

Factors Related to Posyandu Anggrek Utilization in Communities That Have Toddlers in RW 06, Joglo II Health Center, Kembangan District in 2019

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Keywords: Kader Support, Family Support, Utilization of Posyandu, Knowledge, the Role of Health Workers, Attitudes.

Abstract: Indication the use of posyandu is the active arrival of the community of posyandu seen from the scope of weighing under five (D/S). Based on data at Posyandu Anggrek, the coverage seen from D/S in January 2019 was around 59.49% (94 toddlers), February it was 61.39% (97 toddlers) and in March it was 62.65% (99 toddlers). But the achievement target of the Ministry of Health (2014) 85% has not been achieved. The study uses quantitative methods, cross-sectional design, Chi-Square Test and 106 toddlers' samples. Data were obtained through a questionnaire with the variables; knowledge, attitudes, the role of health workers, family support and kader support. The results show that there's no relationship between knowledge ($P = 0.435$, $PR = 1.581$) using posyandu. There's a relationship between attitude ($P = 0.035$, $PR = 1.883$) using posyandu. There's no relationship between the role of health workers ($P = 0.872$, $PR = 0.896$) using posyandu. There's a relationship between family support ($P = 0.001$, $PR = 2.908$) using posyandu. There's no relationship between kader support ($P = 0.335$, $PR = 1.381$) using posyandu. Suggestions are given for kader to make a variety of PMT's and socialize the flow of activities, provide counseling to families and extend the time of posyandu.

1 INTRODUCTION

One indication of the utilization of health services by the public is the liveliness of the arrival of people to the service center, in this case, is specific to the use of posyandu namely to inactivity son came to the GMP or the liveliness of the parents to bring their toddler to posyandu which can be seen from the figures coverage child's weight to Posyandu (D / S). D is the number of toddlers who come to Posyandu for a certain period, S is the number of all toddlers under five who are in the territory of the neighborhood health center. The higher coverage D / S, at least the higher the coverage of vitamin A and immunization coverage and is expected to lower the prevalence of malnutrition (Ministry of Health, 2011).

Data issued by the UNICEF-WHO Joint- The World Bank estimates the 2012 Child malnutrition says 165 million toddlers under five years of worldwide experience stunted and it is estimated there are 101 million toddlers under the age of five around the world have a weight problem less. The high prevalence rate of stunting among toddler under the age of five are in Africa (36%) and Asia (27%).

Data Basic Health Research (Riskesdas) in 2013, there were 19.6% of a toddler are malnourished consisting of 5.7% toddler malnourished and 13.9% less nutritional status as well as information about child growth monitoring was obtained from toddlers weighing frequency during last six months. Frequency weighing ≥ 4 times in the last 6 months decreased slightly to 44.6% (2007) compared to 45.4% (2013). Toddler aged 6-59 months who never weighed in the past six months increased from 25.5% (2007) to 34.3% (2013) (Ministry of Health, 2013).

According to the Ministry of Health (2014), National average coverage D / S of 80.8% is lower than the target of 85%. When compared with 2013, performance in 2014 increased by 0.3%. In the distribution scope, D / S also found disparities between regions across the province. Values range between a high of 91.2% provinces (Nusa Tenggara Barat) and the lowest was 30.5% (Papua), and accounting for 19 (55.9%) provinces with the achievements under the national average. When compared to the target (85%) then there are 29 (85.3%) did not reach the target provinces. And for the child's weight to posyandu scope for Jakarta area alone amounted to 66.5.

Goals for health center consists of babies, toddlers, pregnant women, postpartum mothers, nursing mothers and couples of childbearing ages. From interviews with the kader, in posyandu there are programs for the target, but the participation in the work area posyandu still a bit to check with Posyanudu, most will be checked directly to the health center. Meanwhile, based on the data SKDN Toddler in Posyandu Anggrek weighing seen coverage of the D / S in January 2019 approximately 59.49% (94 infants) and in February amounted to 61.39% (97 infants) and in March to 62.65 % (99 infants). With a target achievement of the health clinic to Posyandu program that is at least 60%. Although in February - March has been passing through given target health centers, the target achievement of Ministry of Health (2014) Of 85% has not been reached.

2 METHOD

This study uses a cross-sectional design of the study is to take measurements or observations at the same time (all the time). This research was conducted in May and June 2019. The population in this study is the entire community who have toddlers aged 6-59 months were enrolled in some 145 Posyandu Anggrek toddlers.

The number of samples in this study was a total of 106 samples were selected through a proportional stratified sampling technique based on data registers infants and toddlers enrolled in the Posyandu Anggrek. The data source of this research using primary data (interviews and questionnaire) and secondary data (data reports SKDN in health center). This study uses Validity and normality and the results of this study were analyzed using the Chi-Square test.

3 RESULT

Table 1: Results of univariate.

type Analysis	Number (n)	Percentage (%)
Utilization of Posyandu	106	100.0
Bad Utilization of Posyandu	35	33.0
Good Utilization of Posyandu	71	67.0
Knowledge	106	100.0
Bad of Knowledge	8	7.5
Good of Knowledge	98	92.5
Attitude	106	100.0
Bad Attitude	41	38.7
Good Attitude	65	61.3
The Role of Health Workers	106	100.0
Bad for The Role of Health Workers	39	36.8
Good for The Role of Health Workers	67	63.2
Family support	106	100.0
Didn't get support	49	46.2
Get support	57	53.8
Support Kader	106	100.0
Didn't get support	46	43.4
Get support	60	56.6

Table 2: Results of bivariate.

variables	utilization of Posyandu				P-value	PR (95% CI)
	Bad	%	Well	%		
Knowledge						
Bad of knowledge	4	50.0	4	50.0	.435	1,581 (0.745 to 3.352)
Good of knowledge	31	31.6	71	68.4		
Attitude						
Bad attitude	19	46.3	22	53.7	0,035	1,883 (1.099 to 3.224)
Good attitude	16	24.6	49	75.4		
The Role of Health Workers						
The Role of Health Workers Good	12	30.8	27	69.2	0.872	.896 (0.504 to 1.594)
The Role of Health Workers	23	34.3	44	65.7		
Family support						
Didn't get support	25	51.0	24	49.0	0,001	2.908 (1.555 to 5.439)
Get support	10	17.5	47	82.5		
Support Kader						
Didn't get support	18	50.0	28	60.9	0.335	1,381 (0.805 to 2.370)
Get support	17	68.4	43	71.7		

4 DISCUSSION

4.1 Univariate Analysis

4.1.1 Description Utilization of Posyandu Anggrek on People Who Have a Toddler in RW 06 Joglo II Health Centre

The results showed good Posyandu utilization frequency of 106 respondents as many as 71 people (67.0%). This is in line with research Reihana (2014) which states that there are 54.8% of women had good participation to come to Posyandu.

Posyandu is one form of Community Based Health Effort (UKBM) run of, by, for and communicating with the community, in order to empower communities and provide convenience to the public in obtaining basic health services. (Ministry of Health, 2012).

To enhance the activity of the respondents to the Posyandu, the clinic assisted by a cadre has a role to come to the respondent when kader carries out the PSN. Based on the interview, respondents have mostly been utilizing posyandu well, but when seen

from the results of monitoring the child's weight based on the KMS book every child, it appears that most respondents do not regularly (66.2%) came to posyandu to weigh her child, only a few respondents conducting routine weighing (33.8%). If seen from the data SKDN Orchids Posyandu seen weighing coverage has been more than the target given the clinic but has not reached the national target of 85%. However, when seen from the presence of the respondents routinely can be seen the percentage is only 33, 8% is far from a percentage of coverage provided by the health centers. Percentage used for these health centers is only based on SKDN whereas there are standards of the Ministry of Health (2013) that were able to see both visible Posyandu utilization of the presence of mothers to the clinic ≥ 4 times in the last 6 months.

The advice can be given to researchers to utilize Posyandu namely for the clinic and kader to disseminate information on the Posyandu activities based application online chat group (WhatsApps), in addition to information activities can also spread info, info about current issues regarding the growth and development of infants. The hope in the future, more and more respondents who come to Posyandu to weigh their toddler to child development can be

monitored well. If there are obstacles in making the group do not have the application, the next step can be done kader and the clinic is to visit the respondents to his house as a concern and to monitor the growth of toddler under five.

4.1.2 Description Knowledge in People Who Have a Toddler in Posyandu Anggrek Joglo II Health Centre

Based on this research, it was found that out of the total 90 respondents obtained the highest proportion. The results showed the frequency of respondents' knowledge of both of the 106 respondents as many as 98 people (92.5%) whereas respondents poor knowledge of 8 people (7.5%). This is in line with research Nofianti (2012) which states that there are 34 people (43.0%) were both knowledgeable and 7 (33.3%) were less knowledgeable in the use of posyandu by mothers in the region Maek health centers, district Fifty Cities.

Based on the theory of Green (1980) in the book Notoatmodjo (2010) explained that the increase in knowledge is not necessarily the cause of changes in a person's behavior, but is associated with early determinants for people to behave. From the results of answers, there were respondents who had low knowledge, this is known based on 3 of the 10 statements in question. The statement asked that the respondents did not know the length of Posyandu (0.9%), respondents are also still unaware of the KMS used difference color (1.9%), as well as according to respondents' toddlers can be weighed yourself at home and then recorded in a KMS book (7.5%).

Based on interviews mostly mothers had good knowledge because there is counseling conducted by the clinic and was attended by mothers, mothers understand this affecting the delivery of such information so that knowledge can be said to be good. But there are some mothers who have low knowledge if concerns regarding this knowledge continue to be an impact on infant growth not monitored because knowledge of the respondents was low.

4.1.3 Description Attitude in People Who Have a Toddler in Posyandu Anggrek Joglo II Health Centre

The results showed a good attitude of the respondent frequency of 106 respondents as many as 65 people (61.3%) while the bad attitude of the respondent as many as 41 people (38.7%). This is in line with research Nofianti (2012) which states that there were 27 people (46.6%) who have a good attitude and 14

(33.3%) who had a bad attitude in the use posyandu by mothers in the region Maek health centers, district Fifty Cities.

According to Green (1980) in the book Notoatmodjo (2010) Attitudes are covered a person's response to the stimulus or object, which has involved the opinions and emotional factors that are concerned. From the results of answers, there were respondents who had a bad attitude. It is known by two of the 10 statements submitted show that the attitude of the respondents is still low on the utilization of Posyandu. The form of revelation includes; posyandu feeding does not affect me not to come to Posyandu (20.8%) shows that the supplementary feeding (PMT) is provided at the Posyandu can be influential in the presence of the respondents to the Posyandu. As well as the registration process in posyandu too long and the length (12.3%). If this continues to happen will result in low utilization because of the attitude of the respondents posyandu less.

Based on the interview, the mother has a good attitude. This is due to understand or comprehend counseling given the clinic so it can respond well are more actively come to Posyandu. However, based on the results of the answers seem that there are factors that contributed to the utilization posyandu be less than the supplementary feeding (PMT) and the registration process or activity in Posyandu. Supplementary feeding (PMT) that are usually provided by posyandu ie green beans, eggs, pudding, fruit. This will lead to boredom for both respondents and toddlers. The advice can be given, the clinic is more varied in making supplementary feeding (PMT) and not forgetting the required nutritional factors toddlers. For the process of activities, for writers to make observations in posyandu process or workflow activities have followed the standards issued by the Ministry of Health (2011). However, in practice in the field, there are some mothers who sometimes do not follow the path directly to the child's weight and not to the registration desk first. This is what makes the program will be piled up on the table as weighing. The advice can be given for kader and clinics can make the flow of activities posyandu then taped in place that can be directly viewed by the mother or guardian in order not to accumulate in the weighing and reporting on KMS book only. This groove can be socialized when the implementation of the extension in a table of 4 or at the time of counseling when there are issues - health issues that should be given counseling to mothers - mothers. there are some mothers who sometimes do not follow the path directly to the child's weight and not to the registration desk first. This is what makes the

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4.1.4 Description Role of Health Personnel in Posyandu Anggrek Joglo II Health Centre

The results showed the frequency of the role of health workers from 106 respondents as many as 67 people (63.2%), while the role of bad health workers as many as 39 people (36.8%). From the research Hasanah (2015) showed that fostering good health personnel by 17 people (21.5%) in Puskesmas Kelurahan Cilincing North Jakarta Rorotan Year 2015. From these results obtained equation that the role of health professionals in the area of Jakarta has been good enough.

From the results of the answers, there are 3 other statements that demonstrate the role of health professionals is still lacking. The statement includes; posyandu activities underway health workers fell directly in the activity (1.9%), in explanation that was done by health personnel can understand (0.9%) and health workers to explain the benefits of Posyandu (1.9%).

Based on the interview respondents note look role of health workers. This is because according to the respondent's toddler health professionals (midwives) are always present at the Posyandu activities take place. But there are other factors that make the role of health workers is less. If this continues to happen will result in a decrease in the use of Posyandu. Suggestions to the authors provide that if the implementation of the extension educator teams assigned are the volunteer health workers themselves that at the time health workers can ask back the extent to which respondents understand the contents of the lectures also health workers can provide information on the benefits of activities posyandu.

4.1.5 Description Family Support on People Who Have a Toddler in Posyandu Anggrek Joglo II Health Centre

The results showed the frequency of respondents who support a family of 106 respondents was 57 (53.8%) while respondents who have no family support as many as 49 people (46.2%). From the research Hasanah (2015) showed that good family support for 67 (65.0%) in Puskesmas Kelurahan Cilincing North Jakarta Rorotan 2015.

Based on the answers, there is one question that shows that family support is given still low. The nature of the questions includes if the respondent was unable to attend, the absence of a family member who can replace respondents to Posyandu (60.4%).

Based on the interview, respondents did not take advantage of posyandu because there are some respondents did not have a family to replace him because of the family work or school. If this continues to be an impact on the low utilization of the Posyandu to the development of infants around the working area posyandu cannot be monitored. The advice can be given is that the time on the implementation of posyandu extended so that the respondent may seek to bring their babies to Posyandu. Or, if necessary, to do more from posyandu once a month, because it is in conformity with the General Guidelines for Management of posyandu is issued by the Ministry of Health (2011b).

4.1.6 Description Support Kader in Posyandu Anggrek Joglo II Health Centre

The results showed the frequency of mothers who support a cadre of 106 respondents were 60 (56.6%), while respondents who did not receive the support of a cadre of 46 people (43.4%). From the research Hasanah (2015) showed that good family support for 84 (81.6%) in Puskesmas Kelurahan Cilincing North Jakarta Rorotan 2015.

According to Green (1980) in the book Notoatmodjo (2010) Factors amplifier for someone healthy behavior that is based on the support of health professionals such as nurses, doctors, midwives, and healthy volunteers.

The research looked at kader support given to mothers to bring their babies to Posyandu. Based on the answers, there is one question that shows the lack of support kader. The form of the question as you visit the homes of respondents kader when the toddler did not come to Posyandu (37.7%).

Based on the interview obtained kader of respondents support more than mothers who do not get support. However, if viewed from the respondents, the role of kader only felt when the implementation of the Posyandu. Very influential role in the utilization of kader support, because the kader is someone nearby after a family that can help monitor the growth of toddler as well as an extension of the clinic, if this continues to occur will result in low utilization of posyandu recognizing the support provided kader still lacking. The advice can be given to increase the role of kader after Posyandu activities by visiting the home of the respondent if the respondent does not come to Posyandu and suggested that they should weigh on other health services such as health centers or clinics.

4.2 Bivariate Analysis

4.2.1 Relationship between Attitude with Utilization Posyandu Anggrek in People Who Have a Toddler in RW 06 Joglo Urban Village Puskesmas II District Kembangan 2019

Based on the research results with the use of Posyandu Anggrek relationship with attitude on people who have toddler in RW 06 Joglo II Health Centre, respondents who had a bad attitude there were 19 (46.3%) who do not utilize Posyandu and respondents who had a bad attitude there is more 22 (53.7%) which utilize posyandu. While the

respondents who have a good attitude, there are 16 (24.6%) who do not utilize Posyandu and respondents who have a good attitude are more 49 (75.4%), which utilizes the Posyandu. This research shows that there is a relationship between attitudes to the use of Posyandu Anggrek on people who have a toddler in RW 06 Joglo II Health Centre, Kembangan Sub-District 2019. This research is in line with research Rita (2016) stating that there was a significant relationship between attitudes to the use of Posyandu Melati III. These results are also consistent with research Nirmala (2018) stating that there is a significant relationship between attitudes to the use of Posyandu toddler in village easterlies Puskesmas Setabelan Surakarta. The prevalence value ratio in this analysis is 1.883 means that mothers who have a bad attitude would risk 1,883 times to utilize Posyandu poorly, compared with mothers who have a good attitude.

According to Green (1980) in the book Notoatmodjo (2007) attitude is a reaction or response which was still closed from a person to a stimulus or object. Attitudes cannot be seen directly, but can only be interpreted in advance of behavioral closed. Attitude signifies connotations of their conformity reaction to certain stimuli that in everyday life is an emotional reaction to the social stimulus.

Counseling is done posyandu is quite effective, but the attitude in utilizing posyandu still low. It is known from the answers that respondents. There are several proposed statements that are still a low value. If this continues to happen will result in low utilization of posyandu conducted by the respondent. Supplementary feeding (PMT) that are usually provided by posyandu ie green beans, eggs, pudding, fruit. This will lead to boredom for both respondents and toddlers. The advice can be given, the clinic is more varied in making supplementary feeding (PMT) and not forgetting the required nutritional factors toddlers. The activities during the writers' make observations in posyandu process or workflow activities have followed the standards issued by the Ministry of Health (2011b). However, in practice in the field, there are some mothers who sometimes do not follow the path directly to the child's weight and not to the registration desk first. This causes the buildup mothers in one table such as weighing. The advice can be given for kader and clinics can make the flow of Posyandu activities and tape in place that can be directly viewed by the mother or guardian in order not to accumulate in the weighing and reporting on KMS book only. This groove can be socialized when the implementation of the extension in a table of 4 or at the time of counseling when there are health issues that should be given counseling to mothers of toddlers.

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4.2.2 Relationship between Family Support Utilization Posyandu Anggrek on People Who Have a Toddler in RW 06 Joglo II Health Centre District Kembangan 2019

Based on the research results with the use of family support relationships Posyandu Anggrek on people who have toddler in RW 06 Joglo II Health Centre, respondents who have no family support there were 25 (51.0%) who do not utilize Posyandu and respondents who have no family support are more bit 24 (49.0%), which utilizes the posyandu. While the respondents get family support there were 10 (17.5%) who did not take advantage of the respondents get posyandu and family support n there are more 47 (82.5%), which utilizes the Posyandu. This research shows that there is a relationship between family support with the use of Posyandu Anggrek on people who have a toddler in RW 06 Joglo II Health Centre, Kembangan Sub-District 2019.

This research is in line with research Oktarina & Malindo (2015) showed that there was a significant relationship with the family support posyandu utilization by mothers in urban village Puskesmas Kurao Nanggalo Padang 2015. This is in line with the research Djamil (2018) states that there is a significant relationship between family support with the behavior of mothers to weigh their toddler to Posyandu in the region of UPT Puskesmas Way Panji South Lampung regency 2016. The prevalence Value Ratio in this analysis is 2.908 means that respondents who have no family support would be at risk 2.908 times to utilize posyandu poorly, compared to respondents who receive family support.

According to Green (1980) in the book Notoatmodjo (2010) reinforcing factors for someone healthy behavior that is based on family support. Mom will be active to Posyandu Anggrek if any encouragement from people nearby, including the family. Family support was instrumental in preserving and maintaining optimal nutritional status.

Posyandu Anggrek held each month on the third week, it is because based on interviews with holders program and kader is the result of community agreement executed on the day and also carried out in the morning until noon because of the growth monitoring sessions involving all agencies dealing with the public as in the sphere of health in the implementation and administration posyandu activities that would typically come to do the monitoring.

Based on the interview, respondents did not do the utilize of posyandu because it does not have a family to replace him because of the family work or school. If this continues to happen, will result in low utilization of posyandu makes volunteers and health workers are not able to monitor the growth and development of toddler under five in the region of posyandu orchids. Based on observations conducted by researchers at the Posyandu, there are mothers who come in past the deadline and kader Posyandu activities suggest that weigh directly to the clinic, of course it will have an impact on the level of utilization of the Posyandu. Therefore, the advice that can be given is that the time on the implementation of posyandu extended so that the respondent may seek to bring their babies to Posyandu. or if necessary,

Now, for the family members of both children that older and fathers can provide informational support in the form of information about the health of toddlers to mothers so that in the future she can assess that come to Posyandu is the thing to do. Information on the child's health is obtained either through counseling given puskesmas or information from medical journals. For the clinic, in cooperation with volunteers to provide counseling targeted at families, this is done so that an understanding of information about the child's health or the Posyandu can be delivered as a whole so that the health of toddlers can be improved. If in the implementation of counseling a lot of families who do not bring their members.

5 CONCLUSIONS

Based on the research results can be summarized as follows:

1. Distribution of mothers who utilize Posyandu Anggrek good orchid that is equal to 67.0% (71 people).
2. Distribution mother knowledgeable both in Poyandu Orchid as much as 92.5% (98 people).
3. Distribution of mothers who have a good attitude in Posyandu Anggrek by 61.3% (65 people).
4. Distribution of mothers who feel the role of health workers in Posyandu Anggrek of 63.2 (67).
5. Distribution of mothers who received family support at 53.8% (57 people).
6. Distribution mothers get the support kader in Posyandu Anggrek by 56.6% (60 people).
7. There is a relationship between attitude with Posyandu Anggrek Utilization the Community which has Toddlers in RW 06 Joglo II Health Centre, District Kembangan Year 2019. The PR value of 1.883 means that respondents who have a bad attitude would risk 1,883 times to utilize Posyandu poorly, compared to respondents has a good attitude.
8. There is a relationship between family support with Posyandu Anggrek Utilization Anggrek the Community which has Toddlers in RW 06 Joglo II Health Centre, District Kembangan Year 2019. The PR value of 2.908 means that respondents who have no family support would be at risk of 2.908 times to utilize Posyandu poorly, compared to respondents who get family support.

6 SUGGESTION

1. Volunteers can make the supplementary feeding (PMT) varied without losing the content or nutritional value. The clinic in collaboration with the volunteer can make or socialize groove enforcement Posyandu. For a family to be more active in communication with mothers or guardians about their rapidly developing toddlers.
2. Puskesmas working with volunteers doing counseling with a family target, also provide information such as pamphlets and advice each family member both children and fathers to care for the growth and development of infants. The clinic can be considered regarding implementation time posyandu and if possible, the implementation can be done more than once a month.

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