Research Article

Factors Influencing Toddler Visit to Integrated Healthcare Center in Sukabumi District

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Abstract

Aims: The purpose of this study was to determine the effect of knowledge, motivation, the role of health workers, and family support on toddler visit to integrated healthcare center in Sukabumi district.

Methods: This type of research was conducted with a cross sectional design. The population was all mothers of toddlers with a sample of 225, using proportional random sampling technique. Statistical analysis to determine the effect using logistic regression.

Results: There is an influence of knowledge (p=0.000), motivation (p=0.000), the role of health workers (p=0.000) and family support (p=0.000) on toddler posyandu visits in Sukamanis Village, Kadudampit Health Center Working Area, Sukabumi Regency.

Conclusion: Knowledge, motivation, role of health workers and family support influenced toddler posyandu visits in Sukamanis Village, Kadudampit Health Center Working Area, Sukabumi District.

Keywords: Family Support, Knowledge, Motivation, Posyandu Visits, Role of Health Workers, Toddlers

INTRODUCTION

In Law Number 36 of 2009 concerning health, it is explained that health services are places used to organize health service efforts, both promotive, preventive, curative and rehabilitative, which are carried out by the government, local governments or the community (1). One form of health service can be found at the health center. Puskesmas is a leading health service organization unit with a mission as a health service development center, whose task is to carry out guidance, comprehensive and integrated health services to the community in a certain area (2).

Posyandu, which stands for integrated service post, is a fundamental health activity that is organized by the community for the community itself, with the assistance of health workers (3). The services available at the Posyandu as the center of community activities in the health sector are by carrying out nutrition services, immunization, diarrhea prevention, family planning (KB), and Maternal and Child Health (MCH). This philanthropic endeavor is one way that health services can be made more accessible to more people (4). The participation of the community will ensure that the activities of Posyandu are carried out effectively, particularly with regard to the enhancement of the health and nutritional status of newborns or toddlers (5).

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According to the data provided by the Indonesian government about health, the percentage of malnutrition among toddlers aged 0 to 59 months in Indonesia is 3.9%, while the prevalence of undernutrition has reached 13.8%. There is not much of a difference between this with the findings of the monitoring of nutritional status (PSG) that was carried out by the Ministry of Health in 2017. Specifically, the proportion of malnutrition in toddlers aged 0-59 months was 3.8%, and the percentage of malnutrition was 14.0%. With regard to toddlers aged 0 to 59 months, the percentage of very short toddlers in Indonesia in 2018 was 11.5%, while the percentage of short toddlers was 19.3% (6).

Based on Basic Health Research (Riskesdas) in 2018, the proportion of active weighing of toddlers more than 8 times was 40.0% and less than 8 times was 54.6%. The activity of weighing toddlers in Indonesia in 2019 amounted to 73.86%, this figure has increased from the previous year of 68.37% with a national target of achieving 85% in 2019 (7).

The toddler weighing coverage in all Puskesmas working areas in Sukabumi District in 2016 was 83.48%. This indicates that the coverage of toddler visits or the D/S rate (the number of toddlers who come divided by the total number of toddlers available multiplied by 100 percent) in Indonesia currently still does not meet the expected target of 100% for the National and West Java regions, and is still less than the target for the Sukabumi District area. With this problem, it indicates that the existing toddler posyandu visits have not been carried out optimally (8).

Posyandu visits are an important part of detecting toddlers by looking at nutritional status. Nutritional status is important to support the growth and development of children under five. If the nutritional status is not met, then there can be complications in their health (9).

One of the factors that influence toddler posyandu visits is maternal knowledge. Knowledge is an important domain in the formation of open behavior (10). The knowledge that a person has is the basis for action because a person's ability to do something depends on the knowledge they have (11).

Motivation is a factor in the soul of an individual that motivates, causes, and drives an attitude and conduct of a person in the direction of accomplishing the desired objective (12). An additional factor that can affect toddler posyandu visits is the motivation of the mother. The encouragement that the mother receives from herself and from other people both play a role in the mother's motivation to visit the toddler posyandu (4).

The role of health personnel is the next aspect that plays a role in determining the frequency of visits to posyandu for toddlers. As stated by Sutrisno, the role of health workers is an action that is anticipated by the community in relation to a health worker who has the responsibility of providing health services in order to improve the status of public health (17). The provision of support by health workers is one method in which they might affect the behavior of individuals who comply with regulations. Police personnel that provide excellent service will be rewarded with positive behavior (14).

Family support factors can also affect toddler posyandu visits. Family support, namely the support system, is the most important element in influencing family behavior and lifestyle in maintaining health and quality of life (15). Positive family support from family members to mothers of toddlers can be in the form of providing information about the importance of posyandu to mothers of toddlers. While negative family support is usually the lack of responsiveness of husbands or families to mothers of toddlers in reminding or providing support about utilizing posyandu, husbands or other families also do not want to deliver or replace mothers to monitor the growth and development of their toddlers to the posyandu (16).
Sukabumi District is one of the areas that supports the reduction of maternal and child mortality by providing maternal and child health programs at health facilities, including health centers. Sukabumi District has 58 community health centers, all of which provide maternal and child health programs, one of which is the provision of posyandu services for toddlers. The purpose of this study was to determine the effect of knowledge, motivation, the role of health workers, and family support on toddler visit to integrated healthcare center in Sukabumi district.

METHODS
The method of research that was utilized was a correlational study that was designed using a cross-sectional setup. In this particular study, the population consisted of 512 individuals, all of whom were mothers of toddlers living in Kadudampit Village, which is located in the Kadudampit Health Center Working Area of the Sukabumi Regency. The proportional random sampling technique was used to choose the sample for this study, which consisted of various mothers of toddlers from Kadudampit Village, Kadudampit Health Center Working Area, Sukabumi Regency. The total number of participants was about 255. In order to determine the effect, statistical analysis employing logistic regression was considered.

RESULTS
1. Overview of Respondent Characteristics

Table 1. Overview of Respondent Characteristics

<table>
<thead>
<tr>
<th>No</th>
<th>Respondent Characteristics</th>
<th>F</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mother's Age (Years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>20-35</td>
<td>147</td>
<td>65.3</td>
</tr>
<tr>
<td></td>
<td>&gt; 35</td>
<td>78</td>
<td>34.7</td>
</tr>
<tr>
<td>2</td>
<td>Toddler Age (Years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1-3</td>
<td>137</td>
<td>60.9</td>
</tr>
<tr>
<td></td>
<td>&gt;3-5</td>
<td>98</td>
<td>39.1</td>
</tr>
<tr>
<td>3</td>
<td>Mother's Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Elementary School</td>
<td>33</td>
<td>14.7</td>
</tr>
<tr>
<td></td>
<td>Junior High School</td>
<td>36</td>
<td>16.0</td>
</tr>
<tr>
<td></td>
<td>Senior High School</td>
<td>138</td>
<td>61.3</td>
</tr>
<tr>
<td></td>
<td>College</td>
<td>18</td>
<td>8.0</td>
</tr>
<tr>
<td>4</td>
<td>Mother's Occupation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Work</td>
<td>27</td>
<td>12.0</td>
</tr>
<tr>
<td></td>
<td>Not Working</td>
<td>198</td>
<td>88.0</td>
</tr>
<tr>
<td>5</td>
<td>Place of Residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>With Family</td>
<td>99</td>
<td>44.0</td>
</tr>
<tr>
<td></td>
<td>On your own</td>
<td>126</td>
<td>56.0</td>
</tr>
<tr>
<td>6</td>
<td>Posyandu visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;8 Times/Year</td>
<td>92</td>
<td>40.9</td>
</tr>
<tr>
<td></td>
<td>≥8 Times/Year</td>
<td>133</td>
<td>56.1</td>
</tr>
</tbody>
</table>

Based on table 1 shows that most of the characteristics of respondents aged 20-35 years, namely 147 people (65.3%), the age of toddlers 1-3 years, namely 137 people (60.9%), the last education of the mother is SMA as many as 138 people (61.3%), not working, namely
189 people (88.0%), the place of residence of the respondent is alone as many as 126 people (56.0%), and make posyandu visits >8 times/year as many as 133 people (59.1%).

2. Univariate Analysis

<table>
<thead>
<tr>
<th>Variables</th>
<th>F</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>86</td>
<td>38.2</td>
</tr>
<tr>
<td>High</td>
<td>139</td>
<td>61.8</td>
</tr>
<tr>
<td>Motivation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>83</td>
<td>36.9</td>
</tr>
<tr>
<td>High</td>
<td>142</td>
<td>63.1</td>
</tr>
<tr>
<td>Role of Health Workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>135</td>
<td>60.0</td>
</tr>
<tr>
<td>Less</td>
<td>90</td>
<td>40.0</td>
</tr>
<tr>
<td>Family Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td>143</td>
<td>63.6</td>
</tr>
<tr>
<td>Not in favor</td>
<td>82</td>
<td>36.4</td>
</tr>
<tr>
<td>Posyandu visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine</td>
<td>134</td>
<td>59.6</td>
</tr>
<tr>
<td>Not Routine</td>
<td>91</td>
<td>40.4</td>
</tr>
</tbody>
</table>

According to Table 2, the majority of respondents, specifically 139 individuals (61.8%), possess a high level of knowledge. Conversely, a minority of respondents, specifically 86 individuals (38.2%), have a poor level of knowledge. The majority of respondents, specifically 142 individuals (63.1%), exhibited high motivation, whereas a minority of respondents, especially 83 individuals (36.9%), displayed poor motivation. The majority of respondents, specifically 135 individuals (60.0%), successfully obtained the position of health workers. Conversely, a smaller part of respondents, exactly 90 individuals (40.0%), had less success in securing the post of health workers. The majority of respondents, specifically 143 individuals (63.6%), received help from their families, whereas a minority of respondents, especially 82 individuals (36.4%), did not receive family support. The majority of respondents, specifically 134 individuals (59.6%), made regular posyandu trips, while a smaller fraction of respondents, exactly 91 individuals (40.0%), made irregular posyandu visits.

3. Bivariate Analysis

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Visit</th>
<th>Total</th>
<th>%</th>
<th>P-Value</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Routine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>107</td>
<td>77.0</td>
<td>32</td>
<td>23.0</td>
<td>139</td>
</tr>
<tr>
<td>Low</td>
<td>27</td>
<td>31.4</td>
<td>59</td>
<td>68.6</td>
<td>86</td>
</tr>
<tr>
<td>Total</td>
<td>134</td>
<td>59.6</td>
<td>91</td>
<td>40.4</td>
<td>225</td>
</tr>
</tbody>
</table>

According to Table 3, the majority of respondents with extensive knowledge regularly visit posyandu, with a total of 107 people (77.0%). A smaller number of respondents, 32 people (23.0%), do not visit posyandu regularly. However, the majority of individuals with limited understanding did not regularly attend posyandu visits, accounting for 59 individuals. This is an open access article under the CC BY-SA license.
(68.6%), whereas a smaller percentage, consisting of 27 individuals (31.4%), did attend posyandu visits on a regular basis. The Chi Square statistical test yielded a p-value of 0.000 (p-value <0.05), indicating a significant association between knowledge and posyandu visits. The research yielded an odds ratio (OR) of 0.137, indicating that moms with high knowledge are 0.137 times more likely to conduct routine posyandu visits compared to mothers with low knowledge.

Table 4. Bivariate Analysis of the Effect of Motivation on Toddler Posyandu Visits

<table>
<thead>
<tr>
<th>Motivation</th>
<th>Visit</th>
<th>Total</th>
<th>P-Value</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Routine</td>
<td>%</td>
<td>Not Routine</td>
<td>%</td>
</tr>
<tr>
<td>High</td>
<td>109</td>
<td>76.8%</td>
<td>33</td>
<td>23.2%</td>
</tr>
<tr>
<td>Low</td>
<td>25</td>
<td>30.1%</td>
<td>58</td>
<td>69.9%</td>
</tr>
<tr>
<td>Total</td>
<td>134</td>
<td>59.6%</td>
<td>91</td>
<td>40.4%</td>
</tr>
</tbody>
</table>

According to Table 4, the majority of respondents with strong motivation regularly visit posyandu, with 109 people (76.8%) doing so. A smaller minority of respondents, 33 people (23.2%), do not often visit posyandu. However, the majority of respondents who lacked motivation did not regularly attend posyandu appointments, with 58 individuals (69.9%) not making trips at all, while a smaller fraction of 25 individuals (30.1%) did make frequent visits. The Chi Square statistical test yielded a p-value of 0.000 (p-value <0.05), indicating a significant association between motivation and posyandu visits. The study yielded an odds ratio (OR) of 0.130, indicating that women with high motivation are 0.137 times more likely to make routine posyandu visits compared to moms with low motivation.

Table 5. Bivariate Analysis of the Effect of the Role of Health Workers on Toddler Posyandu Visits

<table>
<thead>
<tr>
<th>Role of Health Workers</th>
<th>Visit</th>
<th>Total</th>
<th>P-Value</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Routine</td>
<td>%</td>
<td>Not Routine</td>
<td>%</td>
</tr>
<tr>
<td>Good</td>
<td>104</td>
<td>77.0%</td>
<td>31</td>
<td>23.0%</td>
</tr>
<tr>
<td>Less</td>
<td>30</td>
<td>33.3%</td>
<td>60</td>
<td>66.7%</td>
</tr>
<tr>
<td>Total</td>
<td>134</td>
<td>59.6%</td>
<td>91</td>
<td>40.4%</td>
</tr>
</tbody>
</table>

According to the data in table 5, the majority of respondents, specifically 104 persons (77.0%), regularly visit posyandu as part of their duties as good health professionals. A smaller group of 31 people (23.0%) do not regularly conduct posyandu trips. On the other hand, the majority of individuals who were not selected for the position of health workers did not regularly attend posyandu visits, with 60 individuals (66.7%) falling into this category. Conversely, a smaller proportion of individuals, 30 people (33.3%), did make regular posyandu visits. The Chi Square statistical test yielded a p-value of 0.000 (p-value <0.05), indicating a significant association between involvement of health personnel and posyandu visits. The study yielded an odds ratio (OR) of 6.710, indicating that women who assume the position of good health workers have a significantly higher likelihood of making routine posyandu visits compared to mothers who do not hold the role of health workers.

Table 6. Bivariate Analysis of the Effect of Family Support on Toddler Posyandu Visits

<table>
<thead>
<tr>
<th>Family Support</th>
<th>Visit</th>
<th>Total</th>
<th>P-Value</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Routine</td>
<td>%</td>
<td>Not Routine</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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According to Table 6, the majority of respondents (74.8%) who receive regular family support make 107 visits to posyandu, while a smaller minority (25.5%) do not make regular visits, totaling 36 persons. However, the majority of respondents who did not receive family assistance did not frequently visit posyandu, with 55 individuals (67.1%) not making regular visits and only a tiny fraction of 27 individuals (32.9%) making regular visits. The Chi Square statistical test yielded a p-value of 0.000 (p-value <0.05), indicating a significant association between family support and posyandu visits. The study yielded an odds ratio (OR) of 6.005, indicating that moms who receive family assistance are 6.710 times more likely to regularly attend posyandu visits compared to mothers who do not receive family support.

4. Multivariate Analysis

The first stage in multivariate analysis is to select the variables that qualify for multivariate analysis. The complete selection results can be seen in table 7 as follows:

<table>
<thead>
<tr>
<th>Variables</th>
<th>P Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>0,000</td>
<td>Proceed to multivariate</td>
</tr>
<tr>
<td>Motivation</td>
<td>0,000</td>
<td>Proceed to multivariate</td>
</tr>
<tr>
<td>Role of Health Workers</td>
<td>0,000</td>
<td>Proceed to multivariate</td>
</tr>
<tr>
<td>Family Support</td>
<td>0,000</td>
<td>Proceed to multivariate</td>
</tr>
</tbody>
</table>

Table 7 shows that all variables can be included in the multivariate analysis, namely knowledge, motivation, the role of health workers, and family support. Furthermore, the complete multivariate modeling process can be seen in table 8 as follows:

<table>
<thead>
<tr>
<th>Variables</th>
<th>B</th>
<th>P Value</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>-1,012</td>
<td>0,007</td>
<td>0,363</td>
</tr>
<tr>
<td>Motivation</td>
<td>-0,964</td>
<td>0,013</td>
<td>0,382</td>
</tr>
<tr>
<td>Role of Health Workers</td>
<td>0,804</td>
<td>0,035</td>
<td>2,234</td>
</tr>
<tr>
<td>Family Support</td>
<td>0,564</td>
<td>0,150</td>
<td>1,758</td>
</tr>
<tr>
<td>Constant</td>
<td>0,247</td>
<td>0,597</td>
<td>1,280</td>
</tr>
</tbody>
</table>

\[ R^2 = 0,372 \]

According to the data in table 8, the modeling results show that the R Square value is 0.3732 (Nagelkerke R Square). This means that knowledge, motivation, and the role of health workers collectively contribute to 37.2% of the influence on maternal visits with toddlers to posyandu. The remaining 62.8% is influenced by other factors that were not studied. The multivariate logistic regression analysis reveals that three variables, specifically knowledge, motivation, and the function of health personnel, have a substantial impact on posyandu visits. Additionally, there is one moderating variable, namely family support.

The most dominant variable associated with posyandu visits in this study was the role of health workers. The variable
role of health workers has a chance to routinely make posyandu visits 2.234 times higher than the role of health workers who are less.

DISCUSSION

1. Univariate Analysis of Variables

a. Univariate Descriptive Analysis of Knowledge

Based on the results showed that most mothers of toddlers had a high level of knowledge as many as 139 people or 61.8%, and a small proportion of mothers of toddlers had a low level of knowledge as many as 86 people or 38.2%.

According to the Big Indonesian Dictionary (KBBI), knowledge is everything that is known, as well as intelligence and everything related to learning or problems (17).

There are many factors that influence the level of knowledge of mothers of toddlers towards visiting posyandu, including education, and maternal age (18).

In line with Atik & Susanti (19), and Rehing, et al. (4) that the level of education can describe a person's level of knowledge.

Education is a learning process that includes the process of growth, development, as well as changes in attitudes and behavior of a person or group through teaching and training for a change for the better (4).

The higher a person's education, the easier it is for them to receive information and ultimately the better their knowledge. At a low level of education, it will hinder the development of the person's attitude (19).

Age is another factor that affects the knowledge of mothers of toddlers.

b. Univariate Descriptive Analysis of Motivation

Based on the results of this study, most respondents had high motivation as many as 142 people or 63.1%, and a small proportion had a low level of motivation as many as 83 people or 36.9%.

Motivation is one of the origins of the procedure for the formation of behavior and undergoes a process of change or how he changes. Motivation itself is often defined as a drive that arises from within a person (Inner drive), which consciously or unconsciously makes people behave to achieve goals that are in accordance with their needs (22).

There are many factors that influence the mother's motivation to make posyandu visits, including age.

In line with Rehing et al. (2021) that there is an influence of age on a person's motivation. Supported by Rosidin et al. (2020) maternal age is included in one of the factors that influence a person's level of motivation.

Age is a number that shows the length of a person's life from birth to the present with units of years. The productive age of the mother, which includes good physical and psychological conditions, will further encourage the mother to be eager to routinely visit the toddler.
posyandu because there are no health obstacles that prevent her from bringing her child to the posyandu.

Another factor that influences mothers' motivation to visit toddlers is education. In line with Widyaningsih (2020) education is an important factor that can increase one's motivation (23). Education is an important thing that underlies a person's knowledge to recognize and apply healthy behavior for the life of himself and his family. Education determines a person's ability to think, analyze, and decide on all the information he receives with rational consideration to be applied by him.

c. Univariate Descriptive Analysis of the Role of Health Workers

Based on the results showed that most mothers of toddlers get the role of good health workers as many as 135 people or 60%, and a small portion of mothers of toddlers get the role of health workers less as many as 90 people or 40%.

The role of health workers is the behavior or behavior of a health worker in delivering information, education and appropriate actions for patients (24).

The age of respondents is one of the factors that influence the role of health workers. In line with Wulandari & Puspita (25) and Anggina et al that age is a factor influencing the role of health workers.

Health workers who play a good role will always maximize their role as educators to all their patients, both young and elderly, so that the information conveyed is more evenly distributed across various ages (26).

The employment status of respondents is another factor that affects the quality of the role of health workers. In line with Handayani et al. (27) and (28) that the client's employment status affects the role of health workers.

Mothers of toddlers who do not work will have time to conduct scheduled and routine health checks, so that the health information conveyed by health workers will be conveyed properly and precisely which will have an impact on the mother's attitude in complying with the recommendations given by health workers for the health of the baby and herself until the delivery (29).

d. Descriptive Analysis of Family Support

most mothers of toddlers get family support as many as 143 people or 63.6%, and a small proportion of mothers of toddlers do not get family support as many as 82 people or 36.4%.

Family support is support provided by the person closest to the patient in the form of providing attention, affection, and meeting the patient's needs so that the patient feels cared for and self-confidence will arise so that it can increase the patient's ability to implement healthy living (30).

There are several factors that influence family support, one of which is age. In line with Rinata & Andayani (2018) that age is one of the factors that influence family support (31).

The increasing age of a person indicates increasing maturity in thinking and also physical readiness to reproduce or to have offspring. Humans over the age of 60 will experience a decrease in physical and mental conditions due to a lifestyle that has a degenerative impact in their old age (32).

Employment status is one of the factors that influence family
support. In line with Lisma Febita, et al (33) and supported by Putri (34) maternal employment has a positive relationship with family support. Employment status is the type of position of a person in doing work in a business unit or activity (35). A working mother needs greater family support than a non-working mother to provide the best and routine health facilities for her toddler.

e. Univariate Descriptive Analysis of Posyandu Visits

Based on the results of this study, most respondents routinely made posyandu visits as many as 134 people or 59.6% and a small proportion did not routinely make posyandu visits as many as 91 people or 40.4%. According to the Riau Provincial Health Office (2015) posyandu is one form of UKBM that is managed and organized from, by, for, and with the community to empower and provide convenience to the community in obtaining basic health services for the community, especially mothers, babies, and children under five.

The routine and non-routine of mothers making posyandu visits with toddlers is influenced by various factors, including education. In line with Eswanti & Sunarno's research (36) and Desty & Wahyono (20) that education level and posyandu visits have a significant relationship.

Education affects a person's ability to think about the decisions he will make. In other terms, someone with a higher education will make rational and open decisions compared to using someone with a lower education (20). Mothers with higher education will have a higher health protection nature towards their children's health, so that mothers with higher education will strive to make routine posyandu visits with toddlers to find out the growth and development of toddlers, early detection of abnormalities, and prevent malnutrition in toddlers (18).

2. Bivariate Analysis

a. Bivariate Analysis of Maternal Knowledge Affects Posyandu Visits

Based on the results showed that there is an influence of knowledge on toddler posyandu visits with a p-value of 0.000 (<0.05).

In line with research conducted by Desty & Wahyono (20) on toddler posyandu visits, supported by research conducted by Atik & Susanti (19) stating that there is a significant relationship between the level of knowledge of mothers of toddlers. Notoatmodjo (2003), knowledge is the result and this occurs after people do sensing of a particular object (17). Maternal knowledge is the basis for behavior, therefore a person's ability to do something depends on the knowledge he has. Basic knowledge about Posyandu, its purpose, and the benefits obtained at Posyandu allows mothers to attend every Posyandu implementation.

If the acceptance of behavior is based on knowledge, awareness and positive attitudes, the behavior will be consistent and long-lasting. Conversely, if the behavior is not based on knowledge and awareness, it will not last long. Therefore, the mother's knowledge must be continuously improved so that her awareness in utilizing health facilities will increase (18).

A mother with sufficient knowledge will increase awareness about the
utilization of health facilities, especially to monitor the health of her toddler, so that the number of visits to the posyandu is higher or causes visits to become routine.

b. Bivariate Analysis of Motivation Affects Posyandu Visits
Based on the results showed that there is an effect of motivation on toddler posyandu visits with a p-value of 0.000 (<0.05).
In line with research conducted by Setianingsih et al. (37) that high motivation affects posyandu visits with toddlers. Supported by Widyaningsih et al. (23) that motivation influences mothers to make posyandu visits.
According to UNICEF (2005) motivation is a feature of human psychology that contributes to the level of commitment of a person, many factors that cause, channel and maintain human behavior in the direction of a certain determination motivation is a feeling or thought that encourages a person to do work or exercise power on behavior (22).
Maternal motivation for weighing toddlers is determined by self-support and external support. Motivation from the mother’s self in the form of expectations to receive services and information for toddlers while motivation comes from outside is influenced by the active role of health workers, cadres, and families in supporting mothers to carry out routine posyandu activities (4).
Mothers with low motivation tend to make mothers not routinely bring their toddlers to the posyandu which can be caused by various things, one of which is the perception that checking toddlers to the posyandu is not important (38). The higher the mother’s motivation, the more routine the posyandu visits will be. Mothers with low motivation are less likely to routinely bring their toddlers to the posyandu for check-ups.

c. Bivariate Analysis of the Role of Health Workers in Influencing Posyandu Visits
Based on the results of the study, there is a significant influence of the role of health workers on posyandu visits with a p value of 0.000 (<0.05).
In line with research conducted by Fitriyah & Purbowati (39) that the role of health workers has a significant influence on the visit of mothers with toddlers to the posyandu. Supported by Nelwan & Maramis (40) one of the factors that influence toddler posyandu visits is the role of health workers.
Health workers according to (Indonesian Law on Health Discourse No. 36 of 2014) are all people who devote themselves to the health sector and have understanding and skills through education in the health sector (24).
The role of good health workers is very helpful in providing counseling or information through counseling and socialization to mothers so that they are more concerned about the health of their children and the mother’s knowledge increases and can motivate her to participate in activities at the posyandu. The role of good health workers will make mothers of toddlers make routine posyandu visits in accordance with the recommendations that have been suggested (41).

d. Bivariate Analysis of Family Support Influencing Posyandu Visits
Based on the results showed that there is an influence of family support on toddler posyandu visits with a p-value of 0.000 (<0.05).
In line with research conducted by Zakia (42) that there is an influence
of family support on posyandu visits. Supported by research conducted by Erina (20) that family support is related to posyandu visits.

Family support is a support system that is the most important element in influencing the behavior and lifestyle of families in maintaining their health and quality of life (15). The attention and support given from the closest people will encourage a person to do the intended thing (43).

Mothers of toddlers who receive support from the family are caused by a fairly good family attitude towards health so that they feel the need to be involved in maintaining children's health. Active families are families who always take the time or routinely bring their children to the posyandu every month (44).

3. Multivariate Analysis

Based on the results of multivariate analysis using logistic regression shows that the variable knowledge motivation, and the role of health workers p-value <0.05 so that the three variables have a simultaneous influence on toddler posyandu visits, while the variable family support has a p-value > 0.05 so that it is categorized as a confounding variable or does not simultaneously affect toddler posyandu visits.

The most dominant variable associated with posyandu visits in this study was the role of health workers with a p-value of 0.035 and OR = 2.234.

Mothers' knowledge of the importance of conducting posyandu visits that will have a good impact on monitoring children's growth and development will encourage mothers to routinely make regular toddler posyandu visits. High maternal knowledge is the basis that forms attitudes and actions that can encourage mothers' motivation to routinely bring their children to posyandu visits (44).

The high motivation of mothers is also inseparable from the role of good health workers. Health workers play a role in providing support for healthy behavior, one of which is providing support in the form of health education regarding the importance of monitoring child growth and development through posyandu visits (45).

High knowledge will result in high motivation and accompanied by the role of good health workers, so that mothers will make routine posyandu visits. When the mother's motivation is high, the mother will try to routinely bring her toddler to a posyandu visit that has been based on the knowledge she has and the role of the officer she gets (22).

Health workers who carry out their role as educators and consultants will help open the mother's mind to the benefits of making posyandu visits, so that it will have an impact on increasing the mother's knowledge and can also indirectly increase the motivation of the mother (22).

In addition to health workers, high knowledge and high motivation can also be based on supportive family support. Mothers who receive family support will have an impact on increasing the knowledge and motivation of the mother, so that the mother can firmly decide and make efforts to routinely make posyandu visits with her toddler (46).

Family support that is not received by mothers can have an impact on their level of knowledge and motivation. Mothers tend to get less health information and less attention or enthusiasm in conducting posyandu visits for poor toddlers (47).
CONCLUSION

Knowledge, motivation, the role of health workers, and family support were shown to have an influence on the number of visits to the posyandu clinic for toddlers in Sukamanis Village, which is located in the Kadudampit Health Center Working Area of the Sukabumi Regency. The findings also shown that there was a simultaneous relationship between knowledge, motivation, the role of health workers, and family support on the number of visits to the posyandu for toddlers in Sukamanis Village, which is located in the Kadudampit Health Center Working Area of the Sukabumi Regency. Within the limits of the Sukamanis Village, Kadudampit Health Center Working Area, and the Sukabumi Regency, the function of health workers is the most significant in terms of their ability to influence toddler posyandu visits.

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