

ORIGINAL ARTICLE

OPEN ACCESS

THE INFLUENCE OF INFORMATION SOURCES, AVAILABILITY OF FACILITIES, THE ROLE OF THE MIDWIFE AND THE ATTITUDE OF THE MOTHER ON MOTIVATION IN MONITORING THE GROWTH OF TODDLERS

Novita, Novita¹, Fika Wili², Junita, Putriyani³, Fera, Novyanti Silviana⁴, Nuryati, Nuryati⁵

¹Lecture, Department of Midwifery, STIKes Abdi Nusantara, Indonesia

²Lecture, Department of Midwifery, Akbid Sismadi, Indonesia

^{3,4,5}Registered Midwife, Department of Midwifery, TPMB Gunung Sindur, Indonesia

Background: Nationally, the coverage of infant, toddler and preschool health services tends to decrease compared to 2021, this is due to the impact of the COVID-19 pandemic. Efforts to fulfill the main essential services for infants and toddlers are exclusive breastfeeding, Vitamin A and monitoring of growth and development. It can be seen that the percentage of toddlers monitored for growth and development in Indonesia in 2021 is 69.6%. Meanwhile, the 2021 Strategic Plan target is 70%. Failure to achieve the target of Visit Coverage Percentage of Toddlers whose growth and development are monitored as a result of the COVID 19 pandemic. **Purpose of writing:** is to find out the influence of information sources, availability of facilities, the role of midwives and mothers; attitudes towards motivation in monitoring toddler growth and development in several regions in Indonesia. **Research Methods:** This study used a descriptive correlational method with a cross sectional design. The population in this study were all mothers who had toddlers. The data analysis used was univariate and bivariate analysis using the chi square test. **Results:** From the three regions, the results of the Chy Square test for the TPMB Gunung Sindur Kab. Bogor Value of Midwives Role Obtained p value 0.043 & 0.005 and Kalanganyer Public Health Center District. Lebak p value 0.034;0.005 Meanwhile, in the Mandala Health Center area, the results of the Pearson Chi-Square test for Information Sources obtained p = 0.032 and the Mother Attitude value obtained p = 0.001, so that Ho was rejected and Ha was accepted, meaning that there is a significant influence between the roles of midwives, sources of information and Mother Attitude in Monitoring the Growth and Development of Toddlers. **Conclusions:** By conducting this research, it is hoped that all mothers who have toddlers can be motivated to monitor the growth and development of their children, given the importance of monitoring children health in order to prevent stunting rates in toddlers.

Key Words: Sources of Information; Availability of Facilities; Motivation

INTRODUCTION

Trends in child mortality from year to year show a decline. Data reported to the Directorate of Nutrition and Maternal and Child Health shows the number of under-five deaths in 2021 was 27,566 under-five deaths, a decrease compared to 2020, which was 28,158 deaths. Of all under-five deaths, 73.1% of them occurred in the neonatal period (20,154 deaths). Of all reported neonatal deaths, most of them (79.1%) occurred at the age of 0-6 days, while deaths at the age of 7-28 days amounted to 20.9%. Meanwhile, death in the post neonatal period (age 29 days-11 months) 20,154 5,102 2,310 0 5,000 10,000 15,000 20,000 25,000 0-28 days 29 days - 11 months 12 - 59 months. Indonesia Health Profile 2021. 131 at 18.5% (5,102 deaths) and under-five deaths (age 12-59 months) of 8.4% (2,310 deaths) (Ministry of Health, 2022).

The most common causes of death in the group of children under five (12-59 months) were diarrhea by 10.3% and pneumonia by 9.4%. Other causes of death include dengue fever, congenital heart defects, drowning, injuries, accidents, other congenital abnormalities, COVID-19, parasitic infections, and other causes. The main causes of death in children under five can be seen in Appendix 32.b in more detail. Child health efforts referred to in Regulation of the Minister of Health Number 25 of 2014 are carried out through health services for the fetus in the womb, newborn health, infant health, toddlers and preschoolers, health for school-age children and adolescents, and child health protection. In this Indonesia Health Profile data and information regarding child health efforts are presented in child health indicators which include: neonatal health services, routine immunization for children, and health services for school children (Ministry of Health, 2022).

Nationally, the coverage of infant, toddler and preschool health services tends to decrease compared to 2021, this is due to the impact of the COVID-19 pandemic. Efforts to fulfill the main essential services for infants and toddlers are exclusive breastfeeding, vitamin A and growth and development monitoring. It can be seen that the percentage of toddlers monitored for growth and development in Indonesia in 2021 is 69.6%. Meanwhile, the 2021 Strategic Plan target is 70%. The target of Visit Coverage Percentage of Toddlers whose growth and development was monitored was not achieved as a result of the COVID-19 pandemic. During the COVID-19 pandemic, monitoring of growth and development that had been carried out at Posyandu had mostly stopped according to the district/city situation level (rapid assessment data). The results of national achievements per province still show disparities in the percentage coverage of under-fives monitored by growth and development between provinces, ranging from 2.1% in West Papua and 88.2% in Banten. Provinces with a high percentage of under-fives are monitored for growth and development, namely Banten (88.2%), South Sumatra (80.1%), DKI Jakarta (78.9%), Bali (78.6%) and South Sulawesi (78.3%), Central Sulawesi (78.2%) and East Java (77.8%). Provinces with the lowest percentage coverage of under-fives monitored for growth and development were West Papua (2.1%), Papua (25%) and North Sulawesi (30.3%) (Ministry of Health, 2022).

Growth and development monitoring in Indonesia is carried out in stages starting from the family/community level by using a checklist on the development of the MCH Handbook. The results of a developmental examination through the MCH Handbook with an incomplete interpretation, followed up with an examination of growth and development through Stimulation, Detection and Early Intervention of Child Growth and Development (SDIDTK) activities at the Health Center (Ministry of Health, 2022).

Toddler is the period when children start walking and is the most intense period in growth and development, namely at the age of 12 to 59 months. This period is an important period for the development of intelligence and intellectual growth. Toddlers are children aged 0-59 months, this period is characterized by a very rapid process of growth and development. The life of children, aged under five years is a very important part. This age is the cornerstone that shapes the future of children's health, happiness, growth, development and learning outcomes in schools, families, communities and life in general. The health of infants and toddlers must be monitored to ensure that their health is always in optimal condition. For this reason, indicators are used to measure the success of efforts to improve the health of infants and toddlers, one of which is health services for children under five. The limit for children under five is every child who is in the age range of 12-59 months. Health services for children under five carried out by health workers include: 1) Growth monitoring services at least eight times a year (weighing and measuring height at least eight times a year). 2) Provision of vitamin A twice a year, namely every February and August 3) Stimulation of Early Detection and Intervention of Toddler Growth and Development at least twice a year. 4) Services for sick toddlers according to standards using the Integrated Management of Sick Toddlers (IMCI).

Monitoring toddler growth and development by 28%, There is no relationship between sources of information and mothers being active in monitoring toddler growth and development at Posyandu Desa Margatani and there is a relationship between availability of facilities and attitudes with mothers being active in monitoring the growth and development of toddlers at the Posyandu in Margatani Village, the working area of the Kramatwatu Health Center. Suggestions for the need to increase health promotion efforts, especially regarding the use of posyandu for monitoring the growth and development of toddlers with media that is easy to understand in order to increase good understanding of the respondents.

METHODS

This study used a descriptive correlational method with a cross sectional design. The population in this study were all mothers who have toddlers. The sampling technique in this study used the accidental sampling technique. Data Collection Techniques are primary data using a questionnaire. Data analysis techniques using Univariate Analysis and Bivariate Analysis. From the results of Bivariate Analysis The research results will be displayed in the form of a frequency distribution table using statistical calculations (Chi-Square).

RESULTS

Table 1. Frequency Distribution of Mother's Motivation

No	Wilayah	Tidak Termotivasi		Termotivasi		Total	
		F	%	F	%	F	%
1	TPMB Gunung Sindur	18	34.6	34	65.4	52	100
2	Puskesmas Karanganyer	24	42.1	33	57.9	57	100
3	Puskesmas Mandala	15	20.0	60	80.0	75	100

Based on table 1 shows that mothers who are not motivated to monitor the growth and development of their toddlers in TPMB Gunung Sindur Kab. Bogor as many as 18 people (34.6%), in Karanganyer Health Center as many as 19 people (33.9%) and in Mandala Health Center as many as 15 people (20.0%) Kab. Lebak, who was motivated at TPMB Gunung Sindur Kab. Bogor as many as 34 people (65.4%), in Karanganyer Health Center as many as 38 people (66.7%) and Mandala Health Center as many as 60 people (80.0%).

Table 2. The Influence Between Sources of Information and Mother's Motivation in Monitoring the Growth and Development of Toddlers

No	Region	Source of Information	Mother Motivation				Total		P Value
			Not Motivated	%	Motivated	%	N	%	
1	TPMB Gunung Sindur	No Information	6	30.0	14	70.0	20	100	0.800
		Get Informaion	12	37.5	20	62.5	32	100	
2	Puskesmas Karanganyer	No Information	8	33.3	16	66.7	24	100	1.000
		Get Informaion	11	33.3	22	66.7	33	100	
3	Puskesmas Mandala	No Information	9	36.0	16	64.0	25	100	0.032
		Get Informaion	6	12.0	44	88.0	50	100	

Based on table 6 above, it can be seen that the cross-tabulation between sources of information and the motivation of mothers in monitoring the growth and development of toddlers. It turned out that of the 20 mothers who did not get information, there were 6 people (30.0%) who were not motivated in monitoring the growth and development of toddlers and 14 people (70.0%) who were motivated. Of the 32 people who got information there were 12 people (37, 5%) who were not motivated and 20 people (62.5%) who were motivated in monitoring the growth and development of toddlers.

The results of the Pearson Chi-Square test obtained $p = 0.800 > 0.05$, so that H_0 was accepted and H_a was rejected, meaning that there is no significant influence between information sources and mother's motivation in monitoring toddler growth and development.

Based on table 6 above, it can be seen that the cross-tabulation between sources of information and the motivation of mothers in monitoring the growth and development of toddlers. It turned out that of the 24 mothers who did not get information, there were 8 people (33.3%) who were not motivated in monitoring the growth and development of toddlers and 16 people (66.7%) who were motivated. Of the 33 people who received information there were 11 people (33, 3%) who were not motivated and 22 people (66.7%) who were motivated in monitoring the growth and development of toddlers.

The results of the Pearson Chi-Square test obtained $p = 1.000 > 0.05$, so that H_0 was accepted and H_a was rejected, meaning that there was no significant influence between sources of information and mother's motivation in monitoring the growth and development of toddlers.

Based on table 6 from the data above, it can be seen that the cross-tabulation between sources of information and the motivation of mothers in monitoring the growth and development of toddlers shows that the proportion of mothers who are not motivated is greater (36.0%) in mothers who do not receive information compared to mothers who receive information (12.0%).

The results of the Pearson Chi-Square test obtained $p \text{ value} = 0.032 < 0.05$, H_0 was rejected and H_a was accepted, meaning that there was a significant influence between sources of information and mother's motivation in monitoring the growth and development of toddlers, with an OR value of 4.12, which means mothers who uninformed did not have the motivation to monitor the growth and development of toddlers by 4.12 times compared to mothers who received information.

Table 3. The Influence Between Mother's Attitude With Mother's Motivation In Monitoring Growth Toddler Flower

No	Region	Mother Attitude	Mother Motivation				Total		P Value
			Not Motivated	%	Motivated	%	N	%	
1	TPMB Gunung Sindur	Not Good	8	40.0	12	60.0	20	100	0.730
		Good	10	31.3	22	68.8	32	100	
2	Puskesmas Karanganyer	Not Good	8	42.1	11	57.9	19	100	0.487
		Good	11	28.9	27	71.1	38	100	
3	Puskesmas Mandala	Not Good	6	75.0	2	25.0	8	100	0.001
		Good	9	13.4	58	86.6	67	100	

Based on table 9 above, it can be seen that the cross-tabulation between mother's attitude and mother's motivation in monitoring the growth and development of toddlers. It turned out that of the 20 mothers who had a bad attitude, there were 8 people (40.0%) who were not motivated in monitoring the growth and development of toddlers and 12 people (60.0%) who were motivated. Of the 32 mothers who had a pretty good attitude, there were 10 people (31.3%) who were not motivated and 22 people (68.8%) who were motivated in monitoring the growth and development of toddlers.

The results of the Pearson Chi-Square test obtained $p = 0.730 > 0.05$, so H_0 was accepted and H_a was rejected, meaning that there is no significant influence between information sources and mother's motivation in monitoring toddler growth and development.

Based on table 9 above, it can be seen that the cross-tabulation between mother's attitude and mother's motivation in monitoring the growth and development of toddlers. It turned out that of the 19 mothers who had a poor attitude, there were 8 people (42.1%) who were not motivated in monitoring the growth and development of toddlers and 11 people (57.9%) who were motivated. Of the 38 mothers who had a pretty good attitude, there were 11 people (28.9%)

were not motivated and 27 people (71.1%) were motivated in monitoring the growth and development of toddlers.

The results of the Pearson Chi-Square test obtained p value = 0.487 > 0.05, so that H_0 was accepted and H_a was rejected, meaning that there was no significant influence between sources of information and mother's motivation in monitoring the growth and development of toddlers.

Based on table 9 from the data above, it can be seen that the cross-tabulation between mother's attitude and mother's motivation in monitoring the growth and development of toddlers shows that mothers who are not motivated have a greater proportion (75.0%) of mothers who have a poor attitude compared to mothers who are moderate. good (13.4%).

The results of the Pearson Chi-Square test obtained a p value of 0.001 < 0.05, H_0 was rejected and H_a was accepted, meaning that there was a significant influence between the mother's attitude and the mother's motivation in monitoring the growth and development of toddlers. with an OR value of 19.33, which means that mothers who behave less well do not have the motivation to monitor the growth and development of toddlers by 19.33 times compared to mothers who behave well.

DISCUSSION

From the three regions, the results of the Chi Square test for the TPMB Gunung Sindur Kab. Bogor Value of Midwives' Role Obtained p value 0.043 < 0.005 and Kalanganyer Public Health Center District. Lebak p value 0.034 < 0.005 Whereas in the Mandala Health Center area, the results of the Pearson Chi-Square test for Information Sources obtained p = 0.032 and the Mother's Attitude value obtained p = 0.001, so that H_0 was rejected and H_a was accepted, meaning that there is a significant influence between the roles of midwives, sources of information and Mother's Attitude in Monitoring the Growth and Development of Toddlers. The results of this study are in line with research conducted by Heni Wulandari (2020). Based on the research results, it is known that the role of the midwife has a positive effect on the mother's motivation. The test results for the parameter coefficient between the role of the midwife and the mother's motivation show a positive effect of 0.252 with a T-Statistic value of 3.808920 and is significant at $\alpha=5\%$. The T-Statistic value is > (1.96). According to research conducted by Fatnamartiana (2019) argued that mothers who have a low level of knowledge can influence attitudes and actions in stimulating children, in accordance with Bloom's theory which says that knowledge will influence a person's attitudes and behavior in taking action (Fatnamartiana et al., 2019). If the mother's attitude about the posyandu is positive, the mother will attend the posyandu regularly every month and vice versa if the mother's attitude about the posyandu is negative, the mother's attendance will not be routine every month. This means that even though the stimulus is the same for some people, the response for each person is different (Notoatmodjo, 2007).

CONCLUSION

From the results of this study it can be concluded that there is a significant influence between the role of midwives, sources of information and attitudes of mothers in monitoring the growth and development of toddlers. By conducting this research, it is hoped that all mothers who have toddlers can be motivated to monitor the growth and development of their children, given the importance of monitoring children's health in order to prevent stunting rates in toddlers.

ACKNOWLEDGEMENT

Acknowledgement is given to the funding sources of study and those who support that funding. The names of those who support or assist the study are written clearly. Names that have been mentioned as the authors of the manuscripts are not allowed here.

REFERENCES

- Kemendes RI. (2018). *Profil Kesehatan Indonesia*. Jakarta: Depkes RI
- Kemendes RI. (2022). *Laporan Akuntabilitas Kinerja Instansi Pemerintah Direktorat Gizi Dan Kesehatan Ibu dan Anak Tahun ASnggaran 2022*. Jakarta: Depkes RI
- Dinkes Provinsi Jawa Barat. (2020). *Profil Kesehatan Jawa barat Tahun 2020*. Bandung: Dinkes Provinsi Jawa Barat
- Dinkes Lebak. (2022). *Profil Kesehatan Lebak Tahun 2022*. Lebak: Dinkes Provinsi Banten
- Dinkes Kabupaten Bogor. (2019). *Buku Profil Informasi Kesehatan 2019*. Cibinong: Dinkes Kabupaten Bogor
- Kemendes RI. (2020). *Buku Kesehatan Ibu dan Anak*, JICA. Jakarta
- Nurhasanah. (2017). *Pelatihan Deteksi Dini Tumbuh Kembang Anak Dengan Kusisioner Pra Skrining Perkembangan (KPSP) Desa Sukamukti kecamatan Majalaya Kabupaten Bandung*. Prosiding Seminar Nasional Ilmu Pengetahuan dan Teknologi Jendral Achmad Yani (SNIJA). ISBN: 978-602-429-130-3. Diakses pada tanggal 07 Juni 2023
- Susanti, Sri. (2021). *Hubungan Sumber Informasi, Ketersediaan Fasilitas, Peran dan Sikap Terhadap Motivasi Ibu dalam Pemanfaatn Posyandu Di Desa Margatani Wilayah Kerja Krantau*. Joah Rad, Journal Of Applied Health Resarch and Develoment, Vol.3, 2021. ISSN: 2686-03-25. Diakses pada tanggal 13 Juni 2023
- Wulandari, Heni. (2020). *Peran Bidan, Peran Kader, Dukungan Keluarga dan Motivasi Ibu terhadap Prilaku Ibu dalam Pencegahan Stanting*. Jurnal Ilmiah Kesehatan, Vol. 19, 2020. ISSN: 1412-2804. Diakses pada tanggal 24 Juli2023
- A.S M. Manajemen Pelayanan Umum di Indonesia. Jakarta: Bumi Aksara; 2008
- Putri, Liza and Iskandar, Siska. (2021) *Buku Ajar Keperawatan Anak*. Insan Cendekia Mandiri, Sumatera Barat. ISBN 978-623-6090-13-8
- Hafizurrachman. (2016). *Forecasting Motivasi Kerja Tenaga Kesehatan Rs Swasta*. Jakarta: STIKIM Press
- Notoatmodjo. (2014). *Ilmu Prilaku Kesehatan*. Jakarta: Rineka Cipta
- Gde Ranuh, IGN; Suyitno, Hariyono; S Hadinegoro, Sri Rezeki; B. Kartasasmita, Cissy; Ismoedijanto; Soedjatmiko;. (2014). *Pedoman Imunisasi di Indonesia, Edisi Ke Lima*. Jakarta: Badan Penerbit Ikatan Dokter Anak Indonesia
- Fikawati, S. (2017). *Gizi Anak dan Remaja*. Depok: PT Raja Grafindo Persada
- Kemendes RI. (2013). *Permenkes No 71 Tahun 2013 Tentang Pelayanan Kesehatan Pada JKN*. Depkes RI
- Saifudin, A, B. (2022). *Sikap Manusia*. Yogyakarta : Pustaka Belajar
- Wahyu, S. D. (2023). *Peran Bidan dalam Komunitas*. Jakarta: Cv Literasi Nusantara Abadi
- Walgito, B. (2017). *Psikologi Sosial*. Jakarta: Yayasan Mitra Netra

Notoatmodjo. (2018). *Metodologi Penelitian Kesehatan*. Jakarta: Rineka Cipta.

Arikunto, S. (2013). *Prosedur Penelitian*. Jakarta Timur: Rineka Cipta.

Sugiyono. (2017). *Metode Penelitian Kuantitatif, Kualitatif dan R & D*. Bandung : Alfabeta