

## The Relationship between Mothers' Education Level, Knowledge Level, and Family Support, as well as the Role of Health Cadres, with the Motivation Level of Mothers of Toddlers to Visit the Posyandu in Takerharjo Village

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### Abstract

**Introduction:** The posyandu plays a strategic role in improving maternal and child health, and its success depends on the active participation of mothers of toddlers in routine visits. However, posyandu visit rates in Takerharjo Village remain suboptimal and fluctuate over time, influenced by factors such as mothers' education level, knowledge about posyandu, family support, and the role of health cadres. **Objective:** To analyze the relationship between mothers' education level, knowledge level, and family support, as well as the role of health cadres, with the motivation level of mothers of toddlers to visit the posyandu in Takerharjo Village. **Method:** This study employed a quantitative approach with a cross-sectional design. The research sample consisted of 81 respondents who met the inclusion criteria, selected using a cluster random sampling technique. The research instruments were questionnaires measuring education level, knowledge level, family support, the role of health cadres, and the motivation level of mothers of toddlers to visit the posyandu. The data were analyzed using the Chi-square test. **Result and Discussion:** Mothers' knowledge level and family support showed a significant relationship with the motivation level of mothers of toddlers to visit the posyandu in Takerharjo Village. Mothers with good knowledge levels and high family support tended to have higher motivation to attend posyandu visits. Meanwhile, mothers' education level and the role of health cadres did not show a significant relationship with the motivation level of mothers of toddlers to visit the posyandu. **Conclusions:** Most mothers had a high level of education, knowledge, family support, and motivation to visit the posyandu. Although the role of health cadres was generally rated as good, only mothers' knowledge level and family support showed a significant relationship with motivation to visit the posyandu, while education level and the role of health cadres did not.

## **The Relationship Between Educational Level, Knowledge Level, Family Support, and the Role of Health Cadres with the Motivation Level of Mothers of Under-Five Children to Visit Posyandu in Takerharjo Village**

### **Introduction**

The Indonesian Ministry of Health emphasizes that comprehensive and integrated health services for infants and toddlers are essential to optimize health, growth, and development (Wijayanti et al., 2023). The posyandu represents a form of community-based health effort jointly managed with the community to support health development, empower communities, and improve access to basic health services aimed at reducing maternal mortality rates and under-five mortality rates.

The East Java Health Profile in 2023 reported high coverage of toddler health services, including ownership of the Maternal and Child Health (KIA) book, growth and development monitoring, SDIDTK services, and MTBS services (Dinas Kesehatan Provinsi Jawa Timur, 2024). Despite this achievement, posyandu visits in Lamongan Regency have declined. Data from Payaman Public Health Center indicated a decrease in posyandu visits from 4,554 in 2023 to 3,827 in 2024, with noticeable monthly fluctuations. In Takerharjo Village, only 260 out of 407 registered infants and toddlers attended posyandu visits in December 2024 (Puskesmas Payaman, 2024). Mothers' lack of knowledge regarding posyandu schedules has been identified as one factor contributing to low visit rates (Pongoh and Akta, 2022).

Family support plays a crucial role in encouraging mothers to routinely bring their toddlers to posyandu. Positive support in the form of information, motivation, emotional encouragement, and instrumental assistance increases mothers' participation in posyandu activities (Amalia et al., 2019). Emotional, instrumental, and informational support from families contributes to mental well-being and facilitates the dissemination of health knowledge (Santoso, 2021). A significant relationship between family support and posyandu visits among mothers of toddlers has also been reported (Dewi et al., 2020).

Health cadres contribute substantially to posyandu implementation by providing nutrition and health information, managing activities, and motivating mothers to remain active participants. Mothers who do not attend posyandu regularly tend to miss health education related to child growth, nutrition, and supplementary feeding (Febriyanti et al., 2022). Home visits and direct engagement by health cadres have been shown to improve mothers' motivation to attend posyandu (Widyaningsih et al., 2020; Yuniarti Ekasaputri Burhanuddin et al., 2024).

Mothers' education level constitutes an important determinant of posyandu utilization. Higher education levels are associated with better understanding of the importance of monitoring child growth and development through posyandu services (Pratiwi, 2023). A positive relationship between mothers' knowledge and the intensity of posyandu visits has also been reported (Lara et al., 2022). Improved educational attainment enhances mothers' ability to receive and apply health information, thereby supporting optimal child growth and development. This study aims to analyze the relationship between mothers' education level, knowledge level, and family support, as well as the role of health cadres, with the motivation of mothers of toddlers to visit the posyandu in Takerharjo Village.

### **Method**

This study employed an observational analytic method with a quantitative approach and a cross-sectional design. The study was conducted to analyze the relationship between mothers' education level, knowledge level, and family support, as well as the role of health cadres, with the motivation of mothers of toddlers to visit the posyandu in

**The Relationship Between Educational Level, Knowledge Level, Family Support, and the Role of Health Cadres with the Motivation Level of Mothers of Under-Five Children to Visit Posyandu in Takerharjo Village**

Takerharjo Village at a single point in time. The study population consisted of all mothers who had children under five years of age and were registered at posyandu in Takerharjo Village, Lamongan Regency, totaling 407 individuals.

A sample of 81 respondents was selected using a cluster random sampling technique. The sample size was determined using the Slovin formula based on the total population. Respondents were selected according to predefined inclusion and exclusion criteria. The inclusion criteria were mothers who had children aged 0–5 years, resided in the working area of posyandu in Takerharjo Village, and were able to read and write. The exclusion criterion was mothers who were not cooperative during the data collection process.

Ethical considerations were addressed by obtaining informed consent from all respondents, and the confidentiality of respondent data was strictly maintained throughout the study. Data were collected using a structured questionnaire. The independent variables in this study were educational level (categorized as low and high), knowledge level (low and high), family support (low and high), and the role of health cadres (active or inactive). The dependent variable was the motivation level of mothers to visit posyandu, categorized as low and high.

Data were analyzed using univariate analysis to describe respondent characteristics and variable distributions, followed by bivariate analysis using the Chi-Square test to examine the relationships between independent and dependent variables. A significance level of 0.05 was applied in all statistical analysis.

## Result and Discussion

### 1. Result

#### Univariate Analysis

**Table 1**

Distribution of Respondents by Educational Level, Knowledge Level, Family Support, Role of Health Cadres, and Motivation Level (n = 81)

Variable	Category	n	%
Education level	Basic education	9	11
	Higher education	72	89
Knowledge level	Low	30	37
	High	51	63
Family support	Low	13	16
	High	68	84
Role of health cadres	Inactive	7	9
	Active	74	91
Motivation level	Low	36	44
	High	45	56

The univariate analysis shows most respondents had a higher educational level, accounting for 72 respondents (89%), while only 9 respondents (11%) had a basic educational level. This distribution indicates that the study population was predominantly composed of mothers with relatively adequate formal education. Similarly, the majority of respondents demonstrated a high level of knowledge, with 51 respondents (63%), suggesting sufficient awareness of posyandu activities among most participants. Family support was largely perceived as high, reported by 68 respondents (84%), reflecting a generally supportive household environment. Health cadres were predominantly

## The Relationship Between Educational Level, Knowledge Level, Family Support, and the Role of Health Cadres with the Motivation Level of Mothers of Under-Five Children to Visit Posyandu in Takerharjo Village

perceived as active, with 74 respondents (91%) indicating strong cadre involvement in delivering services and health-related information at the community level. These findings suggest that structural and social support for posyandu activities was generally well established in Takerharjo Village. Maternal motivation to visit posyandu, however, was not uniformly high. Maternal motivation to visit posyandu was not uniformly high. A total of 45 respondents (56%) reported high motivation, while 36 mothers (44%) exhibited low motivation. This pattern highlights a potential gap between the availability of support, knowledge, and cadre involvement and the actual motivation of mothers to attend posyandu regularly, warranting further analysis of factors influencing maternal motivation.

### Bivariate Analysis (Chi-Square Test)

**Table 2**

Distribution of Respondents by Educational Level, Knowledge Level, Family Support, Role of Health Cadres, and Motivation Level (n = 81)

Independent Variable	Dependent Variable		Total	P-Value
<b>Education level</b>	<b>Motivation level</b>			
	Low	High		
	2 (22%)	7 (78%)	9 (100%)	0.286
	34 (47%)	38 (53%)	72 (100%)	
<b>Knowledge level</b>	19 (63%)	11 (37%)	30 (100%)	0.017
	17 (33%)	34 (67%)	51 (100%)	
<b>Family support</b>	1 (8%)	12 (92%)	13 (100%)	0.009
	35 (51%)	33 (49%)	68 (100%)	
<b>Role of health cadres</b>	3 (43%)	4 (57%)	7 (100%)	1.000
	33 (45%)	41 (55%)	74 (100%)	

The bivariate analysis demonstrated variations in maternal motivation to visit posyandu across different independent variables. Maternal motivation based on educational level showed that mothers with basic education mostly had high motivation to visit posyandu (78%), while mothers with higher education showed a relatively balanced distribution between low motivation (47%) and high motivation (53%).

The statistical analysis produced a p value of 0.286 ( $> 0.05$ ), indicating that educational level was not significantly associated with maternal motivation to visit posyandu. Knowledge level showed a significant association with maternal motivation. Mothers with low knowledge mostly had low motivation to visit posyandu (63%), whereas mothers with high knowledge predominantly exhibited high motivation (67%).

**The Relationship Between Educational Level, Knowledge Level, Family Support, and the Role of Health Cadres with the Motivation Level of Mothers of Under-Five Children to Visit Posyandu in Takerharjo Village**

The Chi square test yielded a p value of 0.017 ( $< 0.05$ ), indicating a significant relationship between knowledge level and maternal motivation. Family support also demonstrated a significant association with maternal motivation. Mothers with low family support mostly showed high motivation to visit posyandu (92%), while mothers with high family support displayed a nearly equal distribution between low motivation (51%) and high motivation (49%).

The statistical test produced a p value of 0.009 ( $< 0.05$ ), indicating a significant relationship between family support and maternal motivation to visit posyandu. The role of health cadres did not show a significant association with maternal motivation. Mothers who perceived health cadres as inactive showed a slightly higher proportion of high motivation (57%) compared with low motivation (43%). Mothers who perceived health cadres as active also showed a similar pattern, with high motivation (55%) slightly exceeding low motivation (45%). The Chi square test resulted in a p value of 1.000 ( $> 0.05$ ), indicating no significant relationship between the role of health cadres and maternal motivation to visit posyandu. Overall, the bivariate analysis indicates that knowledge level and family support were significantly associated with maternal motivation to visit posyandu, while educational level and the role of health cadres were not significantly related.

## **2. Discussion**

### **The Relationship between Educational Level with the Motivation Level of Mothers of Toddlers to Visit the Posyandu in Takerharjo Village**

The cross tabulation analysis using the Chi square test showed no significant relationship between maternal education level and the motivation of mothers of toddlers to visit the posyandu in Takerharjo Village. This finding is consistent with the study by Trisnawati et al. (2024), which reported no statistically significant correlation between posyandu visits and education level. Similar results were reported by Puriastuti, Hardiningsih, Pratiwi, and Yunita (2025), who found that higher education was associated with a 1.43 times increase in posyandu attendance; however, the Chi square analysis indicated no statistically significant relationship. Different findings were reported by Syafitri et al. (2023), who identified a significant relationship between maternal education level and posyandu visits in Tempe District, Wajo Regency.

Education influences individual attitudes, knowledge acquisition, and decision making related to health behavior. Higher education is generally associated with better understanding of the importance of routine posyandu visits for monitoring child growth and development and for early detection of developmental disorders (Agustina and Novita, 2025). Education also affects the ability to receive and interpret health information, as lower education levels are often linked to limited utilization of health facilities such as posyandu and reduced acceptance of health related messages. Improved educational attainment among mothers has been associated with lower child morbidity and mortality and more rational decision making in utilizing preventive health services, including posyandu visits (Fatimah and Nislawaty, 2023).

The researcher assumes that education level contributes to maternal motivation to visit posyandu through its influence on knowledge and awareness. Higher education tends to support greater motivation to utilize posyandu services, while lower education levels may restrict information access and reduce awareness of the benefits of regular posyandu attendance.

**The Relationship Between Educational Level, Knowledge Level, Family Support, and the Role of Health Cadres with the Motivation Level of Mothers of Under-Five Children to Visit Posyandu in Takerharjo Village**

**The Relationship between Knowledge Level with the Motivation Level of Mothers of Toddlers to Visit the Posyandu in Takerharjo Village**

The statistical analysis showed a significant relationship between knowledge level and motivation level to attend posyandu visits in Takerharjo Village. This finding is consistent with the study by Nurhayani et al. (2023), which reported a significant relationship between maternal knowledge and toddler visits to posyandu at Cikalong Public Health Center, Tasikmalaya Regency. Similar results were reported by Siahaan et al. (2023), who identified a significant relationship between family knowledge and posyandu visits at Perawang Public Health Center. The strength of association analysis indicated that the relationship between family knowledge and posyandu visits in this study was classified as strong.

Knowledge plays an important role in shaping individual attitudes and health related behaviors. Maternal knowledge strongly influences mothers' behavior in attending posyandu visits with their children, as adequate knowledge tends to promote positive health behavior (Atik and Wandal, 2020). Limited knowledge has been associated with decreased posyandu attendance, particularly due to mothers' lack of understanding regarding visit schedules and service benefits (Sitohang and Rahma, 2017). Knowledge also serves as a key indicator underlying individual actions, as individuals with good health knowledge are more likely to recognize the importance of maintaining health and to translate motivation into practice.

Evidence from maternal health research indicates that knowledge significantly influences motivation to utilize health services. Mothers with higher knowledge levels regarding pregnancy health perceive antenatal care visits not merely as an obligation but as a necessity, reflecting stronger health motivation (Nurhayani et al., 2023). Similar mechanisms apply to posyandu utilization, where informed mothers demonstrate greater awareness of the importance of regular monitoring of child growth and development.

The researcher assumes that respondents with higher knowledge levels tend to exhibit more positive attitudes and greater awareness in bringing their infants and toddlers to posyandu. This knowledge includes understanding the importance of posyandu visits, routine growth and development monitoring, and appropriate complementary feeding practices. Maternal knowledge regarding posyandu attendance is derived from personal experience, information provided by health workers, and exposure to various media sources.

**The Relationship between Family Support with the Motivation Level of Mothers of Toddlers to Visit the Posyandu in Takerharjo Village**

The cross tabulation analysis using the Chi square test showed a significant relationship between family support and the motivation of mothers of toddlers to visit the posyandu in Takerharjo Village. This finding is consistent with the study by Indriyani et al. (2025), which reported a significant association between family support and posyandu visits among mothers with toddlers in the working area of Puh Public Health Center,

Padang City. Similar results were reported by Handayani et al. (2024), whose statistical analysis confirmed a relationship between family support and mothers' visits to posyandu with their toddlers. A significant relationship between family support and posyandu visits was also identified by Ibrahim et al. (2023).

**The Relationship Between Educational Level, Knowledge Level, Family Support, and the Role of Health Cadres with the Motivation Level of Mothers of Under-Five Children to Visit Posyandu in Takerharjo Village**

Family support represents verbal and nonverbal information, advice, emotional care, and practical assistance provided by close individuals within the social environment, which may influence emotional well being and behavior (Trisnadewi et al., 2023). Family support constitutes an important form of social support that contributes to shaping maternal behavior. Family involvement through providing information, accompanying mothers, and assisting with transportation increases mothers' readiness and willingness to attend posyandu visits regularly. Mothers who receive adequate family support tend to feel more supported and less isolated in fulfilling their role in promoting child growth and development (Ibrahim et al., 2023).

The findings indicate a significant relationship between family support and maternal motivation to attend posyandu, although the weak strength of association suggests that family support is not the primary determinant of motivation. Other factors are likely to play a more dominant role in shaping maternal motivation.

The researcher assumes that family support remains an important contributing factor, as family involvement may influence maternal perceptions and decision making processes. Emotional encouragement, motivational support, and practical assistance, including reminders of posyandu schedules, accompaniment during visits, and help with household tasks, may facilitate mothers' participation in posyandu activities. Variation in maternal motivation to attend posyandu is not solely determined by the presence or intensity of family support. Family support functions as a contextual factor that may not directly translate into motivation unless it is optimally internalized by the individual.

Maternal motivation is more strongly influenced by internal psychological factors, including perceived benefits of posyandu visits, perceived vulnerability and health service needs of the child, self confidence in attending visits regularly, and perceived barriers. Adequate family support may coexist with low motivation when perceived benefits are weak or perceived barriers outweigh expected advantages. Social support influences motivation indirectly through cognitive and affective processes, and the meaning attributed to informational, emotional, and instrumental support may contribute more substantially to motivation than the objective presence of family support alone.

**The Relationship between the Role of Health Cadres with the Motivation Level of Mothers of Toddlers to Visit the Posyandu in Takerharjo Village**

The Chi square analysis showed no significant relationship between the role of health cadres and the motivation of mothers of toddlers to visit the posyandu in Takerharjo Village. This finding is consistent with the study by Setianingsih et al. (2025), which reported no association between the role of cadres and maternal behavior in utilizing posyandu services for infants and toddlers. Different results were reported by Purba and Sugiantini (2023), Siahaan et al. (2023), Nurhayani et al. (2023), and Mardiana et al. (2024), who found a significant relationship between the role of cadres and posyandu visits. Similar associations were also identified by Ahmalia and Zaelfi (2019) and Panggabean (2020), indicating that cadre involvement may influence maternal participation in other settings.

The success of posyandu implementation is closely related to the voluntary contribution of health cadres who manage activities at the community level (Kaseh, 2021). The role of health cadres represents a government strategy to empower communities in reducing infant and under five mortality and improving maternal and child health outcomes (Hardiyanti, 2017). Cadres function as key community actors in

**The Relationship Between Educational Level, Knowledge Level, Family Support, and the Role of Health Cadres with the Motivation Level of Mothers of Under-Five Children to Visit Posyandu in Takerharjo Village**

sustaining posyandu services, although motivation to participate does not arise automatically and often requires continuous external encouragement (Rizqi, 2014).

Homogeneity in the performance of health cadres in Takerharjo Village was observed, as most cadres were perceived to perform their roles well and consistently. This condition resulted in limited variability in cadre role data, thereby reducing the ability of statistical analysis to detect a significant relationship with maternal motivation. Uniform acceptance of cadre performance among respondents limited the role of cadres as a differentiating factor influencing motivation. Routine and repetitive cadre activities were perceived as normative by mothers, reducing their influence as a primary motivational driver.

Maternal motivation to attend posyandu was more strongly influenced by internal factors such as personal awareness, perceived child health needs, self confidence, perceived benefits, perceived barriers, and family support. The researcher assumes that health cadres remain important agents in mobilizing communities and facilitating access to posyandu services, although their role may function more as service facilitators rather than direct determinants of internal motivation. Positive perceptions of cadre performance tend to reflect technical service delivery rather than the formation of intrinsic motivation. Social support provided by cadres may influence behavior indirectly through interaction with individual cognitive and psychological processes, including self efficacy and health belief perceptions

### **Conclusion**

The educational level of mothers of toddlers at the Posyandu in Takerharjo Village was predominantly classified as high. Maternal knowledge level, family support, and the level of motivation for mothers of toddlers to visit the posyandu were generally also categorized as high. The role of health cadres in encouraging posyandu visits was perceived as good by the majority of respondents.

No relationship was identified between maternal educational level and the level of motivation for mothers of toddlers to visit the Posyandu in Takerharjo Village. A relationship was identified between maternal knowledge level and the level of motivation for mothers of toddlers to visit the Posyandu in Takerharjo Village. A relationship was identified between family support and the level of motivation for mothers of toddlers to visit the Posyandu in Takerharjo Village. No relationship was identified between the role of health cadres and the level of motivation for mothers of toddlers to visit the Posyandu in Takerharjo Village.



**The Relationship Between Educational Level, Knowledge Level, Family Support, and the Role of Health Cadres with the Motivation Level of Mothers of Under-Five Children to Visit Posyandu in Takerharjo Village**

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**The Relationship Between Educational Level, Knowledge Level, Family Support, and the Role of Health Cadres with the Motivation Level of Mothers of Under-Five Children to Visit Posyandu in Takerharjo Village**

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**The Relationship Between Educational Level, Knowledge Level, Family Support, and the Role of Health Cadres with the Motivation Level of Mothers of Under-Five Children to Visit Posyandu in Takerharjo Village**

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