

Health workers as surveillance officers role and cadres deal with pregnant women during the COVID-19 pandemic in Semarang, Indonesia

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Health workers as surveillance officers role and cadres deal with pregnant women during the COVID-19 pandemic in Semarang, Indonesia

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Abstract

Background: Pregnancy is a difficult period and requires special attention and treatment because it can threaten the lifestyle of the mother and baby.

Purpose: This study aims to determine the form of assistance for pregnant women with excessive threats that has been achieved to reduce maternal mortality (MMR) and infant mortality (IMR) in the city of Semarang.

Method: This study uses a qualitative descriptive technique. The research sample is medical personnel who manipulate Maternal and Child Health (MCH) software, especially programmers for health institutional networks, health surveillance officers, and cadres in Central Semarang Regency.

Results: Efforts to reduce the MMR/IMR achieved through the city health office is through the establishment of Maternal and Child Health Workers. Services in the building use the Public health center Information System Software. Maternal and Child Health Workers have a main mission to support and travel for pregnant and postpartum women, in addition to tracking and traveling at certain stages in pregnancy and postpartum through midwifery fitness offer, because the Maternal and Child Health surveillance officers recruited have a background in midwifery. The printing step for maternal and child health workers begins with making cadres documents in front of pregnant women.

Conclusion: there is training for cadres and health surveillance officers on strong verbal exchanges, related to bidding with goals/clients (pregnant women and households).

Keywords: Health workers; Surveillance officers; Role; Cadres; Pregnant women; COVID-19 pandemic

INTRODUCTION

Pregnancy is a difficult time and requires unique attention and treatment because it can threaten the lifestyle of both mother and baby. Maternal mortality rate (MMR) is a trademark in determining general fitness degrees which is a common problem.⁵ This can be determined through the MMR issue which is one of the Millennium Development Goals (MDGs) in 2015, one of which must be considered is to reduce Maternal Mortality rate (MMR) becomes 102 steps

with 100,000 live births, and Infant Mortality Rate (IMR) becomes 23 steps with 100,000 live births.

However, this kind of phenomenon is just the opposite, especially based on the 2012 Indonesian Demographic and Health Survey (IDHS) The Maternal Mortality Rate (MMR) associated with pregnancy, childbirth, and the postpartum period is 359 steps with 100,000 birth stays. So it is very ironic because the reach is definitely doubled compared to the 2017 IDHS which reached 228 for

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every 100,000, but it is far from the goal of the SDGs.

When compared to ASEAN countries, Indonesia ranks at the top of the MMR ranking and the lowest MMR record is Singapore, where the three best mothers died with 100,000 mothers giving birth. While Malaysia recorded five maternal deaths with 100,000 mothers giving birth, Thailand eight to ten steps with 100,000 and Vietnam 50 steps with 100,000. Based on information from the Ministry of Health, the causes of maternal death are bleeding, contamination and excessive blood pressure (eclampsia).

These 3 reasons can surely be avoided if detected early with the subsequent signs and symptoms: swelling, immoderate maternal weight gain, high blood pressure and recognizing bleeding withinside the closing trimester. Various efforts had been made through the Government, with the intention to lessen MMR, particularly putting village midwives, empowering households and groups through the use of Maternal and Child Health books, imparting fitness centers for Basic Emergency Neonatal Obstetrics Services in Public health center and Emergency Neonatal Obstetrics Services. Comprehensive Emergency Neonatal Obstetric Service withinside the Hospital.

The research area is in the Central Semarang Regency area, as a place for the Faculty of Health, targeting fertile age couples, excessive pregnant women and young mothers. In this study, the focus is on the position of health surveillance officers and cadres in supporting pregnant women at a certain stage during the pandemic to build a network of "healthy energy", in particular to address problems related to the decline in the range of MMR and IMR.

RESEARCH METHOD

This study uses a qualitative descriptive technique. The sample of this research is medical personnel who manipulate maternal and child health software, especially programmers of network health institutions, health surveillance officers, and cadres in Central Semarang Regency. The Miroto Health Center, which is located in the Miroto Sub-district, is one of 37 fitness facilities in the metropolitan city of Semarang. The location for the Miroto Health Center includes 6 Urban villages. This research has passed the ethical feasibility of the Health Research Ethics Commission (KEPK) Dian Nuswantoro University Semarang, with number 135/EA/KEPK-FKes-UDINUS/X/2021.

RESULTS

Miroto Health Center MCH Programmer

Urban villages name	An area (Hectares)	Total Population (person)	Hamlet	Neighborhood
Miroto	33,60	4.892	5	42
Brumbungan	30,39	4.138	5	35
Jagalan	27,03	5.811	8	40
Gabahan	20,52	7.987	6	45
Karangkidul	83,54	4.198	4	28
Pekunden	79,99	3.666	5	33

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Each community unit has at least 1 cadre, especially volunteers who accompany sports Public health centers including Integrated Healthcare Center, larvae checks, and so on. Maternal and Child Health (MCH) software efforts in the context of reducing the MMR/IMR in this region. Based on interviews with MCH programmers or MCH software holders as follows: What efforts are being made to reduce the MMR/IMR through the city health office or Public health center so that there are maternal and child health officers? "Umm... so, this little story, sir. In the past, there were several maternal and child health officers or MCH Health surveillance personnel who were not state civil servants, for each Public health center the number was different depending on the target of pregnant women and the number of Villages as well. However, it is getting less and less due to budget efficiency, he said. so we from the Public health center and health surveillance officers work together with the distribution of assistance for pregnant women. That is 70% for us, namely midwives at the Public health center and 30% for maternal and child health workers. based on each health center in accordance with the target number of pregnant women".

Regarding the implementation of sports outside and inside the building, which centers are used in the documentation, if inside the building can also use the Public health center Information System Software? "Yes, those who provide services in the building use the Public health center Information System, outside the building we use the Online Reporting Health Surveillance Officer System (Online Health Surveillance Officer Reporting Information System) and all applications from the City Health Office"

To avoid falls, touch and fitness of pregnant women, the position of health surveillance officers and cadres spearhead of the implementation of MCH software can be very much needed, because the effects of interviews with MCH programmers are as follows: The programmer himself is for help with regards to the MCH software, what is the

story, ma'am? "So we have 6 Villages with different conditions, of course, sir, some are indeed densely populated and the target for pregnant women is automatically a lot. but there are also those who have a small population but are actually difficult to reach, such as because they are in the middle of a city with big houses, especially thanks to certain tribes or rich people whose houses are big and the doors are always closed, it's hard for us to enter or reach them, yes like that sir.

Then from a socio-economic point of view, it's automatically different, so there is one Villages that has more middle and upper class people, some are like grains, some are densely populated, but mothers also work, so we sometimes work to achieve that goal, we must say thank you. If there were no health surveillance officers, we would be really overwhelmed, because not all pregnant women came to visit us. So we really have to work together through direct contact with the cadres." What is the position of the cadres and health surveillance officers here, ma'am? "Mother of cadres, their participation is really extraordinary, why did I say at the beginning of the health insurance, because we who are already at the Public health center, sir, we have services, so to leave the building we have to really find the time of day and hour. Before the first pandemic, we Public health center also visited pregnant women. Usually there are several ways, first we look for a relaxing day where there are not so many patients, usually on Friday or Saturday, the second when we go to the Integrated Healthcare Center or go out, sir. all around the time, but due to pandemic conditions like this, you have to go via whatsapp only. "However, new complications will arise, especially with the scope of reducing the reach of maternal and child health workers, as the next programmer puts it: "In the beginning, there was once the Villages with 1 maternal and child health officer, at the Miroto Health Center itself it had four officers, and it was reduced to three, reduced to two, and now there is only one, and this rumor will no longer exist next year. "Another impediment skilled through cadres is the subsequent excerpts from

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interviews with MCH cadres and programmers: "Yes, sometimes there are pregnant women who are reluctant to check, it is known that they are pregnant but they are told to check later" for certain reasons, such as unwanted pregnancy. In fact, if we are at the Public health center, we try when the pregnant women first come to the health facilities, there will be an examination, but if they come later or don't want it, the examination will automatically be late. "Then, there were people who came when they were pregnant, they had checked with the obstetrician at the hospital, but the doctor himself didn't recommend going to us, so what we did at the end of the pregnancy. There are several doctors who are like that, thank you, although not all. And there are also those who are like pregnant women who come to the Public health center only asking for a referral letter"

Duties and Responsibilities of maternal and child health workers

The mission of maternal and child health workers is to assist and go to pregnant and postpartum women in addition to revealing and going to several stages in pregnancy and childbirth through the provision of midwifery fitness offer.

Maternal and child health workers have a midwifery background. The shape of help is within the shape of: tracking, checking and imparting midwifery care inclusive of the situation and lawsuits of the mom, the placement of the baby, lawsuits of taking nutrients, despite the fact that there are pregnant ladies who're lazy to take nutrients. The complexity faced by maternal and child health workers in the subject is that there are people who refuse help, see that they feel uncomfortable, feel disturbed / interfere with their pregnancy because they feel that pregnancy is a privacy.

Identification of Risk Factors

The following are announcements based largely on interviews with maternal and child health workers, asking what was communicated to expectant mothers for whom the applicant for assistance was intended: "Yes, those who ask whether they live in that place, if it is true that the resident and domicile there, we will ask further, sir. For the pregnancy data, what are the medical records, maybe from a hospital or the Public health center, then we immediately make an appointment to come"

Another subject matter of the scarcity of facts is from the following interview excerpts: What if you don't get the facts from the cadres? Even though there are patients who are pregnant, including boarding children? "We can see in the Public health center report, there are those who check or not, then we check the area, for example the entry of the South Pendrikan has a cellphone number and then we call, it's true that you don't live here, sometimes it's just an ID card that you live in, then we look for regional health insurance. We will continue to operate the area there."

DISCUSSION

Miroto Health Center MCH Programmer

The Miroto Health Center located in the Miroto District is one of 37 fitness facilities in the city of Semarang. The location for the Miroto Health Center covers 6 sub-districts. Each Citizens Association has at least 1 cadre, especially volunteers who accompany sports health centers including Integrated Healthcare Center, larvae checks, and so on. Efforts to reduce the MMR/IMR achieved through City Health Office or Public health center are through the establishment of MCH health surveillance officers or maternal and child health workers, especially non State Civil Apparatus MCH Health surveillance personnel, for each Public health center the reach is unique, based on objectives. Pregnant women and various villages. However, new coverage has emerged, particularly maternal and child health workers whose numbers have been reduced due to the

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efficiency of the price range. So that the Public health center and health surveillance officers cooperate with various parties by providing assistance to pregnant women, namely 70% for Public health center midwives and 30% for maternal and child health workers, mainly based on the total target of pregnant women. Services in the building use the Public health center Information System. While offerings outside the building use health surveillance officers Online Reporting Information System.

These programs are channeled through City Health Office. The scope of the provision of MCH is no longer limited to postnatal pregnant women, but also includes the provision of fitness for toddlers and immunizations. However, there is no unique utility to immunization offerings, particularly those that include immunization schedules or reminders. And to make tracking easier, especially the fitness of pregnant women and toddlers, use the "Pink Book" which is now in a reverse format, where the front view is used for examinations at certain stages in pregnancy, and the lower back view is used for fitness offerings for children under 5 years old, along with immunizations.

Besides being recorded in the "Pink Book", the Public health center Information System utility is used for the KIA presentation in the building. When the mother comes to check the postpartum period and at the same time manipulate her with her baby, the utility of the Public health center Information System is considered open for two polyclinics, namely the MCH and immunization clinics, although the facilities are still within reach. identical room. MCH offerings, for offerings, the approach is for sufferers (pregnant women/toddlers) to come alone to the Public health center, officers feel that there is no problem in providing fitness offerings and obtaining information. However, officials continue to feel a stumbling block while the workload will increase as there are many programs to include but no bridge to achieve twice. In addition, another obstacle that arises is when patients no longer need to return for treatment to the Public health center. In addition to seeking

treatment at the Public health center, the patient in this example is a pregnant woman, who can perform repeated pregnancy tests at a midwife or an impartial education and training doctor or to the nearest hospital. Considering the MCH software, especially the MMR/IMR discount, is one of the most important packages from the Public health center or in this case the Semarang City Health Office, tracking and mentoring software must continue to run.

To avoid falling, touch and fitness of pregnant women, the position of health surveillance officers and cadres is the spearhead of the implementation of the MCH software (very much needed). Because there are 6 sub-districts with unique conditions, especially some that are densely populated and whose destinations are many pregnant women, but there are also those whose residents are small but difficult to reach, including elite housing in them. metropolitan city center, where the doors are always closed, officials find it difficult to enter or reach it. Furthermore, from a socio-economic perspective, there are also differences, some are middle to upper class, and some are densely populated but most of the mothers run away, so officials to achieve their goals must undergo a maternal cadre, to observe the time when mothers are at home.

The position of cadres and health surveillance officers is to really help Public health center officers, before the pandemic, Public health center officers routinely visited pregnant women. There are many ways: 1) find a quiet day where there are not many sufferers, usually on our Friday or Saturday, 2) when Integrated Healthcare Center or sports are out other than visits, but the pandemic situation has finally ended the use of social media WhatsApp. However, new complications will emerge, with the scope of the gaskin range decreasing. Another obstacle felt by the cadres was the problem of getting into big houses, and from pregnant women themselves who were lazy to have their pregnancy checked, or because they were deliberately protecting themselves from pregnancy or unwanted pregnancies.

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Duties and Responsibilities of maternal and child health workers

Maternal and child health workers has the main task of assisting and assisting pregnant and postpartum women, in addition to tracking and traveling during pregnancy and childbirth through the provision of midwifery fitness services, therefore the MCH health surveillance officers recruited have a midwife education background. This form of assistance is in the form of tracking, checking and providing midwifery care along with the condition and process of the mother's delivery, placement of the baby, the process of taking nutrients, even though there are pregnant women who are lazy to take nutrition even though they have been reminded.

The difficulty faced through Maternal and child health workers in the subject is that some refuse help, on the grounds that they experience discomfort, experience interference with their pregnancy because they experience that pregnancy is privacy. If it encounters a problem like this, Maternal and child health workers will load the applicable cross-regional Neighborhood Association / Citizens Association cadres.

However, if these efforts have been made to the maximum, but still refuse help, then they will be asked to write a statement refusing assistance so that if there are problems with their pregnancy, it is far from being a fitness obligation. caregiver or cadre. For pregnant women who want to be accompanied, there may be an agenda for daily visits. Pregnant women with normal conditions or with 1 element of the best chance, then schedule a visit once a month. However, for pregnant women with an opportunity number greater than 1, this is considered an excessive opportunity. Another high-risk class is records of caesarean sections in previous pregnancies.

Pregnant women with excess opportunities (high risk) are scheduled for mentoring visits several times a week (depending on the situation). This coincidence class, which was decided through the Semarang City Health Office, was covered with

the health surveillance officers Online Reporting Information System software used by health surveillance officers.

Identification of Risk Factors

The steps for making Maternal and child health workers begin with the regeneration document for the presence of pregnant women in a place. From this document, health surveillance officers will look around to find out the facts of the information. Starting from verbal conversations via WhatsApp or the phone of the potential target (pregnant mother). Furthermore, health surveillance officers categorizes elements of threat by completing a cadre review with photos of notes in the "pink book". From these records, health surveillance officers can examine the threat category, and if far from a threat, the approach that must be visited within the country.

Risk factors for pregnant women can be identified early, especially based on symptoms and symptoms or symptoms resulting from midwifery examinations and questions and answers for health surveillance officers for pregnant women. This examination consists of blood pressure, nutritional needs consumed, arm circumference, temperature, and so on. This form of assistance began to develop with requests from pregnant women who asked to be visited even though they were no longer included in the travel time table. This can happen if there is a lawsuit or there are things that must be immediately consulted with health surveillance officers.

Requests for help can be made through the expectant mother through the mother's love utility. And as proof of travel/assistance at the pregnant woman's place of residence, health surveillance officers can test the barcode on the observed pregnant woman's cellphone, and must report her photo to and add it to the health surveillance officers Online Reporting Information System utility. However, due to the COVID-19 pandemic, assistance software in the form of visits cannot be obtained for free, and as an alternative assistance, especially through verbal video exchange or chat

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via WhatsApp (WA). By using this whatsapp, health surveillance officers created a WA institution for pregnant women. When there are new pregnant women, they will be placed in an orphanage and during the postpartum period, the mother can be removed from the orphanage. This technique is considered less effective, because health surveillance officers cannot provide a true picture of the condition of pregnant women. However, pregnant women with excessive threats or excessive threats should get visits and schedule visits.

Another obstacle faced through health surveillance officers in supporting visits is related to operating hours, sometimes visits can be closed until the evening. This is achieved especially for pregnant women who paint, because they arrive home until 17.00, then health surveillance officers wait for a relaxed and easy time to go home first, then continue the domestic trip (appointment in advance via WA)

CONCLUSION

MCH Programmer at Miroto Health Center The effort to reduce MMR/IMR achieved through City Health Office or Public health center is through the establishment of Maternal and child health workers. Services in the building use the Public health center Information System. While offerings outside the building use health surveillance officers Online Reporting Information System. Another obstacle that arises is that patients no longer need to return for treatment to the Public health center. The position of cadres and health surveillance officers is to really help Public health center officers. However, new complexities will emerge, with reduced coverage of the Maternal and child health workers range.

Duties and Responsibilities of Maternal and child health workers have the primary mission of supporting and travelling pregnant and postpartum ladies, in addition to tracking and travelling at some stage in being pregnant and postpartum through imparting midwifery fitness offerings, because of this MCH health surveillance officers recruited are

midwives with a midwife background. The hassle confronted through the Maternal and child health workers withinside the subject is that a few refuse help, seeing that they sense uncomfortable, sense disturbed / intrude with their being pregnant due to the fact they sense that pregnancy is an issue of privacy.

Identification of Risk Factors The process of painting maternal and child health workers begins with a cadre document regarding the presence of pregnant women in a place. Furthermore, health surveillance officers categorizes the threat element through the completion of cadre documents with pictures of notes in the "red book". From these records, health surveillance officers can assess the threat category, and if it is far from a threat, it is close to being visited domestically.

Requests for help can be made through the expectant mother through the Mother's Love utility. And as proof of the visit/assistance at the pregnant woman's place of residence, health surveillance officers can test the barcode on the observed pregnant woman's cellphone, and must report photos of her visit and upload it to the Online Reporting health surveillance officers Information System utility.

However, due to the Covid-19 pandemic, assistance software in the form of visits cannot be obtained freely, and as an alternative for assistance, especially through verbal video exchange or chat via WhatsApp (WA). This technique is considered less effective because health surveillance officers cannot provide a true picture of the condition of pregnant women. Another obstacle faced through health surveillance officers in supporting visits is related to the implementation time, which sometimes visits can be closed until the evening.

This is achieved especially for pregnant women who paint, because they arrive home until five in the afternoon and at least health surveillance officers have to wait for them to relax and tidy up the house first, then domestic trips are made (by appointment via WA). There is training for cadres and health surveillance officers on strong verbal

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communication, related to bidding with the objectives/clients (pregnant women and families) to build trust among officials and networks. Socialization of the program used, examples of the announcing moms program, and how to use it, due to the variety of education, socio-economics and centers owned by pregnant women.

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