

Description of Posyandu Implementation During the Covid-19 Pandemic in Tegal Rejo Village, Medan Perjuangan District

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ABSTRACT

The high number of Covid-19 cases in Medan city also had an impact on the delay in Integrated Healthcare Center (IHC) activities, routined monthly activities, that are managed and organized from, by, for, and with the community in the implementation of health development. The purpose of this study was to describe the implementation of IHC during the pandemic in Tegal Rejo Village of Medan Perjuangan Subdistrict in 2021. This study used a qualitative approach with descriptive analysis methods. Key informants in this study were 3 Cadres of IHC and triangulation informants used for validity were 2 Village Midwives in the local sub-district. The result of this research is that Cadres of IHC already know what their duties are and have done socialization, but only to mothers and the elderly who come to the integrated healthcare center. The conclusion is that there is no change in the IHC schedule during the Covid-19 pandemic, socialization is given to mothers and the elderly who come to the IHC, but it has not been given to the general public. Facilities and implementation of IHC during the pandemic are by health protocols such as washing hands, and using masks and hand sanitizers for integrated healthcare center employees.

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INTRODUCTION

Since the end of 2019 until now, the whole world is facing the Covid-19 Pandemic which has had a huge impact on health services around the world. Based on data sources from the Provincial Government of North Sumatra, the latest data on the Covid-19 case in Medan City until August 11, 2021, confirmed positive accumulatively 34,705 people, recovered 23,511 people, died 682 people, and confirmed positively active 10,512 people (North Sumatra, Covid Response, 2021). The high cases of Covid-19, this has also hampered all public activities, one of which is Posyandu.

Posyandu is a form of Community-Based Health Effort that is managed and organized, by, for, and with the community in implementing health development to empower the community and provide convenience to the community in obtaining basic health services to reduce Maternal and Infant Mortality Rates (Ministry of Health RI, 2012). Based on the Decree of the Minister of Health No. 1529 of 2010 concerning General Guidelines for Village and Family Development on Active Alertness, Posyandu activity is one of the criteria for achieving Villages and Kelurahan that are on Active Alertness. Therefore, every village or government must have a solution so that Posyandu continues to be implemented during the Covid-19 Pandemic.

One solution to this problem is the existence of posyandu technical guidelines recommended by the Ministry of the Republic of Indonesia so that posyandu can continue to run by complying with health protocols. In response to this, the Minister of Health issued Technical Guidelines for Immunization Services during the Covid-19 Pandemic on March 24, 2020, which became a reference for health workers in the field, so that officials and the public were in doubt due to the absence of guidelines in immunization services amid the Covid-19 Pandemic no longer used as an excuse for having children who are not immunized. (Ministry of Health, 2020) Based on this background, the researcher is interested in researching how the implementation of posyandu is described during the Covid-19 pandemic, especially in the Medan Perjuangan District, Tegal Rejo Village.

METHOD OF IMPLEMENTATION

This study uses a qualitative approach with a descriptive analysis method. The place and time research was carried out in Medan Perjuangan District, Tegal Rejo Sub-District, Posyandu Ward 7 and Ward 8 in May-July 2021. This research was conducted by Group 4 KKN students at the State Islamic University of North Sumatra, Medan. The main informants in this study were 3 posyandu cadres and the triangulation informants used for validity were 2 village midwives in the local village. Primary data sources were obtained directly from field surveys and secondary data were obtained from other intermediary sources. Data collection through observation, interviews with questionnaires, and documentation studies.

Table 1. Informant Identity

Task	Name	Age (Years)	Education	Work	Mass Office
Integrated service post cadres	1. Delima	46 Year	Senior High School	Housewife	3 Year
	2. Usmaita	43 Year	S1	Housewife	4 Year
	3. Aftianita	34 Year	Vocational High School	Housewife	1,5 Year
Village Midwife	1. Hj. Yatini	57 Year	S2	Civil Servant	10 Year
	2. Ira Febriani	33 Year	D3 Midwifery	Civil Servant	2 Year

RESULTS AND DISCUSSION

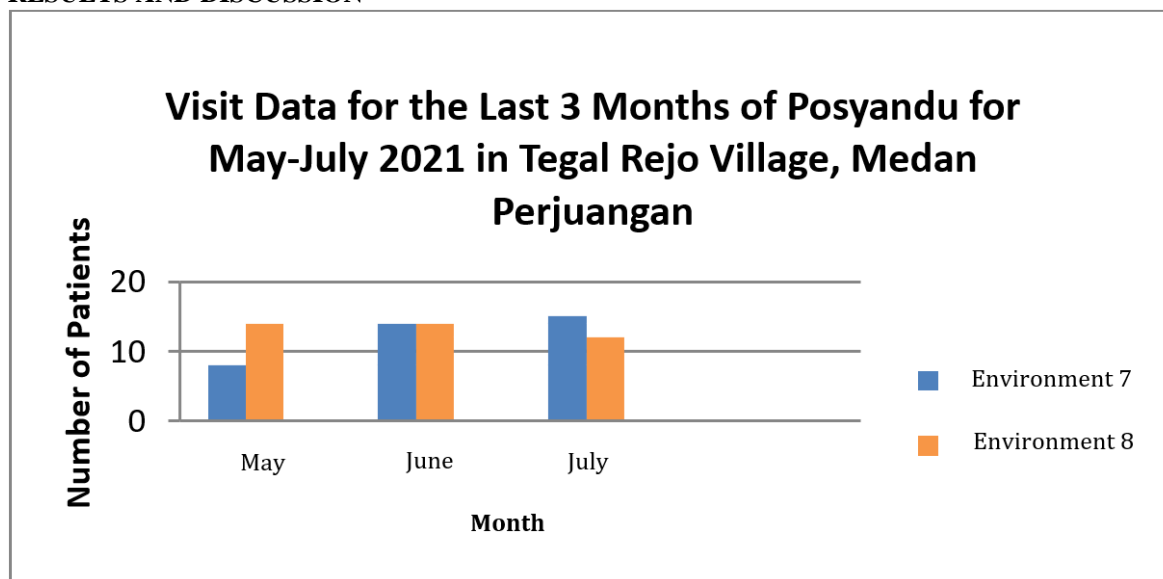


Figure 1. Diagram of Community Visit Data for the Last 3 Months to Posyandu in Tegal Rejo Village.
Source: Personal Data, 2021

Based on Figure 1 above, it can be seen that the number of patient visits at Posyandu ward 7 has increased over the last 3 months, namely, in May there were 7 patients, in June there were 14 patients and in July there were 15 patients. While the number of patient visits at Posyandu ward 8 has decreased in the last 3 months, namely in May there were 14 patients, in June there were 14 patients and in July there were 12 patients.

The increase in visits to Ward 7 from May to July indicates that the birth rate of babies and pregnant women in Ward 7 has increased. This is by the direction of village cadres and midwives in the environment for the safety of mothers and toddlers. Rizqi (2013) states that the purpose of Posyandu is to monitor the improvement of the nutritional status of the community, especially children under five and pregnant women so that the nutritional status of toddlers can also be monitored. This is very important to do, especially during a pandemic.

Whereas in Ward 8 in May and June the number of posyandu visitors totaled the same 14 patients who were the same toddlers. In July the visit was reduced to 2 patients. the low number of visits by mothers of toddlers, as well as the involvement of Posyandu cadres themselves. Ambarita, et al (2019) explained that external factors (views of husband, family, and social environment) can be elements that influence mothers' beliefs about Posyandu services. Knowledge is an important aspect of the awareness and willingness of mothers under five to come to Posyandu. This is because the husband or even the mother of the toddler is afraid of contracting the Covid-19 virus.

Next, five answers from interviews were presented which were answered by 3 informants from Posyandu cadres, and 2 triangulation informants, namely village midwives.

1. Has there been socialization/direction given to posyandu cadres regarding posyandu implementation during the Covid-19 pandemic?

Informant 1: "...Yes, the information is given directly at the sub-district office."

Informant 2: "...Not yet."

Informant 3: "...already."

Triangulation 1 informant: "...already."

Triangulation 2 informant: "...For cadres, they usually go directly to the Sentosa Health Center, the parent, yes. Usually, the information comes directly to the Puskesmas, but now because of the pandemic, the information on the directions is conveyed via WA to the cadres."

Triangulation 3 informant: "...Yes, usually every posyandu has counseling/socialization about Covid-19. Usually, the counseling time is right on the Posyandu schedule."

Based on the statement above, it can be seen that socialization/direction has been given to posyandu cadres regarding the procedures for implementing posyandu during the Covid-19 pandemic in the Tegal Rejo Village. Directions were obtained directly from the Camat office and Main Health Center and information was also provided via the Whatsapp application to the cadres. The implementation of posyandu during the pandemic has been directed in the Guidebook for Toddler Health Services during the Covid-19 Emergency Response Period for Health Workers issued by the Ministry of Health in 2020, which explains the need for outreach to the public regarding Covid-19, individual-level prevention measures, how to maintain health children independently at home and identify children who need protection.

The socialization of posyandu implementation is very important for village midwives and posyandu cadres as drivers of Posyandu activities so that they can be carried out even in a pandemic. Posyandu cadres are community members who are appointed to work voluntarily in carrying out activities related to simple health services at the posyandu. Posyandu cadres are selected by posyandu administrators from community members who are willing, able, and have the time to organize posyandu activities (Lubis and Syahri, 2015). Furthermore, midwives also play a role in motivating mothers with toddlers to want to come to visit the posyandu which is needed for the smooth running of the posyandu program, people who think that posyandu is an activity where mothers and children aged under five are registered, weighed, given nutrition and finished there (Lahmadi, 2021).

2. What socialization materials were provided to posyandu cadres regarding the posyandu implementation during the Covid-19 pandemic?

Informant 1: "...The socialization material is about toddlers, such as weighing toddlers and checks for malnutrition in children who are in the battlefield area."

Informant 2: "...Checking blood pressure, cholesterol, blood sugar, and measuring body weight provides directions about foods that may or may not be consumed."

Informant 3: "...Provide counseling about blood sugar, cholesterol, provides requirements such as wearing masks, washing hands."

Triangulation 1 informant: "...Provide counseling about health programs during a pandemic like this."

Triangulation 2 informant: "...Yes, there are provides requirements for posyandu, yes, but for posyandu in this environment, it's only mandatory to wear a mask, the patients are given the same distance to sit. As for the current posyandu schedule, it has been regular since the beginning of 2021 every month, but if there is a change in the schedule, please let me know about the notification from the wa group, right?"

Triangulation 3 informant: "...the material is usually about nutrition, sometimes it's about preventing the transmission of Covid, about exclusive breastfeeding, and so on. The posyandu schedule remains the fourth Tuesday of the week, there is also special enforcement, yes, it is mandatory to wear a mask. Now, patients who come to the posyandu are keeping their distance. There was also a time when we didn't have posyandu right at the start of the pandemic, then last year we also had posyandu at the lurah office, in 2021 this will start in each environment, the posko posyandu."

Based on this statement, it can be seen that the material provided at the posyandu during the Covid-19 pandemic is currently still around toddler health, toddler nutrition, and all things related to children. Posyandu series and work continue optimally without any obstacles. Cadres and also village midwives also occasionally conduct counseling and health checks for the community itself such as counseling about dietary patterns checking cholesterol, blood sugar, and so on. However, the Posyandu cadres and village midwives also continue to remind mothers and the surrounding community to always maintain their health and comply with the health protocols recommended by the government so that all people always maintain health and maintain immunity so that they can stop the transmission of the Covid-19 virus. 19.

3. Do posyandu cadres know what the posyandu cadre's duties are and how do health workers remind posyandu cadres what the posyandu cadre's duties are?

Informant 1: "...Yes, you already know."

Informant 2: "...Yes, his job is to check patients, such as measuring weight, measuring height, immunizing their toddlers and pregnant women, checking blood pressure, checking blood sugar for elderly patients, counseling on exclusive breastfeeding, and recording a list of his visit."

Informant 3: "...Providing a place in each region's environment, providing good service, providing proper seats."

Triangulation 1 informant: "...Just remind each other of the cadres."

Triangulation 2 informant: "...Usually it is from the Sentosa health center who reminds us, if we don't remind you again, there will already be officers at the Sentosa health center. Make those who do what the cadres do, if we only go to the patients, we will remind them to come again."

Triangulation 3 informant: "...Yes, there should be five tables, but it's not possible for the table to remain one, but the task is still weighing, recording is still being carried out."

From the statement of the informant above, it can be seen that the cadres already understand and know what their duties and responsibilities are as posyandu cadres, starting from providing the place of service, recording visit lists and reporting results, measuring weight and height, checking blood pressure and blood sugar. And based on the statement of the village midwife who explained and reminded the cadres about what the duties of posyandu cadres were from the Puskesmas, the cadres must also have previously received health education about posyandu, children, and toddlers, as well as information and tips on maintaining health together, so that the cadres can carry out their duties optimally.

Posyandu is a basic health activity organized by the community and for the community assisted by health workers (Saepudin, et al. 2012). Posyandu cadres and village midwives are included as health workers. The identification of problems that occur in improving the performance of Posyandu in this study can be an

illustration for finding solutions to these problems so that the target of Posyandu activities can be achieved, there needs to be cooperation and participation of the community, health workers and related cross sectors. Posyandu activities are said to be successful if the active role of mothers under five and community participation is higher in achieving the target coverage of health programs such as immunization, monitoring the growth and development of toddlers, examinations of pregnant women, and increased family planning services (Ambarita, et al., 2019). Health cadres play a good role in preparing equipment for holding the posyandu before the posyandu starts, preparing additional food for babies and toddlers, reporting all activities carried out, and lacking in working at the five-table posyandu system (Sunarti and Utami, 2018).

4. Was there socialization regarding the implementation of posyandu during the Covid-19 outbreak to the general public?

Informant 1: "...Yes, it was announced to the public."

Informant 2: "...There was a doctor at the Puskesmas. "

Informant 3: "...There are things like keeping a distance and washing hands."

Triangulation 1 informant: "...Yes there is."

Triangulation 2 informant: "...There is no general public, at least there is socialization at the posyandu, there are mothers who come to the posyandu. Also before this pandemic, there was always socialization/counseling to the general public, one of which was phbs to the field, now it's been gone since this pandemic."

Triangulation 3 informant: "...Nothing, if now the socialization is direct to the mothers of their toddlers. It's about preventing Covid-19."

Based on the statement above, it is known that there is socialization/counseling on ways to prevent the transmission of Covid-19 to the community in the form of mothers who come to the posyandu. Whereas for the general public, based on the statement of the village midwife, there has been no direct outreach to the general public, but only outreach to mothers of toddlers who come to the posyandu.

This is consistent with the role of Posyandu as an agent of social change. These social changes take the form of changes in people's perspective on health, especially maternal and child health, monitoring of child growth and development, early detection of disease, and many other benefits that lead to changes in people's perspective on health. One of the biggest changes is the change in the perspective of medicine and health, which was previously an alternative to medicine and medical health (Lahmadi, et al., 2021). So it is hoped that with the socialization of posyandu cadres and village midwives who are conveyed to mothers of toddlers, information about Covid-19 and how to handle it will also be disseminated to other communities.

5. Were the implementation of posyandu during the Covid-19 pandemic provided with personal protective equipment?

Informant 1: "...There are none from the Posyandu."

Informant 2: "...Yes, like hand sanitizers, masks, and hand washing stations."

Informant 3: "...There are things like washing hands, using masks, hand sanitizer, gloves."

Triangulation 1 informant: "...Provides a place to wash hands and hand sanitizer."

Triangulation 2 informant: "...Nothing, each of them prepared his protective equipment. Everyone has brought their mask, there is no place to wash hands here, and there is no hand sanitizer either, but for the health workers, yes, there are hand sanitizers for your use."

Triangulation 3 informant: "...Nothing really, so at most, each one brings his or her mother's mask, if we are on duty, wear a mask, and each of us also brings hand sanitizer to use ourselves."

Based on the statement above, it can be seen that during the Covid-19 pandemic in posyandu environments 7 and 8, the only personal protective equipment available was a place to wash hands. Meanwhile, masks for each patient and posyandu staff on duty are prepared by each patient and health worker. Hand sanitizers are brought by the Posyandu officers themselves and are only specifically used by Posyandu officers.

This is of particular concern during a pandemic when it is very easy for the transmission of the Covid-19 virus to both patients and Posyandu staff themselves. Posyandu is very dependent on the role of cadres and midwives. Posyandu cadres are generally volunteered from the community and are seen as having more abilities than other members of the community. They have a big contribution in expediting the health service process (Yuwono, 2000 in Suhart and Hasanah, 2014). The importance of the role of cadres in empowering the community to reduce infant and under-five mortality rates in Indonesia is beyond doubt (Iswarawanti, 2010).

This is the basis for Posyandu cadres to also be equipped with personal protective equipment (PPE) so that during Posyandu activities they are not exposed to the Covid-19 virus.

Marsela, et al., (2021) stated that the Covid-19 pandemic had an impact on reducing the coverage of complete basic immunization for children. Implementation of basic immunization must still be carried out during a pandemic by taking into account various conditions so as not to cause other infectious disease disasters besides Covid-19 and become an additional burden on the health system. (Marsela, et al., 2021).

This statement is in line with the important role of Posyandu in improving the quality of maternal and child health through the health service process. Posyandu's role as an agent of social change. These social changes take the form of changes in people's perspectives on health, especially maternal and child health, monitoring of child growth and development, early detection of diseases, and many other benefits that lead to changes in people's perspectives on health. One of the biggest changes is the change in the perspective of medicine and health, which was previously an alternative to medical treatment and health (Hafifah and Abidin, 2020).

CONCLUSION

From this study it can be seen that patient visit activity at the Posyandu in Tegal Rejo Subdistrict, Medan Perjuangan District during the Covid-19 pandemic increased or decreased depending heavily on the socialization of posyandu cadres and village midwives on the importance of posyandu and maternal and toddler health, as well as outreach about covid-19. Posyandu implementation during the Covid-19 pandemic was still carried out according to a predetermined schedule. Posyandu implementation has implemented health protocols that were given directions by the Sub-District Head and the Puskesmas to the Posyandu cadres and village midwives on duty. Self-protection facilities provided by Posyandu are only a place to wash hands, masks, hand sanitizer, and vitamin supplements are not provided.

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