The results of the Spearman —rho analysis obtained p-value=0.11<0.05 can be concluded that there is a relationship between attitude and post-SC wound care.

In the study Zulhaedah (2017), it was found that out of 37 mothers, 25 mothers had good knowledge (67.6%), 12 mothers had less knowledge (32.4%), and 27 mothers had a positive attitude (73.0%). There is a link between the mother's mindset and the use of post-cesarean section wound care. Basically all mothers want to treat their own wounds, but there are some factors that sometimes prevent mothers from doing so, such as diseases or disorders suffered by mothers that require intervention or treatment from experts or because mothers are unable to do their own care and need help from other health workers. So it can be concluded that knowledge affects the mother's attitude toward the implementation of post-cesarean section wound care.

According to research by Heriansyah et al. (2019), mothers who have a positive view are those who think that after surgery, mothers should take care of the scar area, and some mothers have expertise in doing so. Direct contact with something can positively or negatively affect the individual's attitude towards it. Attitudes are not innate, on the contrary, they are learned and formed on the basis of personal experience when a person develops over a lifetime. It is impossible to separate the influence of human relationships from attitudes (Heriansyah et al., 2019).

This reason is that attitude is a response or stimulus for someone to take action. If someone has a positive attitude value, they will behave well. Thus, with a positive attitude, post SC mothers can make efforts to treat post SC wounds so that the wound-healing process can take place well

3.2.3. The Relationship of Family support with post SC Wound Care

With the diversity of mind and intelligence it possesses, family support takes an important role in improving family health and adaptation. Family support is a process that occurs throughout life. The characteristics and types of social support vary in different stages of the life cycle.

Based on the study, the results were obtained that 48 respondents (55.8%) received good support from their families. Meanwhile, 38 respondents (44.2%) received less support from their families. The analysis results using spearman-rho were obtained from the p-value 0.782>0.05 so H0 was accepted. The conclusion was that there was no relationship between family support and post SC wound care.

Family support provides affection, encouragement, goods, and information from the closest people, such as husbands, wives, parents, children, and other closest people, so support recipients feel loved and appreciated. Family Support can be informational, assessment, instrumental, and emotional (Habiawati, 2018).

The postpartum phase is quite important for the mother to recover her health, but due to her limitations in meeting her needs, she needs care from her family. In order not to affect the wound care provided by post-SC mothers, family involvement is limited to assisting and supporting the post-SC wound healing process.

4. Conclusions

From the results of the research and discussion that has been described, it can be concluded that the relationships of knowledge, attitudes, and family support with the care of post-SC patient wounds at Sejiran Setason Hospital, West Bangka Regency are as follows:

- a. There is a relationship of knowledge with the care of post-SC patient wounds at Sejiran Setason Hospital, West Bangka, with a signification value of p = 0.026 with a weak relationship of r = 0.240 with a positive and unidirectional relationship direction.
- b. There is a relationship between attitude and the care of post-SC patient wounds at Sejiran Setason Hospital, West Bangka with a signification value of p = 0.11 with a close relationship of r = 0.273 with a positive and unidirectional relationship direction.
- c. There is no family support relationship with wound care.

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