

FACTORS AFFECTING THE ROLE OF MOTHERS IN POSYANDU ACTIVITIES DURING THE COVID-19 PANDEMIC IN SEUNEUBOK ACEH VILLAGE PEUSANGAN DISTRICT BIREUEN REGENCY ACEH

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ABSTRACT

Posyandu (pos pelayanan terpadu) is the government's effort to facilitate the Indonesian people in obtaining maternal and child health services. The main goal of posyandu is to prevent an increase in maternal and infant mortality during pregnancy, childbirth, or afterward through community empowerment. The purpose of opening a posyandu during the pandemic is to become a reference for relevant stakeholders and service providers in implementing health efforts at Posyandu in adapting new habits. The purpose of this study was to determine the relationship between the factors that influence the role of mothers in posyandu activities during the pandemic. The design of this research is associative, namely the type of research that uses a cross sectional approach, the research instrument uses a questionnaire, and the sampling technique uses a total population method. The results of the education variable obtained a p value of 0.009 which means that there is a relationship between the level of education and the role of the mother in posyandu activities. From the age variable, a p value of 0.015 was obtained, meaning that there was a relationship between age and the role of the mother in posyandu activities. For the knowledge variable, a p value of 0.033 was obtained, meaning that there was a relationship between the knowledge factor and the mother's role in posyandu activities. Meanwhile, for the family support variable, a p value of 0.002 was obtained, meaning that there was a relationship between family support factors and the role of mothers in posyandu activities. It can be concluded that there is a relationship between education, age, knowledge, and family support factors with the role of mothers in posyandu activities during the COVID-19 pandemic.

Keywords : Mother's role, Posyandu, COVID-19 pandemic

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INTRODUCTION

According to Article 28 H paragraph 1 of the 1945 Constitution and Law no. 36 of 2009, that health is the right of every individual and at the same time as an investment, so it needs to be

strived for, fought for and improved by every individual and by all components of the nation, so that people can enjoy a healthy life and in the end can realize an optimal degree of public health. This needs to be done because health is not the responsibility of the government alone,

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but is a shared responsibility of the government and the community, including the private sector.¹

The Community Health Center (Puskesmas) as the spearhead of health development has a mission to encourage community independence in terms of healthy living through community empowerment. The tangible manifestation of community empowerment efforts is the presence of various forms of Community Based Health Efforts in each Puskesmas working area. UKBM which has a real role and has been able to develop in the community, namely the Pos Pelayanan Terpadu (Posyandu).¹

Posyandu (pos pelayanan terpadu) is the government's effort to facilitate the Indonesian people in obtaining maternal and child health services. The main goal of posyandu is to prevent an increase in maternal and infant mortality during pregnancy, childbirth, or afterward through community empowerment. According to Isaura (2011), posyandu is a tangible manifestation of community care in an effort to improve health. Posyandu indicators are community-based health vehicles that carry out 5 (five) main activities, namely: Family Planning (KB), Maternal and Child Health (KIA), nutrition, immunization and diarrhea. This

activity has a major influence on reducing infant and maternal mortality rates.²

Pos Pelayanan Terpadu (Posyandu) is one of the village community institutions that accommodates community empowerment in basic social services whose implementation can be synergized with other services according to regional potential. One of the basic social activities at the Posyandu, namely health activities, which are mainly Maternal and Child Health, Family Planning (KB), Immunization, Nutrition, and education on healthy lifestyles which are carried out in 5 (five) steps of activities on opening day and outside posyandu opening days. In practice, posyandu can develop additional activities according to the needs, agreements and capacities of the community.³

The development and improvement of service quality is strongly influenced by the participation of the community, especially cadres. Cadres have an important role starting from pioneering posyandu, liaison with institutions that support posyandu implementation, planners, implementers, coaches and extension workers to motivate the community to participate in posyandu activities.⁴

According to Subagyo (2010), in order for the implementation of Posyandu activities to be directed and successful, the Posyandu in every activity is assisted by cadres who are guided and directed by the puskesmas. These cadres have varied formal education and some of them have also attended special training. In addition, active community participation is also needed so that posyandu activities can run smoothly and are able to achieve high effectiveness.⁵

According to Martinah (2008) in Isaura (2011), the role of cadres is very important because cadres are responsible for implementing the posyandu program. If the cadres are not active, the implementation of the posyandu will also be not smooth. In 2020, the percentage of districts/cities implementing active posyandu development was achieved 6% of the 51% target or the percentage of performance achievement of 11.76%.⁶

The Covid-19 pandemic doesn't feel like we've been experiencing it for more than a year. The psychological, physical, and economic panic at the start of the pandemic affected posyandu cadres, mothers of toddlers, toddlers and pregnant women in Indonesia. This is evidenced by the drastic decrease in the number of visits by toddlers, mothers of

toddlers and pregnant women to posyandu. As the epidemic continues to hit all countries in the world, each country must adapt to new habits in daily life. Likewise, in Indonesia, people must be able to carry out daily activities by adapting to be able to coexist with the Coronavirus Disease 2019 (Covid-19), because people need to carry out activities to meet their daily needs with new regulations, lifestyles and habits. Daily activities cannot be carried out as in normal conditions, as well as services to the community. Nevertheless, the provision of health services to the community must still be carried out.⁷

Health efforts at the Posyandu in adapting new habits are still carried out as an effort to accelerate stunting prevention, improve maternal and child health, counseling, and disseminating health information, as well as community-based health surveillance for the prevention and control of Coronavirus Disease 2019 (Covid-19). Health efforts at the posyandu as referred to in a pandemic are carried out with the following conditions. Posyandu located in the green zone area can open posyandu days based on the approval of the village government. meeting with health workers and reporting it to Posyandu cadres, which can be

carried out by using information and communication technology.⁷

The Community Health Center is obliged to coordinate with relevant stakeholders at its level, as well as provide assistance to Posyandu in its area to ensure that the implementation of health efforts at the Posyandu is in the period of adaptation to new habits. Posyandu located in the yellow zone, orange zone, and red zone do not carry out Posyandu opening days and activities are carried out through community mobilization for independent health activities or appointments with health workers and reporting them to posyandu cadres, which can be implemented by utilizing information technology, and communication.⁷

The purpose of opening a posyandu during the pandemic is to become a reference for relevant stakeholders and service providers in implementing health efforts at Posyandu in adapting new habits. The specific objectives are the implementation of nutrition services in Posyandu; implementation of monitoring of pregnancy, postpartum, breastfeeding counseling, monitoring the growth and development of children, adolescents and the elderly at posyandu in adapting new

habits; implementation of immunization services at posyandu; implementation of family planning services at posyandu; the implementation of increasing healthy living behavior in Posyandu.⁷

MATERIAL AND METHOD

The design of this research is associative, namely the type of research that uses a cross sectional approach that emphasizes the time of measurement/observation of independent and dependent data only once. The research was conducted in Seuneubok Aceh Village, Peusangan District, Bireuen Regency Aceh. The population in this study were all mothers who had babies and toddlers and pregnant women in Seuneubok Aceh Village, Peusangan District, Bireuen Regency Aceh totaled 69 people consisting of mothers who had babies and toddlers totaling 60 people, and 9 pregnant women. The sampling technique is the total population.

RESULT

Based on the data, from a total of 69 respondents the majority were at the secondary education level, namely 45 people (65.2%), with the majority age

being in the age category 35 years as many as 50 people (72.5%). At the level of knowledge, the majority of mothers were in the sufficient category as many as 35 people (51%). Meanwhile, at the level of family support, the majority of families support mothers to take part in posyandu activities, as many as 47 people (68%).

Based on the cross tabulation data, the results of the education variable obtained a p value of 0.009 (p value<0.05) meaning that there is a relationship between the level of education and the role of mothers in posyandu activities. From the age variable, a p value of 0.015

was obtained (p value<0.05), meaning that there was a relationship between age and the role of the mother in posyandu activities. For the knowledge variable, a p value of 0.033 was obtained (p value<0.05), meaning that there was a relationship between the knowledge factor and the mother's role in posyandu activities. Meanwhile, for the family support variable, the p value was 0.002 (p value<0.05), meaning that there was a relationship between the family support factor and the mother's role in posyandu activities.

Table 1. Factors Affecting Mother's Role in Posyandu Activities

Variable	n	%
Education		
Higher	14	20,3
Middle	45	65,2
Basic	10	14,5
Age		
≤35 years old	50	72,5
>35 years old	19	27,5
Knowledge		
Good	12	17
Enough	35	51
Not enough	22	32
Family Support		
Support	47	68
Does not support	22	32
Mother's Role		
Play a role	69	100
No role	0	0

Table 2. Cross Tabulation of Factors Affecting Mother's Role in Posyandu Activities

Variable	Mother's Role				Total		p value
	Play a role		No Role				
	f	%	f	%	F	%	
Education							
Higher	10	71,4	4	28,6	14	20,3	0,009
Middle	34	75,6	11	24,4	45	65,2	
Basic	8	80	2	20	10	14,5	
Age							
≤35 years old	45	90	5	10	50	72,5	0,015
>35 years old	10	52,6	9	47,4	19	27,5	
Knowledge							
Good	10	83,3	2	16,7	12	17	0,033
Enough	28	80	7	20	35	51	
Not enough	20	91	2	9	22	32	
Family Support							
Support	42	89,3	5	10,7	47	68	0,002
Does not support	12	54,5	10	45,5	22	32	

DISCUSSION

The results showed that there was a relationship between the level of education, age, knowledge and family support the mother's role in posyandu activities. This is in line with research from Nasution et al (2020) in the population were all mothers of children under five who have toddlers (aged 24 - 60 months) and reside in the work area at the Sayur Matinggi Health Center, which states that a high level of education of the mother will affect the activity of the mother in bringing the toddler to the posyandu so that the higher the education of a person, the more able to use the posyandu. Highly educated mothers will seek more and clear information about posyandu.⁸

In line with research Ulfa and Monica (2021), based on the result, it is expected to all mothers to be active in joining Posyandu so that they can get education on how to stimulate and check their children's growth and development. For health workers, the results of this study can be used as an input so that they can improve the provision of counseling during posyandu activities and the target of achieving the presence of infants and toddlers in the areas can be achieved. The results of the study showed that the active presence of mothers to take their toddlers before being given health education was mostly (73.3%) in the active category. This was very possible because almost half of the respondents (46.7%) were 18-26 years old. In terms of age, it was clear that the maturity of a mother's in age

affected the understanding of the care patterns, child care, the need for examination and monitoring of the child growth and development and also the stage of learning to adapt in roles changing. From the results of the study, it was also found that 40% of respondents' educational background was in the elementary school category. Low maternal education affected the reception of information so that knowledge about posyandu was hampered or limited. 60% as housewife and 60% had never received information about what posyandu was, what was in posyandu, and what was the importance of bringing their children to posyandu.⁹

This was in line with the results of research conducted by Djamil (2017), shows the p-value = 0.027, which means that there is a significant relationship between mother's knowledge and mother's behavior under five in weighing their child to the posyandu in the working area of the Way Panji District Health Center South Lampung in 2016, while the value of OR = 2,620, it means mothers of toddlers who have good knowledge has a chance behave well in weighing their child to posyandu by 2.62 times compared to mothers of toddlers who have poor knowledge.¹⁰

Based on research by Ulfarini et al (2021), the combined test results showed p value = 0.00001. Statistically, the combined effect is significant if the p value < 0.05 and this means that the null hypothesis is rejected, in other words, there is a relationship between knowledge and behavior of mothers under five in the use of posyandu. So it can be concluded that mothers who have a high level of knowledge tend to visit the posyandu 2.91 times compared to mothers who have a high level of knowledge. low knowledge. The calculated effect size for the combined effect size of research studies on the relationship between knowledge and behavior of mothers under five in the use of posyandu. There is a relationship between family support and the behavior of mothers under five in the use of posyandu, so it can be concluded that mothers who receive family support tend to visit posyandu.¹¹

The research results by Nazri et al (2016), that states there were no significant differences in age, marital status, education level, occupation, family size, and distance to Posyandu between low participation group except for the monthly household income. Among the socio-demographic factors, only monthly household income had a significant

association with the frequency of mothers' participation. Satisfaction, attitude, and intention were associated with participation. The logistic regression showed that monitoring the nutritional status of children under five was the main reason that mothers participated in Posyandu. Mothers who were satisfied with the Posyandu services were more likely to attend than those who were dissatisfied. Respondents with intention to participate in Posyandu every month were more likely to attend than those who did not intend to attend every month. Households with low income were more likely to participate in Posyandu than households with high income.¹²

Research results by Neriwati et al (2021), the results of statistical tests with the ChiSquare test showing p-value (0.001), there is a Nexus between the mother's level of knowledge and visits to toddlers in Posyandu activities, the nexus between mother's attitudes and visits to toddlers in Posyandu activities, a Nexus between mother's work and toddler visits to Posyandu activities, and a Nexus between the role of cadres and visits by toddlers in Posyandu activities at the Andalas Public Health Facility Center, Padang City in 2020.¹³

Research results by Kasumayati and Busri (2017), there is a relationship between the level of knowledge mother about posyandu with mother's visit to village posyandu, this means the higher the level mother's knowledge about posyandu the higher the number mother's visit to posyandu. There is a relationship between mother and toddler attitude about posyandu with visits mother of toddler to posyandu, hal this means the more positive the mother's attitude about posyandu, the higher also the number of visits by mothers to posyandu.¹⁴

According to Meilinda et al (2020), the posyandu during the pandemic was active because posyandu cadres understood their role in realizing basic health services. During the COVID-19 pandemic, posyandu was held with due regard to the development of COVID-19 cases. Based on this, posyandu cadres play an active role in diversifying service strategies so that participation of mothers, infants and elders remains high. The diversification strategies include the first posyandu cadres tidy up data on the health development of mothers, toddlers and elders. Second, posyandu cadres visit mothers, toddlers and elders directly from door to door by observing health protocols. Third, the cadres hold

posyandu activities at the auxiliary puskesmas (pustu) in waves or in turns. Fourth, they also conducted direct monitoring and evaluation of services during the pandemic by telephone between the posyandu cadre leaders. We contend that the diversification of the service strategy has an impact on the high level of community participation in accessing posyandu during the COVID-19 pandemic.¹⁵

According to the researcher's assumption, posyandu visits are very important, but they are still adjusted to adaption to the pandemic. Mother's participation in posyandu activities is strongly influenced by family knowledge and support so that it can improve the optimal health status of mothers and children.

CONCLUSION

Based on the results of the study, it can be concluded that there is a relationship between education, age, knowledge, and family support factors with the role of mothers in posyandu activities during the COVID-19 pandemic.

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