Volume 1 Issue 2, October 2025
International Journal of Adolescent and Pediatric Health

Article

The Influence of Information Sources, Facility Availability, Midwife's Role, and Mother's Attitude on Motivation in Monitoring the Growth and Development of Toddlers in 2023.

Novita Novita [1] , Junita Putriyani[2], Fera Nofianty Silviana[3], Nuryati Nuryati[4].
Sekolah Tinggi Ilmu Kesehatan Abdi Nusantara Jakarta
Email : novitanovitanovita22@gmail.com

Academic Editor: Taryudi

Received: September 26, 2025
Revised: October 01, 2025
Accepted: October 07, 2025
Published: October 07, 2025

Website
https://journal.img.co.id/index.php/ijaph

Abstract

Background: The COVID-19 pandemic has led to a decline in the delivery of essential health services for infants and toddlers in Indonesia, particularly in growth and developmental monitoring. In 2021, monitoring coverage reached 69.6%, slightly below the national target of 70%, indicating a gap in achieving optimal child health outcomes.
Objective: This study aimed to analyze the influence of information sources, accessibility of health facilities, the role of midwives, and maternal attitudes on mothers' willingness to monitor the growth and development of toddlers.
Methods: A descriptive correlational study with a cross-sectional design was conducted among mothers with toddlers in TPMB Gunung Sindur (Bogor), Kalanganyar Health Center, and Mandala Health Center (Lebak). Data were analyzed using univariate and bivariate techniques, with the Chi-square test applied to determine associations between variables..
Results: The findings showed a significant relationship between the role of midwives and monitoring behavior in Kalanganyar (p=0.043) and other areas (p=0.034). In the Mandala Health Center, significant associations were found between information sources (p=0.032) and maternal attitudes (p=0.001) with monitoring practices. These results indicate that the role of midwives, access to information, and positive maternal attitudes significantly influence mothers' participation in monitoring toddler growth and development.
Conclusion: Strengthening midwives' roles, improving access to health information, and promoting positive maternal attitudes are essential strategies to increase monitoring coverage and prevent stunting among children.

Keywords: Child Development; Growth Monitoring; Maternal Behavior; Health Services Accessibility; Midwifery.

INTRODUCTION

According to the World Health Organization's data for the year 2018, it is evident that growth issues encompass not just malnutrition, but also stunting and overnutrition. According to the World Health Organization (WHO, 2005), the rates of malnutrition, overweight, and stunting among toddlers are reported to be 7.3%, 5.9%, and 21.9% respectively. According to a study conducted by specialists from the World Health Organization (WHO), it was found that there were a total of 52.9 million children under the age of 5 worldwide in 2016. Furthermore, the study revealed that 54% of boys were diagnosed with developmental abnormalities. Approximately 95% of children diagnosed with developmental problems reside in countries classified as low- and middle-income. In Indonesia, the national prevalence of nutritional status among children under the age of five is characterized by 3.9% experiencing malnutrition, 13.8%

suffering from undernutrition, 79.2% exhibiting good nutrition, and 3.1% displaying excessive nutrition. According to the World Health Organization report, the incidence of developmental abnormalities among children under the age of 5 in Indonesia was found to be 7,512.6 per 100,000 individuals, equivalent to 7.51% of the population. It is estimated that between 5 to 10% of children experience developmental delays. The precise data about the prevalence of general developmental delays remains uncertain; however, it is approximated that approximately 1-3% of children below the age of 5 encounter general developmental delays (WHO, 2006).

According to Regulation of the Minister of Health Number 25 of 2014, which pertains to Child Health Efforts, it is stipulated that every child possesses the inherent entitlement to survival, growth, and development, as well as the right to be safeguarded against violence and discrimination. Therefore, it is imperative to implement child health initiatives in a manner that is integrated, comprehensive, and sustainable. Child health initiatives are implemented from the prenatal stage of fetal development until the child reaches the age of 18. One of the primary objectives of initiatives focused on child health is to safeguard the well-being and longevity of children by implementing strategies aimed at mitigating the mortality rate among neonates, babies, and young children (Batres et al., 2007).

The data indicates a consistent decrease in child death rates over successive years. According to the data submitted to the Directorate of Nutrition and Maternal and Child Health, there was a decline in the number of deaths among children under the age of five in 2021. Specifically, the reported figure for under-five deaths in 2021 was 27,566, which represents a decrease in comparison to the corresponding figure of 28,158 deaths recorded in 2020. Among the total number of deaths that transpired in children under the age of five, a significant proportion of 73.1% or 20,154 deaths took place during the newborn phase. The majority of neonatal deaths, accounting for 79.1% of recorded cases, transpired within the first six days of life. In contrast, deaths occurring between the ages of seven and 28 days constituted 20.9% of the total. In the post neonatal era, namely between the ages of 29 days and 11 months, the number of deaths recorded was 20,154. This figure is further broken down into 5,102 deaths within the first 28 days, followed by 2,310 deaths occurring between 29 days and 11 months. The time frame spans from 29 days to 59 months, with the exclusion of the 11th month. According to the Ministry of Health (2022), the Indonesia Health Profile for 2021 reveals that the mortality rate for individuals aged 1-59 months was 131 per 1,000 live births, accounting for 18.5% of all deaths (5,102 deaths). Additionally, the mortality rate for children under the age of five (12-59 months) was 8.4%, resulting in 2,310 deaths (Hardinsyah & Supariasa, 2017; Supariasa et al., 2002).

The predominant factors contributing to mortality among children aged 12-59 months were diarrhea, accounting for 10.3% of deaths, and pneumonia, responsible for 9.4% of deaths. Additional factors contributing to mortality encompass dengue fever, congenital cardiac anomalies, submersion incidents, traumatic injuries, accidental occurrences, diverse congenital irregularities, COVID-19, parasitic infestations, and sundry etiologies. A more detailed breakdown of the primary factors contributing to mortality among children under the age of five may be found in Appendix 32.b. The child health initiatives mentioned in Regulation of the Minister of Health Number 25 of 2014 encompass a range of healthcare services targeting various stages of child development. These services include prenatal care for the fetus, healthcare for newborns, infants, toddlers, and preschoolers, as well as health provisions for school-age children and adolescents. Additionally, the regulation emphasizes the importance of safeguarding child health. The Indonesia Health Profile provides data and information on child health initiatives, focusing on key indicators such as newborn health services, routine immunization for children, and health services for school children (Supariasa et al., 2016; Szajewska et al., 2016).

The provision of health services for infants, toddlers, and preschoolers has experienced a decline at the national level in comparison to the previous year, primarily as a consequence of the COVID-19 epidemic. The primary measures aimed at meeting the fundamental needs of newborns and toddlers encompass exclusive breastfeeding, monitoring growth and development, and administering vitamin A supplementation. The data reveals that the proportion of infants under surveillance for growth and development in Indonesia in 2021 is at 69.6%. In contrast, the 2021 Strategic Plan has set a target of 70%. The objective of achieving the Visit Coverage Percentage for Toddlers whose growth and development was observed was not attained because to the impact of the COVID-19 pandemic. Amidst the COVID-19 pandemic, the surveillance of growth and development conducted at Posyandu facilities has predominantly

ceased, contingent upon the prevailing circumstances at the district or city level, as indicated by rapid assessment data. The data on national successes per province reveals persistent differences in the proportion of under-five children being evaluated for growth and development. These discrepancies range from 2.1% in West Papua to 88.2% in Banten. The growth and development of provinces with a significant proportion of children under the age of five are closely observed. These provinces include Banten (88.2%), South Sumatra (80.1%), DKI Jakarta (78.9%), Bali (78.6%), South Sulawesi (78.3%), Central Sulawesi (78.2%), and East Java (77.8%). According to data provided by the Ministry of Health in 2022, the provinces exhibiting the lowest rates of under-five children being monitored for growth and development were West Papua (2.1%), Papua (25%), and North Sulawesi (30.3%).

The monitoring of growth and development in Indonesia is implemented through a systematic approach, commencing at the family and community level. This process involves the utilization of a checklist that assesses the developmental progress outlined in the Maternal and Child Health (MCH) Handbook. The findings of a developmental assessment conducted using the MCH Handbook, with an interpretation that is not fully comprehensive, were subsequently supplemented by an evaluation of growth and development utilizing Stimulation, Detection, and Early Intervention of Child Growth and Development (SDIDTK) interventions at the Health Center, as per the Ministry of Health guidelines in 2022.

The toddler stage is characterized by the onset of walking and represents a critical phase of growth and development, often occurring between the ages of 12 and 59 months. This particular era holds significant importance in the advancement of cognitive abilities and the expansion of intellectual capacities. Toddlers are defined as toddlers between the ages of 0 and 59 months. This stage is marked by a notably accelerated trajectory of physical and cognitive maturation. The well-being and development of children in the age group of under five years is a crucial aspect. The present era plays a pivotal role in determining the trajectory of children's well-being, contentment, maturation, cognitive advancement, and educational achievements within educational institutions, households, communities, and society as a whole. It is imperative to consistently evaluate the health of newborns and toddlers to ensure their well-being remains at an optimal level. Indicators are employed to assess the efficacy of endeavors aimed at enhancing the well-being of infants and toddlers. Among these indicators, health services for children aged five and below are utilized. The age restriction for children under the age of five encompasses all individuals within the age range of 12 to 59 months. Health services provided to children under the age of five are administered by healthcare professionals and encompass the following: The growth monitoring services involve doing regular measurements of weight and height, with a minimum frequency of eight times per year. 2) The administration of vitamin A biannually, namely in the months of February and August. 3) The implementation of regular biannual assessments to promote early identification and intervention of growth and developmental issues in toddlers. 4) The provision of services for ill toddlers in accordance with established protocols utilizing the Integrated Management of Sick Toddlers (IMCI) approach (Madanijah et al., 2020; Stang & Stotmeister, 2017).

According to a study conducted by Sri Susanti in 2021, it was observed that a significant proportion of mothers (22%) at Posyandu Desa Margatani remained inactive in monitoring the growth and development of their toddlers. Furthermore, more than half of the respondents (56%) reported a lack of exposure to sources of information. Additionally, a considerable number of respondents (18%) expressed that the availability of posyandu facilities was inadequate. A study has revealed that a significant proportion of mothers, approximately 28%, continue to exhibit negative attitudes towards the monitoring of their toddlers' growth and development. There is no discernible correlation between the sources of information and the level of maternal involvement in monitoring the growth and development of toddlers at the Posyandu in Margatani Village. However, there is a significant association between the availability of facilities and the attitudes of mothers, which directly impacts their level of engagement in monitoring the growth and development of toddlers at the Posyandu. This observation is specific to the Margatani Village, which falls under the jurisdiction of the Kramatwatu Health Center. Recommendations for enhancing health promotion initiatives, particularly in relation to the utilization of posyandu as a means of monitoring the growth and development of young children, should prioritize the dissemination of easily comprehensible media materials. This approach aims to foster a higher level of comprehension among the target audience (Prentice, 2015; Yusoff et al., 2012).

The objective of this study is to assess the impact of various information sources, the accessibility of facilities, the involvement of midwives, and the maternal attitude on the motivation to monitor the growth and development of toddlers at TPMB Gunung Sindur Kab. Bogor, Karanganyer Health Center, and Madala Health Center in Lebak Regency in the year 2023.

METHOD

The present study employed a descriptive correlational approach utilizing a cross-sectional research design. The study sample consisted of moms who have toddlers. The sample approach employed in this study was accidental sampling. The principal method employed for data collection in this study involves the utilization of a questionnaire. This study employs data analysis methodologies, specifically focusing on Univariate Analysis and Bivariate Analysis. Based on the findings derived from the Bivariate Analysis The research findings will be presented in the format of a frequency distribution table utilizing statistical computations, specifically the Chi-Square test.

RESULT

1. Univariate Analysis

Table 1.
Frequency Distribution of Mother's Motivation

No	Wilayah	Tidak Termotivasi		Termotivasi		Total	
		F	%	F	%	F	%
1	TPMB Gunung Sindur	18	34	34	65.4	52	100.0
2	PKM Karanganyer	24	42.1	33	57.9	57	100.0
3	PKM Mandala	15	20.0	60	80.0	75	100.0

According to the data presented in Table 1, it can be observed that a significant proportion of mothers in TPMB Gunung Sindur Kab. Bogor (34.6%), Karanganyer Health Center (33.9%), and Mandala Health Center (20.0%) are not motivated to monitor the growth and development of their toddlers. Conversely, a higher number of mothers in TPMB Gunung Sindur Kab. Bogor (65.4%), Karangyer Health Center (66.7%), and Mandala Health Center (80.0%) exhibit motivation in monitoring the growth and development of their toddlers.

Table 2.
Frequency Distribution of Information Sources

No	Wilayah	Tidak Mendapatkan Informasi		Mendapatkan Informasi		Total	
		F	%	F	%	F	%
1	TPMB Gunung Sindur	20	38.5	32	61.5	52	100.0
2	PKM Karanganyer	16	28.1	41	71.9	57	100.0
3	PKM Mandala	33.3	20.0	50	66.7	75	100.0

According to the data shown in Table 2, it can be observed that a significant proportion of moms did not get information at the Gunung Sundur TPMB (38.5%), the Karanganyer Health Center (42.1%), and the Mandala Health Center (33.5%). A total of 32 individuals (61.5%) received information at TPMB Gunung Sindur, Bogor Regency. Similarly, 33 individuals (57.95%) obtained information at the Karanganyer Health Center, while 50 individuals (66.7%) received information at the Mandala Health Center.

Table 3.
Distribution of Facility Availability Frequency

No	Wilayah	Tidak Lengkap		Lengkap		Total	
		F	%	F	%	F	%
1	TPMB Gunung Sindur	14	26.9	38	73.1	52	100.0
2	PKM Karanganyer	18	31.6	39	68.4	57	100.0
3	PKM Mandala	14	18.7	61	81.3	75	100.0

According to the data shown in Table 3, it can be observed that a total of 14 individuals (26.9%) said that the facilities at TPMB Gunung Sindur Kab. Bogor were incomplete. Similarly, 18 individuals (31.6%) expressed the same sentiment regarding the facilities at Karanganyer Health Center, while 14 individuals (18.7%) reported incomplete facilities at Mandala Health Center. According to the findings, a significant proportion of individuals, specifically 73.1%, reported that TPMB Gunung Sindur Kab. Bogor had a total of 38 full facilities. Similarly, 68.4% of respondents indicated that Karanganyer Health Center possessed 39 complete facilities. Moreover, a substantial majority of participants, accounting for 81.3%, reported that Mandala Health Center had a total of 61 complete facilities.

Table 4.
Midwife Role Frequency Distribution

No	Wilayah	Kurang Berperan		Cukup Berperan		Total	
		F	%	F	%	F	%
1	TPMB Gunung Sindur	13	25	39	75	52	100.0
2	PKM Karanganyer	19	33.3	38	64.7	57	100.0
3	PKM Mandala	13	17.5	62	82.7	75	100.0

According to the data presented in Table 4, it is indicated that a certain number of midwives at TPMB Gunung Sindur Kab. Bogor (25.0%), Karanganyer Health Center (33.3%), and Mandala Health Center (17.5%) have a reduced involvement in monitoring the growth and development of toddlers. The number of midwives with significant responsibilities at TPMB Gunung Sindur, Bogor Regency, accounted for 39 individuals (75.0%). Similarly, in Karanganyer Health Centers, there were 38 midwives (66.7%) fulfilling substantial tasks, while at Mandala Health Centers, the corresponding figure was 62 individuals (82.7%).

Table 5.
Frequency Distribution of Mother's Attitudes

No	Wilayah	Kurang Baik		Cukup Baik		Total	
		F	%	F	%	F	%
1	TPMB Gunung Sindur	20	38.5	32	61.5	52	100.0
2	PKM Karanganyer	19	33.3	38	66.7	57	100.0
3	PKM Mandala	8	10.7	67	89.3	75	100.0

According to the data shown in Table 5, it was seen that a significant proportion of mothers exhibited unfavorable attitudes at TPMB Gunung Sindur Kab. Bogor, with 20 individuals (38.5%) displaying such attitudes. Similarly, at Karanganyer Health Center, 16 individuals (33.3%) were found to have unfavorable attitudes, while at Mandala Health Center, 8 individuals (10.7%) exhibited the same. A total of 32 mothers (61.5%) at TPMB Gunung Sindur Kab. Bogor, 38 mothers (66.7%) at Karanganyer Health Center, and 67 mothers (89.3%) at Mandala Health Center had a positive attitude.

2. Bivariate Analysis

Table 6.
The Influence Between Sources of Information and Mother's Motivation in Monitoring the Growth and Development of Toddlers

No	wilayah	Ketersediaan Fasilitas	Motivasi Ibu				Total		P
			Tidak Termotivasi	%	Termotivasi	%	N	%	
1	TPMB Gunung Sindur	Tidak Mendapatkan Informasi	6	33	14	70	20	100	0.800
		Mendapatkan Informasi	12	37.5	20	62.5	32	100	
2	PKM Karanganyer	Tidak Mendapatkan Informasi	8	33.3	16	66.7	24	100	1.000
		Mendapatkan Informasi	11	33.3	22	66.7	33	100	
2	PKM Mandala	Tidak Mendapatkan Informasi	9	36.8	16	64	25	100	0.032
		Mendapatkan Informasi	6	12	44	88	50	100	

The analysis of table 6 reveals the cross-tabulation between sources of information and the motivation of mothers in monitoring the growth and development of toddlers. The findings revealed that among the cohort of 20 moms who did not get information, 6 individuals (30.0%) exhibited a lack of motivation in monitoring the growth and development of their toddlers, whereas 14 individuals (70.0%) shown a high level of motivation. Out of the total sample size of 32 individuals who received information, it was seen that 12 individuals (37.5%) exhibited a lack of

motivation, whereas 20 individuals (62.5%) shown motivation in monitoring the growth and development of toddlers.

The results of the Pearson Chi-Square test revealed a p-value of 0.800, which is greater than the significance level of 0.05. As a result, the null hypothesis (Ho) was accepted, while the alternative hypothesis (Ha) was rejected. This indicates that there is no statistically significant relationship between information sources and mother's motivation in monitoring toddler growth and development.

2. The analysis of table 6 reveals the cross-tabulation between sources of information and the motivation of mothers in monitoring the growth and development of toddlers. The findings revealed that out of the 24 moms who did not get information, 8 individuals (33.3%) shown a lack of motivation in monitoring the growth and development of their toddlers, while 16 individuals (66.7%) demonstrated motivation in this regard. Out of the total sample size of 33 individuals who were provided with information, it was seen that 11 individuals (33, 3%) exhibited a lack of motivation, while the remaining 22 individuals (66.7%) demonstrated motivation in monitoring the growth and development of toddlers.

The findings from the Pearson Chi-Square test revealed a p-value of 1.000, which is greater than the predetermined significance level of 0.05. As a result, the null hypothesis (Ho) was accepted, while the alternative hypothesis (Ha) was rejected. This indicates that there is no statistically significant association between sources of information and mothers' motivation in monitoring the growth and development of toddlers.

According to the findings presented in Table 6, there is a notable disparity in the motivation levels of mothers in monitoring the growth and development of toddlers based on their sources of information. The cross-tabulation reveals that a higher percentage (36.0%) of mothers who do not receive information exhibit a lack of motivation, in contrast to mothers who receive information (12.0%).

The results of the Pearson Chi-Square test revealed a p-value of 0.032, which is less than the predetermined significance level of 0.05. As a result, the null hypothesis (Ho) was rejected, and the alternative hypothesis (Ha) was accepted. This indicates that there is a statistically significant association between sources of information and mothers' motivation in monitoring the growth and development of toddlers. The odds ratio (OR) was calculated to be 4.12, indicating that mothers who were uninformed had 4.12 times less motivation to monitor the growth and development of toddlers compared to mothers who received information.

Table 7.
The Influence Between Availability of Facilities and Mother's Motivation in Monitoring Growth Toddler Flower

No	wilayah	Ketersediaan Fasilitas	Motivasi Ibu				Total		P
			Tidak Termotivasi	%	Termotivasi	%	N	%	
1	TPMB Gunung Sindur	Tidak Lengkap	5	35.7	9	64.3	14	100	1.000
		Lengkap	13	34.2	25	65.8	38	100	
2	PKM Karanganyer	Tidak Lengkap	7	43.8	9	56.3	16	100	0.466
		Lengkap	12	29.3	29	70.7	41	100	
2	PKM Mandala	Tidak Lengkap	5	35.7	9	64.3	14	100	0.138
		Lengkap	10	16.4	51	83.6	61	100	

According to the data shown in Table 7, there is a cross-tabulation between the availability of facilities and the motivation of mothers in monitoring the growth and development of their toddlers. It was

shown that among the 14 individuals who expressed dissatisfaction with the adequacy of the facilities, 5 individuals (35.7%) lacked motivation to monitor the growth and development of toddlers, while 9 individuals (64.3%) remained motivated. Out of the total sample size of 38 individuals who provided feedback on the completeness of the facilities, 13 individuals (34.2%) expressed a lack of motivation, while 25 individuals (65.8%) reported being driven to actively watch the growth and development of toddlers.

The results of the Pearson Chi-Square test yielded a p-value of 1.00, which is greater than the predetermined significance level of 0.05. As a result, the null hypothesis (Ho) was accepted, while the alternative hypothesis (Ha) was rejected. This indicates that there is no statistically significant relationship between the availability of facilities and the motivation of mothers in monitoring the growth and development of toddlers.

2. The analysis of table 7 reveals the cross tabulation between the availability of facilities and the motivation of mothers in monitoring the growth and development of their toddlers. It was shown that out of the 16 individuals who expressed dissatisfaction with the adequacy of available facilities, 7 individuals (43.8%) exhibited a lack of motivation in monitoring the growth and development of toddlers, while 9 individuals (56.3%) remained interested. Among the sample of 41 individuals who expressed their satisfaction with the available facilities, it was seen that 12 individuals (29.3%) lacked motivation, whereas 29 individuals (70.7%) exhibited motivation in their commitment to monitoring the growth and development of toddlers.

The Pearson Chi-Square test yielded a p-value of 0.466, which is greater than the significance level of 0.05. As a consequence, the null hypothesis (Ho) was accepted, while the alternative hypothesis (Ha) was rejected. This indicates that there is no statistically significant relationship between the Availability of Facilities and the mother's motivation in monitoring the growth and development of toddlers.

According to the data presented in table 7, an analysis of the cross-tabulation between the availability of facilities and the motivation of mothers in monitoring the growth and development of toddlers reveals that a higher proportion of mothers (35.7%) who perceive the facilities as incomplete exhibit a lack of motivation, compared to mothers (16.4%) who perceive the facilities as complete.

The results of the Pearson Chi-Square test yielded a p-value of 0.138, which is greater than the predetermined significance level of 0.05. Therefore, the null hypothesis (Ho) was accepted, while the alternative hypothesis (Ha) was rejected. These findings indicate that there is no statistically significant relationship between the availability of facilities and mothers' motivation in monitoring the growth and development of toddlers.

Table 8.
The Influence Between the Role of Midwives and Mother's Motivation in Growth Monitoring Toddler Flower

No	wilayah	Ketersediaan Fasilitas	Motivasi Ibu				Total		P
			Tidak Termotivasi	%	Termotivasi	%	N	%	
1	TPMB Gunung Sindur	Kurang Berperan	8	61.5	5	38.5	13	100	0.043
		Cukup Berperan	10	25.5	29	74.4	39	100	
2	PKM Karanganyer	Kurang Berperan	10	50	8	44.4	18	100	0.034
		Cukup Berperan	9	24.3	30	76.9	39	100	
2	PKM Mandala	Kurang Berperan	3	23.1	10	76.9	13	100	0.716

	Cukup Berperan	12	19.4	50	80.6	72	100	

The analysis of the data presented in Table 8 reveals a cross-tabulation between the midwife's role and the mother's motive in overseeing the growth and development of toddlers. The findings revealed that out of the 13 participants who expressed a diminished role for midwives, 8 individuals (61.5%) shown a lack of motivation in monitoring the growth and development of toddlers, while 5 individuals (38.5%) demonstrated motivation in this regard. Among the sample of 39 individuals who expressed their views on the adequacy of midwives' involvement, it was found that 10 participants (equivalent to 25.5%) lacked motivation, whereas 29 participants (representing 74.4%) exhibited motivation in overseeing the progress and maturation of young children.

The Pearson Chi-Square test yielded a p-value of 0.043, which is less than the predetermined significance level of 0.05. Therefore, we may conclude that there is a statistically significant relationship between the role of midwives and mothers' motivation in monitoring the growth and development of toddlers. As a result, the null hypothesis (Ho) is rejected, and the alternative hypothesis (Ha) is accepted.

According to the data shown in Table 8, an analysis was conducted to examine the relationship between the function of midwives and the motivation of mothers in monitoring the growth and development of toddlers. Among the cohort of 18 moms who expressed a diminished perception of midwives' significance, it was revealed that 10 individuals (50.0%) lacked motivation in monitoring the growth and development of their toddlers, while 8 individuals (44.4%) exhibited motivation in this regard. Among the sample of 39 individuals who expressed their views on the adequacy of midwives' involvement, it was found that 9 individuals (24.3%) were not motivated, while 30 individuals (76.9%) were motivated to monitor the growth and development of toddlers. The statistical analysis using the Pearson Chi-Square test yielded a p-value of 0.034, which is less than the significance level of 0.05. This indicates a significant influence, leading to the acceptance of the null hypothesis (Ho) and the rejection of the alternative hypothesis (Ha). Therefore, there is a significant relationship between the role of midwives and the motivation of mothers in monitoring the growth and development of toddlers.

According to the data presented in table 8, an analysis of the cross-tabulation between the role of the midwife and the motivation of mothers in monitoring the growth and development of toddlers reveals that a higher proportion of mothers (23.1%) who perceive the midwife's role as lacking exhibit a lack of motivation, compared to mothers (19.4%) who perceive the midwife's role as sufficient.

The Pearson Chi-Square test yielded a p-value of 0.716, which is greater than the significance level of 0.05. As a consequence, the null hypothesis (Ho) was accepted, while the alternative hypothesis (Ha) was rejected. This indicates that there is no statistically significant relationship between the role of the midwife and the mother's motivation in monitoring the growth and development of toddlers.

Table 9.
The Influence Between Mother's Attitude With Mother's Motivation In Monitoring Growth Toddler Flower

No	wilayah	Ketersediaan Fasilitas	Motivasi Ibu				Total		P
			Tidak Termotivasi	%	Termotivasi	%	N	%	
1	TPMB Gunung Sindur	Kurang Baik	8	40	12	60	20	100	0.730
		Cukup Baik	10	31.3	22	68.8	32	100	
2	PKM Karanganyer	Kurang Baik	8	42.1	11	57.9	19	100	0.487
		Cukup Baik	11	28.9	27	71.1	38	100	
2		Kurang Baik	6	75	2	25	8	100	0.001

PKM Mandala	Cukup Baik	9	13.4	58	86.6	67	100	

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

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

Based on table 9 above, it can be seen that the cross-tabulation between mother's attitude and mother's motivation in monitoring the growth and development of toddlers. It turned out that of the 19 mothers who had a poor attitude, there were 8 people (42.1%) who were not motivated in monitoring the growth and development of toddlers and 11 people (57.9%) who were motivated. Of the 38 mothers who had a pretty good attitude, there were 11 people (28.9%) who were not motivated and 27 people (71.1%) who were motivated in monitoring the growth and development of toddlers.

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

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

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

DISCUSSION

The Chi-Square test was conducted in three locations, namely TPMB Gunung Sindur Kab. Bogor and Kalanganyer Public Health Center District. The obtained p-values for the TPMB Gunung Sindur Kab. Bogor and Kalanganyer Public Health Center District were 0.043 and 0.034, respectively. Both p-values were found to be less than the significance level of 0.005. In the Mandala Health Center area, the Pearson Chi-Square test was conducted to examine the relationship between information sources and mother's attitude in monitoring the growth and development of toddlers. The results revealed that the p-value for information sources was 0.032, and the p-value for mother's attitude was 0.001. Consequently, the null hypothesis (Ho) was rejected, and the alternative hypothesis (Ha) was accepted. These findings indicate a statistically significant influence between the roles of midwives, sources of information, and mother's attitude in monitoring the growth and development of toddlers.

The findings of this investigation are consistent with the research carried out by (Lippincott, 2014; Tripp et al., 2014). The research findings indicate that the involvement of midwives has a beneficial impact on maternal motivation. The findings indicate a positive relationship between the midwife's function and the mother's motivation, as evidenced by a parameter coefficient of 0.252. This effect is statistically significant at a 5% level of significance, as indicated by a T-Statistic value of 3.808920. The value of the T-Statistic is greater than 1.96.

(Kanarowski, 2012) conducted research that posited the influence of mothers with limited knowledge on the attitudes and actions of children, aligning with Bloom's theory that emphasizes the impact of knowledge on an individual's attitudes and behavioral choices.
The regular attendance of mothers at the posyandu is contingent upon their attitude towards it. A favorable attitude towards the posyandu encourages consistent monthly attendance, whereas a negative attitude results in irregular attendance. This phenomenon implies that while the stimulus is constant across individuals, the resulting response varies for each person (Notoatmodjo, 2010).

CONCLUSION

Based on the findings of this study, it can be inferred that there exists a noteworthy correlation between the involvement of midwives, information sources, and maternal attitudes in the supervision of toddlers' growth and development.
Through the implementation of this study, it is anticipated that mothers with toddlers will be encouraged to actively oversee the progress and maturation of their offspring, recognizing the significance of vigilantly monitoring the well-being of children as a preventive measure against the occurrence of stunting in this age group.

REFERENCES

Batres, S. A., León, J. V., & Rodolfo, Á.-S. (2007). Nutritional status in COPD. *Archivos de Bronconeumología ((English Edition))*, *43*(5), 283–288.

Hardinsyah, & Supariasa. (2017). *Nutritional Science Theory and Applications*. Penerbit Buku Kedokteran EGC.

Kanarowski, E. A. (2012). *The influence of bibliotherapy on children's attitudes toward peers who use augmentative and alternative communication*. The University of Utah.

Lippincott, W. (2014). Wilkins. Midwives could prevent two-thirds of maternal and newborn deaths worldwide. *AJN, Am J Nurs*, *114*(9), 18.

Madanijah, S., Dwiriani, C. M., & KOLOPAkING, R. (2020). Determinant of Highschool Girl Adolescent'Adherence to Consume Iron Folic Acid Supplementation in Kota Depok. *Journal of Nutritional Science and Vitaminology*, *66*(Supplement), S369–S375.

Notoatmodjo, S. (2010). Metodologi Penelitian Kesehatan, Rineka Cipta. *Jakarta. Indonesia.*

Prentice, A. M. (2015). Nutrition challenges and issues of relevance to adolescents in low-and middle-income countries. In *Health and nutrition in adolescents and young women: Preparing for the next generation* (Vol. 80, pp. 49–59). Karger Publishers.

Stang, J. S., & Stotmeister, B. (2017). Nutrition in adolescence. In *Nutrition Guide for Physicians and Related Healthcare Professionals* (pp. 29–39). Springer.

Supariasa, I. D. N., Bakri, B., & Fajar, I. (2002). Assessment of nutritional status. *Jakarta: EGC*, 48–49.

Supariasa, I. D. N., Bakri, B., & Fajar, I. (2016). Assessment of nutritional status edition 2. *Jakarta: EGC*.

Szajewska, H., Shamir, R., Mearin, L., Ribes-Koninckx, C., Catassi, C., Domellöf, M., Fewtrell, M. S., Husby, S., Papadopoulou, A., Vandenplas, Y., Castillejo, G., Kolacek, S., Koletzko, S., Korponay-Szabó, I. R., Lionetti, E., Polanco, I., & Troncone, R. (2016). Gluten Introduction and the Risk of Coeliac Disease: A Position Paper by the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition. *Journal of Pediatric Gastroenterology and Nutrition*, *62*(3), 507–513. https://doi.org/10.1097/MPG.0000000000001105

Tripp, N., Hainey, K., Liu, A., Poulton, A., Peek, M., Kim, J., & Nanan, R. (2014). An emerging model of maternity care: smartphone, midwife, doctor? *Women and Birth : Journal of the Australian College of Midwives*, *27*(1), 64–67. https://doi.org/10.1016/j.wombi.2013.11.001

WHO. (2005). *Nutrition in adolescence: issues and challenges for the health sector: issues in adolescent health and development*.

WHO. (2006). *Adolescent nutrition: a review of the situation in selected South-East Asian countries*. WHO Regional Office for South-East Asia.

Yusoff, H., Wan Daud, W. N., & Ahmad, Z. (2012). Nutrition education and knowledge, attitude and hemoglobin status of Malaysian adolescents. *Southeast Asian Journal of Tropical Medicineand Public Health*, *43*(1), 192.