



Community Mobilization Efforts in the Integrated Healthcare Center Program During COVID-19 Pandemic in Paser Regency, East Kalimantan, Indonesia

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Abstract

Some problems still occurred in encouraging people to visit the Integrated Healthcare Center, especially during Covid-19 pandemic. Integrated Healthcare Center visits in Paser Regency which was shown by D/S coverage (the number of underfive children present/ all underfive children in the area) decreased and reached <80%. This study aimed to explain the community mobilization efforts through the process of coordination, communication and motivating. This study was done in a qualitative approach using case study design. The main informants were heads of Primary healthcare centers, nutrition officers, coordinating midwives, health

promotion officers and the triangulation informants were village leaders, cadres, and Family Welfare Empowerment mobilizing teams from two Primary healthcare centers with low D/S and two Primary healthcare centers with high D/S coverages. Data collection were conducted through in-depth interviews and observations. Content analysis method was used for data analysis. The results showed that the coordination process for high-coverage primary healthcare centers had been effective with the use of social media, in low-coverage primary healthcare centers had not been effective, as hoaxes were circulating. The motivating process for high-coverage primary healthcare centers received more support from the village, while the low-coverage primary healthcare centers still had lacked of village involvement. The communication process for high-coverage primary healthcare centers was more dominant in the use of Facebook for education, while for low-coverage primary healthcare centers, the use of Facebook was only for providing information. It was concluded that the process of coordination, communication and motivating for the Integrated Healthcare Center program during the pandemic still need an improvement especially in collaboration across programs and sectors.

Keywords: Integrated Healthcare Center, Community Mobilization; Coordination; Communication; Motivating

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Introduction

Integrated Healthcare Center is a process of activities needed to improve public health, especially for toddlers and infants (Savitri, 2018). Activities carried out at Integrated Healthcare Center include health education to increase public knowledge, health checks, providing additional food to increase community motivation to come to Integrated Healthcare Center and many other activities involving the community to improve public health (UTE and AY Rosidin, 2020). Since the COVID-19 pandemic entered Indonesia, some Integrated Healthcare Centers no longer operated even though Integrated Healthcare Center has an important role in reducing infant mortality, and toddlers and increasing family welfares (Hafifah, 2020).

One of the Integrated Healthcare Center program services, immunization, did not run as usual during this pandemic. Apart from mothers' worry and fear to bring their babies to Integrated Healthcare Center activities, health workers and cadres also resisted to carrying out Integrated Healthcare Center activities in COVID-19 pandemic (Aritonang et al., 2020). This problem certainly brought a concern because Integrated Healthcare Center activities are a very useful health service forum in the community. Thus, Covid-19 pandemic has affected various health services, including services at the Integrated Healthcare Center.

COVID-19 pandemic has also greatly affected education, economic, tourism, transportation, as well as health sector. The impact of this pandemic has also affected the health of mothers and children (Sumarni, & Prabandari, 2021). A study stated that the majority of mothers experienced high anxiety (78%) about COVID-19, causing low community participation in bringing babies and toddlers to visit the Integrated Healthcare Center (Meilyana, E., Karo, MB, Indrawati, L., & Peraten, 2020). In addition, the decrease in the number of visits can be caused by the ignorance of parents in preventing COVID-19 and the absence of technical instructions for the implementation of Integrated Healthcare Centers during COVID-19 pandemic situation (Aritonang, J., Anita, S., Sinarsi, & Sirega, 2020). Furthermore, the decline in Integrated Healthcare Center visits was influenced by lack of knowledge, mothers' working status, cadres' and health workers' role, families' support, Integrated Healthcare Center distance, mother's education level, attitude, motivation, and ownership of Healthy Card (Rehing et al., 2021).

Similar problems also occurred in the Integrated Healthcare Center in the Paser Regency area in which several Integrated Healthcare Centers did not operate as well as anxiety and lack of compliance with health protocols. The other problem was the difficulty of mobilizing the community to visit the Integrated Healthcare Center routinely and the lack of related stakeholders' involvement. The mobilization efforts includes coordination, communication and motivating during the pandemic. Therefore, this study aimed to describe and analyze the community mobilization efforts that have been made, by comparing the implementation between the primary healthcare centers which have high and low D/S coverage in Paser Regency, East Kalimantan, Indonesia.



Methods

This research was conducted in a qualitative method, using case study design. Data collection techniques were carried out through in-depth interviews to key and triangulation informants as well as observations on the implementation of the Integrated Healthcare Center and supporting documents. The research location was in the working area of Paser Regency, East Kalimantan. The study was conducted during the period of October – December 2021. The study was conducted at 4 primary healthcare centers, two primary healthcare centers from the red zone and two primary healthcare centers from the yellow zone of Covid-19 which had the highest and lowest D/S coverage. The main informants in this study consisted of 1 head of the Primary healthcare center, 1 nutritionist, 1 coordinating midwife, and 1 health promotion officer from each primary healthcare center. The triangulation informants were 1 village head, 1 cadre, and 1 village Family Welfare Empowerment driving team, from each primary healthcare center at selected Integrated Healthcare Center locations. The Integrated Healthcare Centers selected were Integrated Healthcare Center with the highest D/S coverage from the Primary healthcare center with the highest D/S coverage, and Integrated Healthcare Center with the lowest D/S coverage from the Primary healthcare center with the lowest D/S coverage.

Data analysis was carried out by content analysis, by comparing the processes of coordination, communication and motivating from Primary healthcare centers with high and low D/S coverage from each Covid-19 pandemic zone (red and yellow zones). This research has passed the ethical review from the Health Research Ethics Commission, Faculty of Public Health, Diponegoro University with the approval letter number of 309/EA/KEPK-FKM/2021 on 27 September 2021.

Results and Discussion

1. Coordination

The coordination process during the COVID-19 pandemic could not be carried out directly or on face to face basis. The results of observations made by researchers indicated that the process of coordinating Integrated Healthcare Center activities was mostly done through social media such as WhatsApp and Facebook to facilitate the implementation of activities. Health workers from high coverage Primary healthcare centers found that it was difficult to coordinate in order to encouraging the visits to Integrated Healthcare Center. Primary healthcare centers with high coverage made their efforts by utilizing telephones, and social media such as WhatsApp to increase visits to Integrated Healthcare Center. In addition, health workers also made direct visits with health protocols to coordinate with cadres and also the community in implementing the Integrated Healthcare Center during the pandemic. This following statement shows this fact:

*“... It is rather difficult to gather people to Integrated Healthcare Center during a pandemic, even though our coordination is quite good with telephone, WhatsApp, we even come directly to visit the village...”*key informant (IU14)



"... In the past we could go through the broadcast mosque, coordinate through the neighborhood leaders, but during the pandemic we use the WhatsApp group ..."triangulation informants (IT2)

At low coverage primary healthcare centers, the coordination process also utilized telephone and social media such as WhatsApp, but there were some constrains in using this social media. The obstacles included the network limitations, the scant of cellphones' ownership, and circulating hoaxes in the community. The hoax circulated was about the issue that health workers brought out the virus that may infect the community. These hoaxes made the community reluctant to come to Integrated Healthcare Center activities. The statement below shows these things:

"... This COVID pandemic, like it or not, these random hoaxes can make people hesitate to go to the Integrated Healthcare Center..."key informant (IU1)

"... There was a hoax circulating in the community stating that health workers brought COVID and transmitted it to the community..."key informant (IU3)

"... Coordination is sometimes hampered by network problems and some people have no cellphone yet..." triangulation informants (IT3)

Primary healthcare centers that have high coverage used social media more and although it was still difficult to mobilize the community, the health workers tried to visit the Integrated Healthcare Center and hold meetings with cadres directly. The coordination at primary healthcare centers with low coverage was constrained by inadequate networks, limited number of cellphones users, and hoaxes which believed by the community more than the health workers words. Thus, it is necessary to coordinate through direct meetings with village leaders and cadres, as well as the efforts to overcome the circulating hoaxes in the community.

The results of this study were similar to the study results conducted in Tangerang which stated that for the optimal health services, coordination through health workers and health cadres, community leaders, as well as with other relevant village officials is needed (Aditya, 2018). During the spread of COVID 19 around the world, people have turned to use social media to coordinate both receiving and exchanging information (Eidi, 2020).

WhatsApp provides a way out to delivering messages easier without having face-to-face meeting during a pandemic, thus coordination was made simpler by using WhatsApp. However, the coordination through WhatsApp had not as effective as face-to-face meeting, thus high creativity is needed to take advantage of this social media (Nasriani, 2022). Furthermore, the use of social media had a large and broad contribution for an organization and its staff in remote working (Wong et al., 2021).

2. Motivating.

Based on the results of in-depth interviews, the motivation given by health workers (nutritionists, midwives, and health promotion officers) to cadres to mobilize the community was in the form of coaching and supporting the Integrated Healthcare Center program. The interview results to the triangulation informants showed that their motivation was increased through coaching, facilities and infrastructure supports, the availability of proper Integrated



Healthcare Center buildings, as well as operational funds for cadres. Health workers from primary healthcare centers with high coverage motivated the cadres through cadre's trainings. In addition, the motivating process were done through the involvement of village' head and other village officials in Integrated Healthcare Center activities. These actions supported community mobilization efforts in the Integrated Healthcare Center program. Key informant statements can be seen below:

"... We gave our support yesterday, there was training for our cadres, we conveyed that the health protocol in implementing the Integrated Healthcare Center needs to be used..." key informant (IU16)

"...The village head is very supportive in the field of health and not only the village head but all the equipment..." triangulation informant (IT2)

In the process of providing motivation, the health center with low coverage was constrained by the lack of support from the other sectors, especially the involvement of the village government (village head, Family Welfare Empowerment driving team) in implementing activities. In addition, there were still some people who assumed that the Integrated Healthcare Center was owned by the Primary healthcare center. This was indicated by the following statement:

"... Support from other sectors is still lacking, Integrated Healthcare Center is still owned by the Primary healthcare center, not the community..." main informant (IU14)

"... Lack of support from the other sectors, especially the villagers in their involvement and also the Family Welfare Empowerment driving team..." key informant (IU5)

The results of this study were in line with the results of a study conducted in Jayaraga village, Tarogong Kidul Garut, which showed that efforts to increase community visits to Integrated Healthcare Center were carried out through health education activities to increase public knowledge, conduct health checks, and provide additional food. These things can increase people's motivation to come to Integrated Healthcare Center (U. Rosidin et al., 2020). The difference in motivating process between the high and low coverage primary healthcare centers was the fact that high-coverage primary healthcare centers got a better support from the health workers and village government (village head) through the involvement of village heads in encouraging the cadres and community. At primary healthcare centers with low coverage, health workers and the village government have provided their support but the involvement in of the village head and the Family Welfare Empowerment driving team was still inadequate.

The majority of triangulation informants stated that the motivation given by health workers was still lacking and there was a need for additional support in the form of training or coaching cadres so the cadres can be more enthusiastic. Additional information from several informants showed that the village support provided was still lacking in the availability of advices, infrastructure, operational funds and others. The cadres felt that during the pandemic, mobilize community to come the Integrated Healthcare Center was difficult. However, the cadres still enthusiastic to voluntarily carried out the activities during the pandemic because



they realized that Integrated Healthcare Center is very important to promote health in the community.

The results of this study were similar to the results of research conducted in the working area of the Sidotopo Wetan Health Center Surabaya City which showed that active cadres tended to have high motivation to advance the Integrated Healthcare Center (Husniyawati & Wulandari, 2016). Another study also showed that in the Working Area of the Lisu Health Center, Tanete Riaja District, Baru Regency, the cadres with high performance also had high motivation. The motivation can come from within or intrinsic, and the motivation comes from outside someone called extrinsic motivation (Ilham., Irmayani., 2013).

The results showed that the cadres felt very supported by the availability of facilities and infrastructure to support the implementation of Integrated Healthcare Center activities. The results of this study were similar to the results of research conducted in Pengadengan Village, Banyumas Regency which showed that most of the cadres received support from the Integrated Healthcare Center organization. The greatest support felt by cadres was in the form of facilities and infrastructure for Integrated Healthcare Center activities provided by the government (Profita, 2018). Cadres with high motivation would try their best to increase the visits of mothers of toddlers (Husniyawati & Wulandari, 2016).

3. Communication

For communication process during the COVID-19 pandemic, high-coverage primary healthcare centers mostly used telephone and social media such as WhatsApp and Facebook. They also used Facebook for providing health information and a medium for family education to inform the importance of visiting the Integrated Healthcare Center. The obstacle experienced by the high coverage Primary healthcare center was the limitation of direct discussions in monthly meetings so that communication process was only done using WhatsApp.

“... Yesterday I have done family education, I educated through Facebook...” the main informant (IU7)

“... Usually, I make a post on Facebook, many people read...” triangulation informant (IT2)

“... We usually have a monthly meeting where we discuss all programs, especially the Integrated Healthcare Center program, but since the pandemic, communication was rarely done...” key informant (IU14)

“... Communication was only done through WhatsApp and some appeals were post there...” triangulation informant (IT3)

Communication process in the primary healthcare center with low coverage were also done through telephone and social media such as WhatsApp, and Facebook. The obstacle felt by them was the limitation in holding monthly meetings. The use of Facebook was only for providing information and appeals for implementing the activities.

“... most communication was done through social media such as WhatsApp groups, as the constrains was in the direct meetings to discuss a problem, thus communication was only



done through WhatsApp social media, and we also share the implementation activities through facebook...” key informant (IU15)

“... Communication via WhatsApp, so far, only through WhatsApp...” triangulation informant (IT3)

The communication process carried out by the primary healthcare center with low coverage was done through telephone and social media through WhatsApp and Facebook. The obstacle felt was the limitations of holding monthly deliberation or meetings as a forum for discussions, which are rarely carried out due to the limiting number of meetings. Facebook was only used as a medium for providing information and appeals for implementation activities.

The results of this study are similar to the results of a research conducted among the public which stated that social media such as WhatsApp was more dominantly used. Currently, WhatsApp has been used as a communication medium to convey messages to someone. Direct communication is common to the community, but with WhatsApp, message or information deliveries could also be effective, satisfactory and easier to receive. Message content usually includes: environmental safety, education, social ties, welfare, work, and entertainment (Trisnani, 2017).

Conclusion and Recommendation

It is concluded that matters relating to community mobilization efforts in the Integrated Healthcare Center program include aspects of coordination, communication, and motivating. From the coordination aspect, it is concluded that the use of social media cannot replace face-to-face meetings and requires efforts to overcome hoaxes circulating in the community. From the aspect of increasing motivation, it is necessary to involve village parties such as village heads, cadres, and the Family Welfare Empowerment driving team. From the aspect of communication, it is necessary to use social media such as Facebook for public education, not only as information on Integrated Healthcare Center activities.

It is recommended to the primary healthcare center to conduct ongoing advocacy to the community regarding the circulating hoaxes so that people do not easily believe in the existence of hoaxes, increase cooperation both through health workers and village leaders, and increase public awareness regarding the importance of participating in Integrated Healthcare Center activities.



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