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Posyandu Service Innovation in the Pandemic Time Covid-19 with the Door to Door Method to the Attitudes of Parents and the Growth, Development of Toddler in the Working Area of the Sukorame Puskesmas, Kota Kediri

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ABSTRACT

Posyandu is a form of Community Based Health Efforts (UKBM) which is managed from, by, for, and with the community, in order to empower the community and provide convenience to the community in obtaining basic health services. The Covid-19 virus outbreak affects Posyandu activities. However, during the Covid-19 pandemic, activities at the posyandu must still be carried out, because monitoring the growth and development of toddlers must not stop. The purpose of this study was to determine the difference between the posyandu service innovations during the Covid-19 pandemic between the door to door method posyandu and conventional posyandu on the attitudes of parents and the growth and development of toddlers in the working area of the Sukorame Public Health Center, Kediri City. This research is an experimental research. The sample in this study consisted of 50 parents who had toddlers for the door to door posyandu method and 50 parents who had toddlers for conventional posyandu who carried out posyandu activities in June 2021. Data were obtained from questionnaires, KMS and DDTK. Data analysis using T-test. T-test results show Sig(2-tailed) > 0.05 so that it can be concluded that there is no significant difference between parental attitudes, growth of toddlers and development of toddlers between posyandu with door to door method and conventional posyandu.

Keywords: posyandu door to door, puskesmas sukorame

INTRODUCTION

Posyandu is a form of Community Based Health Efforts (UKBM) which is managed from, by, for, and with the community, in order to empower the community and provide convenience to the community in obtaining basic health services (Kemenkes, 2012). One of the posyandu activities is the handling of under-five malnutrition. Malnutrition in children can lead to abnormal growth and development of toddlers and can lead to stunting.

Soetjiningsih (2012) explains that growth and development is a continuous process from conception to adulthood which is influenced by genetic and environmental factors. The fastest growth occurs in the fetus, 0-1 years of age and puberty. While the growth and development that can be easily observed in infancy. At the time of growth and development of each child has the same pattern of development, but the speed is different. In toddlers, including the age group most prone to lack of energy and protein, a good intake of nutrients is necessary for the process of growth and development. The Ministry of Health, 2013 explains about brain intelligence showing the fact that to maximize a child's

intelligence, stimulation must be carried out from the first 3 years of life considering that at that age the number of brain cells that are owned is twice as much as adult brain cells.

The success of posyandu is also influenced by the attitude of parents in supporting posyandu activities. The low number of posyandu utilization by the community is influenced by the behavior of parents of toddlers in utilizing posyandu services. Mother's attitude is also very influential, in Rita's research (2016), it can be seen that many mothers still have poor attitudes in using Posyandu. Mother's attitude to realize that Posyandu is important to improve the health status of toddlers, can lead to positive behavior of mothers towards Posyandu.

The outbreak of the Covid-19 virus that is sweeping the world has affected all activities in society. In Indonesia, the Covid-19 pandemic has the potential to hinder mothers and children's access to optimal health services. The decrease in the number of visits to nutrition and MCH services also has the potential to create new nutrition and health problems. The results of the research by Widiastuti, 2011 explained that during the covid-19 pandemic, the growth chart for children under five experienced a decrease in weight per age and stagnated in height growth.

The attitude of parents of toddlers and abnormal growth and development of toddlers is a problem that needs to be addressed in the work area of the Sukorame Public Health Center, Kediri City. Coupled with the problem of the covid-19 outbreak that has not ended, it is necessary to have a good breakthrough or innovation so that the Sukorame Health Center target can be achieved and there is no transmission of the covid-19 virus. Breakthroughs or innovations made by health workers at the Sukorame Health Center so that parents of toddlers support posyandu activities and the growth and development of toddlers becomes normal, namely by conducting posyandu activities with the door to door method.

Based on the problems faced at the Sukorame Public Health Center, Kediri City during the Covid-19 pandemic. So this study aims to determine the differences between the posyandu service innovations during the Covid-19 pandemic between the door to door method posyandu and conventional posyandu on the attitudes of parents and the growth and development of toddlers in the working area of the Sukorame Public Health Center, Kediri City.

METHODS

This research has passed the ethical test with SK number: 2473/KEPK/VIII/2021. In this study, the researcher used a quantitative research type with a true experimental research design. Sugiyono, 2010 added that experimental research can be interpreted as a research method used to find the effect of certain treatments on others under controlled conditions. According to Solso & MacLin (2002), experimental research is a study in which at least one variable is found to be manipulated to study cause-and-effect relationships. Therefore, experimental research is closely related to testing a hypothesis in order to find the effect, relationship, or difference in changes in the group that is subjected to treatment. Therefore, it is clear that experimental research has two elements, namely the existence of a (control) group and an experimental group. The group that was treated was called the experimental group and the group that was not treated was called the control group. The two groups are as far as possible the same (homogeneous) or close to the same characteristics.

The location of this research was conducted at the Sukorame Public Health Center, Mojoroto District, Kediri City. The time of the research was carried out in June 2021.The population in this study were all parents of children aged 0-5 years in the working area of the Sukorame Public Health Center, Kediri City. The sample is part of the number and characteristics possessed by the population. (Sugiyono, 2011) The sample in this study consisted of an experimental class, namely 50 parents who have toddlers who participate in door to door method posyandu and a control class of 50 parents who have toddlers who participate in conventional posyandu / 5 table system. Sampling is the process of selecting a portion of the population to be able to represent the population (Nursalam, 2013). The sampling technique used in this study is random sampling, a type of probability sampling where everyone in the entire target population has the same opportunity to be selected (Sugiyono, 2007).

According to Pudji Muljono (2002) Instruments or data collection tools are tools used to collect data in a study. The study was conducted to obtain data, namely with primary data and secondary data. 1). Primary Data : Primary data was obtained from direct sources in this study, primary data was obtained by asking and answering the respondents with the questionnaire guidelines that have been designed. Questionnaires were made to obtain information relevant to the purpose of the survey and to

obtain information with the highest possible reliability and validity. In addition to the data obtained from the questionnaire, there are also KMS and DDTK data. 2). Secondary Data : Secondary data obtained from indirect sources. Secondary data is used to complement primary data and for discussion purposes. Secondary data in the form of an overview of the research area/location, data on cadre activities and health profiles, reports or other records at the City Health Office and at the Puskesmas as well as from the monograph of the Mojoroto sub-district, Kediri City.

Variables are measures or characteristics possessed by members of a group that are different from those of other groups (Notoatmodjo, 2010). Research variables are everything in any form determined by the researcher to be studied so that information is obtained about it, then conclusions are drawn (Sugiyono, 2013). The variables used in the study can be classified into: (1) independent (independent) variables, namely variables that explain and influence other variables, and (2) dependent (bound) variables, namely variables that are explained and influenced by independent variables.The variable observed in this study was the innovation of posyandu services during the Covid-19 pandemic with the door to door method of Parental Attitudes and the growth and development of toddlers in the work area of the Sukorame Public Health Center, Kediri City. The variables are:

X1 : Posyandu Door To Door Method (Independent)
Y1 : Parental Attitude (Dependent)
Y2.1 : Toddler Growth (Dependent)
Y2.2 : Toddler Development (Dependent)

Data analysis is a very important part to achieve the goal, where the main purpose of research is to answer questions in revealing phenomena (Nursalam, 2013). In this study to test the hypothesis, the data was processed by using T Test assisted by using Statistics Product And Solution Service (SPSS).

This research has passed the ethical test with SK number: 2473/KEPK/VIII/2021. According to Hidayat (2009), ethical issues that must be considered include the following:

1. Informed Consent is a form of agreement between the researcher and the research respondents by providing a consent form. Informed consent was given before the study was conducted by providing a consent form to become a respondent. The purpose of informed consent is for the subject to understand the aims and objectives of the study, and to know the impact.
2. Anominity (Confidential Identity) : The confidentiality of the respondent's identity is maintained by the researcher and is only used for research purposes, by providing a code or mark on the questionnaire sheet and the code is only known by the researcher himself.
3. Confidentiality (confidentiality of information): Researchers maintain the confidentiality of all information obtained from respondents and it is guaranteed by researchers.

RESULTS

Demographic Data

Toddler Age

The frequency distribution based on respondents aged under five at the Sukorame Health Center, Mojoroto District, Kediri City can be seen in the table below:

Toddler Age Table (Door To Door)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0-12 Month	8	20.0	20.0	20.0
	13-24 Month	11	27.5	27.5	47.5
	25-36 Month	2	5.0	5.0	52.5
	37-48 Month	7	17.5	17.5	70.0
	49-60 Month	12	30.0	30.0	100.0
	Total	40	100.0	100.0	

Toddler Age Table (Conventional)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0-12 Month	7	17.5	17.5	17.5
	13-24 Month	6	15.0	15.0	32.5
	25-36 Month	8	20.0	20.0	52.5
	37-48 Month	10	25.0	25.0	77.5
	49-60 Month	9	22.5	22.5	100.0
	Total	40	100.0	100.0	

Based on the table above, it can be seen that the age of respondents in the door-to-door posyandu who have the largest frequency is aged 49-60 months as many as 12 toddlers (30%), while for conventional posyandu which has the largest frequency, namely ages 37-48 months as many as 10 toddlers (25%).

Gender

The frequency distribution of respondents based on gender at the Sukorame Health Center, Mojoroto District, Kediri City can be seen in the table below:

Gender Table (Door To Door)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	10	25.0	25.0	25.0
	Female	30	75.0	75.0	100.0
	Total	40	100.0	100.0	

Gender Table (Conventional)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	25	62.5	62.5	62.5
	Female	15	37.5	37.5	100.0
	Total	40	100.0	100.0	

Based on the table above, it can be seen that the gender of children under five for door-to-door posyandu has the largest frequency, namely female sex as many as 30 toddlers (75%), while for conventional posyandu which has the largest frequency, male sex as many as 25 toddlers (62,5%).

Parental Toddler Jobs

The frequency distribution of respondents based on the work of parents of toddlers at the Sukorame Health Center, Mojoroto District, Kediri City can be seen in the table below:

Parents Job Table (Door To Door)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	ASN	3	7.5	7.5	7.5
	Police / TNI	1	2.5	2.5	10.0
	Private sector employee	17	42.5	42.5	52.5
	Trader	1	2.5	2.5	55.0
	Entrepreneur	4	10.0	10.0	65.0
	Labor / Builder / Driver / Etc	14	35.0	35.0	100.0
	Total	40	100.0	100.0	

Parents Job Table (Conventional)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	ASN	1	2.5	2.5	2.5
	Police / TNI	1	2.5	2.5	5.0
	Private sector employee	8	20.0	20.0	25.0
	Trader	2	5.0	5.0	30.0
	Entrepreneur	16	40.0	40.0	70.0
	Labor / Builder / Driver / Etc	12	30.0	30.0	100.0
	Total	40	100.0	100.0	

Based on the table above, it can be seen that the work of parents of toddlers for door-to-door posyandu which has the largest frequency is those who work as private employees as many as 17 people (42.5%), while for conventional posyandu which has the highest frequency of working as self-employed as many as 16 people (40%).

Variable Data

Parental Attitude Data

The attitude of parents of toddlers towards posyandu activities can be seen in the table below

Parental Attitude Category Table (Door To Door)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Positive	34	85.0	85.0	85.0
	Positive	6	15.0	15.0	100.0
	Total	40	100.0	100.0	

Parental Attitude Category Table (Conventional)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Positive	40	100.0	100.0	100.0

Based on the table above, it can be seen that the attitudes of parents of toddlers to door-to-door posyandu have the largest frequency, namely very positive parental attitudes as many as 34 people (85%), while for conventional posyandu which has the largest frequency, the attitudes of parents are very positive as many as 40 people (100%).

Toddler Growth Data

Toddler Growth Data at the Sukorame Public Health Center in Kediri can be seen below.

Growth Category Table(Door To Door)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Weight Up	29	72.5	72.5	72.5
	Weight Loss/Fixed	11	27.5	27.5	100.0
	Total	40	100.0	100.0	

Growth Category Table (Conventional)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Weight Up	30	75.0	75.0	75.0
	Weight Loss/Fixed	10	25.0	25.0	100.0
	Total	40	100.0	100.0	

Based on the table above, it can be seen that the growth of children under five for door-to-door posyandu whose weight increased by 29 toddlers (72.5%) and whose weight remained constant or decreased by 11 toddlers (27.5%). Meanwhile, for conventional posyandu, 30 toddlers (75%) gained weight and 10 children (25%).

Toddler Development Data

Toddler Growth Data at the Sukorame Public Health Center in Kediri can be seen below

Development Category Table (Door To Door)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Time DDTK	33	82.5	82.5	82.5
	It is not in accordance with	1	2.5	2.5	85.0
	In accordance	6	15.0	15.0	100.0
	Total	40	100.0	100.0	

Development Category Table (Conventional)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Time DDTK	31	77.5	77.5	77.5
	In accordance	9	22.5	22.5	100.0
	Total	40	100.0	100.0	

Based on the table above, it can be seen that the development of children under five for door to door posyandu which is time to carry out DDTK is 7 toddlers (17.5%) with 6 appropriate results and 1 inappropriate. As for the conventional posyandu, 9 children under five (22.5%) had time to implement DDTK and the results were all appropriate.

Cross Tabulation Data

Table of Cross Tabulation of Posyandu Door To Door Between Toddler Age, Parents Attitude With Toddler Growth

Toddler age (Door To Door)			Growth Category		Total
			Weight Up	Weight Loss/Fixed	
0-12 Month	Parental Attitude Category	Very Positive	8		8
	Total		8		8
13-24 Month	Parental Attitude Category	Very Positive	9	0	9
		Positive	0	2	2
	Total		9	2	11
25-36 Month	Parental Attitude Category	Very Positive	1	1	2
	Total		1	1	2
37-48 Month	Parental Attitude Category	Very Positive	2	4	6
		Positive	0	1	1
	Total		2	5	7
49-60 Month	Parental Attitude Category	Very Positive	7	2	9
		Positive	2	1	3
	Total		9	3	12
Total	Parental Attitude Category	Very Positive	27	7	34
		Positive	2	4	6
	Total		29	11	40

Table of Cross Tabulation of Posyandu Door To Door Between Toddler Age, Parents Attitude With Toddler Growth

Toddler age (Conventional)			Growth Category		Total
			Weight Up	Weight Loss/Fixed	
0-12 Month	Parental Attitude Category	Very Positive	7		7
	Total		7		7
13-24 Month	Parental Attitude Category	Very Positive	3	3	6
	Total		3	3	6
25-36 Month	Parental Attitude Category	Very Positive	6	2	8
	Total		6	2	8
37-48 Month	Parental Attitude Category	Very Positive	8	2	10
	Total		8	2	10
49-60 Month	Parental Attitude Category	Very Positive	6	3	9
	Total		6	3	9
Total	Parental Attitude Category	Very Positive	30	10	40
	Total		30	10	40

Based on the table above, it can be seen that for door-to-door posyandu with toddlers aged 13-24 months, the attitude of parents is very positive, having the highest weight gain of 9 toddlers, while the decreased/fixed weight is for toddlers aged 37-48 months. parents are very positive a total of 4 toddlers.

As for conventional posyandu with toddlers aged 37-48 months, the attitude of parents is very positive, having the highest weight gain of 8 toddlers, while the weight loss / fixed is in toddlers aged 13-24 and 49-60 months, the attitude of parents is very positive there are 3 toddlers.

Table of Cross Tabulation of Posyandu Door To Door Between Toddler Age, Parents Attitude and Toddler Development

Toddler age (Door To Door)			Development Category		
			Not Time DDTK	It is not in accordance with	In accordance
0-12 Month	Parental Attitude Category	Very Positive	7	1	
	Total		7	1	
13-24 Month	Parental Attitude Category	Very Positive	8		1
		Positive	1		1
	Total		9		2
25-36 Month	Parental Attitude Category	Very Positive	1		1
	Total		1		1
37-48 Month	Parental Attitude Category	Very Positive	5		1
		Positive	1		0
	Total		6		1
49-60 Month	Parental Attitude Category	Very Positive	7		2
		Positive	3		0
	Total		10		2
Total	Parental Attitude Category	Very Positive	28	1	5
		Positive	5	0	1
	Total		33	1	6

Table of Conventional Posyandu Cross Tabulation Between Toddler Age, Parents Attitude and Toddler Development

Toddler age (Conventional)			Development Category		Total
			Not Time DDTK	In accordance	
0-12 Month	Parental Attitude Category	Very Positive	6	1	7
	Total		6	1	7
13-24 Month	Parental Attitude Category	Very Positive	5	1	6
	Total		5	1	6
25-36 Month	Parental Attitude Category	Very Positive	6	2	8
	Total		6	2	8
37-48 Month	Parental Attitude Category	Very Positive	9	1	10
	Total		9	1	10
49-60 Month	Parental Attitude Category	Very Positive	5	4	9
	Total		5	4	9
Total	Parental Attitude Category	Very Positive	31	9	40
	Total		31	9	40

Based on the table above, it can be seen that for door-to-door posyandu that have carried out DDTK activities only 7 toddlers. For toddlers aged 49-60 months, the attitudes of parents are very positive, the development of their toddlers is the most appropriate, namely 2 toddlers, while toddlers aged 0-12 months, the attitudes of parents are very positive, the development of toddlers is not appropriate for 1 toddler.

As for the conventional posyandu that have carried out DDTK activities, only 9 toddlers and the development of toddlers are all appropriate. For toddlers aged 49-60 months, the attitude of parents is very positive for the development of toddlers, the greatest suitability is a total of 4 toddlers.

Table of Cross Tabulation of Posyandu Door To Door Between Gender, Parents Attitude and Toddler Growth

Gender (Door To Door)			Growth Category		Total
			Weight Up	Weight Loss/Fixed	
Male	Parental Attitude Category	Very Positive	7	1	8
		Positive	0	2	2
	Total		7	3	10
Female	Parental Attitude Category	Very Positive	20	6	26
		Positive	2	2	4
	Total		22	8	30
Total	Parental Attitude Category	Very Positive	27	7	34
		Positive	2	4	6
	Total		29	11	40

Table of Conventional Posyandu Cross Tabulation Between Gender, Parents Attitude and Toddler Growth

Gender (Conventional)			Growth Category		Total
			Weight Up	Weight Loss/Fixed	
Male	Parental Attitude Category	Very Positive	20	5	25
	Total		20	5	25
Female	Parental Attitude Category	Very Positive	10	5	15
	Total		10	5	15
Total	Parental Attitude Category	Very Positive	30	10	40
	Total		30	10	40

Based on the table above, it can be seen that for door-to-door posyandu with female toddlers, the attitude of parents is very positive, having the highest weight gain of 20 toddlers, while the weight loss / fixed is in female toddlers, the attitude of parents is very positive. a total of 6 toddlers

As for the conventional posyandu with male gender, the attitude of parents is very positive, having the highest weight gain of 20 toddlers, while the weight loss / fixed weight is in male and female toddlers of 5 toddlers.

Tabel Tabulasi Silang Posyandu Door To Door Antara Gender, Parental Attitude Dengan Toddler Development

Gender (Door To Door)			Development Category		
			Not Time DDTK	It is not in accordance with	In accordance
Male	Parental Attitude Category	Very Positive	7		1
		Positive	1		1
	Total		8		2
Female	Parental Attitude Category	Very Positive	21	1	4
		Positive	4	0	0
	Total		25	1	4
Total	Parental Attitude Category	Very Positive	28	1	5
		Positive	5	0	1
	Total		33	1	6

Table of Conventional Posyandu Cross Tabulation Between Gender, Parents Attitude and Toddler Development

Gender (Conventional)			Development Category		Total
			Not Time DDTK	In accordance	
Male	Parental Attitude Category	Very Positive	22	3	25
	Total		22	3	25
Female	Parental Attitude Category	Very Positive	9	6	15
	Total		9	6	15
Total	Parental Attitude Category	Very Positive	31	9	40
	Total		31	9	40

Based on the table above, it can be seen that for door-to-door posyandu that have carried out DDTK activities only 7 toddlers. For female toddlers, the attitudes of parents are very positive for the development of toddlers, the greatest conformity is 4 toddlers, while for female toddlers, the attitudes of parents are very positive, the development of toddlers is not appropriate for 1 toddler.

As for the conventional posyandu that have carried out DDTK activities, only 9 toddlers and the development of toddlers are all appropriate. For female toddlers, the attitude of parents is very positive, the development of toddlers has the greatest suitability, which is 6 toddlers.

Table of Cross Tabulation of Posyandu Door To Door Between Occupation, Parents Attitude and Toddler Growth

Parents' job (Door To Door)			Growth Category		Total
			Weight Up	Weight Loss/Fixed	
ASN	Parental Attitude Category	Very Positive	3		3
	Total		3		3
Police / TNI	Parental Attitude Category	Very Positive		1	1
	Total			1	1
Private sector employee	Parental Attitude Category	Very Positive	14	2	16
		Positive	0	1	1
	Total		14	3	17
Trader	Parental Attitude Category	Very Positive	1		1
	Total		1		1
Entrepreneur	Parental Attitude Category	Very Positive	3	0	3
		Positive	0	1	1
	Total		3	1	4
Labor / Builder / Driver / Etc	Parental Attitude Category	Very Positive	6	4	10
		Positive	2	2	4
	Total		8	6	14
Total	Parental Attitude Category	Very Positive	27	7	34
		Positive	2	4	6
	Total		29	11	40

Table of Conventional Posyandu Cross Tabulation Between Occupation, Parents Attitude and Toddler Growth

Parents' job (Conventional)			Growth Category		Total
			Weight Up	Weight Loss/Fixed	
ASN	Parental Attitude Category	Very Positive	1		1
	Total		1		1
Police / TNI	Parental Attitude Category	Very Positive	1		1
	Total		1		1
Private sector employee	Parental Attitude Category	Very Positive	6	2	8
	Total		6	2	8
Trader	Parental Attitude Category	Very Positive	1	1	2
	Total		1	1	2
Entrepreneur	Parental Attitude Category l	Very Positive	14	2	16
	Total		14	2	16
Labor / Builder / Driver / Etc	Parental Attitude Category	Very Positive	7	5	12
	Total		7	5	12
Total	Parental Attitude Category	Very Positive	30	10	40
	Total		30	10	40

Based on the table above, it can be seen that for door-to-door posyandu with parents who work as private employees, the attitude of parents is very positive, having the highest weight gain of 14 toddlers, while the decreased/fixed weight is in toddlers whose parents work as laborers. / handyman/driver/etc, the attitude of the parents is very positive a total of 4 toddlers

Meanwhile, for conventional posyandu with parents who work as entrepreneurs, the attitude of parents is very positive, having the highest weight gain of 14 toddlers, while the weight that has decreased/fixed is parents who work as laborers/builders/driver/etc. very positive a number of 5 toddlers.

Table of Cross Tabulation of Posyandu Door To Door Between Work, Parents Attitude and Toddler Development

Parents' job (Door To Door)			Development Category			Total
			Not Time DDTK	It is not in accordance with	In accordance	
ASN	Parental Attitude Category	Very Positive	2		1	3
	Total		2		1	3
Police / TNI	Parental Attitude Category	Very Positive	1			1
	Total		1			1
Private sector employee	Parental Attitude Category Door	Very Positive	15		1	16
		Positive	1		0	1
	Total		16		1	17
Trader	Parental Attitude Category	Very Positive	1			1
	Total		1			1
Entrepreneur	Parental Attitude Category	Very Positive	1		2	3
		Positive	1		0	1
	Total		2		2	4
Labor / Builder / Driver / Etc	Parental Attitude Category	Very Positive	8	1	1	10
		Positive	3	0	1	4
	Total		11	1	2	14
Total	Parental Attitude Category	Very Positive	28	1	5	34
		Positive	5	0	1	6
	Total		33	1	6	40

Table of Conventional Posyandu Cross Tabulation Between Occupation, Parents Attitude and Toddler Development

Parents' job (Conventional)			Development Category Not Time DDTK	In accordance	Total
ASN	Parental Attitude Category	Very Positive	1		1
	Total		1		1
Police / TNI	Parental Attitude Category	Very Positive	1		1
	Total		1		1
Private sector employee	Parental Attitude Category	Very Positive	7	1	8
	Total		7	1	8
Trader	Parental Attitude Category	Very Positive		2	2
	Total			2	2
Entrepreneur	Parental Attitude Category	Very Positive	11	5	16
	Total		11	5	16
Labor / Builder / Driver / Etc	Parental Attitude Category	Very Positive	11	1	12
	Total		11	1	12
Total	Parental Attitude Category	Very Positive	31	9	40
	Total		31	9	40

Based on the table above, it can be seen that for door-to-door posyandu that have carried out DDTK activities only 7 toddlers. For toddlers whose parents work as self-employed, the attitudes of parents are very positive, the development of their toddlers is the most suitable, namely 2 toddlers, while toddlers whose parents work as laborers / handymen / drivers / etc. toddler.

As for the conventional posyandu that have carried out DDTK activities, only 9 toddlers and the development of toddlers are all appropriate. For toddlers whose parents work as self-employed, the attitudes of parents are very positive, the development of toddlers has the greatest suitability, which is 5 toddlers.

Parental Attitude Data Analysis

To process data on innovations in posyandu services with the to door method on the attitudes of parents in order to know the effect or difference with controls in this study, it is necessary to use a data test program, namely by using the T-test on the SPSS program, where the data from the results of the data processing are in the table below. this.

Table of Parental Attitude Statistics Group from SPSS

Group Statistics

	Types of Posyandu	N	Mean	Std. Deviation	Std. Error Mean
Parental Attitude	Door To Door	40	13.4500	1.66333	.26300
	Conventional	40	14.0500	1.28002	.20239

Table T Test the Attitude of Parents Toddler

Independent Samples Test

		t-test for Equality of Means		
		Sig. (2-tailed)	Mean Difference	Std. Error Difference
Parental Attitude	Equal variances assumed	.074	-.60000	.33186
	Equal variances not assumed	.075	-.60000	.33186

Analysis of Toddler Growth Data

To process data on innovations in posyandu services with the to-door method on the growth of toddlers in order to know the effect or differences with controls in this study, it is necessary to use a data test program, namely by using the T-test in the SPSS program, where the data from the results of data processing are in the table below

Tabel Group Statistik Toddler Growth

Group Statistics

	Types of Posyandu	N	Mean	Std. Deviation	Std. Error Mean
Toddler Growth	Door To Door	40	.1750	.39791	.06292
	Conventional	40	.2675	.82629	.13065

Tebel T Test Toddler Growth

Independent Samples Test

		t-test for Equality of Means		
		Sig. (2-tailed)	Mean Difference	Std. Error Difference
Toddler Growth	Equal variances assumed	.525	-.09250	.14501
	Equal variances not assumed	.526	-.09250	.14501

Analysis of Toddler Development Data

To process data on innovations in posyandu services with the to-door method on the development of toddlers in order to know the effect or differences with controls in this study, it is necessary to use a data test program, namely by using the T test in the SPSS program, where the data from the results of data processing are in the table below

Table of Toddler Development Statistics Group

Group Statistics

	Types of Posyandu	N	Mean	Std. Deviation	Std. Error Mean
Toddler Development	Door To Door	7	9.7143	.75593	.28571
	Conventional	9	10.0000	.00000	.00000

Tabel T Test Toddler Development

Independent Samples Test

		t-test for Equality of Means		
		df	Sig. (2-tailed)	Mean Difference
Toddler Development	Equal variances assumed	14	.271	-.28571
	Equal variances not assumed	6.000	.356	-.28571

DISCUSSION

Parental Attitude

From the data from the research on the implementation of the posyandu during the covid-19 pandemic at the Sukorame Public Health Center, Kediri City, it can be seen that based on the statistical group table the average value of the conventional posyandu group questionnaire is higher than the door to door posyandu (14.05 > 13.45) and all of the parents' attitudes are very positive. . Meanwhile, based on the results of the T-test, the attitude of parents of toddlers has a Sig (2-tailed) value of 0.075, and is greater than 0.05, so Ho is accepted. This means that there is no significant effect or significant difference between the attitudes of parents of toddlers who do. Posyandu service innovation during the covid-19 pandemic with the door to door method and the attitude of parents of toddlers who do conventional posyandu. There is no significant effect, it does not mean that the door to door posyandu is not good, but that the door to door posyandu is still able to balance out the conventional posyandu which was previously known to the public. Based on the fact that in the door-to-door posyandu, there is a greater risk of transmitting the covid-19 virus, this is because many people when the door-to-door posyandu are held do not apply health protocols, especially not wearing masks. Or the term makes things easier because your own home is safe from the covid-19 virus. In contrast to conventional posyandu, they are more productive when they want to come to the puskesmas.

The results of this study are in line with the results of research (Kawulur, 2018) where the OR value = 22,083 which means that mothers who have sufficient attitudes have a 22,083 times greater chance of not using Posyandu than mothers who have good attitudes. The results of research by Nirmalasari, et al (2015), namely there is a relationship between attitudes and the use of Posyandu. In this study, most of the mothers of toddlers had a positive attitude where mothers of toddlers realized that Posyandu activities were important to monitor the growth and development of children. This research is supported by Fajriani (2016), who shows that the attitude of mothers of toddlers has something to do with the use of Posyandu because attitudes can affect the behavior of mothers towards the use of Posyandu, because attitudes can determine the mother's readiness to bring her child to the Posyandu, if the mother already has a strong attitude in bring their children to the posyandu, the mother's behavior can become more consistent. The results of this study are not in line with the research of Ifroh, et al (2018), which shows that the distribution of attitude scores is not much different between respondents, proving that attitudes with low or high scores do not affect the number of maternal visits. For the results of Darmawan's 2014 research, it was explained that the utilization of posyandu services in Pemecutan Kelod Village was better for parents who had good attitudes compared to parents who had less attitude towards posyandu.

Toddler Growth

Definition Growth is a physical change in a person which is characterized by an increase in the size of various organs of the body due to the increase in cells in the body. Growth can be measured by weight, height, bone age and metabolic balance (Marimbi, 2010). 2) Growth indicators Body weight is one of the most important and most frequently used anthropometric measures (Supariasa, 2012). Aritonang (2013) explains that weight is a description of body mass, body mass is very sensitive in a short time. These changes are directly dependent on the presence of infectious diseases and appetite.

If the child grows healthy, the weight increases according to the growth line following the green band on the KMS or up to the color band above it. Children who grow unhealthy if the child's weight does not go up or down, the line in the KMS goes down, flat, or moves to the color band below it, the

KMS line is below the red line (Depkes, 2009). Supariasa (2012) revealed that body weight can be used to monitor physical growth and determine nutritional status in someone who does not have clinical abnormalities.

From the research data on the implementation of the posyandu during the covid-19 pandemic at the Sukorame Health Center, Kediri City, it can be seen that based on the statistical group table the average weight of toddlers in the conventional posyandu group is higher than the door to door posyandu (0.2675 > 0.1750) while the attitude T test results parents of toddlers can be seen that Sig(2-tailed) is 0.526, and more than 0.05 then Ho is accepted. This means that there is no significant difference between the growth of toddlers who do. Posyandu service innovation during the Covid-19 pandemic with the door to door method and the growth of toddlers who do conventional posyandu. There is no significant effect, it does not mean that the growth of toddlers in the door-to-door posyandu is not good, but that the door-to-door posyandu is still able to balance the growth of toddlers in conventional posyandu which was first known to the public. But if to prevent the spread of the Covid-19 virus, the reality in the door-to-door posyandu field is that there is a greater risk of transmitting Covid-19. Because many people when the door to door posyandu is held do not implement the prokes. In contrast to conventional posyandu, they are more productive when they want to come to the puskesmas.

The results of Saraswati's 2020 research, that there are growth and development problems that need to be solved, namely: economic problems, lack of nutrition, posyandu closed due to the pandemic, poor and nutritious diet, no weighing equipment at home, lack of knowledge of parents of toddlers, and late development in toddlers.

If the community can carry out strict procedures, especially when the posyandu is door to door, the growth of toddlers can be monitored properly and the attack of covid-19 is minimized.

Toddler development

According to Supariasa (2012), development is a process of increasing ability in more complex body structures and functions in a regular pattern as a result of the maturation process. Healthy children will develop according to their growth. Development involves the process of dividing cells, tissues, organs and organ systems in the body that develop in such a way that they can fulfill their respective functions. This development includes emotional, intellectual, and behavioral as a result of interaction with the environment. 2) Developmental assessment Developmental assessment aims to determine developmental abnormalities and other things that are a risk for developmental abnormalities. If abnormalities in development can be detected immediately, they will be treated as early as possible. Assessment of development in toddlers is carried out based on what has been achieved by the child, then compared with the child development monitoring table. Child growth monitoring contains the child's developmental tasks to be accomplished based on age. Children's developmental tasks are divided into 7 parts, namely gross motor, fine motor, passive communication, active communication, intelligence, self-help, and social behavior. (Soetjiningsih, 2012).

From the research data on the implementation of the posyandu during the covid-19 pandemic at the Sukorame Public Health Center, Kediri City, it can be seen that based on the statistical group table the average development of toddlers under five in the conventional posyandu group is higher than the door to door posyandu (10 > 9.7143). Where from the number of samples that carried out DDTK for Conventional Posyandu 9 toddlers and the results matched all, while for Door To Door Posyandu who carried out DDTK there were still 7 toddlers with 6 suitable toddlers and 1 toddler not according to their development.

Meanwhile, from the results of the T-test for the development of toddlers, it can be seen that Sig(2-tailed) is 0.356, and more than 0.05, then Ho is accepted. This means that there is no significant difference between the development of toddlers who do. Posyandu service innovation during the Covid-19 pandemic with the door to door method and the development of toddlers who carry out conventional posyandu. There is no significant effect, it does not mean that the door to door posyandu is not good, but that the door to door posyandu is still able to balance out the conventional posyandu which was previously known to the public. But if to prevent the spread of the Covid-19 virus, the reality in the door-to-door posyandu field is that there is a greater risk of transmitting Covid-19. Because many people when the door to door posyandu is held do not implement the prokes. In contrast to conventional posyandu, they are more productive when they want to come to the puskesmas. This is not in line with the results of Marsuadianti's research, 2020 which explains that the implementation of Mobile Posyandu during the Covid-19 Pandemic is very effective in meeting the health needs of children under five,

through a model of direct visits to children's homes by complying with established health protocols, and followed by facilitation.

If the community can carry out strict procedures, especially when the posyandu is door to door, the development of toddlers can be monitored properly and the attack of covid-19 is minimized.

CONCLUSION

From the data from the research and discussion, it can be concluded that

1. There is no significant difference between the door-to-door method of service innovation between posyandu and conventional posyandu on the attitudes of parents of toddlers during the COVID-19 pandemic in the working area of the Sukorame Public Health Center, Kediri.
2. There is no significant difference between the door to door method of posyandu service innovation and conventional posyandu on the growth of toddlers during the COVID-19 pandemic in the working area of the Sukorame Public Health Center, Kediri.
3. There is no significant difference between the innovative door to door method of posyandu services and conventional posyandu on the development of toddlers during the COVID-19 pandemic in the working area of the Sukorame Public Health Center, Kediri.
4. The level of progress of the posyandu participants with the door to door method is lower than the conventional method because they are less aware and consider their own home to be more saving so that there is less progress.

REFERENCES

Aritonang. (2013). Pertumbuhan. Poltekes Jogya. http://eprints.poltekkesjogja.ac.id/.

Darmawan. (2014). Faktor-Faktor Yang Mempengaruhi Perilaku Kunjungan Masyarakat Terhadap Pemanfaatan Posyandu di Desa Pemecutan Kelod Kec. Denpasar Barat. Stikes Bina Usada Bali.

Departemen Kesehatan RI. (2006). Panduan Integrasi Promosi Kesehatan. Jakarta : Departemen Kesehatan RI.

Dewi Ratna Juwita. (2020). Makna Posyandu Sebagai Sarana Pembelajaran Non Formal Di Masa Pandemic Covid 19. Palangka Raya : Universitas PGRI Palangka Raya.

Dinkes Kota Kediri. (2021). Profil Puskesmas Sukorame. Dinkes Kota.

Fajriani. (2016). Hubungan Pengetahuan dan Sikap Ibu Balita Terhadap Pemanfaatan Posyandu di Desa Seneubok Rambong Kecamatan Idi Rayeuk Kabupaten Aceh Timur Tahun 2016. (online) http.//suwa.stikesbinusa.ac.id/ diakses pada 10 September 2021.

Ifroh, Susanti, Winanda. (2018). Kajian Teori WHO Mengenai Jumlah Kunjungan Ibu Ke Posyandu Tarap Guna Meningkatkan Cakupan D/S Bayi-Balita. 9:11.

Hidayat, Anwar. (2014). Mann whitney u test. **Https://www.statistikian.com/2014/04/mann-whitney-u-test.html**.

Kawulur, Arvionita. (2018). Hubungan antara Sikap Ibu dan Kinerja kader dengan Pemanfaatan Posyandu Balita di Wilayah Kerja Puskesmas Teling Atas Kota Manado. Jurnal Kesmas, Vol. 7 No. 5, 2018. Fakultas Kesehatan Masyarakat Universitas Sam Ratulangi.

Kemenkes RI. (2011). Kementerian Kesehatan RI Bekerja Sama Dengan Kelompok Kerja Operasional (Pokjanal Posyandu) Pedoman Umum Pengelolaan Posyandu. Jakarta : Kementrian Kesehatan RI.

Kementerian Kesehatan RI, Direktorat Jenderal Kesehatan Masyarakat, Direktorat Kesehatan Keluarga. (2020). Panduan Pelayanana Kesehatan Balita Pada Masa Pandemic Covid-19. Jakarta : Kementrian Kesehatan RI.

Marimbi. (2010). Tumbuh Kembang. Poltekes Jogya. http://eprints.poltekkesjogja.ac.id/.

Marsudianti. (2020). Posyandu Keliling. Jurnal Online.

Nirmalasari, Djuliarsa, Djano. (2015). Hubungan Pengetahuan Sikap dan Jarak Tempuh Ibu Balita Dengan Pemanfaatan Posyandu.1:4.

Notoatmodjo, S. (2014). Ilmu Perilaku Kesehatan. Jakarta: Rineka Cipta.

Nurani Rahmadini, Trini Sudiarti, Diah Mulyawati Utari. (2013). Status Gizi Balita Berdasarkan Composite Index Of Anthropometric Failure. Jakarta : Fakultas Kesehatan UI.

Nursalam. (2008). Konsep dan penerapan metodologi penelitian ilmu keperawatan. Jakarta. Salemba Medika.

Nutrisiani. (2010). Pertumbuhan dan Perkembangan Anak. Jakarta: Salemba. Sari. 2011. Pola Dan Bentuk Komunikasi Keluarga Dalam Penerapan Fungsi Sosialisasi Terhadap Perkembangan Anak Di Permukiman Dan Perkampungan Kota Bekasi. Jurnal FKSB: makna, 2012, ejournal-unisma.

Pudji Muljono. (2002). Penyusunan dan pengembangan instrumen penelitian. Disampaikan pada lokakarya peningkatan suasana akademik jurusan ekonomi fis-unj tanggal 5 sampai dengan 9 agustus 2002.

Rita, L. (2016). Faktor – Faktor Yang Berhubungan Dengan Pemanfaatan Posyandu Pada Balita di Desa Ulak Jaya Kecamatan Sintang. 3: 76.

Saraswati, Dian. (2021). Pemantauan Tumbuh Kembang Balita Pada Masa Covid-19 di Kota Tasikmalaya. Jurnal Kesehatan Komunitas Indonesia vol 17 no 1 Maret 2021. Siliwangi : Universitas Siliwangi.

Soetjiningsih. (2012). Tumbuh Kembang. Poltekes Jogya. http://eprints.poltekkesjogja.ac.id/.

Solso, R. L MacLin, M. K, O. H. (2005). Cognitive Psychologi. New York. Pearson.

Sugiyono. (2007). Metode Penelitian Kuantitatif Dan Kualitatif, r&d. Bandung : Cv Alfabeta.

Sugiyono, Dr. (2010). Metode Penelitian Kuantitatif Kualitatif Dan r&d, Penerbit Alfabeta.

Sugiyono. (2013). Metode Penelitian Kuantitatif, Kualitatif Dan r&d. Bandung: Cv Alfabeta.

Sulistyorini, C. I. (2010). Posyandu (pos pelayanan terpadu) dan desa siaga. Yogyakarta: Nuha Medika.

Supariasa dkk. (2012). Penilaian Status Gizi. EGC. Jakarta.

Widiastuti, Anita, Septerina Purwandani Winarso. (2011). Program PMT dan Grafik Toddler Growth pada masa Pandemi Covid. Jurnal Sains Kebidanan Vol 3 no 1. Semarang : Poltekes Kemenkes.