Analysis of Factors Related to Mother Behavior on the Utilization of Integrated Service Post (POSYANDU) in Kotabaru District

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Abstract

The main strategy to reduce the prevalence of nutritional problems is through improving monitoring the children growth in Posyandu. The percentage of children under five years old was weighed in the last 6 months of 2016 in South Kalimantan Province was 68.7% and the district with the lowest coverage was Kotabaru District (43.60%). The Local Area Monitoring Report (PWS) nutritional development program in 2016, showed that D/S coverage at Dirgahayu Health Center based on the toddler age group were 44.79%, 24.57% and 19.72% and if the percentage compared with the district, provincial and national targets, it is still very low (less than 80%). This study aims to analyze the factors related to mother behavior in the utilization of posyandu in Kotabaru district. This research is a quantitative study with case control research design and in a study consisting of 95 cases and 95 controls with simple random sampling technique. There is a correlation between knowledge (p=0,0001), level of education (p=0,0001), community leaders support (p=0,005), and health worker support (p=0,005) with posyandu utilization behavior while dominant factors related to Posyandu utilization behavior is knowledge (p=0.0001).

Keywords: Behavior, Utilization, Posyandu, Mother, Toddler.

Introduction

One of the targets of the 2015-2019 National Medium Term Development Plan (RPJMN) is the decrease in the prevalence of malnutrition problems in children under five years old.[1] Posyandu is a form of Community Resource Health Efforts (UKBM) that are managed and organized from, by, for and with the community in the implementation of health development.[2]

Community visits to posyandu in Indonesia are still relatively low. Based on data from the Basic Health Research (Riskesdas) in 2010 62.5% of households did not utilize posyandu because they stated didn't need it.[3] Riskesdas (2013) data showed the frequency of weighing of children under five years old during the span of 6 months of observation in South Kalimantan Province is 29.5%.[4] Community participation in growth monitoring in posyandu (D/S) in South Kalimantan at 2016 was 68.7%. Of the 13 districts/cities, as many as 12 districts/ cities did not reach the target (80%) with districts with the lowest coverage were Kotabaru District (43.60%).[5,6]

Based on the Local Area Monitoring Report (PWS) of Kotabaru District Health Office in 2016, out of 28 community health centers in Kotabaru the lowest percentage of family use posyandu (bringing toddlers to posyandu aged 0-11 months, 12-23 months and 24-59 month) in the Dirgahayu Community Health Center. Dirgahayu Community Health Center was ranked as the 4th (fourth) lowest percentage the three age groups of toddler which was 44.79%, 24.57% and 19.72%. When compared with the district, provincial and national targets, it is still very low (less than 80%).

Dirgahayu Community Health Center is one of the Posyandu that has 3,212 mothers who have children with the highest level of education is elementary school as many as 1,179 people (36.7%).[7] Dirgahayu community health center is supported by 59 community leaders and 11 religious leaders and is not separated from the assistance of cadres, both health cadres as many as 934 people and cadres of Family Empowerment and Welfare (PKK) as many as 546 people. The Dirgahayu Health Center in 2016 had 13 midwives and 2 nutritional

workers. With the support of resources in the working area, Dirgahayu Community Health Center should be able to support in increasing maternal interest in utilizing Posyandu.

Community use of health services, especially posyandu, is influenced by many factors. The results of Sakbaniyah's research (2013) showed the factors that cause low interest of mothers to bring their babies to the posyandu are education, distance, cadre, knowledge, attitude, family, health workers, support of community leaders, and husband's support. In addition, it was also motivated by the support of cadres, religious leaders and stakeholders.[9] Based on the background above, the authors aimed to do research about factors related to maternal behavior in the use of posyandu in Kotabaru District.

Materials and Method

This research is an analytic observational study with case control design. The location that became the place of research was one of community health center in Kotabaru District, that is Dirgahayu Health Center which was held in March-September 2018.

The population in the study were mothers who had toddlers in the work area of the Dirgahayu Community Health Center as many as 3,212 people. Case samples were 95 mothers of toddlers who did not routinely carry their children every month to the Posyandu, while 95 control samples were mothers of toddlers who came regularly carry their children every month to the Posyandu. The sampling technique is simple random sampling.

The independent variables include knowledge level, level of education, support of community leaders, cadre support, PKK support, house distance, and support of health workers. while the dependent variable is mother's behavior in utilization of Posyandu. Research instruments are questionnaires that have been tested for validity and reliability. The analysis was carried out in univariate, bivariate (chi square, with 95% confidence interval (α=0,05) and multivariate with multiple logistic regression test.

Result And Discussion

1. Univariate Analysis

Table 1. Frequency and Distribution The Level of Knowledge, Level of Education, Community Leader Support, Cadre Support, PKK Support, Health Worker Support, Posyandu Distance, and Posyandu Utilization Behavior

Variable	n=190	%
Level of Knowledge		
Less	37	80,5
Good	137	19,5
Level of Education		
Elementary-Junior High School	102	53,6
Senior High School	88	47,4
Community Leader Support		
Less	109	57,4
Good	81	43,6
Cadre Support		
Less	75	39,5
Good	115	60,5
PKK Support		
Less	109	57,4
Good	81	43,6
Health Workers Support		
Less	25	14,2
Good	165	86,8
Posyandu Distance		
>10 minute	52	27,4
≤10 minute	138	72,6
Posyandu Utilization Behavior		
Less	95	50
Good	95	50

Source: Primary Data 2018

Based on table 1 it is known that mothers knowledge about posyandu mostly in the good category (80.5%). The mother's education level is mostly on elementary or junior high school (53.6%). Most community leaders did not support community to make use of posyandu (57.4%) because respondents felt that there was no consultation activity to plan activities related to posyandu and they did not provide motivation and suggestions to routinely bring the children to posyandu.

Based on table 1 it is known that most of the cadre support in good category (60.5%). Most of PKK support is still lacking (57.4%). Based on the findings in the field it was found that PKK support was felt to be lacking due to the mother feeling the PKK was not motivated to be independent in the use of posyandu, not mobilizing resources to support posyandu activities, not routinely coming to the posyandu and not helping the posyandu activities.

Most of the health workers' support is in the good category (86.8%). The results of the study show that most of the distance from the posyandu to mother's house in the category <10 minutes if taken by foot. The results showed that there were 95 respondents (50%) mothers who routinely used Posyandu and 95 respondents (50%) who did not routinely used Posyandu.

2.   Bivariate Analysis

Table 2: Correlation Analysis Between Independent Variable and Dependent Variable

Variabel	Posyandu Utilization Behavior				p-value	Odd Ratio (OR)	95% CI
	Less		Good				
	n	%	n	%			
Level of Knowledge	31	32.6	6	6.3			
Less	64	67.4	89	93.7	0,0001*	7,18	2,831-18,234
Good	95	100	95	100			
Total	**31**	**32,6**	**6**	**6.3**			
Tingkat Pendidikan							
Elementary-Junior High School	63	66,3	39	41,1	0,0001*	2,827	1,567-5,100
Senior High School	32	33,7	56	58,9			
Total	**95**	**100**	**95**	**100**			
Community Leader Support							
Less	64	67,4	45	47,4			
Good	31	32,6	50	52,6	0,005*	2,294	1,274-4,131
Total	**95**	**100**	**95**	**100**			
Cadre Support							
Less	43	45,3	32	33,7			
Good	52	54,7	63	66,3	0,103	-	0,905-2,927
Total	**95**	**100**	**95**	**100**			
PKK Support							
Less	56	58,9	53	55,8			
Good	39	41,1	42	44,2	0,660	-	0,640-2,023
Total	**95**	**100**	**95**	**100**			
Health Worker Support							
Less	19	20,0	6	6,3			
Good	76	80,0	89	93,7	0,005*	3,708	1,40-9,758
Total	**95**	**100**	**95**	**100**			
Posyandu Distance							
>10 Minutes	25	26,3	27	28,4			
≤10 Minutes	70	73,7	68	71,6	0,745	-	0,475-1,703
Total	**95**	**100**	**95**	**100**			

*significant

Based on table 2 it is known that there is a significant correlation between the level of knowledge with posyandu utilization behavior in mothers who have children under five years old (p=0.0001) with an OR is 7.18 which means that mothers who have less knowledge have 7,18 times more likely not routinely take their children to the posyandu. This is in line with research conducted by Hutami and Ardianto (2014) which states that there is a relationship between the level of knowledge of mothers and toddler visits at posyandu. The knowledge of mothers is the basics for the realization of the importance activities in Posyandu.[10] Changes in knowledge are not always be the cause of behavior changes, but knowledge closely related to the initial determination for someone to behave.[11]

Based on statistical tests, it was found that there was correlation between level of education and posyandu utilization behavior (p=0.0001) with OR 2.827 which means mothers who have low education 2.827 more likely not routinely bring their children to posyandu. According to Hidayat (2005) with good education, mothers can obtained basic knowledge about posyandu activities.[12] This is in line with research conducted by Halimah N (2012) which states that there is a significant relationship between the level of mothers education and the level of attendance of children under five years old at posyandu. Good education will support mothers to be able to receive all information from outside and will have an impact on changes in health behavior so that awareness to visit the posyandu.[13]

Statistical test results showed that there was correlation community leader support and posyandu utilization behavior (p=0.005) with an OR value= 2.168, which means that mothers who lack support from community 2,168 more likely to behave badly in utilizing posyandu services. This is in line with the research of Yuryanti (2010) which states that the active role of health workers and community leaders is needed to increase participation in Posyandu implementation because community leaders are the drivers of the community to be present and play an active role in the utilization of posyandu.[14]

Statistical test results showed that there was no relationship between cadre support (p=0,103) and PKK support (p=0,660) with posyandu utilization behavior (p=0.103). Factors that caused there was no correlation between cadre support and PKK support with posyandu utilization were inadequate PKK support in this study. This is in line with the research by Hasanah (2011) which states that there is no relationship between PKK support and the behavior of mothers of toddlers in considering their children to the posyandu. The study stated that mothers visits to posyandu were more influenced by the activeness of mothers.[15]

There was a relationship between health workers support with posyandu utilization behavior (p=0.005) with OR= 3.708, which means that mothers who do not get the support of health workers 3,708 more like have less posyandu utilization behavior. The results of this study are in line with the research conducted by Putri (2015) which states that there is a relationship between health workers supports and mother visits to posyandu.[16] Based on research conducted by Reihana et al. (2014), there was a relationship between the presence of health workers and mother participation in weighing their children to the Posyandu. Every program with the target community, especially the posyandu program, will not succeed if the community does not understand the importance of posyandu. Therefore, there is a need for participation and support from health.[17]

Based on the results of statistical tests, it was found that there was no correlation between posyandu distance and posyandu utilization behavior (p=0.745). This is because the number of mothers who have close house distance (<10 minutes) from posyandu have more bad behavior in the utilization of health services (73.7%). Another factor is because some of the respondents' education level is still low. The results of this study are in line with research conducted by Fitriah et al (2013) which states that there is no relationship between distance of residence and mother visits to posyandu, this is because if knowledge, education, support from community leaders, cadres, and health workers are well, even though the distance is quite far, a mother will still come to the posyandu because they are aware of the importance of coming to the posyandu for toddler health and growth.[18]

3. Multivariate Analysis

Multivariate analysis was performed using multiple logistic regression tests using the backward method. Variables that include to multivariate model candidates are independent variables with bivariate results with p-value <0.25. For independent variables whose bivariate results showed p-value> 0.25 but are important in substance, these variables can be included in the multivariate model. The variables included in the multivariate model can be seen in the table below:

Tabel 3: Variable Selection

No	Variabel	P-value
1	Level of Knowledge	0,0001*
2	Level of Educatiom	0,0001*
3	Community Leader Support	0,005*
4	Cadre Support	0,103*
5	PKK Support	0,660**
6	Health Worker Support	0,005*
7	Posyandu Distance	0,745**

Explanation: p-value = Correlation Value, * = Continue to Statistic Analysis, ** = Discontinue to Statistic Analysis

Tabel 4: Last Results of Multivariate Analysis

No	Variable	Sig.	Exp (B)
1	Level of Knowledge	0,0001	5,625
2	Level of Education	0,004	2,609
3	Community Leader Support	0,018	2,197
4	Health Worker Support	0,025	3,347

The results of the multivariate analysis showed the knowledge variable was the most dominant variable related to posyandu utilization behavior by mothers who had children with p-value=0.0001 and Odd Ratio=5.625, which means that mothers with less knowledge 5,635 more likely to not routinely take their children to the posyandu. Notoatmodjo (2003) stated that knowledge or cognitive is a very important domain in shaping one's actions. Insufficient knowledge makes mothers not aware of the importance of the benefits of bringing toddlers to the posyandu so that mothers lack awareness and positive attitudes to participate in activities at the posyandu. If knowledge comes from personal experience, the mother who follows the posyandu repeatedly, even regularly, will certainly know the benefits of posyandu.[19]

Conclusions

There was a relationship between knowledge, education, community leaders support, and health workers support with posyandu utilization behavior, while the cadres support, PKK support, and posyandu distance doesnt have a significant relationship with posyandu utilization behavior. It is expected that the Health Service and Community Health Centers to conduct health promotion activities for mothers who have children under five years old to increase the knowledge of mothers about the importance of bring children to posyandu, and for the local government needs to strengthen the performance of PKK and posyandu cadres in Kotabaru District to support improved mothers behavior in the utilization of posyandu.

References

1. Ministry of National Development Planning. 2015-2019 National Medium Term Development Plan. Ministry of National Development Planning. 2015

2. Anisa O, Erna J, Regina. Guidelines For Posyandu Implementation. Yogyakarta: Nuha Medika. 2016

3. Ministry of Health of Indonesia Republic. Basic Health Riset Result 2010. Ministry of Health. 2010.

4. Ministry of Health of Indonesia Republic. Basic Health Riset Result 2013. Ministry of Health. 2013.

5. Health Office of South Kalimantan Province. Report The Performance of the Community Nutritional Improvement Program in South Kalimantan Province 2016. Health Office of South Kalimantan Province. 2016

6. Health Office of Kotabaru District. Report The Performance of the Community Nutritional Improvement Program in Kotabaru Distict 2016. Health Office of Kotabaru District. 2016.

7. Central Bureau of Statistics of South Kalimantan Province. National Social Economic Survey 2017. Central Bureau of Statistics. 2017

8. Central Bureau of Statistics of Kotabaru District. Pulau Laut Utara District in Figures. Central Bureau of Statistics. 2017

9. Sakbaniyah S, Nur L, Herawati, Mustika DN. Correlation Between Mothers Knowledge and Compliance of Toddlers Visit To Posyandu in

Sumberejo Village. Midwifery Journal. 2013. 2 (1): 34-38

10. Hutami, Ardianto. Factors Associated With Toddler Visits at Bulak Lor Posyandu In Jatibarang Public Health Center Work Area. Public Health Journal. 2014. 1(2)

11. Green WL. Health Education Planing a Diagnostik Proach, the Johns Hapkins University: Mayfield Publishing Company. 2005

12. Hidayat S. Education and Learning. Malang: UMM Press. 2005

13. Halimah N. Relationship Between Maternal Education and Distance of Toddler Visits to Posyandu in Karangtengah Village. Undergraduated Thesis. Surakarta: Muhammadiyah University. 2012

14. Yuryanti. Factors Relating to Mothers Behavior of Visiting Posyandu in Muka Kuning Village.. Undergraduated Thesis. Jakarta: Indonesia University. 2010

15. Hasanah IJ. Factors Related To Mother Behavior in Weighing Toddler at Posyandu in Rorotan Village. Undergraduated Thesis. Jakarta: Syarif Hidayatullah University. 2015

16. Putri MAD, Junaidi, Lisnawaty. Relationship Between Mothers Behavior Factor With Visited to Posyandu at Mokau Public Health Center Work Area . Undergraduated Thesis. Kendari: Halu Oleo University.2015

17. Reihana Factors Associated With Mother Participation To Weighing Toddlers To Posyandu. Yarsi Medical Journal. 2012. 20(3):143-157.

18. Fitriah, Mardjan, Andri DH. Relationship Between Reinforcing Factors and Accessibility of Posyandu With Mother Visits To Posyanda At Rasau Jaya Village. Student and Health Research Journal. 2013. 1(2): 39-49

19. Notoatmodjo S. Public Health Sciences: Basic Principles. 2nd edition. Jakarta: Rineka Cipta. 2003