



## Policy Brief

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

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# OVERVIEW

The coronavirus disease 2019 (COVID-19) pandemic has made the situation more challenging for those who need to access maternal and child health (MCH) services in Kabupaten (District of) Manggarai Barat. Even though the number of COVID-19 confirmed cases in this region was less than 75 throughout 2020, the regional government still implemented public activity restrictions. Health facilities must also observe the regulation; integrated health service posts (*posyandu*<sup>1</sup>) temporarily stopped operating and services at various health facilities were very limited.

With support from Knowledge Sector Initiative (KSI), The SMERU Research Institute conducted a study to measure the decline in the nutrition and MCH service achievement and the challenges faced by the Government of Kabupaten Manggarai Barat during the COVID-19 pandemic. The study used a qualitative approach through in-depth interviews with pregnant women and mothers of newborns and under-fives—hereafter women, community figures, *posyandu* cadres, healthcare workers, and Kabupaten Manggarai Barat Health Agency's staff members and officials. To support its qualitative findings, the study also analyzed data on nutrition and MCH routine visits and conducted an online survey.

The study discovers that there is a decline in the nutrition and MCH service achievement during the COVID-19 pandemic. Women have been reluctant to visit health facilities for fear of contracting the virus. As the pandemic has also affected people's economy and household welfare, money becomes an issue for women, especially in relation to seeking healthcare services. Moreover, there are structural challenges that have existed even before the pandemic, i.e., the women's weak understanding, insufficient support from the family, the difficulty of accessing certain areas, and the tradition that makes it hard for the women to visit health facilities. During the pandemic, educational activities have been limited to prevent crowds and lower the risks of COVID-19 transmission. At the same time, the communication style of healthcare workers to the people has not been able to promote sustainable changes in people's behavior.

Based on findings of the study, we developed three policy briefs according to the types of services: pregnancy care, delivery and postpartum care, and healthcare services for babies and children under five. In general, the recommendations of these policy briefs are focused on improving education for the women, their families, and the community by using the behavior change communication strategy and involving village-level driving actors, bringing MCH services closer to the women, and ensuring that more people participate in the National Health Insurance-Healthy Indonesia Card (JKN-KIS<sup>2</sup>) program. There is also a need to ensure that more health facilities become partners of the Health Social Security Implementing Agency (BPJS<sup>3</sup> Kesehatan). Improving data collection and program administration and strengthening technology-based innovation for MCH services also need to be done immediately, along with an expansion of internet coverage.

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<sup>1</sup> *pos pelayanan terpadu.*

<sup>2</sup> Jaminan Kesehatan Nasional-Kartu Indonesia Sehat.

<sup>3</sup> Badan Penyelenggara Jaminan Sosial.



<https://news.detik.com/foto-news/d-5693082/ekspresi-para-ibu-hamil-saat-disuntik-vaksin-pfizer/#zoom=1>

# ENSURING EASY ACCESS TO PREGNANCY CHECKUPS FOR PREGNANT WOMEN IN KABUPATEN MANGGARAI BARAT DURING AND AFTER THE COVID-19 PANDEMIC

Rika Kumala Dewi

## EXECUTIVE SUMMARY

Kabupaten (District of) Manggarai Barat recorded a low achievement in pregnancy care visits, and the number declined during the coronavirus disease 2019 (COVID-19) pandemic. Some pregnant women were reluctant to visit health facilities for fear of being exposed to coronavirus. Money has also been a major issue in relation to seeking maternal and child health (MCH) services as people's economy is heavily affected by the pandemic. Moreover, there are structural constraints that have been around even before the pandemic, namely the women's weak understanding of pregnancy signs and symptoms and the importance of pregnancy checkups as well as geographical challenges. Data on pregnancy care visits have also not been quite accurate, another issue that the Government of Kabupaten Manggarai Barat needs to pay attention to.

This policy brief recommends that the Government of Kabupaten Manggarai Barat (i) maximize efforts to educate pregnant women, their families, and the community about MCH; (ii) provide portable ultrasonography (USG) units at community health centers (*puskesmas*<sup>1</sup>), secondary *puskesmas* (*pustu*<sup>2</sup>), or village health posts (*poskesdes*<sup>3</sup>) in hard-to-access areas; (iii) increase people's participation in the National Health Insurance-Healthy Indonesia Card (JKN-KIS<sup>4</sup>) and encourage an expansion of the network of health facilities collaborating with the Health Social Security Implementing Agency (BPJS<sup>5</sup> Kesehatan); and (iv) strengthen evidence-based policymaking on pregnancy care services in Kabupaten Manggarai Barat with more accurate data.

<sup>1</sup> pusat kesehatan masyarakat.

<sup>2</sup> puskesmas pembantu.

<sup>3</sup> pos kesehatan desa.

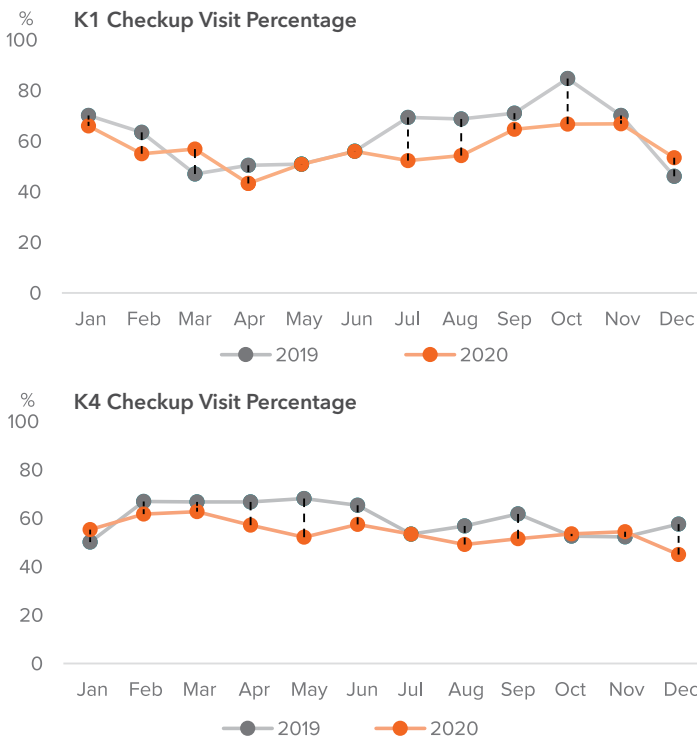
<sup>4</sup> Jaminan Kesehatan Nasional-Kartu Indonesia Sehat.

<sup>5</sup> Badan Penyelenggara Jaminan Sosial.

## IMPACT OF THE COVID-19 PANDEMIC ON PREGNANCY CARE SERVICES IN KABUPATEN MANGGARAI BARAT

Kabupaten Manggarai Barat has a low rate of first pregnancy checkup visit before K1 (or, before the pregnancy reaches its 12<sup>th</sup> week). The COVID-19 pandemic has worsened the situation; K1 checkup visit rate declined from 62.7% in 2019 to 57.3% in 2020. Similarly, the fourth checkup visit (K4) rate declined from 61.0% in 2019 to 54.0% in 2020. The declines happened mainly in the early period of the pandemic, and the condition started to improve in mid-2020 (Figure 1).

Figure 1. K1 and K4 Checkup Visit Coverage per Month in Kabupaten Manggarai Barat



Source: Dinas Kesehatan Kabupaten Manggarai Barat, 2020; 2021.

## CHALLENGES IN PREGNANCY CARE SERVICES IN KABUPATEN MANGGARAI BARAT, INCLUDING THOSE DURING THE COVID-19 PANDEMIC

The COVID-19 pandemic has given rise to a new set of challenges that further complicate the structural problems in pregnancy care services in Kabupaten Manggarai Barat. Some issues that require prompt responses from the government in order to improve pregnancy care services in the region are as follows.

### 1. Pregnant women's weak understanding of the importance of pregnancy checkups since its early period and insufficient efforts to improve their knowledge of MCH

In Kabupaten Manggarai Barat, not all women have sufficient understanding of the early signs and symptoms of pregnancy and the importance of pregnancy checkups. Some of them are not even aware of being pregnant and are thus failed to have pregnancy checkups during the first trimester. This is closely related to their weak understanding of changes in their body; irregular menstruation cycle; and the use of contraceptive pills not based on the instruction, leading to an unplanned

pregnancy. Being occupied with work (especially during 'the work season'), belief in the supernatural (the bulging stomach is caused by the supernatural factor, not pregnancy), and a sense of embarrassment to visit a health facility for being pregnant at an 'old age' are factors that make the women reluctant to check their pregnancy at a health facility.

There are programs to disseminate information and educate women about MCH, but the implementation has not been optimal. For instance, during the pandemic, the pregnancy class program had to be postponed, especially when there was a spike in COVID-19 cases in late 2020. Dissemination of information on pregnancy classes has also not been optimal as many women did not know about the program.

### 2. Access to pregnancy care services, especially the USG one, constrained by geographical challenges

In Kabupaten Manggarai Barat, there are several types of facilities where to go to seek pregnancy care services in the villages, including those in the island regions. They are in the form of *pustu/poskesdes*. However, some pregnant women still face difficulties in accessing the facilities. In remote areas, village-level health facilities are still difficult to access because of the wide area of the village, poor road condition, and long distance.

Pregnant women will have to deal with more challenges to seek pregnancy care services if, for example, they are referred by a *pustu/poskesdes* to have a blood test and USG scan at the capital of *kecamatan* (subdistrict) or *kabupaten*. In remote areas, during the wet season, people can only go along the roads on foot and, in the island regions, pregnant women cannot cross the waters because of the weather.

### 3. Access to full pregnancy care services constrained by money issue

Pregnant women also have to deal with money issue if they want to seek full pregnancy care services. There was a case of a pregnant woman who did not have JKN-KIS membership and had to delay a USG test because she did not have money. Another case was of a pregnant woman who had to borrow money for a routine checkup and a USG test. At the same time, of those who have JKN-KIS membership, many still have to pay for a USG test because the health facilities they visit are not in partnership with BPJS Kesehatan.

Nonmedical cost is also another issue. In the island regions, there is a tradition that a pregnant woman should be accompanied by her extended family to receive the USG service. This tradition places a burden on pregnant women because they have to prepare money for the transportation and accommodation of their family members who accompany them.<sup>6</sup> Such a burden feels heavier during the pandemic as the economy of the majority of households has been affected.

### 4. Some pregnant women fearing COVID-19 infection at health facilities

During the COVID-19 pandemic, some pregnant women were reluctant to visit health facilities because they were afraid of contracting the virus. The fear of visiting health facilities outside the village, such as *puskesmas* or hospitals, tends to be bigger than the fear of going to facilities in their own village, such as *pustu* or *poskesdes*. This happened especially because there were no confirmed COVID-19 cases in their village.

<sup>6</sup> Motorboat trips from one of the islands to Labuan Bajo or the other way around are not available every day. The return trip to the island is only available for the next day.

In several cases, this fear—worsened by a low level of understanding and geographical constraints—led to the women’s delaying their pregnancy checkup, blood test, and USG test recommended by their midwives.

“The fear factor is still quite prevalent. So, many pregnant mothers ... starting in July, August, when their pregnancy was in their second trimester, many just made their first checkup. (In-depth interview, a healthcare worker, 34 years old, 3 February 2021)

## 5. Pregnancy care service data not including checkups at private health facilities

In Kabupaten Manggarai Barat, pregnant women can seek pregnancy care services at hospitals, private clinics, *puskesmas*, or *poskesdes/pustu*. The problem with data on pregnancy care visits currently available is that they do not include the data on pregnancy checkups at private health facilities, such as a private clinic or a private physician practice. According to the healthcare workers, this issue has contributed to the low K1 and K4 checkup visit rates in Kabupaten Manggarai Barat.

## RECOMMENDATIONS TO OVERCOME THE CHALLENGES IN PREGNANCY CARE SERVICES IN KABUPATEN MANGGARAI BARAT

The following are some recommendations for the Government of Kabupaten Manggarai Barat to solve the problems in pregnancy care services, especially during the COVID-19 pandemic.

### 1. Maximize efforts to educate pregnant women, their families, and the community about MCH

Some of the efforts to educate pregnant women, their families, and the community about the importance of seeking MCH services are as follows.

- Ensure that the online pregnancy class program continues

During the COVID-19 pandemic, the pregnancy class program remains a necessity as it helps pregnant women acquire sufficient knowledge of pregnancy, childbirth, postpartum care for the mother and the baby, and pregnancy planning/ use of contraceptives. Even though healthcare workers have started sharing their contact numbers with pregnant women and collecting their numbers, there is practically no effort to provide systematic education using online media.

Pregnancy class can be held online using WhatsApp application. Village midwives can create WhatsApp groups based on the gestational age of the participating women, distribute learning material during the class, and encourage participants to share stories about their pregnancies. Whenever possible, they can use the video group call feature to organize the class.

The challenge in holding an online pregnancy class is the limited internet coverage in the region. The Kabupaten Manggarai Barat government needs to make an effort to expand internet coverage to facilitate more people to use internet services. For pregnant women who do not have a smartphone, or are in the area with poor network connection, offline classes can be held provided that there are no—or are only very few—COVID-19 cases in the area.

- Include MCH as a topic in the premarital counseling

Couples, even from the very beginning of their marriage, should already have a sufficient understanding of the importance of pregnancy checkups. That is why the health agency needs to work closely with the Religious Affairs Ministry Office (*Kankemenag*<sup>7</sup>) and the Population Control, Family Planning, Women Empowerment, and Children Protection Agency (*DP2KBP3A*<sup>8</sup>) of Kabupaten Manggarai Barat to include MCH as one of the subjects in the premarital counseling class.

- Collaborate with village-level driving actors to educate pregnant women, their families, and the community so that they leave the traditions that hinder pregnant women from seeking pregnancy health services

Healthcare workers need to collaborate with village-level driving actors, such as traditional birth attendants, village cadres, village officials and apparatus, community figures, and religious figures, to educate pregnant women, their families, and the community about the need to leave the traditions that can hinder pregnant women from seeking pregnancy care services. Healthcare workers should spearhead the move to develop a network of village-level driving actors.

Efforts to involve the community to encourage pregnant women to seek MCH services are not new in Kabupaten Manggarai Barat. The Labuan Bajo Puskesmas, for example, has initiated an effort to involve the community to encourage pregnant women to seek MCH services. With the Friends of the Family<sup>9</sup> program, people can inform healthcare workers if there is a pregnant woman who does not check her pregnancy at a health facility so that the village midwife can pay her a visit. However, this initiative still needs strong support that may take the form of empowering community figures, including midwives, and asking them to play an active role in encouraging pregnant women to adopt the new habit.

- Adopt the behavioral change communication strategy to support efforts to educate pregnant women, their families, and the community

Healthcare workers and the driving actors need to use the behavioral change communication (BCC) strategy in order for the education efforts to succeed. Based on the healthcare workers’ experience in Kabupaten Manggarai Barat, only giving information and evidence is not enough to make pregnant women want to go to a health facility. That is why healthcare workers and the driving actors need to develop a communication strategy to encourage pregnant women to go to a health facility for MCH services. They also need to influence pregnant women, their families, and the community to support the pregnant women to visit a health facility for MCH services. To influence pregnant women’s behavior, there needs to be two-way communication between healthcare workers and driving actors as they need to understand firstly the situations of the pregnant women. After that, they can design an intervention and communication strategy that fit the situation.

To support the effort, the Health Agency and the Community and Village Empowerment Agency (*DPMD*<sup>10</sup>) of Kabupaten Manggarai Barat need to work together to provide BCC training for healthcare workers and driving actors. Both agencies can also involve facilitators from behavioral change

<sup>7</sup> Kantor Kementerian Agama.

<sup>8</sup> Dinas Pengendalian Penduduk, Keluarga Berencana, Pemberdayaan Perempuan, dan Perlindungan Anak.

<sup>9</sup> Sahabat Keluarga.

<sup>10</sup> Dinas Pemberdayaan Masyarakat dan Desa.

training administrators, such as the Ministry of Health (the Health Promotion and Community Empowerment Directorate<sup>11</sup> and the Healthcare Human Resources Training Center<sup>12</sup>), communication experts, and healthcare workers/staff members of the Health Agency of Kabupaten Manggarai Barat or those from other cities/provinces that have participated in similar training and successfully implemented the strategy.

## 2. Provide portable USG units at *pustu/poskesdes* in hard-to-reach areas

As access to the *kecamatan's* capital is challenging, the health agency needs to consider providing portable USG units at village-level health facilities in remote areas, including the island regions. This policy aims at addressing the money issue and the pregnant women's reluctance to have a USG test for fear of contracting the coronavirus.

This policy will surely put more strains on the budget of Kabupaten Manggarai Barat government as there will be a need to procure the USG units, give training to healthcare workers on how to operate the devices, and develop a network that connects hospitals, clinics, or private physician practices so that they can read the result of USG tests efficiently. Therefore, the Kabupaten Manggarai Barat government needs to determine the priority areas/health facilities based on the available budget or manage the rotation for the utilization of USG units between health facilities.

## 3. Increase people's participation in JKN-KIS and the partnership between health facilities and BPJS Kesehatan in each *kecamatan*

People's participation in JKN-KIS and the availability of health facilities partnering with BPJS Kesehatan have a strategic role in improving pregnant women's access to MCH services (Suparmi, Maisya, and Lestari, 2019; Soewondo, Johar, and Pujisubekti, 2021). The health agency, DPMD, DP2KBP3A, social affairs agency, and BPJS Kesehatan in Kabupaten Manggarai Barat need to collaborate to disseminate information on JKN so that people will register as its participants. The social affairs agency also needs to allocate extra budget to cover the premium payment for the premium assistance beneficiaries (PBI<sup>13</sup>) who are affected by the pandemic, but whose data are still not recorded in the Integrated Social Welfare Data (DTKS<sup>14</sup>). As households' welfare tends to be dynamic, the social affairs agency needs to constantly monitor and update the socioeconomic status of PBI throughout the fiscal year to ensure the accuracy of the targeted subsidy.

From the supply side, the health agency, together with BPJS Kesehatan, needs to make sure that health facilities partnering with BPJS Kesehatan, such as clinics or private physician practices in each *kecamatan*, are available to

<sup>11</sup> Direktorat Promosi Kesehatan dan Pemberdayaan Masyarakat.

<sup>12</sup> Pusat Pelatihan SDM Kesehatan.

<sup>13</sup> penerima bantuan iuran.

<sup>14</sup> Data Terpadu Kesejahteraan Sosial.

provide USG services. To ensure that pregnant women who have JKN membership can enjoy the maximum benefit from the expansion of BPJS Kesehatan partnership, the healthcare workers need to encourage them to visit health facilities which are in partnership with BPJS Kesehatan.

## 4. Strengthen evidence-based policymaking on pregnancy care services in Kabupaten Manggarai Barat with more accurate data

Accurate data is a prerequisite for evidence-based policy planning and analysis. At present, however, there is no mechanism for ensuring that the data of pregnant women visiting private health facilities, such as a private clinic or a private physician practice, are recorded. So far, pregnant women having their pregnancies checked at a private clinic have been asked by the doctor to report to *pustu/poskesdes/puskesmas*. This mechanism cannot guarantee accurate data collection as it will rely heavily on whether or not the women follow the doctor's suggestion.

It is imperative that there be integration of pregnancy data collection between health facilities. The health agency needs to collaborate with the healthcare workers association in Kabupaten Manggarai Barat to formulate guidelines, directions, and strategies to collect data from various health facilities that provide MCH services. The health agency can develop a new health application which both public and private health facilities can utilize. ■

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# ENCOURAGING THE REALIZATION OF ALL PREGNANT WOMEN IN KABUPATEN MANGGARAI BARAT GIVING BIRTH AT HEALTH FACILITIES DURING AND AFTER THE COVID-19 PANDEMIC

Rika Kumala Dewi

## EXECUTIVE SUMMARY

During the coronavirus disease 2019 (COVID-19) pandemic, we have seen a downward trend in the achievement of childbirth services at health facilities. Even though the majority of births in Kabupaten (District of) Manggarai Barat happened at health facilities, the number of births at nonhealthcare facilities was not small. One of the reasons for the trend is the pregnant women's fear of contracting coronavirus and being tested positive for COVID-19 when visiting a health facility. However, some structural factors have actually played a major role. Pregnant women's understanding of and their family support for giving birth at a health facility are relatively low. The partnership program between traditional birth attendants and midwives has not come with the village governments' support to discourage pregnant women from going to a traditional birth attendant to give birth. There are also problems of difficult access to health facilities and maternity waiting homes not having been able to provide an effective solution. Money is also an issue when it comes to distance and tradition, i.e., the extended family accompanying a pregnant woman to go to a health facility. To encourage all pregnant women to give birth at health facilities, this policy brief recommends that the Government of Kabupaten Manggarai Barat (i) invite village-level driving actors to give education to pregnant women, their families, and the community in general; (ii) reformulate the maternity waiting home service scheme so that it is more pregnant woman-friendly; (iii) provide remote areas with health facilities and private practice midwives (BPM); and (iv) develop a community-based emergency transportation system with the financing to be sourced from the Village Fund and the regional budget (APBD<sup>1</sup>).

<sup>1</sup> anggaran pendapatan dan belanja daerah.

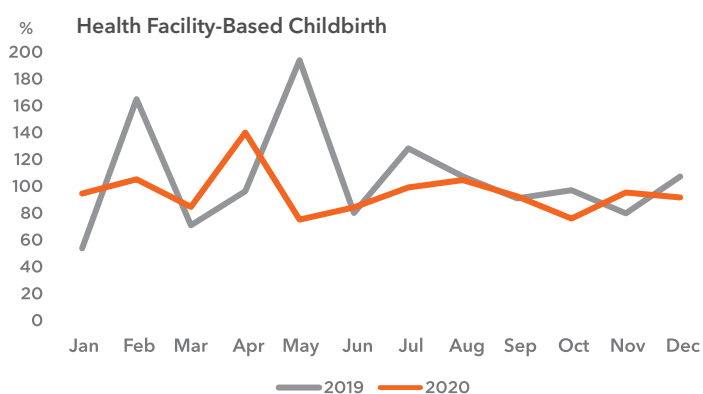


## IMPACT OF THE COVID-19 PANDEMIC ON CHILDBIRTH SERVICES IN KABUPATEN MANGGARAI BARAT

In Kabupaten Manggarai Barat, achievement of childbirth services at health facilities before the pandemic has been relatively high. During the pandemic, however, it suffered a slight decline. Based on Mother and Child Health Monthly Report 3 (LB3 KIA<sup>2</sup>), in 2020, 93.3% of births were handled at health facilities, showing a decline from 94.8% in 2019.

Even though the facility-based childbirth dominated, the number of births outside health facilities was not small. In 2019, a number of 261 births happened at nonhealthcare facilities, including at home. In 2020, the number rose to 323 cases. The monthly trend of health facility-based childbirth is presented in Figure 1.

Figure 1. The Coverage of Childbirth at Health Facilities<sup>3</sup> in Kabupaten Manggarai Barat, 2019-2020



Source: Dinas Kesehatan Kabupaten Manggarai Barat, 2020; 2021.

## CHALLENGES IN CHILDBIRTH SERVICES IN KABUPATEN MANGGARAI BARAT DURING THE COVID-19 PANDEMIC

Quite a number of mothers gave birth at nonhealthcare facilities because of several issues. Some of the issues had existed even before the pandemic, while the others were triggered by the pandemic.

### 1. Fear of contracting coronavirus and being tested positive for COVID-19 when visiting a health facility to give birth

The numbers of birth before and during the pandemic are not significantly different. However, some pregnant women are still afraid of contracting coronavirus or being tested positive for COVID-19 if they go to a health facility to give birth.

“ At that time [when giving birth to my first child in 2018] I didn't really panic, like now. But now, I am scared, thinking that in the hospital many people are infected. (In-depth interview, a pregnant mother, 27 years old, 10 February 2021)

Healthcare workers also identified the fear as the causing factor of the pregnant women's going to nonhealthcare facilities to give birth during the pandemic.

<sup>2</sup> Laporan Bulanan Kegiatan 3 Kesehatan Ibu dan Anak.

<sup>3</sup> The facilities include hospitals, community health centers (*puskesmas*), secondary *puskesmas (pustu)*, village maternity homes (*polindes*), and village health posts (*poskesdes*). The percentage of health facility-based childbirth is resulted from dividing the number of births at health facilities (numerator) by the number of the real monthly target (denominator).

Television is the main source of information about COVID-19 for women in Kabupaten Manggarai Barat. This fear may come from watching the television news that describes coronavirus as a deadly and highly infectious virus. Actually,<sup>1</sup> such fear is needed to help build a vigilant behavior. However, in order for the mothers to access MCH services during the pandemic, they need to have self-efficacy, i.e., confidence in self-ability to take precautions against COVID-19 (Kementerian Kesehatan, 2020). So far, education to increase people's self-efficacy against COVID-19 has been given in the form of advice to wear a face mask, practice social distancing, and wash hands with soap. Such advice was given by village apparatus and healthcare workers to anyone visiting a health facility, but there has not been any special effort to educate pregnant women about strategies to prevent COVID-19 transmission when seeking MCH services.

### 2. Weak understanding of and little support for pregnant women to give birth at health facilities, as well as women's weak position in decision-making

Not all pregnant women fully understand the importance of giving birth at a health facility. In some cases, they still believe that going into labor with the help of a traditional birth attendant is safe enough and refuse caesarean section—if there is an urgency to perform it—at a hospital, as they are more convinced with what a psychic says that they could give normal birth.

They are also in a weak position when it comes to decision-making. Decisions are made by the extended family, involving a traditional birth attendant. The process may take quite a long time, thus it might be too late to take pregnant women to a health facility.

Within the women's closest environment, the parents usually urge their pregnant daughters to go to a traditional birth attendant. Also, their husbands have not provided sufficient support. In remote areas, we found a case of a husband who chose to just be at home with her wife, waiting for her to give birth, as he had to work on the farm. In another case, a husband considered childbirth an ordinary event so that he did not feel the necessity to wait for the process at the maternity waiting home.

Midwives have tried to make home visits and/or telephone calls to encourage the pregnant women and their families in order that they give birth at a health facility. However, their communication strategy still relies on using threats to discourage the pregnant women from giving birth with the help of a traditional birth attendant.

This is the fifth, or maybe the fourth, child. All were born at home, helped by a traditional birth attendant. The other day, when she [the mother] came to *posyandu*, I asserted, "This time, I still give you services, weighing your child and giving her [or him] immunization. But the next time [you give birth with the help of a traditional birth attendant], I won't give you any services anymore. (In-depth interview, a healthcare worker, 50 years old, 17 February 2021)

On one hand, this sort of threat can produce the desired effect. On the other hand, such communication strategy will not generate sustainable awareness among the mothers, their families, or the community. Besides, the continuous use of this strategy can negatively affect children's access to basic health services.

### 3. Lack of support from the village government for the midwife-traditional birth attendant partnership program

This study finds that support from the village governments to encourage pregnant women to give birth at a health facility varies. Some villages strongly support the traditional birth attendant and midwife partnership program.<sup>4</sup> However, there are areas where the support is minimum. The village governments there have not taken concrete steps to encourage pregnant women to give birth at a health facility, so midwives tend to work all on their own in this endeavor.

### 4. High nonmedical costs

So far, there have been no complaints from the women about the cost of giving birth at a health facility.<sup>5</sup> However, they are mired in difficulties from nonmedical costs. In the island regions, due to the tradition, pregnant women have to think about the money for meal for their extended family who accompany them to a health facility. They will have to pay even more if they are referred to Labuan Bajo, as they have to pay for the transportation and accommodation of everyone of the family. Especially in the COVID-19 time, many pregnant women and their families suffer economically. These factors have caused the pregnant women to refuse to be referred to Labuan Bajo.

The high cost of transportation for referrals is also a problem. Actually, transportation for maternity referrals should use an ambulance. However, there was a case of the ambulance being unavailable when it was needed. At the same time, to rent a vehicle is expensive because of the long distance to the referral health facility. Because the family spent too much time discussing how to get the money, the newborn baby did not survive the journey to the health facility.

### 5. Difficult access and the maternity waiting homes that have not been responsive to the needs of pregnant women in remote areas

In Manggarai Barat, women can only give birth at a hospital, *puskesmas*, or *pustu*. If a village only has *poskesdes*, the delivery cannot be carried out in the village. This policy was made to ensure that pregnant women go to well-equipped health facilities to give birth. However, women, especially those living in remote areas, still have to travel a long distance to reach the facility. They may walk, ride a motorcycle, or even be carried on a stretcher to a health facility at the capital of *kecamatan* (subdistrict). This situation has contributed to the incidents of women delivering in the middle of the journey to a health facility. This has also contributed to the people opting for the pregnant women giving birth at home with the help of a traditional birth attendant, especially when there have been signs of labor in the evening. Traditional birth attendants can be found at every *dusun*<sup>6</sup> in remote regions of the study areas.

The government has actually provided maternity waiting homes at *puskesmas* and hospitals for pregnant women from remote areas. About a week prior to the estimated date of delivery (EDD), they are directed to stay at the waiting facility. Nevertheless, the utilization of the maternity waiting home is far from ideal. As mentioned earlier, this is because the families, especially the husbands, have not given optimum support to ensure that the pregnant women have a safe labor. Also there is a burden of nonmedical expenses for those from the island regions. Other factors are (i) inaccurate EDD,<sup>7</sup> (ii) incomplete information about the maternity waiting home that the pregnant women received,<sup>8</sup> (iii) higher expenses of staying at the maternity waiting home compared to that of waiting at their own home,<sup>9</sup> and (iv) nobody taking care of the children while the pregnant mother is at the waiting facility.<sup>10</sup>

In the island regions, pregnant women can give birth at their village as there is a *pustu* there. The challenge they face, however, is the lack of transportation for an emergency referral (water ambulance) to Labuan Bajo. This made it difficult for the midwives to refer the pregnant women, who were about to go into labor, or those in a postpartum emergency to a referral health facility, especially in the evening.

## POLICY RECOMMENDATIONS TO OPTIMIZE CHILDBIRTH SERVICES IN KABUPATEN MANGGARAI BARAT

This study recommends concrete measures as follows.

### 1. Recruit village-level driving actors to give education to pregnant women, their families, and the community during the pandemic

To encourage behavior change in pregnant women, their families, and the community about giving birth at a health facility and to boost the women's self-efficacy to visit health facilities during the pandemic, the Health Agency of Kabupaten Manggarai Barat needs to encourage healthcare workers to implement the two-way communication model aimed at behavioral change in their activities of giving education to the pregnant women, their families, and the community. For the initial step, the health agency needs to organize a training session on behavioral change communication for healthcare workers. Especially to boost mothers' self-efficacy, the agency should develop educational materials on strategies to prevent COVID-19 infection for mothers who are going to visit health facilities to receive MCH services, including the childbirth ones.

Healthcare workers cannot work alone in trying to change people's behavior. There should be driving actors, such as community figures, village apparatus, and traditional birth attendants, to collaborate with them in villages to encourage behavior change related to childbirth in pregnant women and the community. The health agency should also work with

<sup>4</sup> We found a fact of a village government working together with the midwife to monitor the pregnant women nearing their due date. The village government also actively encouraged the pregnant women to give birth at or ask for an early referral to a health facility. Furthermore, in certain areas, imposing fines to those who give birth with the help of a traditional birth attendant creates a deterrent effect to the mothers. There was also a case of a pregnant woman who initially went to a traditional birth attendant but was rejected; she finally gave birth at a health facility.

<sup>5</sup> The Government of Kabupaten Manggarai Barat has been able to overcome the problem of medical cost of giving birth through Jaminan Persalinan (Jampersal) or Childbirth Insurance program. The program helps pregnant women from disadvantaged families, especially those who are not yet registered as members of the JKN program.

<sup>6</sup> A *dusun* is an administrative area within a village, consisting of a number of neighborhood units (RT).

<sup>7</sup> Sometimes delivery took place ahead of EDD. In other cases, the pregnant women did not feel like waiting any longer at the maternity waiting home as their EDD had passed, yet delivery had not taken place.

<sup>8</sup> Some pregnant women have wrong understanding of the number of persons allowed to accompany them. There are also some women and cadres who do not even know that a maternity waiting home is available.

<sup>9</sup> Even though a pregnant woman can be accompanied by two people for free, only the woman's expense is covered during their stay at the maternity waiting home. Despite the fact that a kitchen is available at the waiting home, for the pregnant women, the expenses they have to pay during their stay there are still bigger than that if they stay at their own home.

<sup>10</sup> The regulation stipulates that no children are to stay at the maternity waiting home.

the community and village empowerment agency (DPMD<sup>11</sup>) to ensure village governments' support for the efforts of discouraging childbirth at nonhealthcare facilities.

## 2. Redesign the scheme for maternity waiting home service in order that it will be more friendly to pregnant women's needs

The health agency needs to reformulate the terms about the maternity waiting home so that this facility can attract pregnant women and their families more than their own homes do in relation to the waiting period prior to EDD. Problem analysis through discussions with healthcare workers at village level, cadres, village apparatus, and pregnant women from remote areas is needed to obtain a more complete picture of the kinds of maternity waiting home they want. So far, terms that may help encourage pregnant women to wait for their due date at the maternity waiting home are (i) assurance that they can be accompanied by more than one person, (ii) expenses being covered for themselves and their company, and (iii) the facility being child-friendly.

The health agency should also consider indicators other than EDD to determine when a pregnant woman can stay at the maternity waiting home. Recommendation from the midwife who has monitored the pregnant woman's condition every week since her ninth month of pregnancy can be used as another instrument to determine when the woman should stay at the facility. Furthermore, the agency should upgrade the healthcare workers' skills to determine EDD.

To make sure that pregnant women know about the maternity waiting home, the health agency should utilize multiple media (online and offline, such as social media, posters, and pamphlets) and involve multiple parties (*posyandu* cadres, village apparatus/figures, and traditional birth attendants) in disseminating information about this facility. The information should also be included in the MCH book.

## 3. Provide health facilities or BPM to help with childbirth in remote areas

To address issues related to access to health facilities, the Government of Kabupaten Manggarai Barat should consider sending BPM to remote areas. Even though BPM may not be an ideal way to help pregnant women with childbirth, in certain cases, there is at least a healthcare worker, and not a traditional birth attendant, to handle the childbirth.

For the medium term, the Government of Kabupaten Manggarai Barat needs to work together with the Government of East Nusa Tenggara Province to build more *pustu/polindes* that will provide childbirth services for people in remote areas. We cannot deny that setting up village-level *pustu* in remote areas not only will demand budget commitment for the facility and infrastructure for childbirth services, but will also require

<sup>11</sup>Dinas Pemberdayaan Masyarakat dan Desa.

<sup>12</sup>Program Desa Siaga.

that healthcare workers are available and willing to live in hard-to-access areas. The government needs to gradually make this happen, conducting priority analysis and mapping of remote areas that should be prioritized and designing an incentive scheme for healthcare workers so that they will be willing to be stationed in remote areas.

## 4. Develop a community-based emergency transportation system with the funding from the Village Fund and APBD

To address the issue of high-cost transportation and lack of means of transportation for emergency referrals from the island regions to Labuan Bajo, the community, under the direction of the village government, needs to develop an emergency transportation system, utilizing the resources available in the community itself. They can make village-level and inter-village emergency transportation systems by utilizing the villagers' private vehicles (motorboats/cars/motorcycles). To facilitate this activity, the government can reactivate the village vigilance program,<sup>12</sup> which is an effort to make the village have community-based readiness to mitigate health problems and disasters.

However, since many people have been negatively affected by the COVID-19 pandemic in terms of their economic condition, this village emergency transportation system should be made as low-cost as possible, or even free of charge. Even though the village can organize voluntary fundraising to support the program, the main source of funding should be the Village Fund and APBD. Therefore, there needs to be a specific regulation of the *kabupaten* head (*bupati*) to ensure the governments' budget commitments from *kabupaten* level all the way down to village level for this program. In line with this initiative, for the medium term, the Health Agency of Kabupaten Manggarai Barat should gradually work to provide a water ambulance, which specifically serves emergency referrals from the island regions. ■

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# ENSURING THAT CHILDREN UNDER FIVE YEARS OF AGE RECEIVE HEALTHCARE AND GROWTH AND DEVELOPMENT MONITORING SERVICES DURING THE COVID-19 PANDEMIC

Rika Kumala Dewi

## EXECUTIVE SUMMARY

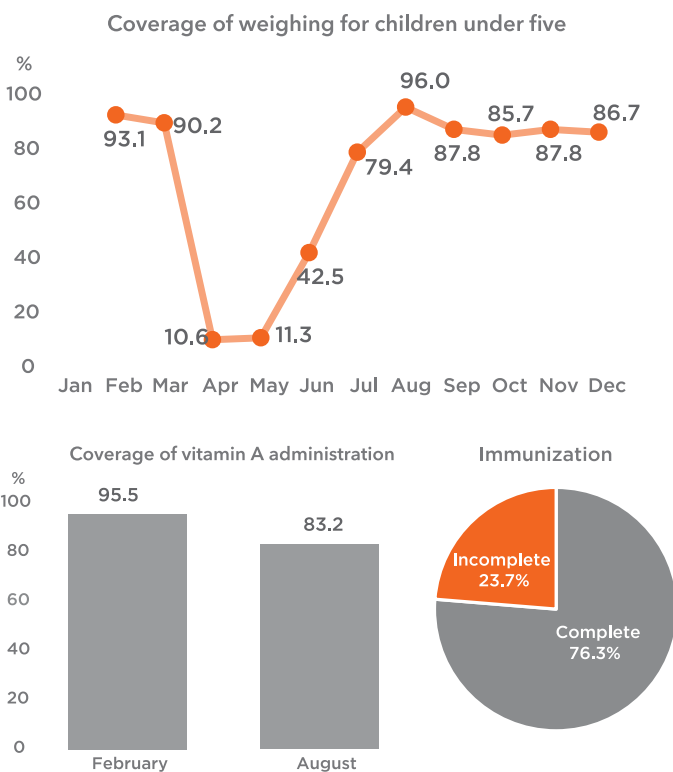
The coronavirus disease 2019 (COVID-19) pandemic has caused a decline in the achievement of healthcare services for children under five years of age. The fear of catching coronavirus at an integrated health service post (*posyandu*<sup>1</sup>), parents' weak understanding of and unfavorable attitude towards healthcare services for children under five, and dissemination of *posyandu* information that has not reached all segments of women are some factors that caused the decline. Efforts to control COVID-19 transmission have not been optimal because of people's weak compliance with health protocols. This policy brief recommends that the Government of Kabupaten (District of) Manggarai Barat (i) work on providing an education on behavior change for the people so that they will be willing—with strict observance of health protocols—to take their under-five children to health facilities to receive healthcare services during the pandemic; (ii) open *posyandu* activities twice a month, with the second day specifically allocated for child weighing; and (iii) disseminate information on *posyandu* activities by utilizing media that can cover wider areas.

<sup>1</sup> *pos pelayanan terpadu.*

# IMPACT OF THE COVID-19 PANDEMIC ON HEALTHCARE SERVICES FOR CHILDREN UNDER FIVE IN KABUPATEN MANGGARAI BARAT

The Ministry of Health has instructed that health interventions as well as growth and development monitoring of infants and under-five children, which consist of administration of vitamin A, immunization, and weighing, must continue in the time of COVID-19 pandemic. This is to ensure that children's health is maintained and early disruption to their growth and development can be detected. Immunization and vitamin A administration needs to continue during the pandemic with strict observance of health protocols, while for child weighing, mothers are advised to do it themselves at home.<sup>2</sup>

Figure 1. The Coverage of Childbirth at Health Facilities<sup>3</sup> in Kabupaten Manggarai Barat, 2019-2020



Source: Dinas Kesehatan Kabupaten Manggarai Barat, 2020; 2021a; 2021b.

In Figure 1, we can see progress of the achievement of healthcare services for children under five in Kabupaten Manggarai Barat during the pandemic in 2020. Even though the number of COVID-19 cases in Kabupaten Manggarai Barat at the beginning of the pandemic was quite low (only 16 cases from March until June 2020), the regional government decided to stop all *posyandu* activities to control the spread

of coronavirus. During the period of *posyandu* closures, the coverage of child weighing showed a rapid decline. The percentage, however, improved and reached its peak in August 2020, which was the month for vitamin A administration; at the time, it reached 96%. After that, however, the percentage once again declined and then remained quite stable at 85%–87%. During the *posyandu* closures, community health centers (*puskesmas*<sup>3</sup>) still provided immunization services. Besides *puskesmas*, secondary *puskesmas* (*pustu*<sup>4</sup>) and village health posts (*poskesdes*<sup>5</sup>) also remained operational for this purpose. Nevertheless, the percentage of children under five who received basic immunizations completely in 2020 was only 76.3%.

## CHALLENGES IN HEALTHCARE SERVICES FOR INFANTS AND CHILDREN UNDER FIVE IN KABUPATEN MANGGARAI BARAT DURING THE COVID-19 PANDEMIC

*Posyandu* provide most of the healthcare services infants and children under five need. The challenges facing mothers and their children to come to *posyandu* have a large impact on the achievement of healthcare services for infants and children under five. This policy brief focuses on the discussion of the challenges in access to healthcare services for infants and children under five in the time of COVID-19 pandemic.

### 1. Weak compliance with health protocols at *posyandu*

In the time of COVID-19 pandemic, discipline in following health protocols during *posyandu* activities can play an important role in controlling the spread of coronavirus. However, it turns out that the practice has been far from ideal. Even though there were efforts to follow health protocols<sup>6</sup> during *posyandu* activities, many mothers did not wear a face mask properly<sup>7</sup> and still huddled together.

“Around 50% of the mothers covered their nose and mouth with their [Muslim] veil because they forgot to bring a face mask .... The midwife wouldn't let them in if they only used their veil to cover their nose and mouth. Or, they might borrow a face mask from someone who was done and ready to go home so that they were allowed to enter [the *posyandu* area]. If they used their veil only, they were usually scolded. But, what could they do, it was too far to go back home and get a face mask. (In-depth interview, a mother just giving birth, 27 years old, 11 February 2021)

In the villages with no COVID-19 cases, mothers usually had a low risk perception of possible infection when they visited village-level health facilities, including *posyandu*. This contributed to the mothers' lack of vigilance when they visit *posyandu*. *Posyandu* cadres also could not be expected to act as overseers of health protocols because of limited human resources.<sup>8</sup>

<sup>2</sup> Directives from the Ministry of Health are stated in Guidelines for Nutrition Services during the COVID-19 Emergency Period (Kementerian Kesehatan, 2020a), Guidelines for Healthcare Workers on Healthcare Services for Children under Five during the COVID-19 Emergency Period (Kementerian Kesehatan, 2020b), and Technical Guidelines for Immunization Administration during the COVID-19 Pandemic (Kementerian Kesehatan, 2020c).

<sup>3</sup> *pusat kesehatan masyarakat*.

<sup>4</sup> *puskesmas pembantu*.

<sup>5</sup> *pos kesehatan desa*.

<sup>6</sup> *Posyandu* is held at an open/wide area and comes complete with a visit schedule, a poster on the maximum number of people allowed to enter the examination room, hand washing facilities, and a reminder that *posyandu* administrators only serve visitors who wear a face mask.

<sup>7</sup> According to the informants (mothers) from several study areas, between 20% and 50% of the mothers did not wear a face mask at *posyandu*. Sometimes they used their [Muslim] veil to cover their nose and mouth, wore a face mask only when they were about to receive treatment, or even borrowed another mother's face mask.

<sup>8</sup> Cadres could not effectively conduct monitoring in areas with many under-five children. Only five health cadres were assigned to *posyandu* event at any given time and each had their own tasks. Moreover, in each *posyandu* event, not all cadres might be present. Nevertheless, in one study village, the researchers found a good practice that the village apparatus participated in overseeing people's compliance with health protocols at *posyandu*.

In remote areas, the geographical conditions present more challenges in relation to the observance of health protocols. Mothers who did not wear a face mask in those areas still received a service as it was impossible for the *posyandu* cadres to ask them to go home to get their face masks.<sup>9</sup>

There is also a problem of limited facilities and infrastructure. The protocol of washing hands with soap could not run well because there was no clean water facility.<sup>10</sup> For child weighing activity, the ideal one is to use digital scales as the risk of coronavirus infection is lower this way. However, there were only a limited number of digital scales available, so most *posyandu* still used an analog hanging scale. They have been instructed to use different pieces of cloth for each child. However, it is impractical as it takes too much time, especially as it means that *posyandu* cadres have to keep re-calibrating the scale and there are too many children to weigh each time.

## 2. Fear of contracting coronavirus

Some mothers were afraid that they might catch coronavirus at *posyandu*. There were cases of mothers who were afraid ending up not taking their child to *posyandu*. Sometimes the husband, or other family members, also did not want their child to be taken to *posyandu*.

“It has been two months since the last time I took my child to *posyandu*. Knowing that many medical staffers are exposed to coronavirus makes me afraid. (Online survey, a woman, 34 years old)

Some mothers, however, still visited *posyandu*, even though they were afraid of contracting the virus. This does not necessarily mean that they have better understanding of the importance of *posyandu* services; sometimes they were just afraid that the midwife would have reprimanded them if they had not come.

I'm afraid of coronavirus, but I still go and follow *posyandu* activities. If we don't come to *posyandu*, we will be reprimanded by the midwife. She will ask why we didn't come to get our vitamin. (In-depth interview, a mother with an under-five child, 21 years old, 13 February 2021)

## 3. The perception and attitude of the mothers and other family members not yet being able to guarantee the under-five children's access to healthcare services

In Kabupaten Manggarai Barat, the mothers were enthusiastic about receiving vitamin A for their children. This can be seen from the higher number of children under five being present at *posyandu* during the “vitamin A months” (February and August), compared to that of the other months.

Mothers' enthusiasm for and awareness of participating in child weighing and immunization activities were still low. In fact, there were cases of children not being inoculated as the mothers thought that immunization was unnecessary. There was also a belief among the mothers that, after receiving complete immunizations, a child no longer needs to be taken to *posyandu*.

Besides the perception above, this study also learns that there was a lack of support from the mothers or other family members to seeking healthcare services for their children. The parents did not take their children to *posyandu* as they were busy working and taking care of household chores. Sometimes, when there was a schedule for *posyandu* activities, the parents just happened to take the child going out to the sea. Also, if there happened to be an invitation to an event on the “*posyandu* day”, the parents would not take their child to *posyandu*.

## 4. Dissemination of information about *posyandu* not yet reaching all mothers

From the online survey, the researchers found out that some mothers did not take their children to *posyandu* because they did not know the schedule. The method used for disseminating information about *posyandu* in the region still could not reach all mothers because it tended to be sporadic. It relied on word-of-mouth information from the cadres and midwives. Furthermore, some villages utilized mosque's loudspeaker to announce the *posyandu* schedule and some other announced during that month's *posyandu* activities the schedule for the next month. In some cases, mothers contacted the midwife to ask about the schedule.

## RECOMMENDATIONS TO IMPROVE HEALTHCARE SERVICES FOR INFANTS AND CHILDREN UNDER FIVE IN KABUPATEN MANGGARAI BARAT

### 1. Improve the efforts to educate the community by using the behavioral change communication (BCC) strategy and involving village-level driving actors

Healthcare workers need to educate the community in a more systematic way. They can do this by involving village-level driving actors to help influence the mothers and other family members so that they will be willing to take their under-five children to health facilities to receive healthcare services. Such education is needed to intervene the caregivers' behavior which belongs to one of the two extremes: (i) not taking their children to health facilities for fear of catching coronavirus and (ii) taking their children to health facilities but disregarding health protocols.

Because giving information and evidence sometimes are not enough to ensure that the mother/the family will take their child to a health facility, healthcare workers, together with the village-level driving actors, need to apply a two-way communication strategy aimed at changing the behavior of the people. The objective is to understand the factors that cause the mothers/family members to not take their child to a health facility. Understanding these inhibiting factors can help healthcare workers and village-level driving actors to formulate communication strategies that help generate an enabling environment for the children to receive healthcare services at *posyandu* with strict observance of health protocols.

To do this, for the initial step, the health agency, working together with the community and village empowerment agency (DPMD<sup>11</sup>), needs to provide BCC training for healthcare

<sup>9</sup> The distance between the *posyandu* location and the mothers' houses is quite far, so they might not return if they were asked to go home to get their face masks.

<sup>10</sup> The clean water source is far from the *posyandu* location. Mothers had actually been asked to bring a bottle of water for themselves, but sometimes they forgot, so the rate of washing hands with soap at *posyandu* tended to be low.

<sup>11</sup> Dinas Pemberdayaan Masyarakat dan Desa.

workers and village-level driving actors. They can collaborate with BCC training administrators, such as the Ministry of Health (the Health Promotion and Community Empowerment Directorate and the Healthcare Human Resources Training Center), communication practitioners, and healthcare workers who have previously participated in similar training or implemented BCC in their work.

At the same time, the health agency and DPMD also need to make a series of technical interventions to create an enabling environment for healthcare workers, driving actors, and the mothers/family members to ensure children's access to healthcare services for infants and children under five. So far, the research team has identified the following support interventions to be made.

- a) The health agency prepares technical guidelines to ensure that healthcare workers and *posyandu* cadres organize activities that are safe from COVID-19 transmission. One of the subjects to be discussed is the use of different piece of weighing cloth for different child.
- b) The health agency and DPMD allocate the budget for face masks (especially for hard-to-access areas), as well as other sanitary and health equipment, for *posyandu* activities.
- c) Village governments mobilize the villagers to provide clean water for *posyandu* activities.
- d) Village governments monitor people's compliance with health protocols at *posyandu*.

## 2. Open *posyandu* twice a month

The Government of Kabupaten Manggarai Barat have tried to boost the achievement of immunization and vitamin A administration for children under five who are not taken to *posyandu*. To do this, *posyandu* cadres are mobilized to collect data on children that have not received their immunization shots and vitamin A. They go to the children's family's home and give vitamin A. Children under five who have not received immunization shots are directed to receive them in *pustu*, *poskesdes*, or *puskesmas*. The frequency of immunizations at *puskesmas* is increased from once a month before the pandemic to once a week during the pandemic. For child weighing, there is currently no alternative strategy to boost the service to cover those children not taken to *posyandu*.

In response to the absence of these children because their parents are busy on the *posyandu* day and many families not having their own scales at home, the health agency needs to issue a policy to open *posyandu* twice a month. The first day is used for regular *posyandu* activities, while the second day is specifically allocated for weighing the children who missed the regular schedule. Because Kabupaten Manggarai Barat is one of the regions with the high number of stunting cases in Indonesia, ensuring that each child's growth and development is closely monitored is a crucial step to address malnutrition from the very beginning.

## 3. Disseminate information about *posyandu* activities through media with wider coverage

With the current method of disseminating information, there are still mothers who do not know the schedule for *posyandu* activities. This method should still be used; however, the health agency needs to adopt other methods, such as using media with wider coverage. Publications through the village website and social media, as well as putting up posters/banners at strategic points around the village, are some alternatives that can be chosen. The content can be about invitation to participate in *posyandu* activities, along with its routine schedule and location of the event. In case there is an emergency and once again *posyandu* needs to be closed down, the health agency needs to inform the villagers the alternatives they can go to for healthcare services. ■

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