



Policy Brief

STUDY OF NUTRITION AND MATERNAL AND CHILD HEALTH SERVICES DURING THE COVID-19 PANDEMIC: Kabupaten Gowa Series

RESEARCH TEAM

Nurmala Selly Saputri

Rika Kumala Dewi

Maudita Dwi Anbarani

Nina Toyamah

OVERVIEW

The nutrition and maternal and child health (MCH) services in Kabupaten (District of) Gowa have been facing many problems that have hampered efforts to achieve the target of these services even before the coronavirus disease 2019 (COVID-19) pandemic. As a region with the second highest number of COVID-19 cases in South Sulawesi Province, Kabupaten Gowa is facing a new challenge in providing nutrition and MCH services amidst the pandemic.

The SMERU Research Institute, with the support of the Knowledge Sector Initiative (KSI), in the period of February–March 2021 conducted a study to measure the severity of the decline of nutrition and MCH services in Kabupaten Gowa during the COVID-19 pandemic. The study primarily employed a qualitative approach, namely in-depth interviews with pregnant women and mothers of newborns and under-fives—hereafter women; healthcare workers; community figures; health cadres; and health agency staff. To support our qualitative analysis, we used quantitative data compiled from the analysis of routine data on women’s visit to health facilities to use nutrition and MCH services, as well as an online survey.

In a nutshell, the study shows a varied decline in the target achieved for the nutrition and MCH services in Kabupaten Gowa. Temporary delays on the health services of the integrated service post (*posyandu*¹) when the pandemic hit the country led to the biggest decline in the achievement of the targets set for the services, namely weighing and basic immunizations for children under five years of age. Factors that discourage women in accessing the nutrition and MCH services during the pandemic are fear of getting infected with the coronavirus and financial issues because of the decline in their income during the pandemic.

Based on the study’s findings, we developed three policy briefs to represent the types of services: (i) pregnancy care services; (ii) childbirth and postpartum care services for women and newborn babies; and (iii) health services for children under five years of age. In general, the recommendations in these policy briefs are directed at improving the effort to educate women and their families by using a more personal approach. The use of information and communication technology through the Safe Communication with Midwives (Komandan²) program can also be maximized to reach more targeted participants, especially during the pandemic. Moreover, local community figures need to play a greater role in fostering an environment that supports mothers who need to access nutrition and MCH services at health facilities from pregnancy until the child reaches the age of five.

¹ *pos pelayanan terpadu.*

² *Komunikasi Aman dengan Bidan.*



https://mediaindonesia.com/gallery/detail_gallery/18008-kegiatan-posyandu-dl-masa-pandemi

IMPROVING PREGNANT WOMEN'S ACCESS TO OPTIMUM PREGNANCY CARE SERVICES IN KABUPATEN GOWA DURING THE COVID-19 PANDEMIC

Maudita Dwi Anbarani

EXECUTIVE SUMMARY

Pregnancy care services in Kabupaten (District of) Gowa during the coronavirus disease 2019 (COVID-19) pandemic have faced several challenges. The fear of contracting the virus influences pregnant women's decision of accessing pregnancy care services. The Safe Communication with Midwives (Komandan¹) is an online service that pregnant women can use to consult healthcare workers, but the program has not been able to fully address the need for a telemedicine service during the COVID-19 pandemic. The decline in financial condition during the pandemic also made it harder for some pregnant women to access pregnancy care services. During the pandemic, pregnancy classes and services that include field activities had to be postponed to avoid crowding. Community health centers (*puskesmas*²) also experienced shortages of several types of medicine. As a result, *puskesmas* needed to get their supply independently.

To address these challenges, we recommend that the Kabupaten Gowa Government (i) develop guidelines for the Komandan program and make use of the program to expand monitoring activities of pregnant women; (ii) develop guidelines for online pregnancy classes; (iii) use a more personal approach in educating pregnant women and their families about COVID-19; (iv) improve dissemination activities and expand women's participation in the National Health Insurance-Healthy Indonesia Card (JKN-KIS³) and Maternity Insurance (Jampersal⁴); and (v) develop an integrated data synchronization system that records medicine and vitamin availability, which both the health agency and *puskesmas* can access.

¹ Komunikasi Aman dengan Bidan.

² pusat kesehatan masyarakat.

³ Jaminan Kesehatan Nasional-Kartu Indonesia Sehat.

⁴ Jaminan Persalinan.

THE IMPACT OF THE COVID-19 PANDEMIC ON PREGNANCY CARE SERVICES IN KABUPATEN GOWA

The COVID-19 pandemic has presented the pregnancy care services in Kabupaten Gowa with many challenges. Even though, in general, the services are still running, pregnancy checkup visits in Kabupaten Gowa since the onset of the pandemic have decreased significantly. From February until April 2020, the number of first visits (K1) declined from 92% to 75% and fourth visits (K4) declined from 80.3% to 72.5%. In May 2020, however, the number of the two visits gradually rose and finally reached a pattern similar to that in 2019 (Figure 1). During the pandemic, health facilities, such as *puskesmas*, health clinics, independent physician/midwife practices, and hospitals remained operational with limited physical contacts and by observing health protocols. Pregnant women were advised to postpone a visit to a health facility if there was no requirement to do so, except in the case of complaints or an emergency.

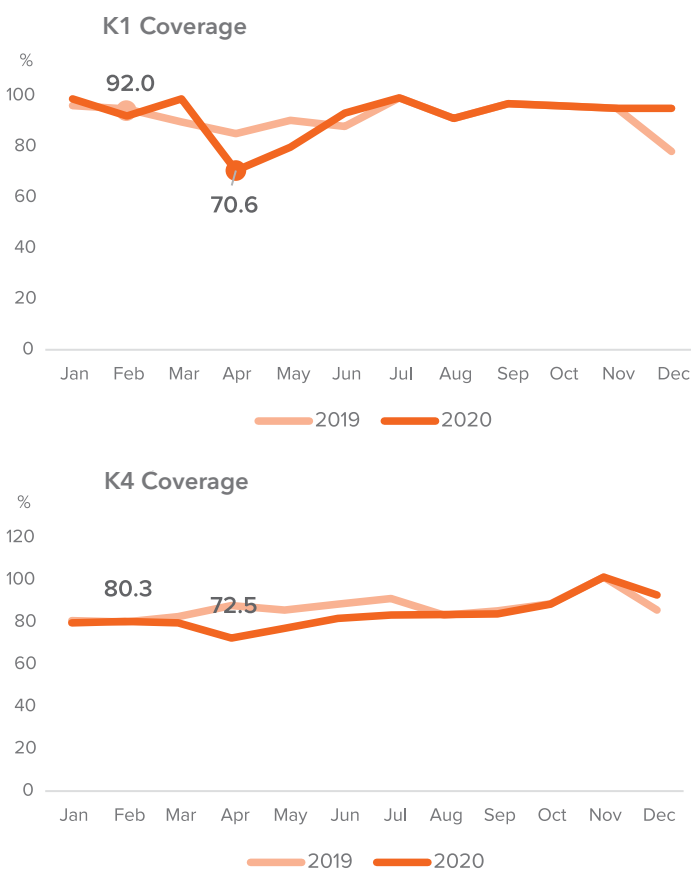


Figure 1. Coverage of K1 and K4 services in Kabupaten Gowa, 2019-2020

Source: Dinas Kesehatan Kabupaten Gowa, 2020, 2021; Pusat Kebijakan dan Manajemen Kesehatan FK-KMK UGM, 2020.

CHALLENGES IN PREGNANCY CARE SERVICES FACED BY KABUPATEN GOWA DURING THE COVID-19 PANDEMIC

During the pandemic, pregnancy care services in Kabupaten Gowa have been facing several challenges that require attention. These challenges include the following.

1. Some pregnant women were reluctant to visit health facilities for fear of contracting COVID-19

Even though dissemination and education about COVID-19 have been quite intensive, misconceptions about COVID-19 still exist in the community. Some women still access pregnancy care services from *puskesmas* and some have opted for going to different health facilities, such as midwife practices and clinics that are deemed safer because there are fewer visitors. However, there are also pregnant women who have opted for postponing their visit for essential checkups and even stopped visiting health facilities. This situation raises concern because if they miss these essential checkups, there is a possibility that any risk related to their pregnancy or delivery would go undetected and this can endanger both the mother and the baby.

“During the pandemic, [I] stopped going for [pregnancy] checkups. But, I was lucky as my uncle’s wife works at X hospital as a nurse at the mother and child ward, so [I] went there for consultation. (In-depth interview, mother with a baby, 35 years old, 12 February 2021)

2. The Komandan program has not been thoroughly effective

For telemedicine services during the pandemic, each *kelurahan*⁵ in Kabupaten Gowa has implemented the Komandan program. The program serves as a platform for women to have online consultations with a midwife about pregnancy, childbirth, and child health. However, so far, the utilization of the program varies, depending on the initiative of the healthcare workers and the willingness of the women to use it. Moreover, the Komandan program has not been able to reach all pregnant women in Kabupaten Gowa. This is because not all pregnant women have the healthcare workers’ contact numbers or vice versa.

3. Financial issues hinder mothers from accessing pregnancy care services

Another challenge in accessing pregnancy care services at health facilities is the cost. Some pregnant women are not registered as the participants of JKN-KIS or Jampersal, or they have not reported to the local first-level health facility (FKTP) when they changed address. As a result, they have to use their own money when accessing pregnancy care services at a health facility. Financial issues during the pandemic has made it difficult for pregnant women. They often have to set aside some money before they can visit a health facility.

“I have to think twice [if I want to go] to a practicing midwife. First, I have to set aside some money before going to the midwife. In the past, if I had a complaint, I’d go straight to *puskesmas*. Now, because I have to pay, I have to collect some money first. (In-depth interview, pregnant mother, 35 years old, 14 February 2021)

⁵ A *kelurahan* is a village level administrative area located in an urban center.

4. The pregnancy class program and field activities have been postponed during the pandemic

Throughout 2020, pregnancy classes and field activities, such as the Stop Mother and Child Mortality Rate (Sakina⁶) program, were temporarily closed to avoid crowding. At the beginning of 2021, pregnancy classes were resumed, but not in all areas in Kabupaten Gowa so that not all pregnant women could benefit from the reopening. Some *puskesmas* took the initiative to form a communication group between pregnant women and healthcare workers using WhatsApp application. The group shares the same functions as the pregnancy class, i.e., to share information and as a medium for consultation. Up until now, however, there are no guidelines for online pregnancy classes in Kabupaten Gowa so that there is no standard for the WhatsApp group scheme and it is not practiced in all areas in the *kabupaten*.

5. There was scarcity of essential medicines in all *puskesmas*

Certain types of medicine, such as oxytocin and magnesium sulfate, were available only in a very limited quantity even before the pandemic. This means that the health agency could only supply *puskesmas* with few medicines. The COVID-19 pandemic has worsened the situation, causing scarcity of essential medicines and forcing *puskesmas* to be self-sufficient. Some *puskesmas* bought medicines from the drugstores in Kota Makassar or even asked from other *puskesmas*. Presently, there is no integrated system which informs the availability of medicines both at the health agency and at *puskesmas*. As a result, often times, *puskesmas* have to obtain medicines on their own at short notice. This happens because *puskesmas* do not know for sure the quantity of the medicines the health agency will send them.

“ Before the pandemic, already there were not enough medicines, like medicines for emergency situations. During the pandemic, the situation has become worse and we often did not get oxytocin, so we had to provide for ourselves. We ran out of oxytocin because the health agency did not have it in stock. (In-depth interview, healthcare worker, 32 years old, 2 February 2021)

POLICY RECOMMENDATIONS TO IMPROVE PREGNANCY CARE SERVICES IN KABUPATEN GOWA

To tackle the issues in pregnancy care services in Kabupaten Gowa, we recommend that Kabupaten Gowa Government take these following five steps.

1. Develop guidelines for the Komandan program as a telemedicine platform and use this program to expand the monitoring of pregnant women

Telemedicine during the COVID-19 pandemic can really help healthcare workers to limit the number of visitors to health facilities (Sharmila, Babu, and Balakrishnan, 2020). Some pregnant women also prefer telemedicine because it minimizes the risk of exposure to COVID-19. The Komandan program in Kabupaten Gowa is one form of telemedicine. The program, however, has not been thoroughly effective because it is not used in all areas in the *kabupaten* and has not been able to engage all pregnant women.

The Kabupaten Gowa Government, through the health agency, needs to optimize the program and issue guidelines so that all pregnant women can benefit from the same standardized services provided by healthcare workers. Bearing in mind that telemedicine still cannot substitute essential pregnancy checkups, the guidelines need to clearly explain the scope of the services that pregnant women can access. The guidelines are expected to be able to provide clear information for healthcare workers about the steps in implementing the Komandan program, the tasks and responsibilities of each party involved in the program, available services, and information needed to be conveyed to the patients.

The program was hampered by the fact that not all pregnant women have the healthcare workers' contact numbers and vice versa. Therefore, the *puskesmas* administration, under the responsibility of the health agency, needs to ensure that pregnant women and their families, as well as the village apparatus, have the contact number of the village midwife. This way, pregnant women or their family members can contact the midwife through WhatsApp messages or voice calls whenever needed. The contact numbers of the pregnant women in the village should also be recorded and compiled so that village midwives and health cadres can remind them about routine checkups at the health facility. This is important to optimize the program and ensure that all pregnant women in the villages are monitored by village midwives and health cadres.

2. Develop guidelines for online pregnancy classes

The COVID-19 pandemic has put a stop to the pregnancy class program, when in fact the program functions as a medium for pregnant women to share their experience. However, in this difficult time, some *puskesmas* in Kabupaten Gowa initiated a WhatsApp group whose members are pregnant women, health cadres, members and administrators of the Family Welfare and Empowerment (PKK⁷) group, and healthcare workers. The Health Agency of Kabupaten Gowa needs to optimize this good practice; they can develop guidelines for online pregnancy classes and ensure that all *puskesmas* throughout Kabupaten Gowa adopt the program. The guidelines can be integrated

⁶ Stop Angka Kematian Ibu dan Anak; a program run by the Kabupaten Gowa Government to reduce the mortality rate of mothers and infants. The program empowers health cadres whose tasks include locating and accompanying pregnant women with high-risk pregnancy or pregnant women who have never had checkups at *puskesmas*.

⁷ Pemberdayaan dan Kesejahteraan Keluarga.

with the guidelines for the telemedicine in the Komandan program. These guidelines detail the steps for setting up online pregnancy classes, the roles and responsibilities of everyone involved, and the material for the class, which is standardized and can be utilized by every healthcare worker.

3. Use a more personal approach to disseminate information and educate pregnant women and their families about COVID-19

The health agency needs to ensure that MCH services provide education materials to pregnant women when they visit health facilities, including integrated health service posts (*posyandu*⁸). Healthcare workers need to set aside some time during each visit to give pregnant women and their families an in-depth understanding about the importance of continuing to access pregnancy care services despite the pandemic. They should also explain the importance of observing health protocols to minimize the risk of pregnant women contracting COVID-19 when visiting health facilities. Dissemination needs to be conducted personally so that the pregnant woman can directly ask questions. The message should also be adjusted to the pregnant woman's background and health condition, so that it is easily received. With this approach, the dissemination is expected to help promote a change in habit.

Healthcare workers, with the help of the cadres, can also make use of the Komandan program to expand outreach by using the voice call or video call feature. This way, the healthcare workers can reach out to more pregnant women without having to meet face-to-face.

4. Improve dissemination and expand women's participation in JKN-KIS and Jampersal

For pregnant women who were not participants of JKN-KIS or Jampersal, financial issues often became an obstacle when they need to access pregnancy care services at health facilities. At the same time, during the COVID-19 pandemic, the financial condition of many pregnant women and their families have declined. Village administration, along with village midwives and health cadres, can work together to

⁸ *pos pelayanan terpadu.*

collect data on pregnant women who do not have health insurance and then guide them to register as participants of JKN-KIS or Jampersal. Pregnant women who have just changed address should be monitored by the village apparatus, making sure that they have an active JKN-KIS card, which they can use at the nearest health facility.

5. Develop an integrated data synchronization system for medicine and vitamin supply

The COVID-19 pandemic has worsened the shortage of a few essential medicines and vitamins, often forcing *puskesmas* to look for their own supply in the absence of distribution from the Health Agency of Kabupaten Gowa. Without notification on the quantities of medicines and vitamins available at the health agency to be distributed to each *puskesmas*, a *puskesmas* often unexpectedly have to restock its supply of medicines and vitamins on its own. Reflecting on this condition, the health agency needs to develop a database which records the availability of medicines and vitamins and all *puskesmas* should be able to access this database in real time. With the integrated database, *puskesmas* can quickly anticipate if the medicines and vitamins they are to receive are less than what they have requested. This way, *puskesmas* can better prepare and plan should they be forced to restock their medicine and vitamin supply independently. ■

LIST OF REFERENCES

- Dinas Kesehatan Kabupaten Gowa (2020) 'Data LB3 Kesehatan Ibu dan Anak [Maternal and Child Health Monthly Report 3 Data].' Unpublished document, Dinas Kesehatan Kabupaten Gowa.
- . (2021) 'Data LB3 Kesehatan Ibu dan Anak [Maternal and Child Health Monthly Report 3 Data].' Unpublished document, Dinas Kesehatan Kabupaten Gowa.
- Pusat Kebijakan dan Manajemen Kesehatan FK-KMK UGM (2020) Data Layanan KIA [MCH Service Data] [online] <https://pkmk-ugm.shinyapps.io/pulihcovid/_w_42650045/_w_246a963f/> [1 October 2021].
- Sharmila, Vijayan, Thirunavukkarasu Arun Babu, and Padmapriya Balakrishnan (2020) 'Optimizing Telemedicine for Providing Obstetric and Reproductive Health Care Services during COVID-19 Pandemic.' *International Journal of Community Medicine and Public Health* 7 (8): 3278–3283. DOI: 10.18203/2394-6040.ijcmph20203414.





CREATING AN ENVIRONMENT THAT SUPPORTS PREGNANT WOMEN IN ACCESSING CHILDBIRTH AND POSTPARTUM CARE SERVICES IN KABUPATEN GOWA DURING THE COVID-19 PANDEMIC

Maudita Dwi Anbarani

EXECUTIVE SUMMARY

The coronavirus disease 2019 (COVID-19) pandemic has added layers of complexity to the problem of childbirth and postpartum care services in Kabupaten Gowa. Even though childbirth care services may seem to be quite unaffected by the pandemic, there is actually a structural problem that has long been a factor which prevents Kabupaten Gowa from achieving 100% standardized childbirth care across the kabupaten. This problem is the common practice of home birth. The number of pregnant women and their families who have knowledge and awareness of the importance of maternal and child health (MCH) services is still quite low. During the pandemic, the fear of contracting the coronavirus has prevented pregnant women and mothers of newborns from visiting health facilities. Financial issues that these women are facing also add to the problems of their access to childbirth and postpartum care services. To overcome these problems and to foster an environment that supports pregnant women and mothers of newborns to access MCH services, we recommend these steps: (i) strengthen the role of village heads in the Childbirth Planning and Complication Prevention Program (P4K¹); (ii) expand the coverage of the partnership between midwives and traditional birth attendants at the community health centers (*puskesmas*²) across Kabupaten Gowa; (iii) expand women's participation in the National Health Insurance-Healthy Indonesia Card (JKN-KIS³) and Childbirth Insurance (Jampersal⁴); and (iv) educate pregnant women, new mothers, and their family about MCH and COVID-19 by using a more personal approach.

¹ Program Perencanaan Persalinan dan Pencegahan Komplikasi: an effort to accelerate the decline in the mortality rate of mothers and newborn babies by improving access to and quality of services by monitoring, recording, and tagging each home of a pregnant woman with a sticker. P4K aims at improving coverage and quality of health services for pregnant women and newborn babies by boosting the active role of the family and society in planning safe births as well as preparing them for any complication and obstetric danger signs so that women will give birth to healthy babies (Hermiyati et al., 2009; Yusriani, Mukharrim, and Ahri, 2019).

² pusat kesehatan masyarakat.

³ Jaminan Kesehatan Nasional-Kartu Indonesia Sehat.

⁴ Jaminan Persalinan.

THE IMPACT OF THE COVID-19 PANDEMIC ON CHILDBIRTH AND POSTPARTUM CARE SERVICES IN KABUPATEN GOWA

The COVID-19 pandemic has a different impact on childbirth and postpartum care services in Kabupaten Gowa. In the case of childbirth care, during the COVID-19 pandemic in 2020, the pattern of childbirth care services that use the help of healthcare workers at health facilities did not change much compared to that during the pre-pandemic era in 2019 (Figure 1). During the pandemic, childbirth care services remained available at health facilities, including *puskesmas*. Services were shifted to a neighboring *puskesmas* in the case of coronavirus transmission in the *puskesmas*' maternity ward. Compared with childbirth care services, postpartum care services, which include maternal and newborn care visits, saw a fluctuation throughout 2020 (Figure 2).

Even though postpartum services are available at any health facility, some mothers have difficulty to obtain optimum access to them. Moreover, childbirth and postpartum care services have their own separate issues even before the pandemic. The COVID-19 pandemic has added more complexities to the structural problem facing the two services.

CHALLENGES IN CHILDBIRTH AND POSTPARTUM CARE SERVICES BEFORE AND DURING THE COVID-19 PANDEMIC

Some issues that have long been plaguing the two types of services in Kabupaten Gowa are the following.

1. Home births without healthcare workers' help

Even though P4K is running in Kabupaten Gowa, there are still women who give birth at home without being assisted by healthcare workers. Various factors contribute to this situation, including the pregnant women's low awareness of the importance of safe childbirth with the assistance of healthcare workers, financial issues, distance to health facilities, and pregnant women being late to arrive at health facilities usually because they are waiting for their husband

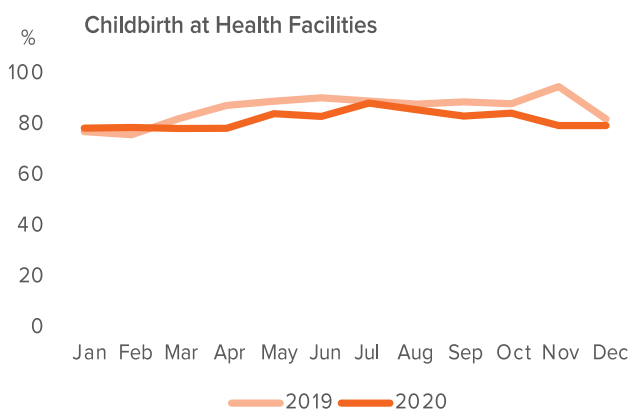


Figure 1. Coverage of childbirth services at health facilities in Kabupaten Gowa, 2019-2020

Sources: Dinas Kesehatan Kabupaten Gowa, 2020; 2021; Pusat Kebijakan dan Manajemen Kesehatan FK-KMK UGM, 2020.

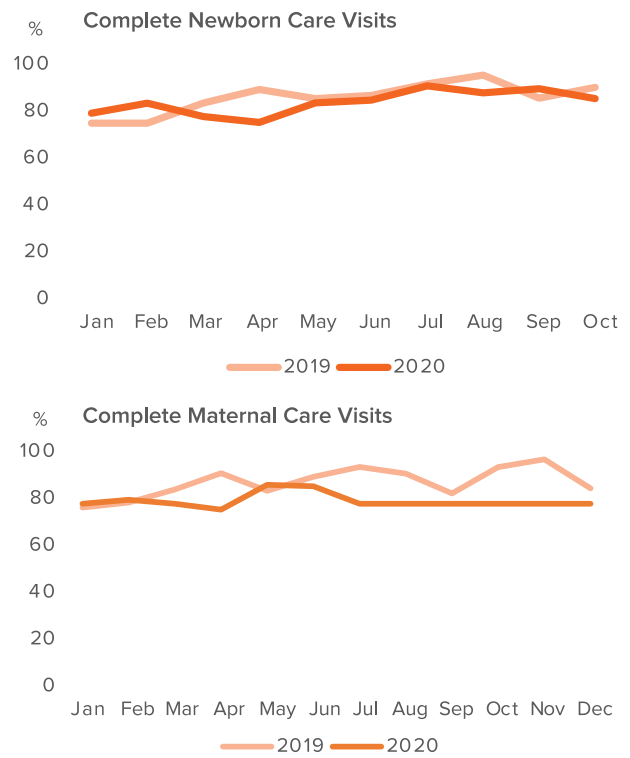


Figure 2. Coverage of complete newborn and maternal care visits in Kabupaten Gowa, 2019-2020

Sources: Dinas Kesehatan Kabupaten Gowa, 2020; 2021; Pusat Kebijakan dan Manajemen Kesehatan FK-KMK UGM, 2020.

to come home. Some women gave birth with the help of traditional birth attendants in hard-to-access areas even though the government has advised these attendants not to assist childbirth.

“Those are the reasons [for giving birth at home] In 2020, there were five home births, if I'm not mistaken. One reason was that the husband hadn't come home yet and the mother could not wait any longer. Some also cited money issue. Some others just wanted to give birth at home. (In-depth interview, healthcare worker, 46 years old, 10 February 2021)

2. The low awareness of pregnant women and their families of the importance of MCH services

Pregnant women's level of knowledge and awareness of the importance of MCH services is relatively low. Many women did not give birth at a health facility because they wish to give birth at home. Moreover, this study discovers that some women did not take their newborn on care visits to a health facility. One of the reasons is a misconception that the baby is too small to take outside the house. This is strengthened by the belief held by a small number of mothers that a baby who is still under 40 days old must not leave the house. This is a belief held not only by the mother but also by the baby's grandmother who usually plays a big role in caring for the baby. Moreover, people wrongfully believe that a baby does not need to be taken to a health facility again before it is time for the second immunization, when the baby is one month old.

“... yes [the baby under one month old is not taken for a checkup] because the family is worried. The baby is still too small, and it is quite far... about one kilometer from the house to *posyandu*⁵ [integrated health service post] (In-depth interview, mother with a baby, 21 years old, 22 February 2021)

The pandemic has added more complexities to the issues related to childbirth and postpartum care services. Some of the pandemic-related factors that have affected these services are as follows.

1. Fear of COVID-19 infection

Even though the government has educated people about coronavirus, there are still misconceptions about COVID-19. Some pregnant women opted for giving birth not at a health facility because they were afraid of contracting the coronavirus. Some mothers also did not access postpartum services at a health facility even though the healthcare workers advised them to do so. The assumption that babies are more vulnerable to the infection has made them feel more discouraged to make newborn care visits than to make maternal care visits. It is a challenge for the *kabupaten* government and healthcare workers to keep encouraging mothers to access essential MCH services during the pandemic.

“The midwife asked me to come to check the suture, but I was afraid. So, I just bought some medicines. Thank God, it healed by itself. (In-depth interview, mother with a baby, 35 years old, 12 February 2021)

2. Lack of money to access postpartum care services

Another challenge faced by new mothers when accessing postpartum services is lack of money. Some mothers were not registered as participants of JKN-KIS or Jampersal. There were also mothers who moved in from another area, but have not reported to the first-level health facility (FKTP) at her new address; thus, they had to pay for the health services themselves. The cost for giving birth is usually quite high so that they do not have any more money when it is time for the maternal care visit. Moreover, many families experienced a drop of income because of the pandemic, which put a strain on their economic condition. Because of this, they decided not to make maternal care visits.

“ [The reason for not making a maternal care visit is] ... lack of money because we used up the money for the childbirth. (In-depth interview, mother with a baby, 21 years old, 17 February 2021)

RECOMMENDATIONS TO OPTIMIZE CHILDBIRTH AND POSTPARTUM CARE SERVICES IN KABUPATEN GOWA

To counter the problems related to childbirth and postpartum care services in Kabupaten Gowa, we recommend four main steps with the aim of creating an environment that can encourage pregnant women and mothers of newborns to go to health facilities to access both services.

1. Strengthen the role of village heads in the implementation of P4K

The health agency along with the community and village empowerment agency (DPMD⁶) needs to collaborate to reach out to and involve community figures that villagers trust and respect for the implementation of P4K. At the village level, the synergy can be created with a collaboration between *puskesmas*, village midwives, and village heads in monitoring and directing mothers with a baby to go to a health facility. As the leader in village development, village heads have a strategic role in encouraging the villagers to access health services (Walsh et al., 2018). Support from the village heads can help healthcare workers build close relationships with the people. The collaboration between village heads and healthcare workers is the key to ensuring that pregnant women always receive quality health services throughout their pregnancy.

2. Expand the partnership between midwives and traditional birth attendants in *puskesmas* in all areas

To support the implementation of P4K, some areas in Kabupaten Gowa have declared that giving birth with the help of a traditional birth attendant is prohibited. The health agency should expand the coverage of this good practice so that it will have a larger impact. For instance, all *puskesmas* in Kabupaten Trenggalek, East Java Province, have built a partnership between midwives and traditional birth attendants. This initiative has borne a positive result, namely an increase of 13.1% in the number of births handled by healthcare workers in the last ten years (2001–2011) in Kabupaten Trenggalek (Sulistiawan and Nurmallasari, 2014). If necessary, the partnership between midwives and traditional birth attendants can be legalized in the form of a regulation that clearly stipulates the duties and responsibilities of a midwife and a traditional birth attendant, such as Government Regulation No. 9 of 2018 in Kabupaten Sekadau, West Kalimantan Province.

3. Expand women's participation in JKN- KIS and Jampersal

As financial issues is one of the constraints faced by pregnant women in accessing MCH services at a health facility, the village administration, with the help of midwives and cadres, can collaborate to collect data on pregnant women who do not have social health insurance. They can be directed to register as JKN-KIS or Jampersal participants since the beginning of their pregnancy. Women who have

⁵ *pos pelayanan terpadu*.

⁶ Dinas Pemberdayaan Masyarakat dan Desa.

just moved in to a new area should be included in the monitoring by village administration, making sure that they have an active JKN-KIS card, which they can use at the nearest health facility.

4. Educate pregnant women and their families about MCH and COVID-19 by using a more personal approach

During the pandemic, healthcare workers need to work even harder to educate pregnant women and new mothers about the importance of accessing essential MCH services. In line with this, women and their families should also have proper understanding about COVID-19 to avoid misconceptions that often lead to fear of visiting a health facility. The health agency needs to make education material about COVID-19 a required component in MCH services given to women when they visit health facilities, including *posyandu*, from the beginning of the pregnancy until the postpartum period.

Healthcare workers can set aside a few minutes during each visit to give the women and the families a deeper understanding about the importance of MCH services and about COVID-19. This type of education requires a personal approach in order to have a larger impact (Suharsono, 2012). The messages conveyed can be adjusted to the background and condition of the women so that they can promote a change in habit. By putting to the fore an interpersonal communication approach, healthcare workers are expected to be able to foster a closer relationship with women so that they are more trusting toward the healthcare workers.

At present, each *kelurahan*⁷ in Kabupaten Gowa has a telemedicine program, called Safe Communication with Midwives (Komandan⁸). It is a consultation platform where women and midwives talk about pregnancy, childbirth, and child health. The Komandan program can also be used by healthcare workers, with the help of cadres, to broaden the coverage of the online education, using the voice call or video call feature. This way, healthcare workers can reach out to more women without having to meet them face-to-face. ■

⁷ A *kelurahan* is a village level administrative area located in an urban center.

⁸ Komunikasi Aman dengan Bidan.

LIST OF REFERENCES

- Dinas Kesehatan Kabupaten Gowa (2021) 'Data LB3 Kesehatan Ibu dan Anak' [Mother and Child Health Monthly Report 3 Data]. Unpublished document, Dinas Kesehatan Kabupaten Gowa.
- (2020) 'Data LB3 Kesehatan Ibu dan Anak' [Mother and Child Health Monthly Report 3 Data]. Unpublished document, Dinas Kesehatan Kabupaten Gowa.
- Hermiyati, Sri, Lukas C. Hermawan, Dedi Kuswenda, Lukman Hendro, Imran Pambudi, Wara Pertiwi, Yuli Farianti, Marliza Elmida, HM Tuah, Osman Saragih, Usman Sutopo, Anantha DT, Loesje Sompie, Adriati Adnan, J. Prastowo, Dwiati, Andy Yussianto, Savaart Hutagalung, Silfia Kijanto, Hartawan, Warman Soebadi, Hartono, Hamid Rijal, and Dina Bisara Lolong (2009) *Pedoman Program Perencanaan dan Pencegahan Komplikasi (P4K) dengan Stiker* [Guidelines for Birth Planning and Complication Prevention Program (P4K) with Stickers]. Jakarta: Kementerian Kesehatan [online] <https://kupdf.net/download/pedoman-p4k_5af687e6e2b6f5ac65d313ac_pdf> [1 October 2021].
- Pusat Kebijakan dan Manajemen Kesehatan, FK-KMK UGM (2020) *Data Layanan KIA* [MCH Service Data] [online] <https://pkmk-ugm.shinyapps.io/pulihcovid/_w_42650045/_w_246a963f/> [1 October 2021].
- Suharsono, Suharsono (2012) 'Peran Komunikasi Interpersonal dan Proses Sosialisasi dalam Meningkatkan Partisipasi Masyarakat Kota untuk Menciptakan Budaya Gaya Hidup yang Peduli Lingkungan' [The Role of Interpersonal Communication and Dissemination Processes to Increase Urbanites' Participation in Creating a Lifestyle that Cares for the Environment]. *Jurnal ULTIMA Comm* 4 (1): 86–94. DOI: 10.31937/ultimacomm.v4i1.428.
- Sulistiawan, Dedik and Nurmalasari Nurmalasari (2014) 'Program Kemitraan Bidan dan Dukun sebagai Good Governance Innovation Akselerator Pencapaian Millennium Development Goals (MDGs)' [Midwife and Traditional Birth Attendant Partnership Program as a Good Governance Innovation Accelerator for the Achievement of Millennium Development Goals (MDGs)]. *Media Kesehatan Masyarakat Indonesia* 10 (1): 21–29 [online] <<http://journal.unhas.ac.id/index.php/mkmi/article/view/474>> [1 October 2021].
- Walsh, Aisling, Anne Matthews, Lucinda Manda-Taylor, Ruairi Brugh, Daniel Mwale, Tamara Phiri, and Elaine Byrne (2018) 'The Role of the Traditional Leader in Implementing Maternal, Newborn, and Child Health Policy in Malawi.' *Health Policy and Planning* 33 (8): 879–887. DOI: 10.1093/heapol/czy059.
- Yusriani, Yusriani, Muh. Said Mukharrim, and Reza Aril Ahri (2019) 'Pelaksanaan Program Perencanaan Persalinan dan Pencegahan Komplikasi (P4K) melalui Peran Keluarga' [The Implementation of Childbirth Planning and Complication Prevention Program (P4K) through the Role of the Family]. *Jurnal Ilmiah Kesehatan* 18 (2): 49–58. DOI: 10.33221/jikes.v18i2.222.

Government Laws and Regulations

Kabupaten Sekadau Regional Regulation No. 9 of 2018 on the Midwife and Traditional Birth Attendant Partnership [Peraturan Daerah Kabupaten Sekadau No. 9 Tahun 2018 tentang Kemitraan Bidan dan Dukun Beranak].



The SMERU Research Institute is an independent research institute that conducts professional and proactive research and public policy assessment, and provides accurate and timely information using an objective analysis of various socioeconomic poverty problems that are considered urgent and important for the people of Indonesia.

Jl. Cikini Raya No. 10A,
Jakarta 10330 Indonesia

☎ 6221-3193 6336

☎ 6221-3193 0850

✉ smeru@smeru.or.id

🌐 smeru.or.id

📱 @SMERUInstitute

📍 The SMERU Research Institute

📱 @smeru.institute

Supported by:



The SMERU
Research Institute

Editor:
Wiwin Purbaningrum

Design & Layout:
Novita Maizir

©2022 SMERU

For other briefs &
reports, please visit
smeru.or.id.



The findings, views, and interpretations published in this policy brief are those of the author and should not be attributed to any of the agencies providing financial support to The SMERU Research Institute.

Suggested citation:

Anbarani, Maudita Dwi (2022) 'Creating an Environment That Supports Pregnant Women in Accessing Childbirth and Postpartum Care Services in Kabupaten Gowa during the COVID-19 Pandemic.' In *Study of Nutrition and Maternal and Child Health Services during the COVID-19 Pandemic: Kabupaten Gowa Series*. Policy Brief No. 2. Jakarta: The SMERU Research Institute.

For the digital version, add:

<<https://smeru.or.id/en/publication/study-nutrition-and-maternal-and-child-health-services-during-covid-19-pandemic>> [access date].



https://mediaindonesia.com/galleries/detail_galleries/18008-kegiatan-posyandu-di-masa-pandemi

IMPROVING THE HEALTH OF CHILDREN UNDER FIVE BY INCREASING THE UNDERSTANDING OF THEIR MOTHERS AND CREATING A SUPPORTIVE ENVIRONMENT

Maudita Dwi Anbarani

EXECUTIVE SUMMARY

Basic immunization and weighing services for children under five years of age in Kabupaten Gowa had faced several problems even before the coronavirus disease 2019 (COVID-19) pandemic. The main issues pertaining to both services are mothers' low participation in integrated health service posts (*posyandu*¹) and their lack of understanding of the importance of child health.

The COVID-19 pandemic has worsened the condition, causing a significant decline in basic immunization and weighing services, even though the provision of vitamin A has relatively been more stable. The temporary halt of *posyandu* activities and the fear of COVID-19 infection because of misconceptions and hoaxes have led to a decline in both services during the pandemic. To address these problems, we recommend the following steps:

- involve local actors, such as religious leaders, community leaders, and traditional birth attendants, to raise mothers' awareness of and compliance with the health services for babies and children under five;
- use a more personal approach with mothers of children under five and their families in disseminating information about MCH and COVID-19; and
- improve budget allocation for the supplemental nutrition extension program focusing on education and counselling (PMT extension²).

¹ pos pelayanan terpadu.

² pemberian makanan tambahan penyuluhan.

THE IMPACT OF THE COVID-19 PANDEMIC ON HEALTH SERVICES FOR CHILDREN UNDER FIVE

Before the pandemic, basic immunization and weighing services for children under five in Kabupaten Gowa have been facing several issues. The main issues include mothers' low level of participation in *posyandu* and their lack of understanding of the importance of child health services. The COVID-19 pandemic has worsened the condition, causing a sharp decline in both services at the beginning of the pandemic.

The temporary halt of *posyandu* activities in April 2020 and the fear of COVID-19, arising from the misconception and hoaxes circulating in the community, played a big role in the decline of basic immunization and weighing services for children under five during the pandemic (Figure 1; Figure 2). Since mid-2020, however, the implementation of both services started to improve. Weighing services saw an increase in August 2020; one of the reasons is that *posyandu* resumed the administration of vitamin A. Unlike the other two services, the vitamin A administration program continued to receive positive responses from the community in 2020. In August 2020, people started to adapt to the new habits brought by the pandemic, so the vitamin A administration program did not undergo much adjustment.

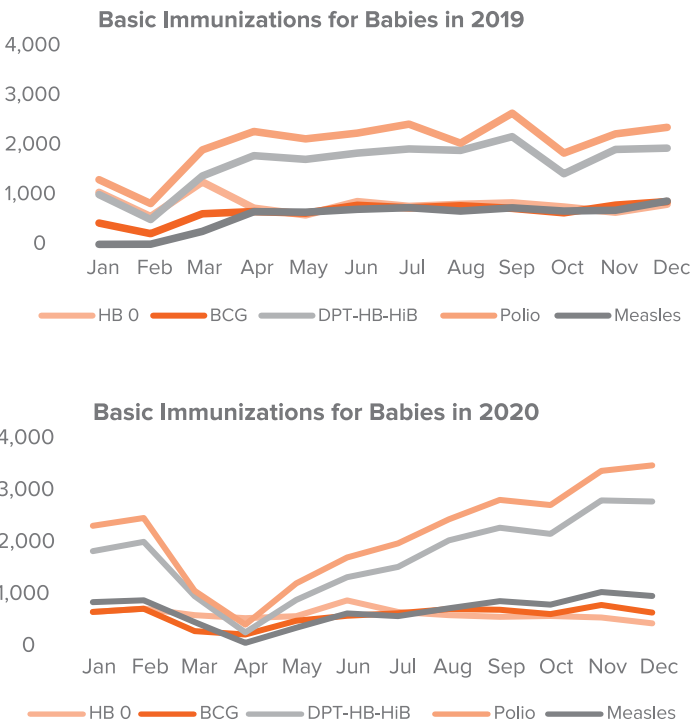


Figure 1. The number of visits of basic immunizations for babies per immunization type in Kabupaten Gowa (2019-2020)

Source: Dinas Kesehatan Kabupaten Gowa, 2021.

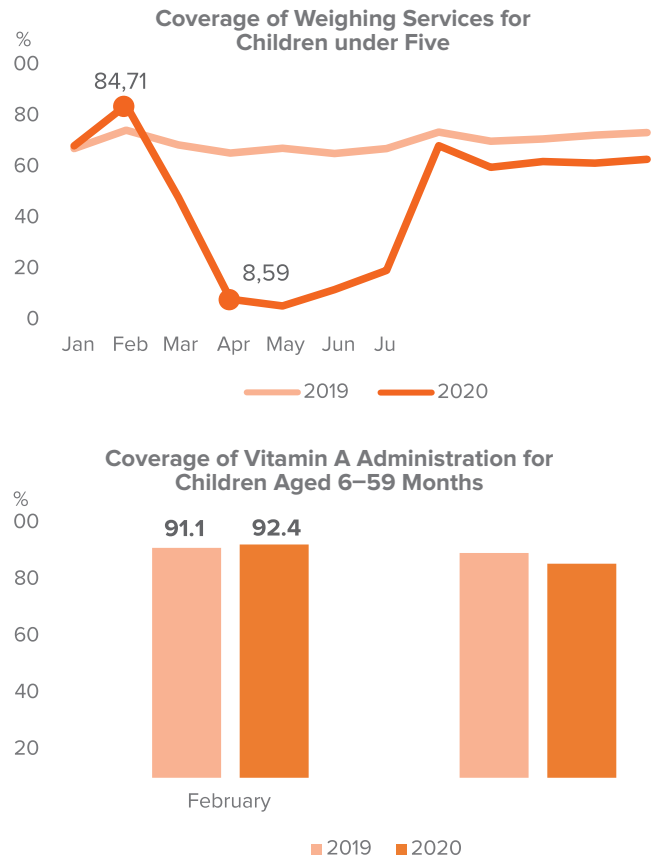


Figure 2. Coverage of weighing services and the vitamin A administration program for children under five in Kabupaten Gowa (2019-2020)

Source: Dinas Kesehatan Kabupaten Gowa, 2021.

STRUCTURAL CHALLENGES AND NEW CONSTRAINTS AS THE RESULT OF THE COVID-19 PANDEMIC IN HEALTH SERVICES FOR CHILDREN UNDER FIVE IN KABUPATEN GOWA

Below are some issues in health services for children under five facing Kabupaten Gowa.

1. A low level of participation in *posyandu*

The first structural issue facing Kabupaten Gowa is mother's low level of participation in health services for children under five. Mothers' participation in accessing child health services at *posyandu* was already low even before the pandemic. In 2019, only 70.16% of children under the age of five took part in the monthly weighing activity (Dinas Kesehatan Kabupaten Gowa, 2020). In 2020, the participation rate declined to around 46.93% (Dinas Kesehatan Kabupaten Gowa, 2021). The low participation rate was closely related to the insufficient incentive for the mothers to take their children to *posyandu*. Actually, the PMT extension is believed to be able to attract mothers to visit *posyandu*. However, the program, which budget comes from the Village Fund, is run only once every three months (quarterly).

“ ... sometimes the village midwife at *posyandu*, if there is some money, would give it to the cadres to make sweet mung bean porridge and the likes.... This is not routine, but it can encourage children to come to *posyandu*.... (Interview, *posyandu* cadre, 45 years old, 6 February 2021)

2. Lack of understanding of the importance of child health services

The second structural issue is the mothers' partial or lack of understanding about child health services. Actually, mothers generally understand the importance of weighing and basic immunizations, but their understanding is only partial. When a mother sees that her child has received all of the basic immunizations or if the child is over two years old, the mother tends to stop taking the child to *posyandu* even though healthcare workers and *posyandu* cadres have tried to raise their awareness. This is a cause for concern as the risk of stunting for children over two years old is higher than children under two years old. When a child reaches two years of age, they get less exclusive breast milk. If they do not receive nutritious foods to accompany breast milk, the risk of stunting is higher (Wali, Agho, and Renzaho, 2020).

Moreover, even though they know that basic immunizations are important, mothers and their families do not entirely understand that they should be given on time. From this study, we learn that some children did not receive complete immunizations and many of them received their immunization late. This was made worse by a misconception the families have. For example, the grandmother cannot stand seeing her grandchildren receive a shot or the father is reluctant to have his child inoculated because he was afraid that the baby would suffer from fever. Included in this misconception is the taboo or belief that a baby under 40 days old should not leave the house.

“ After the baby got complete immunizations, usually [the mother] would stop coming ... it could be because they think body weight is not a serious issue (Interview, healthcare worker, 39 years old, 1 February 2021)

3. Mothers worrying that they or the child will catch the coronavirus when accessing a health facility

Besides the structural issue, the COVID-19 pandemic has presented another set of challenges to health services for children under five in Kabupaten Gowa. Despite the efforts to disseminate information about COVID-19 and educate the people about the pandemic, various misconceptions held by people, including the mothers, continue to play a role in preventing the mothers from going to health facilities, including *posyandu*. For example, there was a hoax saying that some vaccines or basic immunizations contained coronavirus; some mothers did not want their child to be inoculated because of this hoax. This is a challenge that Kabupaten Gowa Government and healthcare workers have to deal with to encourage mothers to take their children to receive the needed and required health services.

“ ... [the reason for fearing to go to *posyandu*] because I was afraid there is virus in the vaccine they give to my child. (In-depth interview, mother with a baby, 26 years old, 7 February 2021)

RECOMMENDATIONS TO IMPROVE HEALTH SERVICES FOR CHILDREN UNDER FIVE IN KABUPATEN GOWA

To deal with the issues related with health services for children under five in Kabupaten Gowa, we recommend three primary steps with the aim of creating an environment that can encourage mothers to go to health facilities or *posyandu*.

1. Collaborate with local actors, such as religious leaders, community leaders, and traditional birth attendants, in an effort to raise mothers' awareness of and compliance with health services for children under five

The Government of Kabupaten Gowa needs to involve local actors in its health programs. Their involvement can help create an environment that supports the programs' success. Religious leaders occupy a strategic position in the community and are often regarded as role models. People tend to listen to them more and will want to follow their directions, including those about health (Heward-Mills et al., 2018).

Like religious leaders, community leaders are also an important element in shaping and maintaining the value and culture that the community holds. For example, in the Republic of Malawi, community leaders have played a vital role in helping to control the spread of HIV infection among adolescents by encouraging them to abstain from extramarital sex (Chimatiro, Hajison, and Muula, 2020).

Nevertheless, we need to understand that these local actors still need assistance from healthcare workers in relation to the knowledge of child health. The community leaders in Malawi, for example, admitted that sometimes they could not answer questions about health issues asked by the people (Chimatiro, Hajison, and Muula, 2020). That is why healthcare workers need to provide local actors who are engaged in health programs with knowledge of MCH to prevent the wrong information circulating in the community. In the COVID-19 era, they can do this online and in small groups. This is to ensure effective knowledge transfer from the local actors to the people.

2. Use a more personal approach to disseminate information about MCH and COVID-19 to the mothers and their families

During the COVID-19 pandemic, healthcare workers need to work harder to educate mothers and their families about the importance of accessing health services for children regularly and on time. Related to this, the mothers and their families should be given an understanding about COVID-19 to correct any misconception and counter hoaxes that often make people afraid to visit health facilities. Dissemination

materials can be included as one of the compulsory components in the services to be delivered to mothers when they come to a health facility or *posyandu*.

For the mothers with children under five who refuse to go to a health facility, healthcare workers—accompanied by a local actor—can reach out to them through home visits to disseminate information on MCH and COVID-19 in person. Such a personal approach is believed to be more effective in influencing the mothers and their families (Suharsono, 2012). The messages conveyed can be adjusted with the background and condition of the mother and the family to promote a change in habit. By putting to the fore an interpersonal communication approach, it is expected that the healthcare workers can gain the mothers' trust by having a closer relationship with them.

At present, each *kelurahan*³ in Kabupaten Gowa has an online consultation and counselling program, called Safe Communication with the Midwife (Komandan⁴). The Komandan program is a platform where women can consult a midwife about pregnancy, childbirth, and child health. The program can also be used by healthcare workers, with the help of health/*posyandu* cadres, to expand their dissemination by using the voice call or video call feature. Aside from disseminating information about COVID-19 and MCH services, healthcare workers can also disseminate information about the alternatives to the health facilities mothers can access during the pandemic. This is to anticipate the possibility that a *posyandu* is unable to operate or mothers wanting to visit a health facility which is less crowded and safer.

3. Increase budget allocation for the PMT extension

Up to today, the PMT extension has not run regularly because of limited funds which usually come from the village. The lack of supplies or varieties of supplementary foods may be one of the reasons why mothers were not too enthusiastic about going to *posyandu*. It is imperative that the village administration pay more attention to the PMT extension by allocating budget from the Village Fund each month for this program. The commitment of all parties is the

key to the success of this program. In a partnership program in a village in Kabupaten Tasikmalaya, for example, the consistent implementation of the PMT extension, in which more varied supplemental foods are provided, succeeded in raising the mothers' level of participation (Hidayanti and Maywati, 2019). As for the foods for the program, *posyandu* cadres can make use of local food resources available in the area. ■

LIST OF REFERENCES

- Chimatiro, Chancy S., Precious Hajison, and Adamson S. Muula (2020) 'The Role of Community Leaders on Adolescent's HIV and Sexual Reproductive Health and Rights in Mulanje, Malawi.' *Reproductive Health* 17 (66): 1–11. DOI: 10.1186/s12978-020-00917-8.
- Dinas Kesehatan Kabupaten Gowa (2021) 'Data LB3 Kesehatan Ibu dan Anak' [Mother and Child Health Monthly Report 3 Data]. Unpublished document, Dinas Kesehatan Kabupaten Gowa.
- . (2020) 'Data LB3 Kesehatan Ibu dan Anak' [Mother and Child Health Monthly Report 3 Data]. Unpublished document, Dinas Kesehatan Kabupaten Gowa.
- Heward-Mills, Nii Lante, Catherine Atuhaire, Chris Spoors, Ngambouk Vitalis Pemunta, Gunilla Priebe, and Samuel Nambile Cumber (2018) 'The Role of Faith Leaders in Influencing Health Behaviour: A Qualitative Exploration on the Views of Black African Christians in Leeds, United Kingdom.' *Pan African Medical Journal* 30 (199). DOI:10.11604/pamj.2018.30.199.15656.
- Hidayanti, Lilik and Sri Maywati (2019) 'Program Kemitraan Masyarakat: PMT Penyuluhan Pangan Lokal di Desa Sukarame, Kecamatan Sukarame, Kabupaten Tasikmalaya, Jawa Barat' [Community Partnership Program: The PMT Extension on Local Foods in Desa Sukarame, Kecamatan Sukarame, Kabupaten Tasikmalaya, West Java]. *Warta LPM* 22 (1): 38–46. DOI: 10.23917/warta.v21i2.7048.
- Suharsono, Suharsono (2012) 'Peran Komunikasi Interpersonal dan Proses Sosialisasi dalam Meningkatkan Partisipasi Masyarakat Kota untuk Menciptakan Budaya Gaya Hidup yang Peduli Lingkungan' [The Role of Interpersonal Communication and Dissemination Process to Increase Urbanites' Participation in Creating a Lifestyle that Cares for the Environment]. *Ultimacomm: Jurnal Ilmu Komunikasi* 4 (1): 86–94. DOI: 10.31937/ultimacomm.v4i1.428.
- Wali, Nidhi, Kingsley E. Agho, and Andre M. N. Renzaho (2020) 'Factors Associated with Stunting among Children under 5 Years in Five South Asian Countries (2014–2018): Analysis of Demographic Health Surveys.' *Nutrients* 12 (12): 1–27. DOI: 10.3390/nu12123875.

³ A *kelurahan* is a village level administrative area located in an urban center.

⁴ Komunikasi Aman dengan Bidan.

