



Implementation of Mobile Posyandu During Pandemic Covid 19

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Abstract: The Indonesian government has decided that the Corona virus disease 2019 (covid 19) as a pandemic disaster. This decision is followed by applying effort to cut off the spreading of the virus through the implementation of social distancing, restricted traveling, isolation, preventing public ocation, closured public services and limiting the using of public facilities. This condition has serious impact on the implementation of public service such as integrated healthcarecenter (Posyandu), public health center (Puskesmas) and the using of public health facilities as well. Most parents worriedand hesitated about to visit Posyandu to do general health check up of their children. And also there are only view employess and administration staffs coming to the office. Some officer and medical staffs also are less. Nevertheless, the goverment (the minister of health) has provided a technical guide to the Puskesmas and Posyandu to run the health activityservices during the pandemic, so that the health services that can be done to the children and mother, still can be done bythe program of “mobile posyandu”. The study aim to discuss the implementation of posyandu services in the time of pandemic through the operation of mobile posyandu. This study focuses on the services of mobile posyandu and held in 8 different places at Lemah Mulya Village District Majalaya Karawang West Java. The study is using a qualitative methodand the data collections is held by holding interviews, observation, focus group discussion (FGD) and litelature study. The result showed that the implementation of mobile Posyandu during the covid 19 pandemic is quite positive and has been done by rescheduling and delivering tasks and duties into each group and each Posyandu volunteer. So that the services of good health for children and mother can stil be done and going on with the strict imposement of health protocol within the pandemic.

Keywords: Mother and child healthcare, Mobile posyandu, Covid 19

1. INTRODUCTION

Posyandu is a form of community-based health efforts that are managed from, by, for and with the community and provide convenience to the community in obtaining basic health services for mothers, toddlers and children. The basic role of Posyandu as agents of social change. These social changes are in the form of changes in people's perspective on health, especially maternal and child health, monitoring of child development, and detection of disease since the beginning (Saepudin: 2017). The community's perception of the posyandu program is quite positive, this can be seen from the high participation of the community in the program. Posyandu has an important role in improving health, especially for mothersand children through the health service process. One of the biggest changes is the change in the perspective of treatmentand health, which was previously alternative to medicine and medical health.

Posyandu has a strategic role in achieving the government program in providing services to the wider community at the same level as empowering the community, especially mothers who have the potential and interest in implementing public health services, especially for mothers and children. Basically, the mother and child health program is a development program to reduce maternal mortality, infant mortality, and toddler mortality (Yafie & Haqqi, 2019). This is a collective responsibility to achieve the posyandu program in a village in order to achieve the posyandu program optimally, supported by the participation of posyandu cadres in public health activities including: maternal and child health service activities, family planning services, immunization services, nutrition services, and management services for diarrhea and other infectious diseases. The role of posyandu cadres in health development is quite high, this can be seen from the level of activity and program targets. Obstacles faced by cadres in carrying out posyandu activities are: the cadres' low level of education and have not received training on their duties as cadres. This is a very serious concern for local and central governments, so that they can provide motivation and appreciation for posyandu cadres so that they have a strong will and intention to jointly provide health services for the community villages and realize the posyandu program in their environment.

But the challenge is getting bigger in the middle of 2020, the whole world is hit by the Covid-19 pandemic, where it is spread and transmitted between people. so that the range of activities that involve many people is very limited. central government through regulating all activities related to public services in the world of health, education, worship, carried out according to the rules of self prioritizing and family. Likewise with general public service activities including posyandu services which are routinely carried out every one to three months. and this cannot be carried out freely. so that local governments must carefully consider the implementation of posyandu in each village by always implementing health protocols such as washing hands with soap, maintaining distance from people, and wearing masks.

This study aims to determine how the health services for mothers, babies, and toddlers during the pandemic in the village of Lemah Mulya, Majalaya sub-district, Karawang district by implementing the mobile posyandu program.

2. MATERIALS AND METHODS

The approach used by researchers in this research is descriptive research with a qualitative approach. Sugiyono (2017:2) explains that the research method is basically a scientific way to obtain data with specific purposes and uses. Qualitative research does not only describe data, but the description is the result of data collection that has been done either through literature studies, in-depth interviews, or documentation studies. Then Sugiyono (2011: 13) explains that qualitative research methods are defined as research methods based on the philosophy of positivism (truth is based on the essence in accordance with the nature of the object and the truth is holistic), which is used to research on natural objects (as opposed to experiments) where the researcher is the key instrument, the data collection technique is done by triangulation (combined), the data analysis is inductive / qualitative, and the results of qualitative research emphasize the meaning rather than generalization. Data collection is not guided by theory, but is guided by facts found during field research (Sugiyono, 2013: 223). Using a descriptive research method with a qualitative approach in this study in order to provide an overview of how the application of "Mobile Posyandu" during the Covid-19 Pandemic.

The data analysis process in this study used Miles and Huberman model data analysis method (in Sugiyono, 2014:246) divided into 3 (three) activities, namely data reduction, data display (data presentation), and conclusion drawing

and verification. Data reduction is an electoral process, focusing attention on simplification, transformation of abusive data that arises from records while researching in the field. The purpose of data reduction is to choose which information is considered to be in accordance with the problems that occur in field research. Data obtained at the research site (field data) is set forth in a complete and detailed description or report. The field report by researchers in reduction, summarized, selected the main things, and focused on the important things and then searched for themes or patterns.

Data Presentation

After the data is reduced, the next step is to present the data into a pattern that is done in the form of briefs, charts, graphs, matrices, networks, and charts. If the patterns found have been supported by data during the study, then the pattern has become a standard pattern that will then be presented in the final report of the research. Based on the theoretical framework and interview guidelines, researchers compiled an initial framework of analysis as a reference and guidelines in presenting data. Referring to these guidelines,

the researchers then reread the interview transkrip and did coding as well as conducting data selection relevant to the subject matter. The relevant data code and brief explanations are then grouped and categorized based on the analysis guesses that have been created. This is taken to determine whether the data obtained can answer the formulation of research problems.

Verification

Draw conclusions / verification that is looking for the meaning of explanation patterns, possible configurations, causal flows and propositions. Verification in qualitative research data is carried out continuously throughout the research process takes place from the beginning of entering the field and during the data collection process, researchers try to analyze and look for the meaning of the data collected.

Research Location and Time

The research location is in The Village of Lemah Mulya Majalaya District, Karawang Regency. Lemah Mulya Village is the Regional Expansion Village of Bengle Village, the expansion occurred in 1979. On September 14, 1979, an expansion village government was officially established in Tegalwaru Dusun Belendung. In 1980, the villagers wanted the name of the village to be Karangmulya Village and submitted it to the provincial level. Lemah Mulya Village has 8 Posyandu namely Posyandu Cempaka I, Cempaka II, Cempaka III, Cempaka IV, Cempaka V, Cempaka VI, Cempaka VII, Cempaka VIII.

3. RESULT

The government has designated Coronavirus Disease 2019 (COVID-19) as a non-natural disaster in the form of an outbreak/pandemic, this determination is followed by efforts to prevent the spread of the coronavirus through social restrictions including crowd restrictions, travel restrictions, the enforcement of isolation, delays and cancellations of events, as well as the closure of facilities and public service arrangements. This condition also affects the schedule and procedures of health services for mothers, children and toddlers both in posyandu, puskesmas and other health facilities. A number of parents are worried to check the health of their infants and toddlers not a few health workers are hesitant in conducting immunization services in the midst of the COVID-19 pandemic, it could be due to ignorance or because there are no technical guidelines available. Surely this

will be a double burden for people and countries in the midst of the ongoing COVID-19 pandemic. The Central Government in this case the Ministry of Health socializes how the implementation of health services for Mothers, Children and Toddlers through Posyandu Keliling / Mobile Posyandu. Based on risk assessment and mapping, recommendations for the sustainability of health services can be:

- a. Health services for mothers, children and toddlers are carried out with a choice of places: Posyandu, Puskesmas and other health facilities, Posyandu and mobile health centers.
- b. Health services require officers (assisted by health cadres) to record children who have not received health services to be prioritized at the first opportunity health services can be provided. In posyandu, puskesmas and other health facilities that usually provide services can still be carried out according to health schedules and protocols and maintain a safe distance of 1-2 meters. To improve the reach and quality of services for people in the working area of puskesmas that have not been reached by services in the puskesmas building for various reasons, such as difficulty in running health services in health centers or posyandu or public doubts to bring to the health center because of fears of COVID-19 transmission, it can be done mobile health services in the form of mobile posyandu activities.

Posyandu is one of the health efforts that have community resources from, for and with the community in obtaining basic health services to reduce the Maternal Mortality Rate (MMR) and the Child Mortality Rate (AKA). In the implementation of the Posyandu program activities, it is inseparable from the role of Posyandu cadres who come from women in the community. Posyandu cadres who come from the local community are willing and able to volunteer to carry out tasks at the posyandu and have received training on "health care services for community". Posyandu activities in Lemah Mulya Village, Majalaya Subdistrict, in the midst of the Covid-19 virus outbreak, are still ongoing, but by following the directions and health protocols set by the Health Office and the Government of the Republic of Indonesia. However, in the midst of the Posyandu activities in Lemah Mulya Village, Majalaya District, there are still obstacles in its implementation.

In implementing Posyandu in Lemah Mulya there are still obstacles, namely: it has not been fully implemented due to the pandemic. Posyandu activities in Lemah Mulya were divided into eight groups where during the Covid-19 pandemic conditions were forced to temporarily stop several activities at the Posyandu. However, from the local government, in this case the health office, allows the implementation with limiting restrictions according

to the health protocol regulations. Implementation Posyandu during the pandemic was designed by implementing a mobile phone network. The time and place were adjusted to the distance and place of residence of the people where they lived. The cadre in charge numbered five people and arranged for the arrival of the mother and child in turns every 20 minutes, so that there was no crowd.

Obstacles that occur in the implementation of the "Mobile Posyandu" activity in Lemah Mulya Village, Majalaya District are lack of facilities and infrastructure. When the posyandu is carried out, there were still many tools that did not support the implementation of the posyandu. For example, there are still insufficient scales and height measuring devices. Of the total 8 posyandu in Lemah Mulya Village, Majalaya Subdistrict, not all posyandu have this tool, so they still use a cloth scale. The lack of appeals to the public about the importance of wearing masks when leaving the house, seeing that many mothers have not used masks when they come to the posyandu to check on their children. This is an important concern because advice and knowledge about Covid-19 can play an important role in posyandu in the future

Table 1. Here is the data about Posyandu:

Namely of Posyandu	Cadres/ Volunteer	Toodlers
Posyandu Cempaka I	5	90
Posyandu Cempaka II	5	70
Posyandu Cempaka III	5	40
Posyandu Cempaka IV	5	40
Posyandu Cempaka V	5	50
Posyandu Cempaka VI	5	85
Posyandu Cempaka VII	5	40
Posyandu Cempaka VIII	5	35

The lack of appeal to the community about the importance of wearing masks when out of the house, seeing the number of mothers who have not used masks when coming to posyandu to examine their children. This is an important concern because campaign and knowledge information about Covid-19 can be an important role in posyandu in the future. Here is a summary of the implementation of Mobile Posyandu or Mobile Posyandu in Posyandu Cempaka I to VIII.

Posyandu

Description

Posyandu

Cempaka1 dan Cempaka 6

Tuesday, 06 October 2020

Time: 09.00

Implementation of the posyandu around each cempaka visit 03 RT

with posyandu cadres, mothers and toddlers who come are given hand sanitizers, then toddlers are weighed, measured their height and given PMT in the form of milk and biscuits.

Cempaka 1: 49 toddlers Cempaka 6: 54 toddlers. Cadre women who guide: Cempaka 1: bu cawi

Cempaka 6: omih and nuryati

Posyandu Cempaka 2

Thursday, 08 October 2020

Time: 09.00

Posyandu is held at posyandu Cempaka 2. Mothers and toddlers who come are given a sanitizer first. Collect books / invitations. Then sit down until their names are called. Then the toddler was weighed and measured his height. Given PMT / Additional food for toddler as a milk. The number of toddlers in attendance: 50 supervisors: Bu Ayu

Posyandu Cempaka 3

Friday, 09 Oktober 2020

Time: 09.00

Implementation of the Cempaka Posyandu 3

Implementation of posyandu using health protocols and requiring the use of masks. Parents / guardians collect the posyandu books first, then the toddlers are weighed and their height is measured. Given direction by posyandu cadres regarding the growth of children under five. Given PMT/ Additional food for toddler as biscuits and milk.

Number of toddlers: 39 toddlers Head of Cadre: Mrs. Aat Atnawati

Posyandu Cempaka 4

Monday, 12 October 2020

Time: 09.00

Posyandu is implemented at posyandu Cempaka 4

Posyandu activities are carried out using health protocols such as the provision of a hand sanitizer and wearing a mask. Parents / guardians collect the posyandu books first. Then the babies / toddlers were weighed and measured their height. They were given PMT/ Additional food for toddler as biscuits and milk.

Number of toddlers: 47 babies / toddlers
Head of cadres: bu cawi

Posyandu Cempaka 5

Tuesday, 13 October 2020

Time : 09.00

Implementing Posyandu Cempaka V

The cadre leader directs the posyandu activities. This posyandu activity does not forget to use health protocols and requires every toddler / parent / guardian to wear a mask.

Parents / guardians carry posyandu books. Every toddler who is present is weighed and measured for height. Toddlers who take part in the posyandu are given PMT/ Additional food for toddler as biscuits and milk. Toddlers' height and weight are written into the SIP (Posyandu Information System) book.

Number of toddlers: 53

Cadre: Mrs. Iim, Mrs. Ayu, Mrs. Dewi

From the results of questionnaires and responses of Posyandu cadres in the village of Lemah Mulya Majalaya District Karawang Regency there are several things that can support the implementation of posyandu program during the Covid 19 pandemic:

Posyandu Program During Pandemic

Realiaze

Assistance in implementing posyandu and providing additional food for infants and toddlersthrough Mobile Posyandu / Posyandu It is hoped that mothers who bring babies / toddlers tothe posyandu locations, obey health protocols by usingmasks and keep their distance.

It is hoped that the community can find out the profile of the posyandu starting from the posyandu cadres, as

well as the number of babies / toddlers at the posyandu.

Implementing health protocols

community can

comply with the health protocols set by the government in every posyandu activity

It is hoped that posyandu cadres and

Creating Social Media Instagram Posyandu Mantap It is hoped that the steady posyandu program that is distributed through social media Instagram will later be useful for the general public and various information about activities is on Instagram @kknposyandumantap

4. CONCLUSION

Posyandu activities have a positive impact in health services for mothers, children and toddlers. With the covid 19 pandemic, posyandu program implementation can be facilitated with mobile posyandu and become a solution so that health services for mothers, babies and toddlers can be carried out regularly. From the results of the research, the implementation of mobile Posyandu in The Village of Lemah Mulya Majalaya District Karawang Regency is very important and proven to provide enormous benefits. The advantage of posyandu mobile implementation is that it can reach all the time by coming directly and providing examination actions for Mothers, Infants and Children. The government should give attention and main priority for the implementation of mobile posyandu in each village by providing facilities and facilities such as vehicles, medical equipment, medicines, doctors, and midwives.

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