Factors Related to Visits Weighing Toddlers (6-59 Months) at Melati II Posyandu Region Work at Jatiuwung Community Health Center in 2019

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Abstract: Childhood is a period of determining the success of children in the next period. Based on Riskesdas, children aged 6-59 months that have not been weighed in the past six months increased from 25.5% (2007) to 34.3% (2013). The scope of the visit was weighed divided by all toddlers (% D / S) in Melati II Posyandu in 2018 in August at 43.71%, September 44.12%, October at 44.31%, November at 46.10%, December at 40,11%, and January 2019 at 80.95%. The general objective of this study was to find out the factors related to under-five weighing visits (6-59 months) at the Melati II Posyandu in the Work Area of Jatiuwung Health Center in 2019. This study used a quantitative approach with a cross-sectional research design. Sampling is done by a simple random sampling technique. The results of the Chi-square test stated that there was a significant relationship between maternal knowledge, cadre support, family support (p-value 0,000), and maternal attitudes (p-value 0.031) for under-five weighing visits (6- 59 months) at Melati II Posyandu. While not to the significant relationship between employment status and under-five weighing visits. It is recommended for posyandu cadres to provide information about the benefits of visiting Posyandu.

1 INTRODUCTION

Nutrition plays an important role in the human life cycle from the composition to the elderly. Currently, Indonesia is one of 117 countries that have three high nutritional problems in infants, namely stunting, wasting and overweight reported in the 2014 Global Nutrition Report (Nutrition Country Profile Indonesia). The third prevalence of nutritional problems is stunting 37.2%, wasting 12.1% and overweight 11.9% (McGuire, 2015). Based on WHO data in 2017, 151 million children under the age of 5 were stunted, while 38 million were overweight and 51 million were wasting. The National Medium-Term Development Plan 2010-2014, improving the nutritional status of the community is one of the priorities by reducing the prevalence of underweight children to 15% and the prevalence of short children (stunting) to 32% in 2014. Riskesdas results from 2007 to the year 2013 showed an alarming fact where underweight

increased from 18.4% to 19.6%, stunting also increased from 36.8% to 37.2%, while wasting decreased from 13.6% to 12.1% (Indonesian Health Profile, 2016).

Toddlerhood is an important period in the process of human growth and development. Development and growth in that period will determine the success of children in the next period. Toddlers who get exclusive breastfeeding and nutritious food are less likely to occur malnutrition, poor nutrition, and over nutrition. At the age of 6-59 months is a vulnerable period where toddlers not only get breast milk but also get additional food (Anggraini, 2010). Based on data from the Tangerang City Health Office in 2015 about the nutritional status of children under five in Tangerang City obtained from monitoring based on Weight by Age (BB / U) Underweight Malnutrition toddlers as many as 636 children (0.7%), Underweight Nutrition Status as many as 5,955 children (6.58%), Good Nutrition Status as many as 80,362 children (88.77%), and more Nutritional Status as many as

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3,580 children (3.95%). Of 636 children with severe malnutrition in BB / U, it was found that there were 180 children with poor nutritional status based on body weight according to height (BB / TB) (City Health Office Tangerang, 2016).

Weighing coverage based on the 2015 Jatiuwung Puskesmas profile (% D / S) weighed divided by all toddlers in Jatiuwung Puskesmas was 64.99%, in 2016 (% D / S) was 73%, in 2017 (% D / S) by 53% and in 2018 an increase (% D / S) of 75%.

Based on the basic theory developed by Lawrence Green (1991) in Nursalam (2014), the health of a person or community is influenced by behavioral factors (behavior causes) and factors outside behavior (non-behavior causes). While behavioral factors are influenced by three factors: predisposing factors which include age, occupation, education, knowledge, and attitudes, enabling factors manifested in the physical environment and distance to health facilities, and factors reinforcement (Reinforcing Factors) manifested in the support provided by families and community leaders (Notoatmodjo, 2010).

Based on the description above, the researcher is interested in conducting a study entitled "Factors related to under-fives weighing visits (6-59 months) at Posyandu Melati II in the Work Area of Jatiuwung Health Center in 2019".

2 THEORY REVIEW

Toddler's visit to Posyandu can be seen based on the Posyandu visit book and also MCH book by looking at weighing toddlers every month. Based on the 2013 Riskesdas, monitoring of children's growth was obtained from the frequency of weighing children 6-59 months over the past six months. Ideally, in six months children under five are weighed at least four times (RI Ministry of Health, 2017). The frequency of weighing ≥ 4 times slightly decreased in 2013 (44.6%) compared to 2007 (45.4%). Children aged 6-59 months who have never been weighed in the last six months increased from 25.5% (2007) to 34.3% (2013).

Many factors affect the achievement of the ratio of children under five who are present and weighed. Distance to Posyandu, encouragement from family, encouragement from community leaders, work, knowledge, mother's attitude, motivation, number of children under five, posyandu facilities and equipment, needs or needs are factors related to the level of mother's visit in weighing activities at Posyandu (Wahidin, 2016). Other factors that

influence the arrival of mothers at Posyandu include your knowledge about the benefits of Posyandu, your motivation to bring her children to Posyandu, your work, support and motivation from Posyandu cadres and community leaders, facilities and infrastructure at Posyandu and the distance from the Posyandu (Kemenkes RI, 2011).

Based on the basic theory developed by Lawrence Green (1991) in Nursalam (2014), the health of a person or community is influenced by behavioral factors (behavior causes) and factors outside behavior (non-behavior causes). While behavioral factors are influenced by three factors: predisposing factors which include age, occupation, education, knowledge, and attitudes, enabling factors manifested in the physical environment and distance to health facilities, and factors reinforcement (Reinforcing Factors) manifested in the support provided by families and community leaders (Notoatmodjo, 2010). Based on research (Idaningsih, 2016), it is known that there is a relationship between family support and the visit of mothers of children under five to posyandu.

The purpose of this study was to determine the factors associated with under five (6-59 months) weighing visits to Posyandu Melati II in the Work Area of Jatiuwung Health Center in 2019.

3 METHOD

This research was conducted with the type of quantitative research methods and a cross-sectional research design. This research was conducted at Posyandu Melati II, Pasir Jaya District.

The population is all research objects or objects under study (Notoarmodjo, 2012). The population used in this study were all mothers of toddlers aged 6-59 months who visited the Posyandu in Pasir Jaya Sub-district, the working area of Jatiuwung Health Center as many as 788 toddlers.

The sample in this study were mothers who have toddlers with age (6-59 months) in Posyandu Melati II as many as 90 samples.

The type of data in this study is primary data. Data collection techniques in this study were conducted by interview using a questionnaire. The method of taking samples in this study uses the technique of Simple Random Sampling. The research instrument used in the form of a questionnaire and KMS toddlers.

4 RESULT

4.1 Univariate Analysis

The univariate analysis will describe the frequency distribution of the dependent variable (infants weighing 6-59 months at Posyandu Melati II) and also the independent variables (mother's knowledge, mother's attitude, work status, cadre support, and family support).

In Table 1 it is known that the frequency distribution of under-fives weighing visits (6-59 months) is 41 respondents (45.6%) and good in 49 respondents (54.4%); The distribution of poor mother's knowledge is 45 respondents (50%) Good mother's knowledge is 45 respondents (50%); The distribution of negative mothers 'attitudes was 44 respondents (48.9%) and positive mothers' attitudes were 46 respondents (51.1%); Distribution of mother's occupational status not working as many as 70 respondents (77.78%) employment status of working mothers as many as 20 respondents (22.22%); Distribution of cadre support that did not support 42 respondents (46.7%) and cadre support that supported 48 respondents (53.3%); Distribution of family support that does not support as many as 27 respondents (30%) and family support that supports as many as 63 respondents (70%).

Table 1: Frequency Distribution of Research Variables with Toddler Weighing Visits (6-59 Months) at Posyandu Melati II Working Area of Jatiuwung Health Center.

No	Variable	N	%
1	Visiting Considerations		
	Bad	41	45,6
	Good	49	54,4
2	Mother's Knowledge		
	Bad	45	50
	Good	45	50
3	Mother's Attitude		
	Neative	44	48,9
	Positive	46	51,1
4	Job Status		
	Work	20	22,2
	Not work	70	77,8
5	Kadre support		
	Doesn't Support	42	46,7
	Support	48	53,3
6	Family Support		
	Doesn't Support	27	30
	Support	63	70

4.2 Bivariate Analysis

Table 2: Relationship between Knowledge of Mother, Mother's Attitude, Employment Status, Cadre Support, and Family Support with Toddler Weighing Visits (6-59 months) at Posyandu Melati II Working Area of Jatiuwung Health Center in 2019.

No	Variable	Toddler Visiting Considerations (6-59 bulan)				Total		PR	p-value
		Bad		Good					
		n	%	n	%	n	%		
1	Visiting Considerations								
	Bad	37	82,2	8	17,8	45	100	9,25 (3,594-23,804)	0.000
	Good	4	8,9	41	91,1	45	100		
2	Mother's Knowledge								
	Bad	35	79,5	9	20,5	44	100	6,098 (2,894-13,054)	0.031
	Good	6	13	40	87	46	100		
3	Mother's Attitude								
	Neative	12	0,6	8	0,4	20	100	1,448 (0,920-2,279)	0.224
	Positive	29	41,4	41	58,6	70	100		
4	Job Status								
	Work	33	78,6	9	21,4	42	100	4,714 (2,456-9,048)	0.000
	Not work	8	16,7	40	83,3	48	100		
5	Kadre support								
	Doesn't Support	23	85,2	4	24,8	27	100	2,981 (1,957-4,542)	0.000
	Support	18	28,6	45	71,4	63	100		

5 DISCUSSION

5.1 Relationship between Mother's Knowledge and Toddler Weighing Visit (6-59 Months) at Posyandu Melati II

Based on the results of the analysis of the mother's knowledge by weighing visits (6-59 months) at Posyandu Melati II, the highest proportion was 91.1% on good maternal knowledge and good toddler weighing visits (6-59 months), while the highest proportion of underweight toddler weighing visits (6-59 months) was poor with knowledge bad mothers by 82.2%.

The results of the analysis of the relationship of maternal knowledge with under five (6-59 months) weighing visits to Posyandu Melati II in 2019, found the highest proportion of good maternal knowledge

and good under five (6-59 months) weighing visits. The p-value for the mother's knowledge variable and the 95% confidence level (CI) is 0,000, meaning that there is a relationship between the mother's knowledge and the toddler weighing visit (6-59 months) at Posyandu Melati II. From the results of the analysis, the PR value was 9,250, which means that poor mother's knowledge is at risk of 9,250 with a bad weighing visit to the posyandu compared to good mother's knowledge.

Based on observations, although the mother's knowledge can be said to be quite good, for deeper knowledge Regarding the nutritional status of children under five, many mothers of children under five do not understand. Therefore, the researcher wants to give advice to posyandu cadres so that after carrying outweighing activities for toddlers and taking notes, posyandu cadres can simply explain the nutritional status of toddlers recorded in the KMS book. This section must be in one column.

5.2 Relationship between Mother's Attitudes and Toddler Weighing Visits (6-59 Months) at Posyandu Melati II

Based on the results of research on maternal attitudes towards weighing visits toddlers (6-59 months) in Posyandu Melati II, the highest proportion of positive mother attitudes and toddler weighing visits (6-59 months) is good (87%).

Based on the analysis of the relationship between maternal attitudes and toddler weighing visits (6-59 months) at Posyandu Melati II in 2019, the highest proportion was found on good toddler weighing visits on positive maternal attitudes. The p-value for the mother's attitude variable and the 95% confidence level (CI) is 0.031, meaning that there is a relationship between the mother's attitude and the toddler weighing visit (6-59 months) at Posyandu Melati II. From the results of the analysis obtained a PR value of 6.908, which means negative maternal attitudes are at risk 6.098 with a poor toddler weighing a visit to posyandu compared with positive maternal attitudes.

Based on observations, it is known that the attitude of mothers with a toddler weighing visit has a positive attitude, but there are mothers of toddlers who do not understand that weighing activities need to be done every month at the Posyandu, even though toddlers get immunization in the hospital. Based on the explanation of the attitude of mothers who did not visit after immunization to the doctor, the researcher has a suggestion to the posyandu cadre to inform the toddler mothers that the recording of toddler weight in the KMS book should be done every month to find out the growth and development of toddlers. Toddlers who do not have a weight record will affect the health examination of toddlers.

5.3 Relationship between Work Status and Toddler Weighing Visit (6-59 Months) at Posyandu Melati II

Based on the results of research on the status of the work of mothers of under-fives weighing visits (6-59 months) at Posyandu Melati II, the highest proportion of non-working mothers' work status and under-fives visits (6-59 months) were good at 58.6%.

Based on the results of the analysis of the relationship between work status and under-fives visits (6-59 months) at Posyandu Melati II in 2019, the highest proportion was found on good under-fives visits on the working status of mothers who did not work. The p-value for the mother's work status variable and the 95% confidence level (CI) is 0.224, meaning that there is no relationship between work status and the under-fives visit. From the results of the analysis obtained a homework value of 1.448, which means the working status of working mothers who are at risk of 1,448 for under-fives weighing visits (6-59 months).

There is no relationship between work status and toddler weighing visit (6-59 months) at Posyandu Melati II because work status is not the only factor that led to the weighing visit of infants (6-59 months) at Posyandu Melati II.

5.4 Relationship between Cadre Support and Toddler Weighing Visit (6-59 Months) at Posyandu Melati II

The results of the analysis of the relationship of cadre support with toddler weighing visits (6-59 months) at Posyandu Melati II, found the highest proportion of cadre support that supports with toddler weighing visits (6-59 months) which is good at 83.3%.

Based on the analysis of the relationship between cadre support and toddler weighing visits (6-59 months) at Posyandu Melati II in 2019, the highest proportion was obtained, namely on good toddler weighing visits and supporting cadre support. The p-value in the cadre support variable and a 95% confidence level (CI) is 0,000, meaning that there is a relationship between cadre support and toddler weighing visits. From the analysis, results obtained a PR value of 4.714 which means that the support of cadres who do not support the risk of 4,714 with a poor toddler weighing a visit to the posyandu compared to supporting cadres who support.

Based on observations, the activities of home visits of toddlers who did not attend 2 consecutive sessions were rarely carried out by the posyandu kaser on the grounds of personal activities carried out by cadres. As for the other cadres, they have no initiative if not instructed by the cadre leader. Based on the explanation of the activities of cadres who rarely make home visits, researchers have a suggestion that the cadre leader can coordinate other cadres in the division of tasks so that each cadre has their respective responsibilities. The cadre leader can also make a toddler visit schedule for other cadre members so that when the cadre leader has other activities outside the Posyandu activities, other cadre members can carry out their duties according to the agreed schedule.

5.5 Relationship between Family Support and Toddler Weighing Visit (6-59 Months) at Posyandu Melati II

The results of the analysis of family support with under-fives visits (6-59 months) at Posyandu Melati II, found the highest proportion of unsupportive family support and poor under-fives visits (6-59 months) of 85.2%.

Based on the analysis of the relationship between family support and toddler weighing visits (6-59 months) at Posyandu Melati II in 2019, the highest proportion was obtained at a good toddler weighing visit. The p-value for the mother's knowledge variable and a 95% confidence level (CI) is 0,000, meaning that there is a relationship between family support and toddler weighing visits. From the analysis, results obtained a PR value of 2.981 which means that family support that does not support the risk of 2.981 with a poor weighing visit to the posyandu compared to supportive family support.

Based on observations, the lack of family understanding of the benefits of weighing has an impact on ignorance families about the importance of posyandu activities. This happens, because posyandu activities rarely involve family members in their activities, such as providing information about the benefits of weighing, the importance of health checks, and health counseling about posyandu is rarely found by family members.

6 CONCLUSIONS

Based on the results of research and discussion it can be concluded:

1. The description of toddler weighing visits (6-59 months) at Posyandu Melati II with the highest proportion is a good toddler weighing visit which is 49 respondents (54.4%).
2. The description of mothers' knowledge in Posyandu Melati II with the highest proportion is good knowledge that is 45 respondents (50%).
3. The description of the attitudes of mothers in Posyandu Melati II with the highest proportion is the positive attitude of mothers as many as 46 respondents (51.1%).
4. The description of the employment status of mothers in Posyandu Melati II with the highest proportion is the work status of

mothers who do not work as many as 70 respondents (77.8%).
5. The highest proportion of cadres in Posyandu Melati II support is the support of cadres who support that is 48 respondents (53.3%).
6. The highest proportion of family support in Posyandu Melati II is family support that supports 63 respondents (70%).
7. There is a relationship between a mother's knowledge and an under-fives weighing visit (6-59 months) at Posyandu Melati II in the Work Area of Jatiuwung Health Center in 2019 (PR = 9,250).
8. There is a relationship between maternal attitudes and toddler weighing visits (6-59 months) at Posyandu Melati II in the Work Area of Jatiuwung Health Center in 2019 (PR = 1,764).
9. There is no relationship between employment status and under-fives visits (6-59 months) at Posyandu Melati II in the Work Area of Jatiuwung Health Center in 2019.
10. There is a relationship between cadre support and toddler weighing visits (6-59 months) at Posyandu Melati II in the Work Area of Jatiuwung Health Center in 2019 (PR = 4,714).
11. There is a relationship between family support and toddler weighing visits (6-59 months) in Posyandu Melati II Working Area of Jatiuwung Health Center in 2019 (PR = 2.981).

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