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Factors Influencing Mothers' Participation in Visiting Integrated Health Posts for Infants and Toddlers

Siti Sarifah¹✉, Dianna¹, Dessy Hidayati Fajrin¹

¹ Department of Midwifery, Politeknik Kesehatan Kementerian Kesehatan Pontianak, Pontianak, West Kalimantan, Indonesia

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Abstract

Infant and toddler health services at integrated health posts (posyandu) play a crucial role in disease prevention and the improvement of child health through routine monitoring, which requires active maternal participation. Mothers' participation is a key determinant of the effectiveness of these services. This study aimed to identify factors influencing mothers' participation in posyandu visits for infants and toddlers in the working area of the Pahauman Community Health Center. This study employed an analytical survey design with a cross-sectional approach. The population consisted of all mothers with children aged 12–59 months, totaling 1,437 individuals. A sample of 65 respondents was selected using stratified random sampling. Data were analyzed using univariate and bivariate analyses. The univariate results showed that most respondents had good knowledge, lived close to the health center, and had access to complete posyandu facilities, although family support was relatively low. The majority of mothers demonstrated active participation in posyandu visits. Bivariate analysis revealed significant relationships between knowledge, distance from home, and family support with mothers' participation in posyandu visits. In conclusion, mothers' knowledge, proximity to health facilities, and family support are important factors influencing participation in posyandu visits. Strengthening these factors is essential to improve maternal involvement and optimize child health services.

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Corresponding Author:

✉ Siti Sarifah

Department of Midwifery, Politeknik Kesehatan Kementerian Kesehatan Pontianak, Pontianak, West Kalimantan, Indonesia

Email: sarifah@gmail.com

1. INTRODUCTION

Good nutritional status in toddlers plays a crucial role in supporting optimal growth and development, particularly during the first five years of life, often referred to as the golden period. Adequate nutrition during this stage contributes to achieving national development goals, especially in reducing the prevalence of malnutrition, which ultimately enhances the intellectual capacity and productivity of human resources (Pramita, Lutfiana, & Ningrum 2023). One of the key strategies to monitor and maintain toddlers' nutritional status is through integrated health service posts (posyandu), which provide routine growth monitoring and preventive health services. The effectiveness of posyandu programs is highly dependent on the active participation of mothers as primary caregivers.

Various factors influence mothers' participation in posyandu activities. Research by Dwi and Nurhamlin (2020) identified education, knowledge, distance from home, maternal employment status, and family support as determinants. In addition, Ningsih (2019) highlighted maternal attitudes, posyandu facilities, and support from health workers as contributing factors. These findings are supported by behavioral theory proposed by Green in Notoatmodjo (2018), which categorizes influencing factors into predisposing, enabling, and reinforcing factors. Compliance with posyandu visits reflects adherence to health recommendations and is influenced by multiple aspects, including individual, social, and environmental factors (Hartini et al., 2023).

Despite the importance of posyandu, participation levels remain suboptimal in several regions. According to Rehing, Suryoputro, and Adi (2021), posyandu visits are influenced by knowledge, occupation, maternal motivation, family support, accessibility, and health worker roles. Data from the Landak District Health Office (2023) showed that only 65.74% of toddlers were weighed, while in the Pahauman Community Health Center, the coverage reached 74.17%, which is higher than the previous year (73.88%) but still below the national target of 80% (Kementerian Kesehatan Republik Indonesia, 2023). This indicates that although improvements have occurred, maternal participation in posyandu activities has not yet reached the expected standard.

Low participation is influenced by several barriers, including limited parental awareness, lack of knowledge, time constraints, inadequate facilities, and insufficient health promotion media such as leaflets, posters, and videos. Funding limitations and weak cross-sectoral support also reduce the attractiveness of posyandu services. As a result, toddlers may miss essential services such as growth monitoring, vitamin A supplementation, and supplementary feeding (PMT), which are critical for preventing nutritional problems and supporting optimal development (Ibrahim, Toyibah, & Kanang, 2023). Irregular visits can also delay the early detection of growth disorders and increase the risk of malnutrition and other health complications (Yusdiana et al. 2023). One of the targets of posyandu is toddlers, and the success of toddler health is influenced by the active participation of mothers in posyandu activities. Community participation is important in posyandu activities, as the participation of mothers in posyandu activities will help mothers as a preventive measure to solve health problems that occur in children (Rianda et al. 2023).

Regular monthly visits to posyandu are essential for early detection of growth and developmental problems, ideally conducted 12 times per year (Yusdiana et al. 2023). Previous research by Khrisna, Hamid, and Amalia (2020) demonstrated significant relationships between maternal education, employment status, and distance to health services with the frequency of posyandu visits. However, there remains a research gap regarding the comprehensive analysis of factors influencing mothers' participation in the

specific context of the Pahauman Community Health Center, where coverage is relatively high but has not met national targets. The novelty of this study lies in its integrated analysis of multiple determinants of maternal participation within a localized setting. Therefore, this study aims to determine the factors influencing mothers' participation in posyandu visits for infants and toddlers in the working area of the Pahauman Community Health Center.

2. METHOD

This study employed an analytical survey design with a cross-sectional approach. The population consisted of all mothers with children aged 12–59 months in the working area of the Pahauman Community Health Center, totaling 1,437 individuals. The sample size was 65 mothers, selected using a stratified random sampling technique to ensure representation across relevant population strata.

Data collection was conducted using both primary and secondary data sources. Primary data included respondents' characteristics such as age, education, occupation, knowledge, distance from home, availability of posyandu facilities, family support, and participation in posyandu visits. Participation data were obtained through direct observation of mothers bringing their infants and toddlers to posyandu. Secondary data were obtained from records of mothers with infants and toddlers in the working area of the Pahauman Community Health Center.

Data analysis was carried out using univariate and bivariate methods. Univariate analysis was used to describe the distribution of each variable, including measures such as mean, median, and standard deviation. Bivariate analysis was conducted to examine the relationship between independent variables (age, education, occupation, knowledge, distance, facilities, and family support) and the dependent variable (participation in posyandu visits). The statistical test used was the Chi-square test, with a significance level of 95% ($\alpha = 0.05$). A p-value of less than 0.05 was considered statistically significant.

This study received ethical approval from the Ethics Committee of the Pontianak Ministry of Health Polytechnic with approval number 142/KEPK-PK.PKP/IV/2024, ensuring that all research procedures adhered to ethical standards for research involving human participants.

3. RESULTS AND DISCUSSION

Table 1. Frequency Distribution of Respondents Based on Characteristics (n = 65).

Characteristics	Category	n	%
Mother's Age	<20 years	2	3.1
	20–35 years	47	72.3
	>35 years	16	24.6
Mother's Education	Primary	18	27.7
	Secondary	39	60.0
	Higher	8	12.3
Mother's Occupation	Employed	8	12.3
	Not working	57	87.7

Table 1 shows that the majority of respondents were aged 20–35 years (72.3%), indicating that most mothers were in the productive and reproductive age group. Based on education, most respondents had secondary education (60.0%), suggesting a moderate level of formal education. In terms of occupation, the majority of mothers were not working (87.7%), which may influence their availability to attend posyandu activities and participate in child health monitoring.

Table 2. Distribution of Respondents Based on Study Variables (n = 65).

Variable	Category	n	%
Knowledge	Good	58	89.2
	Poor	7	10.8
Distance from Home	Near	59	90.8
	Far	6	9.2
Posyandu Facilities	Complete	57	87.7
	Incomplete	8	12.3
Family Support	Supportive	29	44.6
	Not supportive	36	55.4
Participation in Posyandu Visits	Active	47	72.3
	Inactive	18	27.7

Table 2 shows that most respondents had good knowledge (89.2%), lived near the posyandu (90.8%), and had access to complete facilities (87.7%). However, more than half of respondents reported a lack of family support (55.4%). Despite this, the majority of mothers actively participated in posyandu visits (72.3%), indicating relatively good engagement in child health services.

Table 3. Relationship between Mothers' Knowledge and Participation in Posyandu Visits.

Knowledge	Active n (%)	Inactive n (%)	p-value*
Good	45 (77.6)	13 (22.4)	0.015
Poor	2 (28.6)	5 (71.4)	
Total	47 (72.3)	18 (27.7)	

Table 3 shows that the mothers with good knowledge tended to have higher active participation in posyandu visits compared to those with poor knowledge. The statistical test showed a significant relationship ($p = 0.015 < 0.05$), indicating that maternal knowledge is an important factor influencing participation.

Table 4. Relationship between Distance from Home and Participation in Posyandu Visits.

Distance	Active n (%)	Inactive n (%)	p-value*
Near	46 (78.0)	13 (22.0)	0.005
Far	1 (16.7)	5 (83.3)	
Total	47 (72.3)	18 (27.7)	

Table 4 shows that respondents living closer to the posyandu were more likely to participate actively compared to those living farther away. The relationship was statistically significant ($p = 0.005 < 0.05$), indicating that accessibility plays a key role in participation.

Table 5. Relationship between Posyandu Facilities and Participation in Posyandu Visits.

Facilities	Active n (%)	Inactive n (%)	p-value*
Complete	41 (71.9)	16 (28.1)	0.612
Incomplete	6 (75.0)	2 (25.0)	
Total	47 (72.3)	18 (27.7)	

Table 5 shows that although most respondents with complete facilities showed active participation, the statistical test indicated no significant relationship between posyandu facilities and participation ($p = 0.612 > 0.05$). This suggests that facility availability alone does not determine participation.

Table 6. Relationship between Family Support and Participation in Posyandu Visits.

Family Support	Active n (%)	Inactive n (%)	p-value*
Supportive	27 (93.1)	2 (6.9)	0.002
Not supportive	20 (55.6)	16 (44.4)	
Total	47 (72.3)	18 (27.7)	

Table 6 shows that mothers who received family support were significantly more likely to participate actively in posyandu visits. The statistical analysis showed a significant relationship ($p = 0.002 < 0.05$), indicating that family support is a strong reinforcing factor influencing participation.

The results of this study indicate that mothers' knowledge plays an important role in influencing participation in posyandu visits. A total of 77.6% of mothers with good knowledge actively participated in posyandu visits, although 28.6% of mothers with poor knowledge were also found to be active. Overall, most respondents had good knowledge (89.2%) and showed active participation. Knowledge is considered a predisposing factor that can increase motivation and interest in engaging in health-related activities, along with other factors such as attitudes, education, occupation, age, income, and socio-cultural conditions. Educational activities, such as those implemented in posyandu programs, are important components in improving maternal knowledge (Zakiyya, Fajrin, & Aristia, 2023). Statistical analysis further confirmed a significant relationship between knowledge and participation ($p = 0.015$), which is consistent with findings by Yusdiana et al. (2023) showing a significant association ($p = 0.004$). According to Dwi and Nurhamlin (2020), participation is influenced by both internal factors (e.g., age, education, and occupation) and external factors (e.g., community leaders and health workers). In this study, most respondents were aged 20–35 years (72.3%), which is considered a productive age group more likely to comply with health recommendations. This finding is supported by Pramita, Lutfiana, and Ningrum (2023), who reported higher compliance among mothers in this age group.

In addition to knowledge, accessibility in terms of distance from home significantly influences participation in posyandu visits. The study found that 78.0% of mothers living near the posyandu actively participated, compared to only 16.7% of those living farther away. Most respondents (90.8%) lived close to the posyandu, which facilitated their attendance. Distance is categorized as an enabling factor that determines access to health services. According to Sitio, (2022), geographical and environmental conditions can influence mothers' willingness to attend posyandu, as greater distances may reduce accessibility. The statistical analysis showed a significant relationship between distance and participation ($p = 0.005$), which is in line with findings from Yusdiana et al. (2023). Posyandu locations should therefore be strategically placed to ensure accessibility, including the use of community-based venues such as residents' homes or community halls. Distance may also interact with other factors, such as maternal occupation and time availability, which can further influence participation (Sitio, 2022).

Furthermore, family support was found to be a significant factor influencing mothers' participation in posyandu visits. The study showed that 93.1% of mothers with supportive families actively participated, while 55.6% of those without family support were less active. Despite this, more than half of respondents (55.4%) reported a lack of family support,

indicating a substantial barrier. Statistical analysis confirmed a significant relationship between family support and participation ($p = 0.002$), consistent with findings by Mukarramah, Hidayati, and Sukriani (2022), who also reported a strong association ($p = 0.000$). According to Sitio (2022), the family acts as a primary support system that shapes health behavior and decision-making. Family support includes emotional, informational, instrumental, and appraisal support, all of which contribute to increasing mothers' motivation to attend posyandu regularly (Wulan, Sari, & Monarita, 2024). Therefore, strengthening family involvement is essential in improving maternal participation.

In contrast, although most respondents reported having complete posyandu facilities (87.7%), this study found no significant relationship between facilities and participation ($p = 0.612$). While 71.9% of respondents with complete facilities actively participated, the availability of infrastructure alone was not sufficient to influence behavior. According to Ningsih (2019), posyandu facilities include essential equipment such as weighing scales, height measurement tools, KMS, and recording materials, while the Ministry of Health of the Republic of Indonesia (2023) emphasizes the importance of adequate facilities to support service delivery (Kementerian Kesehatan Republik Indonesia, 2023). However, this finding suggests that behavioral and social factors, such as knowledge and family support, play a more dominant role than structural factors. This implies that improving facilities without addressing motivational and social determinants may not significantly increase participation.

In conclusion, this study demonstrates that mothers' knowledge, distance from home, and family support are significant factors influencing participation in posyandu visits, while posyandu facilities are not significantly associated. Behavioral and social determinants are more influential than structural factors in shaping participation. Therefore, efforts to improve posyandu utilization should focus on strengthening health education, increasing accessibility, and enhancing family involvement.

This study has several limitations. First, the cross-sectional design limits the ability to establish causal relationships between variables. Second, the relatively small sample size and focus on a single health center area may limit the generalizability of the findings. Third, data collection relied partly on observation and self-reported information, which may introduce bias. Finally, other potential influencing factors, such as cultural beliefs and quality of health services, were not explored in depth.

4. CONCLUSION

This study concludes that maternal knowledge, distance from home, and family support are significantly associated with mothers' participation in posyandu visits for infants and toddlers. In contrast, the availability of posyandu facilities is not significantly related to participation. These findings indicate that behavioral and social factors play a more important role than structural factors in influencing mothers' engagement in posyandu services.

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