

## FACTORS AFFECTING TODDLERS' UTILIZATION OF INTEGRATED HEALTH POSTS (POSYANDU) AT SATRIA COMMUNITY HEALTH CENTER, TEBING TINGGI

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### Abstract

Toddlers are a vulnerable age group to various health problems and therefore require regular monitoring of their growth and development through Posyandu (Integrated Health Posts) activities. Toddlers' visits to Posyandu are one of the indicators of the success of maternal and child health services. However, the coverage of toddlers' visits to Posyandu in the working area of Satria Community Health Center, Tebing Tinggi, has not yet reached the established target. This study aimed to analyze the factors influencing toddlers' visits to Posyandu in the working area of Satria Community Health Center, Tebing Tinggi, in 2026. This study employed an analytical survey with a quantitative approach and a cross-sectional design. The population and sample consisted of 52 mothers who had toddlers attending Posyandu in the working area of Satria Community Health Center, Tebing Tinggi. Data were analyzed using the Chi-square test and multiple binary logistic regression analysis. The results showed that education ( $p = 0.001$ ), employment status ( $p = 0.039$ ), distance from residence ( $p = 0.001$ ), knowledge ( $p = 0.003$ ), attitude ( $p = 0.002$ ), and family head support ( $p = 0.000$ ) were significantly associated with toddlers' visits to Posyandu. The multivariate analysis showed that knowledge was the most dominant factor influencing toddlers' visits to Posyandu ( $p = 0.003$ ;  $\text{Exp}(B) = 71.005$ ). The study concluded that education, employment status, distance from residence, knowledge, attitude, and family head support were factors influencing toddlers' visits to Posyandu, with knowledge being the most dominant factor. Therefore, health workers should strengthen health education for mothers of toddlers and involve family members in efforts to improve regular attendance at Posyandu according to the scheduled visits.

**Keyword:** Toddlers, Posyandu, Visits, Knowledge, Family Support, Community Health Center

### Introduction

Child malnutrition remains a major global public health concern, particularly among children under five years of age who are highly vulnerable to growth and developmental problems. According to the UNICEF, WHO, and World Bank Joint Child Malnutrition Estimates, an estimated 150.2 million children under five years of age were affected by stunting and 42.8 million by wasting globally in 2024. These conditions highlight the continuing need for regular growth monitoring, early detection, and appropriate health and nutrition interventions during the early stages of childhood (WHO, UNICEF & World Bank, 2025).

In Indonesia, efforts to prevent and address child health and nutritional problems are supported by community-based health services, including Posyandu (Integrated Health Posts). Posyandu serves as an important platform for bringing basic health services closer to the community, particularly for mothers and children. Services provided through Posyandu include monitoring children's growth and development, weighing and measuring body length or height, immunization, vitamin A

supplementation, supplementary feeding, and health counseling. Regular attendance at Posyandu therefore provides an opportunity for health workers and cadres to identify growth deviations and nutritional problems at an early stage (Kemenkes RI, 2024).

The importance of strengthening child growth monitoring is also reflected in Indonesia's nutritional situation. Based on the Indonesian Health Survey (Survei Kesehatan Indonesia/SKI) 2023, the prevalence of stunting among children under five years of age in Indonesia was 21.5%. Although this figure decreased compared with previous years, the prevalence remains a public health concern and indicates the need for continuous efforts to improve child health and nutrition services, including through Posyandu (Kemenkes RI, 2024).

Children under five are particularly vulnerable to various health and nutritional problems because disturbances during this period may affect their growth and development both during childhood and later life. Therefore, regular monitoring of children's growth and development is essential. Posyandu serves as one of the community-based health service platforms that enables growth monitoring, early detection of nutritional problems, immunization, vitamin A supplementation, and health education to be conducted regularly and continuously (Kemenkes RI, 2024; Widiyanti A& Wahyono B, 2023).

One of the indicators of the successful implementation of Posyandu services is the level of attendance or visits of children under five. Routine visits enable health workers and Posyandu cadres to monitor children's growth and development, provide preventive services, and detect nutritional and health problems at an early stage. Growth monitoring can also be documented through the Kartu Menuju Sehat (KMS), which helps health workers and parents assess children's growth patterns over time (Handayani et al., 2024).

The weighing of children at Posyandu is commonly reflected in the D/S indicator, which represents the proportion of children under five who are weighed compared with the total number of children targeted. This indicator is important in assessing the coverage of community nutrition services. Higher D/S coverage indicates greater participation in growth monitoring and provides greater opportunities for children to receive nutrition and health interventions, including vitamin A supplementation, immunization, and early management of nutritional problems (Mardiana et al., 2024).

However, the utilization of Posyandu services remains suboptimal in several communities. Previous studies have shown that mothers' attendance at Posyandu can be influenced by various factors, including maternal education, employment status, distance from the residence to Posyandu, knowledge, attitude, and family support. Mothers with higher levels of education and better knowledge tend to have a greater understanding of the importance of routine child growth monitoring and are therefore more likely to bring their children to Posyandu regularly (Mujahidin et al, 2024).

Employment status may also influence Posyandu attendance. Working mothers may have limited time to attend Posyandu because of work responsibilities or other activities. In addition, the distance between the residence and Posyandu may become a barrier to service utilization, particularly for mothers who experience transportation difficulties. Family support, particularly from the husband or head of the household, may also encourage mothers to attend Posyandu by providing motivation, assistance with childcare, transportation, or reminders about the Posyandu schedule (Mujahidin et al, 2024).

In Tebing Tinggi City, Posyandu is implemented as part of community-based maternal and child health services. Satria Community Health Center is one of the primary health care facilities responsible for supporting and coordinating Posyandu activities within its working area. However, preliminary data obtained by the researchers indicated a substantial decline in Posyandu attendance coverage over the last three years. In 2023, there were 18,180 visits from 21,108 targeted infants and toddlers, representing a coverage of 86.1%, which had met the program target of  $\geq 80\%$ . In 2024, the number of visits was 18,103 from 41,972 targets, resulting in a coverage of 43.1%. The coverage declined further in 2025, with only 4,766 visits from 22,830 targets, representing 20.9%. This decline indicates a

substantial decrease in the utilization of Posyandu services in the working area of Satria Community Health Center.

Furthermore, preliminary observations conducted among 30 mothers with toddlers showed that only 18 mothers (60%) routinely brought their children to Posyandu every month, while 12 mothers (40%) did not attend regularly. Brief interviews with mothers and Posyandu cadres identified several possible reasons for irregular attendance, including limited knowledge about the benefits of Posyandu, maternal employment and other activities, the perception that healthy children do not need to visit Posyandu every month, inadequate family support, and the distance between the residence and Posyandu.

These conditions indicate that toddlers' visits to Posyandu may be influenced by multiple factors at the individual, family, and environmental levels. Although previous studies have examined factors associated with Posyandu attendance in different regions, evidence concerning the factors influencing toddlers' visits to Posyandu in the working area of Satria Community Health Center, Tebing Tinggi, remains limited. Therefore, this study aimed to analyze the factors influencing toddlers' visits to Posyandu in the working area of Satria Community Health Center, Tebing Tinggi, in 2026. The findings are expected to provide evidence for health workers and Posyandu cadres in developing targeted strategies to increase regular attendance and strengthen the utilization of Posyandu services for monitoring the health, growth, and development of children under five.

## **Methods**

This study employed a quantitative analytical observational design with a cross-sectional approach to analyze the factors influencing toddlers' visits to Posyandu in the working area of Satria Community Health Center, Tebing Tinggi. The quantitative approach was used to analyze numerical data statistically and to examine the relationships between the independent variables and toddlers' visits to Posyandu, while the observational design was applied without intervention to the study participants (Sugiyono, 2022).

The study was conducted in the working area of Satria Community Health Center, Tebing Tinggi, in 2026. The population consisted of mothers who had children under five years of age and were registered as Posyandu participants in the working area of Satria Community Health Center. A total of 52 mothers were included as the study sample. The sampling technique used was purposive sampling based on predetermined inclusion and exclusion criteria. The inclusion criteria were mothers who had children under five years of age, were registered at Posyandu in the working area of Satria Community Health Center, were willing to participate in the study, and were able to communicate effectively. Mothers who were unwilling to participate or did not complete the questionnaire were excluded from the study (Notoatmodjo, 2018).

The independent variables in this study consisted of maternal education, employment status, distance from the residence to Posyandu, knowledge, attitude, and family head support. The dependent variable was toddlers' visits to Posyandu. Data were collected using a structured questionnaire that had been prepared based on the research variables and indicators (Ghozali, 2021). The validity of the research instrument was assessed using the Pearson product-moment correlation test. Questionnaire items were considered valid when the calculated correlation coefficient ( $r$ -count) exceeded the  $r$ -table value. Reliability testing was performed using Cronbach's Alpha, with a coefficient of  $\geq 0.70$  considered to indicate acceptable reliability. The validity and reliability tests were conducted before the questionnaire was used for data collection.

Data analysis consisted of univariate, bivariate, and multivariate analyses. Univariate analysis was performed to describe the characteristics and distribution of each research variable using frequencies and percentages. Bivariate analysis was conducted using the Chi-square test to determine

the association between each independent variable, namely education, employment status, distance from residence, knowledge, attitude, and family head support, and toddlers' visits to Posyandu. Multivariate analysis was performed using multiple binary logistic regression to identify the most dominant factor influencing toddlers' visits to Posyandu by simultaneously considering all independent variables (Sugiarto, 2022).

## Result

A total of 52 mothers with children under five years of age participated in this study. Most respondents were aged 20–35 years (76.9%). Regarding Posyandu attendance, 20 respondents (38.5%) regularly brought their children to Posyandu, whereas 32 respondents (61.5%) had irregular attendance. Most respondents had primary or secondary education (55.8%), were employed (69.2%), and lived relatively far from the Posyandu location (65.4%). In addition, more than half of the respondents had poor knowledge regarding Posyandu (55.8%), while 53.8% had a negative attitude and 63.5% reported inadequate support from the head of the household.

**Table 1. Characteristics of respondents and studi variables (n=52)**

| Variable                  | Category                    | n  | %    |
|---------------------------|-----------------------------|----|------|
| Age                       | <20 years                   | 5  | 9.6  |
|                           | 20-35 years                 | 40 | 76.9 |
|                           | >35 years                   | 7  | 13.5 |
| Education                 | Primary/secondary education | 29 | 55.8 |
|                           | Higher education            | 23 | 44.2 |
| Employment status         | Employed                    | 36 | 69.2 |
|                           | Unemployed                  | 16 | 30.8 |
| Distance to Posyandu      | Near (<50 meters)           | 18 | 34.6 |
|                           | Far (>50 meters)            | 34 | 65.4 |
| Knowledge                 | Good                        | 23 | 44.2 |
|                           | Not good                    | 29 | 55.8 |
| Attitude                  | Positive                    | 24 | 46.2 |
|                           | Negative                    | 28 | 53.8 |
| Head-of-household support | Supportive                  | 19 | 36.5 |
|                           | Less supportive             | 33 | 63.5 |
| Posyandu attendance       | Regular                     | 20 | 38.5 |
|                           | Irregular                   | 32 | 61.5 |

Bivariate analysis using the Chi-square test showed that all independent variables were significantly associated with toddlers' attendance at Posyandu. Education ( $p = 0.001$ ), employment status ( $p = 0.039$ ), distance to Posyandu ( $p = 0.001$ ), knowledge ( $p = 0.003$ ), attitude ( $p = 0.002$ ), and head-of-household support ( $p < 0.001$ ) were significantly associated with Posyandu attendance.

**Table 2. Factors associated with toddlers' attendance at Posyandu (n = 52)**

| Variable                  | Category          | Regular n (%) | Irregular n (%) |
|---------------------------|-------------------|---------------|-----------------|
| Education                 | Primary/secondary | 5 (9.6)       | 24 (46.2)       |
|                           | Higher education  | 15 (28.8)     | 8 (15.4)        |
| Employment status         | Employed          | 10 (19.2)     | 26 (50.0)       |
|                           | Unemployed        | 10 (19.2)     | 6 (11.5)        |
| Distance to Posyandu      | Near              | 13 (25.0)     | 5 (9.6)         |
|                           | Far               | 7 (13.5)      | 27 (51.9)       |
| Knowledge                 | Good              | 15 (28.8)     | 9 (17.3)        |
|                           | Poor              | 5 (9.6)       | 23 (44.2)       |
| Attitude                  | Positive          | 14 (26.9)     | 7 (13.5)        |
|                           | Negative          | 6 (11.5)      | 25 (48.1)       |
| Head-of-household support | Supportive        | 14 (26.9)     | 5 (9.6)         |
|                           | Less supportive   | 6 (11.5)      | 27 (51.9)       |

All variables with p-values <0.25 in the bivariate analysis were subsequently included in the multiple binary logistic regression model. In the first regression model, education, knowledge, and head-of-household support remained statistically significant, whereas employment status, distance to Posyandu, and attitude were excluded from the final model.

The final multivariate analysis demonstrated that education, knowledge, and head-of-household support were independently associated with toddlers' attendance at Posyandu. Knowledge was identified as the most dominant factor associated with Posyandu attendance ( $p = 0.003$ ; OR = 71.005; 95% CI: 4.177–1207.075). Mothers with good knowledge had substantially higher odds of regular Posyandu attendance compared with those with poor knowledge. Education was also significantly associated with attendance ( $p = 0.005$ ; OR = 30.272; 95% CI: 2.751–333.075), as was head-of-household support ( $p = 0.004$ ; OR = 37.330; 95% CI: 3.250–428.785).

**Table 3. Final multiple binary logistic regression model for factors associated with toddlers' attendance at Posyandu**

| Variable                  | p-value | OR (Exp[B]) | 95% CI         |
|---------------------------|---------|-------------|----------------|
| Education                 | 0.005   | 30.272      | 2.751–333.075  |
| Knowledge                 | 0.003   | 71.005      | 4.177–1207.075 |
| Head-of-household support | 0.004   | 37.330      | 3.250–428.785  |
| Education                 | 0.005   | 30.272      | 2.751–333.075  |

The results indicate that knowledge was the strongest factor associated with toddlers' attendance at Posyandu. Mothers with good knowledge had approximately 71 times higher odds of regular Posyandu attendance compared with mothers with poor knowledge, after adjustment for education and head-of-household support.

## Discussion

The present study found that maternal education was significantly associated with toddlers' attendance at Posyandu ( $p = 0.001$ ). Mothers with higher education were more likely to bring their toddlers to Posyandu regularly than mothers with primary or secondary education. This finding suggests that educational attainment may influence mothers' ability to receive, understand, and apply health information, including information regarding the importance of routine growth monitoring. Mothers with higher education may have greater awareness of preventive health services and may be more capable of understanding the benefits of Posyandu for monitoring children's growth and development. This finding is consistent with Handayani et al. (2024), who reported a significant relationship between maternal education and toddlers' visits to Posyandu ( $p = 0.046$ ) (Handayani et al., 2024). However, education does not operate independently, because Posyandu utilization may also be influenced by knowledge, family support, accessibility, and other individual and environmental factors (Paradhiba et al., 2024). Therefore, health education at Satria Community Health Center should be delivered using simple language, visual media, demonstrations, and direct counseling so that mothers with different educational backgrounds can easily understand the importance of regular Posyandu attendance (Kemekes RI, 2024).

Employment status was also significantly associated with toddlers' attendance at Posyandu ( $p = 0.039$ ). The findings showed that working mothers were more likely to have irregular attendance than unemployed mothers. Employment may become a barrier when working hours overlap with Posyandu service schedules, limiting mothers' opportunity to bring their children for routine monitoring. Similar findings were reported by Novita et al. (2025), who found a significant association between maternal occupation and Posyandu visits ( $p = 0.004$ ) (Novita et al., 2025). In addition to working hours, occupational responsibilities may reduce the time available for mothers to access community health services. Therefore, Posyandu services need to consider the needs of working mothers through appropriate scheduling, reminders before service days, and involvement of husbands or other family members when mothers are unable to attend (Mother's Prespective and Trust et al., 2024).

Distance from the residence to Posyandu was significantly associated with toddlers' attendance ( $p = 0.001$ ). Mothers living farther from Posyandu were more likely to have irregular attendance than those living closer to the service location. This finding indicates that geographical accessibility remains an important consideration in the utilization of community-based health services. Greater distance may require additional transportation, time, and financial resources, which can reduce the likelihood of regular attendance, particularly among mothers with competing household or occupational responsibilities. Research on mothers' perspectives and trust toward Posyandu in Indonesia also identified distance as one of the factors that may influence utilization of Posyandu services (Mother's Prespective and Trust et al., 2024). Nevertheless, the effect of distance may differ across communities. Handayani et al. (2024) found no significant relationship between distance and Posyandu visits in Gampa Village, West Aceh ( $p = 0.773$ ) (Handayani et al., 2024). These differences may reflect variations in transportation availability, road conditions, Posyandu distribution, and community characteristics. In the working area of Satria Community Health Center, improving geographical accessibility through strategically located Posyandu services, mobile Posyandu activities, or community-based transportation support may therefore be considered.

Knowledge was significantly associated with toddlers' attendance at Posyandu ( $p = 0.003$ ). Mothers with good knowledge were more likely to bring their toddlers to Posyandu regularly than mothers with poor knowledge. This finding demonstrates that knowledge may play an important role in encouraging mothers to utilize Posyandu services. Mothers who understand the purpose and benefits of Posyandu are more likely to recognize that Posyandu is not only a place for weighing children but also an important community health service for monitoring growth and development and identifying nutritional or health problems at an early stage (Mother's Prespective and Trust et al., 2024). A study

in Kuta Alam, Banda Aceh, reported a significant relationship between maternal knowledge and Posyandu visits ( $p = 0.030$ ) (Paradhiba et al., 2024). Similarly, Handayani et al. (2024) found that maternal knowledge was significantly associated with bringing toddlers to Posyandu ( $p = 0.041$ ). These findings support the need for continuous health education and counseling to improve mothers' understanding of the benefits of regular Posyandu attendance (Handayani et al., 2024).

Maternal attitude was also significantly associated with toddlers' attendance at Posyandu ( $p = 0.002$ ). Mothers with positive attitudes were more likely to attend Posyandu regularly, whereas irregular attendance was more common among mothers with negative attitudes. A positive attitude may reflect mothers' acceptance of Posyandu as an important service for maintaining and monitoring child health. Conversely, negative perceptions, including the belief that Posyandu is unnecessary when a child appears healthy, may reduce mothers' motivation to attend. This finding is consistent with a study conducted in Kuta Alam, Banda Aceh, which found a significant relationship between maternal attitude and Posyandu visits ( $p = 0.015$ ) (Paradhiba et al., 2024). Similar results were also reported in South Buton, where maternal attitude was significantly associated with toddlers' Posyandu attendance ( $p = 0.002$ ) (Supri & Zulfira, 2024). These findings indicate that Posyandu health promotion should not only provide information but should also address misconceptions and strengthen positive perceptions regarding the importance of routine child growth monitoring.

Head-of-household support showed the strongest bivariate association with toddlers' attendance, with  $p < 0.001$ . Mothers who received support from the head of the household were more likely to bring their toddlers to Posyandu regularly than mothers who received less support. Family support can take the form of encouragement, reminders regarding the Posyandu schedule, transportation assistance, financial support, or assistance with childcare. Thus, attendance at Posyandu should not be considered solely the responsibility of mothers but rather as a family-level health behavior. Mardiana et al. (2024) reported a significant relationship between family support and toddlers' visits to Posyandu, highlighting the importance of family involvement in Posyandu utilization (Mardiana et al., 2024). In addition, a large Indonesian study involving 2,155 mothers identified family support, including reminders, motivation, information, and assistance in bringing children to Posyandu, as an important aspect of Posyandu utilization (Mother's Perspective and Trust et al., 2024). Therefore, interventions at Satria Community Health Center should involve husbands and other household members through family-oriented counseling and reminders.

The multivariate analysis further demonstrated that education, knowledge, and head-of-household support remained significantly associated with toddlers' attendance at Posyandu. Knowledge was identified as the most dominant factor, with  $p = 0.003$ ,  $OR = 71.005$ , and  $95\% CI = 4.177-1207.075$ . After adjustment for education and head-of-household support, mothers with good knowledge had approximately 71 times higher odds of regular Posyandu attendance compared with mothers with poor knowledge. Education also remained significantly associated with attendance ( $p = 0.005$ ;  $OR = 30.272$ ;  $95\% CI = 2.751-333.075$ ), while head-of-household support remained significant ( $p = 0.004$ ;  $OR = 37.330$ ;  $95\% CI = 3.250-428.785$ ). The higher OR observed for knowledge suggests that, within this study population and model, knowledge was the strongest statistical predictor of regular attendance. This finding is consistent with previous studies emphasizing the importance of maternal knowledge in Posyandu utilization (Handayani et al., 2024; Paradhiba et al., 2024; Mardiana O et al., 2024).

However, the magnitude of the OR for knowledge should be interpreted cautiously because the confidence interval was very wide (4.177–1207.075). The wide interval may reflect the relatively small sample size of 52 respondents and the strong differences in attendance between knowledge categories. Therefore, the result should be interpreted as evidence of a strong association within the study population rather than as a precise estimate of the effect in the wider population. Furthermore, because

this study used a cross-sectional design, the findings demonstrate associations between the variables and Posyandu attendance and should not be interpreted as establishing causal relationships.

Overall, the findings indicate that Posyandu attendance is influenced by multiple interconnected factors, including education, employment, accessibility, knowledge, attitude, and family support. Among these factors, knowledge emerged as the most dominant factor in the multivariate analysis. Consequently, strengthening mothers' knowledge should become an important strategy for improving Posyandu attendance at Satria Community Health Center. Health workers and cadres can strengthen regular education and counseling concerning the benefits of Posyandu, growth and development monitoring, early detection of nutritional problems, immunization, vitamin A supplementation, and other child health services [3]. At the same time, interventions should address practical barriers such as distance and working schedules and should actively involve husbands and other family members. A multidimensional approach may increase regular Posyandu attendance and provide greater opportunities for early detection and prevention of health and nutritional problems among children under five.

## **Conclusion**

This study concludes that toddlers' attendance at Posyandu in the working area of Satria Community Health Center is significantly associated with several maternal, accessibility, and family-related factors. At the bivariate level, maternal education, employment status, distance to Posyandu, maternal knowledge, maternal attitude, and head-of-household support were significantly associated with toddlers' attendance at Posyandu.

The multivariate analysis demonstrated that maternal knowledge, education, and head-of-household support remained significantly associated with regular Posyandu attendance. Among these factors, maternal knowledge was identified as the most dominant factor, with mothers who had good knowledge showing substantially higher odds of bringing their toddlers to Posyandu regularly compared with mothers with poor knowledge ( $p = 0.003$ ;  $OR = 71.005$ ;  $95\% CI = 4.177-1207.075$ ). Maternal education and head-of-household support also remained significant predictors, with  $OR$  values of 30.272 and 37.330, respectively.

These findings indicate that improving regular Posyandu attendance requires a multidimensional approach that goes beyond providing health services. Strengthening mothers' knowledge through continuous health education and counseling, improving positive attitudes toward routine growth monitoring, involving husbands and other household members, and reducing practical barriers such as distance and working schedules are important strategies to increase Posyandu utilization. Strengthening these efforts may improve opportunities for early detection and prevention of nutritional and health problems among children under five.

However, the large odds ratios and wide confidence intervals, particularly for maternal knowledge, should be interpreted cautiously because of the relatively small sample size. In addition, the cross-sectional design allows the identification of associations but does not establish causal relationships. Therefore, further studies with larger samples and longitudinal or intervention designs are recommended to confirm these findings and evaluate strategies for improving regular Posyandu attendance.

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