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Status of Work and Family Support of Mothers Causes Low Visit to Posyandu

Putu Dian Prima Kusuma Dewi¹, Lina Anggaraeni Dwijayanti², Putu Sukma Megaputri³

^{1,2,3} STIKes Buleleng, Jl Raya Air Sanih KM 11 Bungkulan, Singaraja-81171, Indonesia

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Contact:

putudian@gmail.com

ABSTRACT

Growth monitoring is one form of power-based health activities are managed and organized society of, by, for and with the community in the implementation of health development. Efforts development of quality human resources to optimize the potential development of the child can be carried evenly when posyandu done effectively and efficiently. But in its development posyandu not been utilized optimally. The purpose of this study was to identify the causes of poor mothers visit to Posyandu. The research was conducted in the village of Bulian because Posyandu visit the village to its lowest Bulian 48.68%. This study is a cross-sectional analytic study using logistic regression analysis. This document is a live template file. The various components of your paper [title, text, heads, etc.] are exactly defined on the style sheet, as illustrated by the portions given in this document. Do not include any special characters, symbols, or math in your title or abstract. The authors must follow the guidelines given in the document for the papers to be published. You can use this document file as both an instruction set and as a template into the which you can type your own

INTRODUCTION

Malnutrition in children under five is still as problem in public health of Indonesia. Toddler is one vulnerable groups including nutrition in a society, which one it is a transition period between when weaned and begin to follow the diet of adults (Arisman, 2011). United Nations Children's Fund (UNICEF) reported that Indonesia ranks fifth in the world as the country with the number of children who are stunted are estimates as many as 7.7 million children under five (Depkes RI, 2015). Based on data from the Health Research in Indonesia of 2013, the prevalence of children under five with malnutrition and lacking in Indonesia increased to 19.6% compared in 2010 and 2007 of 17.9% and 18.4%.

According to Regulation No. 36 of 2009 concerning health, community participate either by individu and organized in all forms and stages of health development in order to help accelerate the achievement of public health. Integrated service posts is one resourced public health efforts are managed and organized of, by, for and with the community. Integrated service post is a health care facility that can be used to find and solve problems of nutrition in infants (Depkes RI, 2015).

The research results revealed that mothers who utilize the health services in intagrated service post will have a toddler with a better nutritional status (Hidayat, 2012). Weighing currently held at integrated service post is a means early corrective actions in case of growth retardation of children, so it does not developed into malnutrition or poornutrition. (Ulfani, 2011).

Integrated service post sufficiently contribute of increase health status of children under five, but based on the annual report 2015 in Primary Health Care of Kubutambahan. Mothers participation in integrated service post activities reported to be low. It services to its lowest in Bulian village that is equal to 48.68%. This study aims to determine the cause of the low visit to the integarted service post with her toddler in the Bulian village..

METHOD

This study is analytic cross sectional approach. The place of this research in Nugraha Anom

Bulian village, primary health care in Kubutambahan. The population of this research is all mothers of toddler with a total sample of 77 mothers. The sample using probability sampling technique with random sampling. This study used consisted of primary data taken from the directly questionnaire that has been distributed to mothers of toddlers. Data were analyzed using logistic regression by STATA software 12 S.E..

RESULTS AND DISCUSSION

Table 1. Variable visit in the village IHCBulian

Variable	IHCRoutine Visits (within 3 months)	Visit IHC No Routine (within 3 months)	
	n (%)	n (%)	
Age Mothers			
Reproductive	20 (86.9)	45 (83 3)	
Health			
Reproductive	3 (13.1)	9 (16.7)	
Unhealthy			
Capital Education			
High	5 (21.7)	4 (7.4)	
Low	18 (78.3)	50 (92.6)	
working Status	` ′	. ,	
Not working	14 (60.9)	9 (16.7)	
Working	9 (39.1)	45 (83.3)	
Capitalknowledge			
Good	1 (4.3)	0(0.0)	
Less than	22 (95.7)	54 (100)	
Capitalattitude		, í	
Positive	2 (8.7)	8 (14.8)	
Negative	21 (91.3)	46 (85.2)	
Family Support			
Positive	22 (95.7)	32 (59.3)	
Negative	1 (4, 3)	22 (40.7)	

Table 1. Based on the above it can be seen that the regular growth monitoring visits as much as 86.9% in mothers with healthy reproductive age, 78.3% with lower education, 60.9% with a status not working, 95, 7% with less knowledge, 91.3% with a negative attitude, and 95.7% with a positive family support.

Table 2. Bivariate and Multivariate Analysis of Status of Work and Family Support For Low Risk Factors IHC Village VisitsBulian

Variable	COR	P	AOR	95% CI
		Value		(p)
	Bivariate		Multivariate	
Age Mothers				
Reproductive				
Health				
Reproductive	0.16	0.68		
Unhealthy				
CapitalPendiikan				
High				
low	3.21	0.07		
Status working				
Not Employed				
working	15.041,58-	0.00	5.34	(0.00)
	18,04			()
Capital knowledge	,-			
Good				
less	2,37	0,12		
Attitude Mother	_,- ,- ,	*,		
Positive				
Negative	0,53	0.46		
Family Support	*,**	****		
Positive				
Negative	1,21-88,34	0.00	10.33	10.19
110541110	1,21 00,51	5.50	10.55	(0.03)

Table 2. Based on the above it can be seen that the variables that affect mother of toddler low visit in Bulian integrated service post is working status (AOR: 5.34, 95% CI: 1.58 to 18.04) and family support (AOR: 10.33, 95% CI: 1.21 to 88.34)

Integrated service post into *entry point* the health in the community, service such immunizations, treatment of diarrhea, activity detection and stimulation of child development that aims to accelerate the decline in MMR, IMR and CMR. The decline in Posyandu visit will have an bad impact for the development of community resources. Integrated service post in Indonesia is one form of outreach services in the scope of the village and forms of community empowerment. Until now number of visiting integrated service post is still a problem in Indonesia. Data in 2013 showed that the knowledge of mother (households) about integrated service post only 65.2%, with visiting antenatal care in integrated service post were also low at only 10%. Whereas on the one hand have a very important role as primary health care access for the public. Mother activeness in each activity of integrated service post will certainly affect the state of their nutritional status as one of the goals to monitor improvement integrated service post nutritional status of people, especially children under five and pregnant women (2).

The results showed that of the six variables were entered into a multivariate model showed that the status of work 5.34 time increases the risk of lack of integrated service post visit within 3 months. More and more mothers who do not work then more opportunities and time in the mother's had visited to integrated service post to monitor the growth of babies.

Work generally activities that take time for the mother that influence family life and time parenting will be reduced, so that the mothers who have to work out of the home have little time to participate in integrated service post may also even no time at all to participate in integrated service post. Working mothers leave their babies so this must be the one reason of mother did not come to integrated service post.

While the mothers who did not allow to have more time to relax and take the time to bring their children to integrated service post. Mothers who do not work have a lot of time and a chance to bring their babies to integrated service post than working mothers. Because the mothers who do not work has home activities that are not related by time, while working mothers have a working relationship where the mother works so did not have much time to bring her baby in integrated service post.

Family support has an important role in access to integrated service post. Family have important role in determining the health of an individual decision This study shows that negative family support increases the risk of low 10.33 time to visited integrated service post.

Family support contributed very meaningfully in decision making in the family health. Indonesia's role in the family is also considered a factor indirectly contribute to NMR, IMR and MMR (3). A qualitative study conducted in West Java showed that husband support be the reasons of health in pregnant women or mothers (7).

Assumptions of researchers, mothers who do not get family support tends not to be routine in visit of integrated service post. Family support will make mothers more willing to visit integrated service post every month. Their family support such as providing information, will drive and

accompany mothers during integreated service post make mothers do not feel alone.

CONCLUSION

Conclusion

Based on the results of research the concluded that the status of working mothers and a negative family support are the cause of low visit mothers to integrated service post.

Recommendation

Based on the results found that better health care workers and health volunteers to design a integrated services post. It can be increased visiting intergated service post of mother with her babies. Preparation to implement integrated service post also be things to consider such as providing information to the husband and family about the timing and implementation of the Posyandu.

BIBLIOGRAPHY

- MoH RI. Basic Health Research., 2013;
- unjungsari DM. Relationship Between Mothers Into activeness visit IHC with Nutritional Status Childhood Development 6-23 Months (Studies in the village of Kamal Kecamat Arjasa Jember). Section Public Health Nutrition Jember University School of Public Health; 2010.
- Belton S, Myers B, Ngana FR. Maternal deaths in eastern Indonesia: 20 years and still walking: An ethnographic study. BMC Pregnancy Childbirth. 2014; 14 (1).
- Erma Kasumayanti INB. Factors Causing Low Role of Mother Toddler Into Source Posyandu Flat River Puskesmas Keranji Year 2016. A Hero Tuanku Tambusai Doppler Univ. 2017; 1 (2): 15-26.
- Azmi N. Factors Associated With Mother Visits Toddlers All Samban IHC In the village

- Bawen District of Semarang District. College of Health Sciences Ngudi Waluyo; 2016.
- L. Lisnawati Kader Performance Factor Analysis In Posyandu Revitalization Efforts. A midwife "Midwife Journal." 2015; 1 (2): 12-9.
- Titaley CR, CL Hunter, Heywood P, Dibley MJ. Why don 't some women Attend antenatal and postnatal care services?: A qualitative study of community members' perspectives in Garut, Sukabumi and Ciamis districts of West Java Province, Indonesia. BMC Pregnancy Childbirth. 2010; 10 (1): 61.
- MOH (2009). Guidelines for Management of IHC. Jakarta
- MOH, (2006). About the level of development of IHC:Jakarta
- Widiastuti, (2006). About Definition of IHC.

 Journal: University of Gajah Mada.

 Yogyakarta
- Notoatmodjo, S (2012), *Health Research*Methodology.Jakarta: Rineka
 Copyright
- Riordan, (2009), "Category Posyandu"
 - $\underline{www.damandiri.or.id/file/elyawaliahibab5}.\underline{pdf}$
- Arikonto, S, (2010), Research Procedure A Practical Approach. Jakarta: PT Rineka Copyright
- Floreal, Ismawati S., et al. 2010. *Posyandu* (Integrated Service Post) and alert village. Yogyakarta: Nuha Medika.