

# The Factors Affecting with Orderliness Child under Five Years at Posyandu Visited in Public Health Centre Timika Regional Mimika Regency

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**Abstract-Introduction:** Posyandu is a strategic of government to down morbidity and mortality to child under five years. So the community society must be access Posyandu with periodic one month at time and finished after five years age. The prevalence of participatory of society community to posyandu not gotten maximal 80%.

**Target of research:** the factor's affecting with orderliness child under five years visited at posyandu in Public Health Centre Timika Regional Mimika Regency.

**Method Research :** Analytic of observasional with sectional cross study design. Research executed on 16 April and 18 May 2018 in Public health centre Timika with population is child and sampel counted 86 mother with purposive random sampling. Data approach used questionnaire and analyzed used chi square test and logistics binarry regretion.

**Result of research :** The factor's is related with child under five years to Posyandu visited orderliness in Public Health Centre Timika Mimika Regency is age mother (p-value 0,032; RP = 1,978; CI95% (1,099- 3,561), job description (p-value 0,000; RP = 3,297; CI95% (1,814 - 5,993), knowledge mother (p-value 0,000; RP = 2,902; CI95% (1,753- 4,804), attitude mother (p-value 0,001; RP = 2,606; CI95% (1,558- 4,361), home faraway mother (p-value 0,000; RP = 3,014; CI95% (1,690- 5,374), kader support (p-value 0,002; RP = 2,538; CI95% (1,415- 4,549), family support (p-value 0,004; RP= 2,353; CI95% (1,394- 3,971) and motivated mother (p-value 0,000; RP = 3,156; CI95% (1,871- 5,422).

**Conclusion:** There is not related with child under five years orderliness visited Public Health Centre Timika Mimika Regency is study (p-value 0,389; RP = 1,978; CI95% (0,776- 2,372). the variable domintan is job, knowledge, home faraway to posyandu to visited posyandu in Public Health Centre Timika Regional Mimika Regency.

**Keywords:** The visitor of child under five years in Posyandu

## I. INTRODUCTION

The Posyandu program is a government strategy to reduce infant mortality rate, birth rate, and maternal mortality rate. The decline in the death rate in a region is a standard for successful implementation of integrated programs in the region. To accelerate the decrease of national mortality rate is required the growth of community participation in managing and utilizing posyandu because posyandu is owned by community. In order to develop community

participation in posyandu can be done by applying health management principles (Ismawati, 2015). Viewed from the SKDN indicator in Indonesia, that for program reach of the cadre participation rate, the success of the program has not reached the set target of 80%. From the data of Dinas Kesehatan Provisini Papua 2016, coverage or program coverage or K / S (72.15%), community participation or D / S (37.60%), coverage of under-five weighing which has KMS or D / K (52, 57%), all under-five children who gained weight or N / S (17.01%), weight-bearing children or N / D (49.86%) (Dinkes Papua 2017). The data indicates that the coverage of the participation of the community especially the toddler visit is not as expected.

The implementation of Posyandu is a nutritional program with the result of program coverage (K / S) or number of toddlers who have Healthy Towards Card (KMS), coverage of community participation (D / S), weighing coverage (D / K), coverage of weighing result / D), coverage of vitamin A distribution and coverage of Fe (Kemenkes RI, 2011). Problems related to Posyandu visit include the availability of operational fund to move the Posyandu activity, the availability of facilities and infrastructure, the knowledge of the cadres is still low and the behavior of the under-five mother. There are three factors that influence a person behave in health are predisposing factors, enabling factors and factor reading. Predisposing factors also interact with genetic factors, as well as experience of childhood bias to shape attitudes, values and perceptions first, enabling factors including availability of resources, skills, insight, availability of facilities, can be considered as supporting health services. The reinforcing factor is a driving factor embodied in the attitudes and behavior of health workers or other officers, families, friends, community leaders, who associate with feedback received by service users from others whose outcomes will encourage or undermine behavioral changes in service use (Notoamodjo,2011).

One of the factors that influence the regularity of toddler visits to posyandu is the mother's motivation. The low of Mother's visit that does not balance her to posyandu can cause un-growth and developmental growth of the risk of

nutritional condition worsened so that growth disturbance (Junnydi, 2017).

Based on preliminary study from Mimika Regency Health Office report from 18,808 underweight children, less than 482 underweight children (2.86%) and malnutrition as many as 40 (0.2%) toddlers (Mimika Regency Health Office 2017). Data Puskesmas Timika the number of children under five with less than 171 (2%) of under fives and severe malnutrition as many as 7 (0.1%) children under five. Data on community participation coverage in weighing toddlers reached 61% of the target 80%. The work area of Timika Puskesmas does not reach the target of 80%, where the coverage of balita toddler reaches 38% (Mimika Regency Health Office 2017). Based on the above mentioned problems in the implementation of posyandu activities in nutritional program, the writer is interested to conduct research entitled "Factor - Factors related to the regularity of toddler visits in Posyandu working area of Puskesmas Timika of Mimika Regency".

## II. MATERIALS AND METHOD

Analytical observational with cross sectional study design. The study was conducted on April 16th until May 18th, 2018 at Timika Health Center with the population was toddler enrolled in posyandu and the number of respondents was 98 mothers by purposive random sampling. Data were obtained using questionnaire and analyzed using chi square test and logistic binary regression.

### Univariate Analysis

Table 1. Distribution of age, education, occupation, knowledge, attitude, posyandu distance, cadre support, family support, motivation and youth toddlers at Puskesmas Timika 2018

No	Variable	Frekuensi (n)	Presentase (%)
1	Age		
	≤ 25 year	46	46,9
	> 25 year	52	53,1
2	Education		
	Low	46	46,9
	High	52	53,1
3	Occupation		
	Work	37	37,8
	Not work	61	62,2
4	Knowledge		
	less	24	24,5
	good	74	75,5
5	Attitude		
	Less	26	26,5
	Good	72	73,5
6	Posyandu distance		
	Diccifult	36	36,7
	Easy	62	63,3
7	Cadre support		
	Not support	40	40,8

	Support	58	59,2
8	Family support		
	Not support	28	28,6
	support	70	71,4
9	Motivation		
	Low	27	27,6
	High	71	72,4
10	Kid visit		
	Irregulaer	33	33,7
	Regular	65	66,3
Number		98	100

Based on Table 1, it shows that majority of respondents > 25 years old are 52 people (53.1%), highly educated as many as 52 people (53.1%), not working as many as 61 people (62.6%). The knowledge of mother about posyandu mostly have good knowledge about 74 people (75.5%), good attitude 72 people (73.5%). Distance of posyandu taken by most mothers in easy category as much 62 people (63.3%). Support of cadres given to mothers as many as 58 people (59.2%) support and support family as much as 70 people (71.4%) support. Motivation of mother in doing balita to posyandu mostly in high category counted 71 people (72.4%) and regular toddler visit counted 65 people (66.3%).

### Bivariate Analysis

#### a. The relationship between maternal age and regularity of infant visits

Table 2. Maternal age relationship with regular visitation at Posyandu working area of Timika Health Center of 2018

No	Age	Balita Visit in Posyandu				n	%
		Irregular		Regular			
		n	%	n	%		
1	≤ 25 year	21	45,7	25	54,3	46	100
2	≥ 25 year	12	23,1	40	76,9	52	100
Total		33	24,4	65	75,6	98	100

p-value = 0,032; RP = 1,978; CI95% (1,099– 3,561)

Table 2 shows that out of 46 mothers aged less than 25 years old there were 21 irregular (45.7%) people to the posyandu and as many as 25 people (54.3%) regularly to psoyandu. Whereas from 52 mothers over 25 years old, there were 12 irregular people (23,2%) to posyandu and 40 people (76,9%) regularly to posyandu. = 0,05) obtained p-value 0,032 or pα. The result of chi square statistic test at significance value 95% (<α (0,05). This means that there is a relationship between maternal age and regularity of toddler visits in Posyandu working area of Puskesmas Timika. The result value of RP = 1,978; CI95% (1,099-

3,561) interpreted that mothers aged less than 25 years are at an irregular risk of bringing toddlers to posyandu 1.978 times higher than mothers older than 25 years.

Maternal education relationship with regularity of toddler visit

Table 3. Maternal education relationship with regular visitation at Posyandu Posyandu working area of Timika Health Center Year 2018

No	Education	Balita Visit in Posyandu				n	%
		Irregular		Regular			
		n	%	n	%		
1	Low	18	39,1	28	60,9	46	100
2	High	15	28,8	37	71,2	52	100
Total		33	24,4	65	75,6	98	100
p-value = 0,389; RP = 1,357; CI95% (0,776– 2,372)							

Table 3 shows that out of 46 low-educated mothers there were 18 irregular (39.1%) people to the posyandu and as many as 28 people (60.9%) regularly to psosyandu. Whereas from 52 highly educated mothers, there were 15 irregular people (28,8%) to posyandu and 37 people (71,2%) regularly to posyandu. = 0,05) obtained p-value 0,389 or pαThe result of chi square statistic test at significance value 95% (> α (0,05). This means that there is no correlation between mother education and child youth in Posyandu working area of Puskesmas Timika. The result value of RP = 1,978; CI95% (0.776- 2.372) with a lower value of less than 1, so educa- tion is not a viable factor with the regularity of toddler visits to posyandu.

The relationship of mother's work with the regularity of toddler visits

Table 4. Relationship of maternal employment with regular visitation at Posyandu Posyandu working area of Timika Health Center Year 2018

No	Occupation	Balita Visit in Posyandu				n	%
		Irregular		Regular			
		N	%	n	%		
1	Work	22	59,5	15	40,5	37	100
2	Not work	11	18	50	82	61	100
Total		33	24,4	65	75,6	98	100
p-value = 0,000; RP = 3,297; CI95% (1,814– 5,993)							

Table 4 shows that of 37 working mothers there were 22 irregular people (59.5%) to the posyandu and as many as 15 people (40.5%) regularly to posyandu. Of the 61 unemployed mothers, there were 11 irregular people (18%) to the posyandu and 50 people (82%) regularly to posyandu. = 0,05) obtained p-value 0,000 or pαThe result of chi square statistic test at significance value 95% (< α (0,05). This means that there is a relationship of mother's work with regular visit of toddler in Posyandu working

area of Timika Health Center. The result value of RP = 3,297; CI95% (1,814- 5,993) interpreted that working mothers at risk of irregular carrying toddlers to posyandu 3,297 times higher than mothers who do not work.

Relationship of mother's knowledge with regularity of toddler visit

Table 5. Relationship of mother's knowledge with regular visitation at Posyandu Posyandu working area of Timika Health Center Year 2018

No	Knowledge	Balita Visit in Posyandu				n	%
		Irregular		Regular			
		n	%	n	%		
1	Less	16	66,7	8	33,3	24	100
2	Good	17	23	57	77	74	100
Total		33	24,4	65	75,6	98	100
p-value = 0,000; RP = 2,902; CI95% (1,753– 4,804)							

Table 5 shows that out of 24 well-informed mothers there were 16 irregular people (66.7%) to the posyandu and as many as 8 people (33.3%) regularly to posyandu. Meanwhile, from 74 well-informed mothers, there were 17 irregular people (23%) to the posyandu and 57 people (77%) regularly to posyandu. = 0,05) obtained p-value 0,000 or pαThe result of chi square statistic test at significance value 95% (< α (0,05). This means that there is a relationship of mother's knowledge with regularity of toddler visit at work unit Posyandu Puskesmas Timika. RP value = 2,902; CI95% (1,753- 4,804) interpreted that informed mothers were less at risk of irregular bringing toddlers to posyandu 2,902 times higher than well-informed mothers.

The relationship of mother's attitude with the regularity of toddler visits

Table 6. Relationship of mother's attitude with regular visitation at Posyandu Posyandu working area of Timika Health Center Year 2018

No	Attitude	Balita Visit in Posyandu				n	%
		Irregular		Regular			
		n	%	n	%		
1	Less	16	61,5	10	38,5	26	100
2	Good	17	23,6	55	76,4	72	100
Total		33	24,4	65	75,6	98	100
p-value = 0,001; RP = 2,606; CI95% (1,558– 4,361)							

Table 6 shows that of 26 mothers who have good attitude there are 16 people (61,5%) who are not regular to posyandu and as many as 10 people (38,5%) regularly to posyandu. Whereas of 72 good mothers, there were 17 irregular people (23,6%) to the posyandu and 55 people (76,4%) regularly to posyandu. = 0,05) obtained p-value 0,001 or pαThe result of chi square statistic test at

significance value 95% ( $< \alpha (0,05)$ ). This means that there is a relationship of mother's attitude to the regularity of toddler visits in Posyandu working area of Puskesmas Timika. The result value of  $RP = 2,606$ ;  $CI95\% (1,558-4,361)$  interpreted that mothers who are less risky do not regularly bring toddlers to posyandu 2,606 times higher than good mothers.

*Posyandu distance relationship with regular visitation of children under five years old*

Table 7. Posyandu distance relationship with regular visitation at Posyandu working area of Timika Health Center of 2018

No	Posyandu distance	Balita Visit in Posyandu				n	%
		Irregular		Regular			
		n	%	n	%		
1	Difficult	21	58,3	15	41,7	36	100
2	Easy	21	19,4	50	80,6	62	100
Total		33	24,4	65	75,6	98	100

p-value = 0,000;  $RP = 3,014$ ;  $CI95\% (1,690- 5,374)$

Table 7 shows that of 36 mothers with difficult posyandu distance there were 21 (58.3%) irregular people to the posyandu and as many as 15 people (41.7%) regularly to posyandu. Whereas from 62 mothers with easy posyandu distance, there were 21 people (19,4%) who did not regularly to posyandu and 50 people (80,6%) regularly to posyandu. = 0,05) obtained p-value 0,000 or  $p < \alpha$ . The result of chi square statistic test at significance value 95% ( $< \alpha (0,05)$ ). This means that there is a posyandu distance relationship with the regularity of toddler visits in Posyandu working area of Puskesmas Timika. The result value  $RP = 3,014$ ;  $CI95\% (1,690- 5,374)$  interpreted that mothers with posyandu distance are much at risk of irregular carrying toddlers to posyandu 3,014 times higher than mothers with easy posyandu distance.

*Relationship of cadre support with regular visit of toddler*

Table 8. Relationship of cadre support with regular visitation at Posyandu Posyandu working area of Timika Health Center Year 2018

No	Cadre support	Balita Visit in Posyandu				n	%
		Irregular		Regular			
		n	%	n	%		
1	Not support	21	52,5	19	47,5	40	100
2	Support	21	20,7	46	79,3	58	100
Total		33	24,4	65	75,6	98	100

p-value = 0,002;  $RP = 2,538$ ;  $CI95\% (1,415- 4,549)$

Table 8 shows that out of 40 mothers with cadre support did not support there were 21 irregular people (52.5%) to the posyandu and as many as 19 people (47.5%) regularly to posyandu. Whereas from 58 mothers who supported

cadre support, there were 21 irregular people (20,7%) to posyandu and 46 people (79,3%) regularly to posyandu. = 0,05) obtained p-value 0,002 or  $p < \alpha$ . The result of chi square statistic test at significance value 95% ( $< \alpha (0,05)$ ). This means that there is a cadre support relationship with the regularity of toddler visits in Posyandu working area of Puskesmas Timika. The result value  $RP = 2,538$ ;  $CI95\% (1,415-4,549)$  interpreted that non-supportive cadres had an irregular risk of bringing toddlers to posyandu 2.538 times higher than kader-supported mothers.

*Relationship of mother's family support with regular visit of toddler*

Table 9. Relationship of mother's family support with regular visitation at Posyandu Posyandu working area of Timika Health Center Year 2018

No	Family support	Balita Visit in Posyandu				n	%
		Irregular		Regular			
		n	%	n	%		
1	Not support	16	57,1	12	42,9	28	100
2	Support	17	24,3	53	75,7	70	100
Total		33	24,4	65	75,6	98	100

p-value = 0,004;  $RP = 2,353$ ;  $CI95\% (1,394- 3,971)$

Table 9 shows that of 28 mothers whose families did not support there were 16 irregular (57.1%) people to the posyandu and as many as 12 people (42.9%) regularly to posyandu. Of the 70 mothers with supportive family support, there were 17 irregular people (24.3%) to the posyandu and 53 people (75.7%) regularly to posyandu. = 0,05) obtained p-value 0,004 or  $p < \alpha$ . The result of chi square statistic test at significance value 95% ( $< \alpha (0,05)$ ). This means that there is a relationship of mother's family support with regular toddler visit at work unit Posyandu Puskesmas Timika. The result value  $RP = 2,353$ ;  $CI95\% (1,394- 3,971)$  interpreted that non-supportive families had an irregular risk of bringing toddlers to posyandu 2.353 times higher than mothers with family support.

*The relationship of mother's motivation with regular visit of toddler*

Table 10. Maternal motivation relationship with regular visitation at Posyandu Posyandu working area of Timika Health Center Year 2018

No	Motivation	Balita Visit in Posyandu				n	%
		Irregular		Regular			
		n	%	n	%		
1	Low	18	66,7	9	33,3	27	100
2	High	15	21,1	56	78,9	71	100
Total		33	24,4	65	75,6	98	100

p-value = 0,000; RP = 3,156; CI95% (1,871– 5,422)

Table 10 shows that from 27 low motivated mothers there were 18 irregular people (66.7%) to the posyandu and as many as 9 people (33.3%) regularly to posyandu. Meanwhile, from 71 high motivated mothers, there were 15 irregular people (21.1%) to the posyandu and 56 people (78.9%) regularly to posyandu. = 0,05) obtained p-value 0,000 or  $p < \alpha$  The result of chi square statistic test at significance value 95% ( $< \alpha$  (0,05). This means that there is a relationship of mother's motivation with regular visit of toddler in Posyandu working area of Timika Health Center. The result value of RP = 3,156; CI95% (1,871-5,422) interpreted that low motivation risked irregularity of bringing toddlers to posyandu 3,156 times higher than mother with high motivation.

*Multivariate Analysis*

Multivariate analysis was used to find out which factors influenced the nutritional status of children under five, it is necessary to do bivariate analysis and continued on multivariate test. Bivariate modeling using logistic regression test begins with bivariate modeling where each independent variable is tested against dependent variable gradually with p value  $< 0.25$  so that variables included in multivariate test can be seen in Table 11 below.

No	Variables	p-value	RP	CI 95% (L-U)
1	Age	0,0321	1,978	(1,099– 3,561)
2	Education	0,389		1,357 (0,776–
3	Occupation	2,372)		
4	Knowledge	0,0003	2,297	(1,814– 5,993)
5	Attitude	0,0002	2,902	(1,753– 4,804)
6	Posyandu	0,0012	2,606	(1,558– 4,361)
7	Distance	0,0003	2,014	(1,690– 5,374)
8	Cadre support	0,0022	2,538	(1,415– 4,549)
9	Family support	0,0042	2,353	(1,394– 3,971)
	Motivation	0,0003	3,156	(1,871– 5,422)

Table 11 shows that the variables not included in the multivariate test with the p value  $< 0.25$  are education.

Table 12. Analysis of Multiple Logistic Regression Variables

No	Variabel	B	p-value	RP	95% C. I. for Exp (B)
					Lower Upper

1	Occupation	1,471	0,005	4,355	1,559	12,165
2	Knowledge	1,488	0,009	4,428	1,455	13,480
3	Posyandu	1,126	0,033	3,084	1,096	8,678
Distance						
	Constant	-	0,000	0,000		
		5,937				

Table 12 above shows that work, knowledge and posyandu distance are the main factors in toddlers visit Posyandu working area of Puskesmas Timika, where the most dominant variable is work.

III. DISCUSSION

1. *The relationship between maternal age and regularity of infant visits*

The result of the research shows that there is a relationship between mother's age and regular visitation at Posyandu working area of Puskesmas Timika. Most mothers are over 25 years of age. The existence of mother's age relation with regular visit of toddler in posyandu is influenced by maturity or psychological mother who consider the importance of posyandu in family health problem in this case is health problem of child balitanya. Because the health of the family will be associated with optimal growth and development for their children and indirectly affect the socio-economic problems of the family, because sick children under five reduce the welfare of the family as a result of expenditure to health services. According to the Ministry of Health RI (2011), the benefits of posyandu are to monitor optimal growth and growth and improve the welfare of families and countries in terms of productivity.

2. *The relationship of maternal education with the regularity of toddler visits*

The result of the research shows that there is no correlation between education of mother and youth of balita at Posyandu working area of health center of Timika. Most of the under-five children's education with higher education is 53.1%. High education 28.8% of mothers do not regularly visit to posyandu, whereas in low-educated mothers the proportion is not much different as much as 39.1%. The results of the study found that low educated mothers were 46.9%. Low maternal education is an obstacle in the work area of Timika Puskesmas related to the geographical and socio-economic conditions of the families in accessing education. And people who do not care about the level of education that is owned specifically for women who get barriers in the family and the surrounding environment is dominated by men. The low level of maternal education related to mother's knowledge about posyandu is caused by the capability of someone to obtain information, that is the low educated mother of 43,5% have less knowledge while the high educated mother is 92,38% have good knowledge. It is also evident from the result of the prevalence ratio test that education is not significant to visit to posyandu.

### *3. Relationship of the mother's work with the regularity of toddler visits*

The result of the research shows that there is a relation between mother job with regular visitation at Posyandu working area of Timika health center. Most 62.2% of mothers do not work, while mothers who work as large as farmers. Working mothers and able to arrange time in toddler visit at posyandu as much as 40,5% visit to posyandu and risk factor mother working as much as 3,297 times higher than mother who do not work in doing toddler visit to posyandu. The existence of a significant relationship between work factors with the regularity of toddler visits at posyandu directly related to low family social economy. Of 98 mothers as many as 40 people (40.8%) with low socioeconomic or spending less than Rp. 1,200,000. Low expenditure on mothers working as farmers and selling garden produce on the market, has an impact on mothers to always work to meet family needs and to care less about the health of their children in checking their children in Posyandu. Another case is the mother who works in the formal field who visits toddlers to posyandu, because it has a fixed income, so it can set the time and make regular visits to posyandu.

Efforts that need to be done in order to increase the participation of mother of balita in posyandu activity in working area of health center of Timika with caramenumbuhkan public awareness, especially mother about the importance of implementation of posyandu activity for health of mother and child, because sick child have an effect on welfare or socio economic of family.

### *4. Relationship of mother knowledge with regularity of toddler visit*

The result of the research shows that there is correlation between mother's knowledge with regularity of toddler visit at work unit Posyandu Puskesmas Timika. Mothers who have good knowledge about posyandu visit as much as 75,5%. Mothers with good knowledge as much as 66.7% do not regularly visit the posyandu higher than the mother who is knowledgeable as much as 23%. Mother's knowledge less than the responses of questions given 51% of mothers do not know the time or schedule of toddler visits at posyandu until the age of five years. Lack of knowledge of the mother affects the regular weighing that must be obtained by toddlers every month. Unsurprised mothers visiting toddlers were found more in mothers with children over three years old. This lack of maternal knowledge is due to mother's ignorance about the health of her toddler which is a golden period in its growth and development because it is a nutritious age group and infectious diseases that affect its health in the future. This misunderstanding of the mother, therefore, needs to get attention from health workers and cadres in an effort to improve mother's knowledge about the benefits of visiting the posyandu until the age of five years.

### *5. Relationship of mother's attitude with the regularity of toddler visits*

The result of the research shows that there is a relationship of mother attitude with regular visit of toddler in Posyandu work area of Timika Health Center. Most of the good mother attitude about posyandu (75,5%). A good mother attitude from visit to posyandu as much as 76,4% had regular visit to posyandu higher than mothers with less attitude as much as 38,5% who made regular visit to posyandu. Mothers' attitudes less than 61% consider that posyandu is not beneficial for child nutrition and do not agree to do regular weighing to posyandu every month until the child is 5 years old. According to Maryam (2014), attitudes have an element of appraisal and affective reactions that are not similar to motives, but produce certain motives that can result in behavior. Individual judgments about objects are obtained through direct experience based on interactions. This assessment results in an affective reaction in the form of a positive or negative dimension to the attitude object. Values are attitudes also based on knowledge and trust.

Toddlers at the health center of Timika most consider that health services for children under five are preferred in infants up to two years of age in immunization and vitamins compared to children older than two years. The same thing also happened in the research conducted by Djamil (2017), revealing that the attitude of the under-five mother assuming that regularity to posyandu is very important if the child has not been fully immunized and after complete immunization, posyandu has no effect to the health of the toddler. Thus, the attitude of the balit mother in weighing the child to the posyandu in the work area of Puskesmas Timika should always give information and strong motivation about the benefits of posyandu service until the 5 years old child to monitor the growth and development of the toddler optimally.

### *6. Posyandu distance relationship with regular visitation of children under five years old*

The result of the research shows that there is relation of posyandu distance with regular visitation at Posyandu working area of Timika Health Center. Posyandu distance from 63,3% respondents statement stated easy because it can be taken less than 30 minutes and adequate transportation, because posyandu held in society society organized by society. While people who claim difficult due to the house occupied by the family far apart and must be reached by jalankaki. Mothers who states easily as much as 80.6% regular visits to posyandu higher than mothers who claim difficult as much as 41.7%. In this study, 58.3% of mothers living in remote homes with posyandu, but regularly visited the posyandu due to family support in providing cost and transportation. In addition, the mother's perception of the benefits of posyandu for the growth and development of children under five. So that effort in order

to increase participation of mother of balita in posyandu activity by way of raising public awareness, schedule of open posyandu service according to schedule and existence of activity that can interest mother in follow activity of post.

#### *7. Support from cadre with regular visit of toddler*

The result of the research shows that there is a relationship of cadre support with the regularity of toddler visit in Posyandu working area of Puskesmas Timika. The support provided by the cadres to the under-five mother as much as 59,2% support in giving information about the utilization of posyandu to five-year-old toddler and to visit the mother of the toddler if in 3 month order not participate to posyandu. Support of less cadre in giving information especially to mothers who do not visit posyandu in 3 months consecutively because of the distance that must be taken by cadre to home mother of balita far and lack of fund provided posyandu for cadres in financing transportation to do home visit . In addition, the lack of means of communication owned by the mother of the toddler or cadre becomes obstacle information submitted. It is necessary to get attention from the implementation of posyandu in overcoming the information problem that is presented to the mother in giving transportation fund in doing the activity of home visit.

#### *8. Relationship of mother's family support with regular visit of toddler*

The result of the research shows that there is a relation between mother's family support and the regularity of toddler's visit in Posyandu of Timika Health Center working area. Supporting family with posyandu custody in children under five is 71,4%. Supporting families of 75.7% of regular visited a posyandu while families who did not support 42.9% regularly visited the posyandu. This suggests that increased family support is increasingly increasing visits to posyandu. Families who do not support the regularity of toddler visits to posyandu due to lack of family motivation in under-five mothers and the absence of family members who bring their children to posyandu if his parents are absent in the weighing of children under the posyandu schedule. Families who are not support at risk of irregular bringing toddlers to posyandu 2,353 times higher than mothers who get family support. The family is the basic system of healthy behaviors and healthy care of the body, carried out, and secured by the family to provide health care is preventif and together caring for the family members. Mother will be active to Posyandu if there is encouragement from the nearest person including the family. The family has the primary responsibility to start and coordinate the services provided by the health worker. Families that do not support show low understanding of

the family about the benefits of posyandu in maintaining the health of children under five. The role of health workers is crucial in providing counseling to families in collaboration with local community leaders in order to increase community participation.

#### *9. Relationship of mother's motivation with regular visit of toddler*

The result of the research shows that there is a correlation between mother motivation with regular visitation at Posyandu working area of Puskesmas Timika. Most of the mothers had high motivation (72.4%) and visited the posyandu as many as 78.9% high motivated mothers, there were 15 irregular people (21.1%) to posyandu and 56 people (78.9 %) regularly to posyandu. The visit of toddlers in posyandu is related to the role of mother as the person most responsible for the health of her toddler, because the toddler is very dependent on his mother. The visit of the mother with the toddler to posyandu because certain motives such as for the child to get the maximum health service. To that end, the mother's motivation in the utilization of posyandu balita has a share which is great in improving children's health.

The high motivation for under-five mothers in Posyandu in Puskesmas Timika is to have healthy children (86%), to know the health condition of children (72%). while the low motivation is caused by extrinsic factors because the distance posyandu far and takes a long time and service open posyandu not according to schedule and on time. Low motivation risk of irregular bringing toddler to posyandu 3,156 times higher than mother who has high motivation.

Inhibiting factors such as the geography of toddler mothers who live far away and areas that can only be accompanied on foot and the posyandu opening time that does not fit the schedule affects the motivation of the mother who decreased to bring his toddler to posyandu. One of the roles of health officers and Posyandu cadres and is to keep the posyandu implementation in accordance with the schedule, so as not to reduce the interest of mothers whose home distances are far away when there is no posyandu implementation or waiting too long in the implementation of posyandu. It is hoped that health workers and posyandu cadres will organize posyandu activities according to the schedule.

#### *10. The dominant factor with regularity of infant visits*

The result of multivariate test shows that work, knowledge and posyandu distance have dominant factor with regular visit of Toddler POSyandu work area of Puskesmas Timika, where the most dominant variable is work. Most mothers who work as farmers as well as traders to sell their garden produce and implementation schedule posyandu implemented to be an obstacle for working mothers. This

is further exacerbated when the distance posyandu with a long distance home and lack of knowledge of the mother about the benefits of posyandu for toddlers causing irregular mother to bring her toddler to posyandu. Health officers and cadres need to improve mother's knowledge as a basic basis so that mothers know the importance of posyandu's benefit, besides adjusting the open schedule of posyandu implementation in accordance with geography condition, so that working mother and home distance is difficult because the distance can be motivated to visit toddler to posyandu.

#### IV. CONCLUSION

Based on the results of the discussion can be summarized as follows:

1. There is a relationship between maternal age and regular visitation at Posyandu working area of Timika Puskesmas (p-value 0,032; RP = 1,978; CI95% (1,099-3,561).
2. There is no maternal education relationship with regular visitation at Posyandu working area of Puskesmas Timika (p-value 0,389; RP = 1,978; CI95% (0,776-2,372).
3. There is a maternal relationship with the regularity of toddler visits in Posyandu working area of Timika Health Center (p-value 0,000; RP = 3,297; CI95% (1,814- 5,993).
4. There is a correlation between mother's knowledge with regular visitation at Posyandu working area of Puskesmas Timika (p-value 0,000; RP = 2,902; CI95% (1,753- 4,804).
5. There is a relationship of mother's attitude with regular visitation at Posyandu working area of Puskesmas Timika (p-value 0,001; RP = 2,606; CI95% (1,558-4,361).
6. There is a posyandu distance relationship with the regularity of toddler visits at Posyandu working area of Puskesmas Timika (p-value 0,000; RP = 3,014; CI95% (1,690- 5,374).
7. There is a relationship of cadre support with regular visitation at Posyandu working area of Puskesmas Timika (p-value 0,002; RP = 2,538; CI95% (1,415-4,549).
8. There is a relationship of mother's family support with regular visitation at Posyandu working area of Puskesmas Timika (p-value 0,004; RP = 2,353; CI95% (1,394- 3,971).
9. There is a relationship of mother's motivation with regular visitation at Posyandu working area of Puskesmas Timika (p-value 0,000; RP = 3,156; CI95% (1,871- 5,422).
10. Work, knowledge and distance of posyandu are the main factors with regular visitation of Toddlers Puskesmas Working Area of Timika, where the most dominant variable is work.

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