

DETERMINANTS OF LOW COMMUNITY PARTICIPATION IN TODDLER GROWTH MONITORING IN INTEGRATED SERVICE POST (POSYANDU)

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ABSTRACT

The number of toddler in Indonesia is 9.54% of the entire population of Indonesia. The national target for toddlers' health care coverage in Indonesia in 2014 is 85%, while in 2013 it was 70.12%. This coverage is measured through the number of toddlers that weighed (D) divided by the total number of toddlers (S) or named D/S in terms of percent as an indicator of community participation in weighing in posyandu. In the Special Region of Yogyakarta, the lowest coverage was recorded in the city of Yogyakarta at 73.93%. Data from City Health Department in Yogyakarta in 2014 showed that the lowest coverage was recorded at Puskesmas Umbulharjo I at 59.1%. This research aimed to study the determinant of low community participation in monitoring toddlers' growth at posyandu. This was a descriptive research with cross-sectional design and univariate data analysis. The population of the research were 30 mothers with toddlers in Posyandu RW XVII Sorosutan. In this research, the majority of mothers with toddler were between 20-35 years of age (53.3%), held academy/university diploma (76.7%), unemployed/housewives (43.3%), had good level of knowledge (60%), had positive attitude (56.7%), owned KMS (93.3%), and received family support (70%).

Keywords: toddler, growth monitoring, community participation (D/S), posyandu

INTRODUCTION

The number of Indonesian population recorded until 2014 was 248.422.956, 23.700.676 or 9.54% of them were toddlers¹. Toddlers can be categorized as children between the ages of 12 up to 59 months. Growth is defined as the increase in size and the number of cells as well as intercellular network. Which translated into the increase in size and the number of cells as well as the structure of the body, partial or as a whole. So, it can be measured by length and weight². Toddlers health services are services delivered by health workers, nutritionists, public health counselors, and officers in other sectors. It given to children between the ages of 12-59 months. In an effort to improve the quality of life of toddlers which include the monitoring of growth and development in children. Using Growth Early Detection Stimulation (SDIDTK) instruments in the integration of Integrated Service Post (Posyandu). It also can be served in the Early Childhood Education (ECD), family counseling during class mothers of toddlers in Bina Keluarga Balita (BKB) program. By utilizing Buku Kesehatan Ibu Anak (KIA), the care of toddlers by breastfeeding until 2 years of age, a balanced nutritional diet, and vitamin A intake³. The coverage for toddlers health care service in Indonesia in 2013 reached 70.12%, which was below the target of 83%. From the target of 23.701 million children under five, only 14.142 million received toddlers health care service regarding toddlers growth monitoring³.

The rate of toddlers care service in the Special Region of Yogyakarta is higher than that of in the national level at 85.78%, with the City of Kulonprogo scores the highest at 95.52%. On the other hand, the rate in the City of Yogyakarta remains the lowest at 73.93%⁴. One of the health care provided for toddlers are growth monitoring at least eight times a year (weighing and height measuring at least 8 times a year)^[5]. Toddlers growth monitoring is one method to assess the nutritional status of children under five. One of community-based activities which provides growth monitoring for toddler is Posyandu. Therefore, community participation (D/S) to weigh their toddlers at Posyandu contributes greatly to the achievement of this indicator⁴.

Low D/S coverage indicated low growth monitoring as well. Low growth affects the prevalence of malnutrition in children under five^[3]. Based on the data from the City Health Office of Yogyakarta 2014, the lowest D/S coverage was found in Puskesmas Umbulharjo I with only 59.1% or 1,526 from the total of 2,581 toddlers were being weighed. Since the total D/S coverage in the city of Yogyakarta was 74.17%, it is clear that community participation in Puskesmas Umbulharjo I was below average⁶. Based on the data from Puskesmas Umbulharjo I Yogyakarta, the lowest D/S coverage was found in Sorosutan Village, with RW XVII scored the lowest at 59.25% and RW VIII scored the highest at 81.48%.

PURPOSE

This research aimed to learn the determinant of low community participation in monitoring toddlers growth in Posyandu Sorosutan RW XVII, Umbulharjo, Yogyakarta.

METHOD

This was a descriptive research with cross sectional design and univariate data analysis. The population in this study was mothers of toddlers in Posyandu Sorosutan RW XVII with 30 toddlers in total. The research was conducted on April 12nd and May 17th - 30th 2015. The studied variables were mothers' characteristics (age, education background, occupation), mothers' knowledge, mothers' behavior, KMS ownership, and family support for mothers monitor their toddlers growth at posyandu. The instruments in this research were questionnaires with their validity and reliability tested on March 2015 at Posyandu Warungboto RW VIII Umbulharjo, Yogyakarta, with 30 respondents.

RESULTS AND DISCUSSION

Mother characteristics by Age, Education, and Employment

Most of the mothers were between 20-35 years of age, diploma/academy/university graduates, and housewives who did not work outside of the house.

Table 1.
Determinants of Low Public Participation in Monitoring Toddlers Growth Based on Mothers' Characteristics

Characteristics Mother	Frequency (f)	Percentage (%)
Age		
<20 years	0	0
20-35 years	16	53.3
> 35 years	14	46.7
Number	30	100
Level of Education		
Never attend school	0	0
Elementary school	0	0
Junior High School / equivalent	1	3.3
High school / equivalent	6	20
Diploma / Academy / University	23	76.7
Number	30	100
Occupation		
Civil servants	1	3.3
Private sector employees	3	10
Entrepreneurs	8	26.7
Labors	0	0
Does not work	13	43.3
Other	5	16.7
Number	30	100

Determinants of Low Public Participation in Toddlers Growth Monitoring

Most mothers with toddlers in Sorosutan RW XVII had a good level of knowledge. Most mothers had a positive attitude towards Posyandu services in monitoring the growth of toddlers. Almost all mothers of toddler had KMS. Most of them also received family support to monitor their children growth at Posyandu.

Table 2.
Determinants of Low Public Participation in Toddlers Growth Monitoring

Determinant of Low Public Participation	Frequency (f)	Percentage (%)
Knowledge		
Good	18	60
Enough	11	36.7
Less	1	3.3
Number	30	100
Attitude		
Positive	17	56.7
Negative	13	43.3
Number	30	100
KMS Ownership		
Have	28	93.3
Do not have	2	6.7
Number	30	100
Family support		
Support	21	70
No support	9	30
Number	30	100

DISCUSSION

Mothers' Characteristics by Age, Education, and Employment

A person's age affects changes in physical and psychological aspects (mental)^[7]. Previous research suggested that young and new mothers tend to give greater attention to the health of their children. As someone gets older, they have more children and activities which in turn will affect the motivation to provide good health care to their children ^[8].

From 30 respondents, most of the mothers were between 20-35 years of age, with the youngest and oldest mother being 25 and 41 respectively. From these data, it is clear that the age span of the respondents of 25-41 years old was also productive age ⁹. This does not fit the expectation that mothers at productive age can give better attention to their children, especially in monitoring the growth of toddlers in posyandu. This research did not correspond to the results of research in Kabupaten Lima Pulu Kota which indicated that there was a significant correlation between the age of mothers and utilization of Posyandu by mothers, where more mothers under 30 (65.6%) utilized posyandu better than mothers above 30 (29.4%) ⁸. This study argued that mothers under 20 usually showed greater concern regarding their children growth and had bigger curiosity due to their lack experience in child-rearing. On the other hand, mothers above 20 had the tendency to avoid going to posyandu since they were less worried because they felt more experienced.

Education is defined as guiding others related certain matters¹⁰. Education is also the process of changing the attitudes and code of conduct of a person or group of people, as well as to develop others through teaching and training efforts^[11]. The data regarding the education background of the respondents showed that most mothers of children under five in Sorosutan RW XVII were highly educated, with most mother mothers held academy/ university diploma.

Results of previous studies stated that women who were highly educated (high school or higher) had 1.55 times more chance to utilize Posyandu better compared to low-educated mothers (junior high school or lower), even though it was not statistically significant. This was possible because highly educated mothers had better knowledge regarding growth monitoring compared to mothers with low education background. Aside from that, people who were highly educated could accept or absorb information better⁸. On the other hand, the easier for mothers to absorb information, the easier they access information from media such as television, radio, newspaper as well as social media such as facebook, twitter, etc. Consequently, these mothers tend to monitor their children growth at home or at Dokter Praktik Mandiri (DPM) / Bidan Praktik Mandiri (BPM) instead of seeking consultation with posyandu cadres that they perceive as less knowledgeable.

Work environment can also affect someone's knowledge⁷. The results of a study conducted in the city of Sabang mentioned that housewives or mothers who did not work visited posyandu more regularly than working mothers¹². Even though the research in Kabupaten Lima Pulu Kota stated that mothers' occupation influenced their child rearing time and attention for their children, which included they time the spared to take their children for regular weighing at posyandu, it is clear that this was not the case with this research because the high number of mothers that did not work supposedly would increase their visit to posyandu ⁸. This study showed that mothers who did not regularly monitor their children growth at posyandu were predominantly housewives that did not work outside of the house. It is estimated that the low visit to posyadu was because housewives had more time to monitor their children growth at home and mothers with high education background preferred to go to the doctor instead

of posyandu. In addition to that, supporting data regarding the mothers' needs and health insurance ownership indicated that most mothers could afford their daily needs and most of them were also covered by health insurance, either public or private. This allowed the mother to monitor their children growth at the doctors or midwives of their own choices.

Level of knowledge regarding toddlers growth and monitoring

Knowledge is the result of "know" which occurs after people sense a particular object. Sensing occurs through human senses, namely: the senses of sight, hearing, smell, taste, and touch. Knowledge is a very important domain to shape someone's action⁷. The research showed 60% (18 people) of mothers who did not monitor their children growth at posyandu had good level of knowledge while 36.7% (11 people) had fair knowledge and 3.3% (one person) had poor knowledge.

Previous research mentioned that the analysis indicated that mothers who are knowledgeable had 1.29 times chance to utilize Posyandu better compared to the mothers who were less knowledgeable. However, statistical analysis showed that there was no significant correlation between knowledge with the number of visits that a mother made to Posyandu^[8]. This is possible because a knowledgeable mother might know how to monitor their children growth, the factors that affect growth, and how to deal with developmental problem. Thus, mothers can monitor their children growth independently and/or visit health facilities when necessary.

Mothers' attitude toward posyandu service regarding toddlers growth monitoring

Attitude is the readiness or willingness to act, and not the implementation of a specific motive. Attitude is not an action or activity, but an act of a behavioral predisposition. Attitude is still a closed reaction, not an open reaction or an open behavior¹⁰. The research showed that most mothers that did not monitor their children growth regularly at posyandu had positive attitude toward posyandu service so it was expected that their positive attitude could lead to higher participation. This did not match the result of previous study which indicated that mothers who showed positive attitude toward posyandu (46.6%) would utilize the service of posyandu more regularly compared to mothers who showed negative attitude toward posyandu (33.3%)⁸.

It is necessary for mothers to realize the importance of posyandu in improving children's health, which over time can also improve mothers' attitude toward posyandu. Attitude doesn't always automatically manifest in an action or *overt behavior*. Transforming attitude into real actions requires supporting factor or favorable condition, among others are the facilities¹⁰. Positive attitude from mothers do not guarantee that mothers will eventually utilize posyandu because it will depend on if mothers think posyandu facilities and service are necessary or not.

Ownership KMS on mothers with toddlers

KMS for toddlers is a card that contains the child's normal growth curve based on weight anthropometric index according to age. With KMS, developmental problem or risk of over nutrients can be detected in advance, so that preventive measures can be carried out more quickly and precisely before the problems become more severe^[9]. KMS makes it easier to observe whether the child is growing properly according to age or not. KMS is given to parents during a visit to Posyandu. The visit to Posyandu is associated with D/S indicator^[12].

This research showed that almost all mothers in Kelurahan Sorosutan RW XVII have KMS. Toddlers who do not have KMS are those older than 24 months. The research in Kabupaten Lima Puluh Kota mentioned that mothers who have good behavior regarding utilization of Posyandu were more likely to be in group of mothers who had KMS instead of group of mothers who did not have KMS. There was also a significant relation between KMS ownership and Posyandu utilization by mothers⁸. This did not fit the current research which indicated that educated mothers with KMS were more likely to follow instruction in the KMS which might resulted in less visit to posyandu because they could do monitoring at home. In case of developmental problems, such as being underweight or over nutrition, mothers could take remedial action, such as increasing food intake or taking the child to a health facility for treatment. Based on the supporting date, only 27% children were under the age of 24 months, while 73% of them were above 24 months. In which case, mothers were less likely to take their children posyandu because children at this age have received basic immunization.

Family support for mother to monitor their children growth

Mothers or caregivers will regularly go to posyandu with encouragement from their closest relatives. Family support is instrumental in preserving and maintaining toddlers nutritional status⁸. The research showed that most mothers who did not regularly go to posyandu to monitor their children growth received support from family and some of them even were reminded by neighbors or posyandu cadres to monitor their children growth at posyandu. Previous research stated that mothers who received support from the family had 1.32 times chance to utilize Posyandu compared to mothers who received no support from the family⁸. The result of this research did not match the previous where it was predicted that due to environmental factors in which mothers barely knew each others or mothers might not permanently reside in the area that they were rarely home during posyandu scheduled activities. Supporting data also indicated that the majority of the mothers opted not to bring their toddlers to posyandu to monitor growth. They preferred to do monitoring at home, Dokter Praktik Mandiri (DPM), or Bidan Praktik Mandiri (BPM).

CONCLUSION AND RECOMMNDATION

Conclusion

1. The majority of mothers with toddler were between 20-35 years of age (53.3%).
2. The majority of mothers with toddler held academy/university diploma (76.7%).
3. The majority of mothers with toddler unemployed/housewives (43.3%).
4. The majority of mothers with toddler had good level of knowledge (60%).
5. The majority of mothers with toddler had positive attitude (56.7%).
6. Almost all mothers with toddler owned KMS (93.3%).
7. The majority of mothers with toddler received family support (70%).

Recommendation

1. The result of this research is expected can serve as one of study materials regarding society participation to monitor toddlers' growth.
2. Mothers are expected can raise the awareness of other mothers and society on the importance of monitoring toddlers' growth at posyandu and also to increasing sense of ownership toward posyandu so that posyandu can perform its basic function to monitor children's growth and development.

