



**PERSPECTIVES ON NEONATAL VISITS COVERAGE IN SERDANG
BEDAGAI REGENCY INDONESIA: A QUALITATIVE**

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ABSTRACT

The purpose of neonatal visits is to re-examine newborns, review counseling and anticipation guidelines with parents, identify symptoms of illness, and educate and support parents. The purpose of neonatal visits is to improve neonatal access to basic health services and to find out as early as possible if there are abnormalities in the baby or if there are problems. One important indicator to describe the level of public health is the infant mortality rate. Objective to find out more about the perspectives on neonatal visit coverage in Serdang Bedagai District, Indonesia. The study was a qualitative with phenomenology approach. Twenty-five informants were applied in this study using purposive sampling. Data were collected using in-depth interviews. Data were analyzed using content analysis by the collaizi method. The study emerged nine themes, namely: 1) knowledge about neonatal visits; 2) neonatal visit quantity standards; 3) neonatal visit quality standards; 4) health care workers providing neonatal visiting services; 5) purpose of neonatal visits; 6) relationship between education and neonatal visit compliance; 7) relationship between husband/family support and neonatal visit compliance; 8) reasons for non-compliance with neonatal visits; and 9) culture in support of public health. These results can be input for policymakers to increase the coverage of neonatal visits in Serdang Bedagai Regency, Indonesia.

Keywords: neonatal visit; newborn; qualitative

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INTRODUCTION

The level of children's health reflects the level of the nation's health because children as the next generation of the nation have abilities that can be developed in continuing the nation's development (Titaley et al., 2019). Based on these reasons, children's health issues are prioritized in national development planning or arrangement by reducing infant mortality rates (Requejo et al., 2022). More than half of infant deaths occur in the first year of life, most of which occur in the neonatal period, and around 1 million newborns die in the first 24 hours. The neonatal period (0-28 days after birth) is the most vulnerable period for babies to the risk

of various health problems (Lawn et al., 2023). The high mortality rate in neonates compared to older babies is because during this period there are major changes from life in the womb and maturation of almost all organs in all body systems (Rosa-Mangeret et al., 2022).

In general, the cause of neonatal death is an accumulation of various factors, including multidimensional factors, not only due to direct causes (asphyxia, LBW, birth trauma, infection, prematurity, congenital abnormalities) but also influenced by indirect causes, namely the mother's age at birth, birth order, spacing between pregnancies, individual/family behavior, gender equality in parental education, husband's support, social, cultural and economic (Dol et al., 2023). Therefore, it is necessary to strengthen the commitment of local governments in making the Maternal Neonatal Health Program a success, as well as cross-program and sector collaboration to be able to reduce neonatal mortality cases (Vallely et al., 2023). Health efforts undertaken to control the risk of neonatal death include ensuring that deliveries can be carried out by health workers in health facilities and ensuring the availability of standard health services during newborn visits (Sukriani et al., 2022).

The infant mortality rate in Indonesia is related to maternal health behavior and childcare patterns which are influenced by various factors, both from providers and service users (Andriani et al., 2022). Factors that influence childcare behavior from the service provider side, such as the availability of health service facilities (infrastructure, health workers, and health insurance) and the quality of service. Meanwhile, childcare health behavior is also inseparable from the socio-demographic factors inherent in the individual (age, education level, husband's job, customs in society) (Khasanah et al., 2023). Local culture-based health interventions can be carried out with the existence of culture. In addition to targeting the community, socio-cultural-based health interventions also emphasize the importance of the role of health workers as program managers. Improving the technical and communication skills of health workers is needed to be able to make the community interested in accessing health facilities. Adequate health service facilities are also the main key to the success of socio-cultural-based health interventions (Cipta et al., 2024).

The description can be used by health workers to know, learn, and understand all things that are traditions in the community. Based on the culture that has been monitored, health programs can be designed to improve the health status of mothers and children according to specific local problems. In this way, Indonesia's rich cultural heritage can continue to be developed, preserved, and utilized locally, and if possible nationally (Schaaf et al., 2020). Understanding the culture of society related to health issues is very important to consider as a determining factor towards the success of health programs aimed at improving the quality of life of individuals and society (Curtis et al., 2019). Therefore, the purpose of this study is to find out more about the perspectives on neonatal visit coverage in Serdang Bedagai District, Indonesia.

METHOD

The research employed a qualitative, phenomenological methodology. The focus of phenomenological research is on an individual's experiences with specific life events (Neubauer et al., 2019) so that from this phenomenological approach is expected to gain an in-depth understanding of the parents' perspectives on neonatal visits in Serdang Bedagai District, Indonesia. 25 informants were applied in this study using purposive sampling. Data were collected using a semi-structured interview. Researchers introduced themselves and explained the purpose and objectives of the study. Informants were willing to be interviewed,

so informants were asked to read and sign an informed consent guaranteeing anonymity and confidentiality. Data collection stopped until no new information was obtained and redundancy was achieved. Data were analyzed using content analysis by the collaizi method. To make sure the researchers had accurately examined the data, member checking was done. The research's dependability was guaranteed by applying the trustworthy principle. One of the criteria used to satisfy the truth value of the data and information gathered is credibility. Researchers used a technique called extended engagement. To ascertain themes, confirmability is achieved by displaying all transcripts and field notes.

Reliability is used to evaluate the quality of the researcher's procedure. Transferability is how this research can be done in other places. Transferability was done in this research through the provision of research reports as thick descriptions. Thick description of the research process means that researchers store all archives and materials during the research process. To provide readers with a clear understanding of the experience of the exclusive breastfeeding policy among informal workers, transferability is achieved through the creation of research reports that are well-defined, apparent, methodical, and simple to read. The ability of researchers to depict different realities is the main component of authenticity. This research has received approval from the Health Research Ethics Commission of the Faculty of Medicine, Universitas Andalas No.44/UN.16.2/KEP-FK/2023, and researchers also asked for approval from respondents with informed consent.

RESULTS

Table 1.
Characteristics informant (n=25)

Informant	Position	Educational level
#1	Coordinating midwife	Bachelor of midwifery
#2	Coordinating midwife	Bachelor of midwifery
#3	Coordinating midwife	Bachelor of midwifery
#4	Coordinating midwife	Bachelor of midwifery
#5	Coordinating midwife	Bachelor of midwifery
#6	Midwife practitioner	Bachelor of midwifery
#7	Midwife practitioner	Bachelor of midwifery
#8	Midwife practitioner	Bachelor of midwifery
#9	Midwife practitioner	Bachelor of midwifery
#10	Midwife practitioner	Bachelor of midwifery
#11	Neonatal mother	Senior high school
#12	Neonatal mother	Senior high school
#13	Neonatal mother	Bachelor
#14	Neonatal mother	Senior high school
#15	Neonatal mother	Senior high school
#16	Neonatal father	Senior high school
#17	Neonatal father	Senior high school
#18	Neonatal father	Bachelor
#19	Neonatal father	Diploma 3
#20	Neonatal father	Senior high school
#21	Community figure	Senior high school
#22	Community figure	Bachelor
#23	Community figure	Diploma 3
#24	Community figure	Senior high school
#25	Community figure	Bachelor

Based on the analysis results, nine themes emerged, including 1) knowledge about neonatal

visits; 2) neonatal visit quantity standards; 3) neonatal visit quality standards; 4) health care workers providing neonatal visiting services; 5) purpose of neonatal visits; 6) relationship between education and neonatal visit compliance; 7) relationship between husband/family support and neonatal visit compliance; 8) reasons for non-compliance with neonatal visits; and 9) culture in support of public health.

Knowledge about Neonatal Visits

Informants had a limited understanding of neonatal visits and acknowledged the need for further education to improve their knowledge. The results of in-depth interviews, it was found that there was a lack of understanding of neonatal visits according to the informant's statement:

"....Neonatal visits is... Hmm, I think they are visits to check on the baby. But I'm not sure exactly what is checked and what should be done during the visit...."(Informant #1)

"....Usually, when there is a neonatal visit, I just listen to what the midwife says and try to follow what they recommend for baby care. But actually, I don't understand the details, Ma'am..." (Informant #2)

"....Neonatal visit, huh... I heard that term from my wife, but I don't understand what it means. How is it different from a regular visit to a midwife or pediatrician?" (Informant #21)

"....I feel like I don't have enough information to understand why neonatal visits are so important. Maybe I should find out more...." (Informant #22)

"....But it is true, there are some mothers who come with little knowledge about what should be done during a neonatal visit. We always try to give them a clear explanation." (Informant #4)

"....Neonatal visits? Hmm, I know they're important for the baby, but I'm not sure what's supposed to happen during them." (Informant #21)

"....I think... as community leaders, we need to educate people more about the importance of neonatal visits and what they should expect from them" (Informant 24)

Neonatal Visit Quantity Standards

There were differences in understanding of neonatal visits among informants consisting of coordinating midwives, implementing midwives, community leaders, neonatal mothers, and fathers. Coordinating midwives and implementing midwives had a fairly good understanding of the frequency and schedule of neonatal visits that should be carried out, while community leaders, neonatal mothers, and fathers experienced greater misunderstanding. In addition, it was found that several informants, such as neonatal mothers and fathers, experienced obstacles in understanding and implementing neonatal visits, either due to lack of information or internal obstacles such as prohibitions from the family. The following is the informant's statement:

"According to the guidelines, neonatal visits should be conducted at least three times for a newborn. The first is at 6-48 hours of age, the second is at 3-7 days, and the third is at 8-28 days after birth."...."(Informant #2)

".... It is mandatory at least three times for newborns. The first is.... at the age of 6-48 hours, then... the second on the 3rd-7th day, and the third on the 8th to 28th day. Neonatal visits are an important part of newborn care. We always remind parents to make visits according to the established schedule "... (Informant #6 and #9)

"I have heard that neonatal visits are important, but I am not sure how often they should be done and when. Maybe we need more explanation about this in our village..." (Informant #11)

".... I think the neonatal visits were done about three times, but I don't remember exactly when. I usually come when the midwife reminds me." (Informant #12)

"...I don't know ma'am...I've never taken my child out and been examined by a midwife until now..." (Informant #15)

Neonatal Visit Quality Standards

The quality standards for neonatal visits include a physical examination of the baby, counseling parents, immunization if needed, and providing information about baby care and the importance of a healthy diet. Coordinating midwives, implementing midwives, and community leaders have a fairly good understanding of these standards, while neonatal mothers and fathers experience greater misunderstanding. The following is an informant's statement:

"According to quality standards, during neonatal visits, we perform a physical examination of the baby to ensure that it is in good condition, provide counseling to parents about baby care, provide immunizations if necessary, and provide information about the importance of a healthy diet...." (Informants #3 and #4)

".... During neonatal visits, we ensure that the baby receives a thorough physical examination, advise the mother on proper breastfeeding techniques, provide immunizations if necessary, and provide information on danger signs to watch out for...."(Informants #6; #7; and #10)

"In my opinion, during neonatal visits, midwives usually do routine checks on the baby, give advice to the mother about the baby's diet, and provide information about baby hygiene and care...." (Informant #11)

".... During a neonatal visit, the midwife usually performs a physical examination of the baby, provides advice on how to care for the baby, provides immunizations, and sometimes provides vitamins or supplements if necessary...." (Informants #12 and #13)

".... Our child was seen by a midwife and we were taught to take care of our baby" (Informant #20)

Health Care Workers Providing Neonatal Visiting Services

Neonatal visiting services can be provided by a variety of parties, including midwives, doctors, nurses, health workers, and even traditional birth attendants in some cases. However, the dominance of services remains in the hands of midwives and doctors, with traditional birth attendants emerging as an alternative option in some situations. There is variation in perceptions about who should provide services. The following is an informant's statement:

".... In my opinion, neonatal visiting services can be provided by midwives, doctors, or health workers who are trained in caring for newborns. They have the knowledge and skills needed to conduct examinations and provide advice to parents...."(Informant #1; #3 : and #4)

"It could be a midwife, doctor, or health worker who is in the right field..." (Informants #2 and #5)

"In general, neonatal visit services can be provided by midwives, doctors, or health workers who have the knowledge and skills to care for newborns. They can perform physical examinations, provide immunizations, and provide advice to parents about baby care...." (Informant #8; #9; and #10)

"....It should be given by a midwife or doctor who has expertise in caring for newborns..." (Informant #11)

".....Nurse or midwife, midwife or doctor...." (Informant #12 and #13)

"Doctors, midwives, and nurses" (Informant #14 and #15)

"Most of them are checked by midwives, Ma'am, except for hospitals that... have doctors" (Informant #16)

"..mmmm.. there are many clinic midwives and traditional birth attendants in our village who

can do this, ma'am...” (Informant 25)

Purpose of Neonatal Visits

There is variation in understanding about the purpose of neonatal visits, but in general, all parties emphasize the important role of neonatal visits in monitoring the health and development of babies and providing education to parents.

“The goal is to provide immunization or other medical care needed by the baby according to his/her age.”....”(Informant #2 and #5)

“...To ensure that babies grow and develop well, detect health problems early, provide immunizations according to schedule, provide advice on baby care, and provide support to parents.....”(Informants #6 and #10)

“.... Conducting physical examinations, providing immunizations, and providing advice to parents about baby care.....”(Informant #12)

“mmmm.. what is it ma'am... I'm not sure, but I think it's done to make sure the baby is healthy and receives the necessary immunizations. I don't understand the details yet.” (Informant #16)

“..providing advice to parents about baby care...” (Informant #25)

Relationship between Husband/Family Support and Neonatal Visit Compliance

Parents with low levels of education tend to have less understanding of the importance of neonatal visits and infant health care. This causes them to take their children to neonatal visits less often.

“.... According to my observation, neonatal mothers and fathers with low education levels tend to bring their children to neonatal visits less frequently. This may be due to their lack of understanding of the importance of neonatal visits and the health care needed for newborns.....”(Informants #2 and #4)

“mmm... Mothers and fathers with low levels of education often have less understanding of the importance of neonatal visits. They may be more likely to ignore the visit due to a lack of knowledge about infant health care.”....”(Informants #6; #8; and #9)

“...My observation in the community, mothers and fathers with low education levels are more likely not to attend neonatal visits regularly. This could be due to lack of access to information or lack of understanding about the importance of infant health care.....”(Informants #12; #13; and #14)

“In my experience, parents with low education levels often do not understand the importance of neonatal visits. They may not realize how important infant health care is in maintaining their health and growth...” (Informant #23)

Husband/family support plays a very important role in neonatal visits. Their presence not only provides emotional support but also influences the mother's compliance in following the visit schedule. This is a key factor in ensuring the success of neonatal visits and the overall health of the baby. Community leaders and several neonatal mothers emphasized that husband/family support was considered a key factor in increasing maternal compliance in neonatal visits.

“.... Husband/family support is very important in ensuring the success of neonatal visits. They are a vital source of support for both mother and baby. The presence of the husband/family not only provides emotional support but can also influence the mother's compliance in following the neonatal visit schedule.....”(Informants #1 and #2)

“....In our community, husband or family support is considered a key factor in increasing maternal compliance in neonatal visits. They can be agents of change that motivate mothers to follow medical advice and ensure the health of the baby....” (Informants #11 and #15)

"....As a father, I sometimes find it difficult to find a balance between my role at work and my role as a supporter of the baby's care. However, open communication and support from my wife helped me overcome this challenge and become more involved in the neonatal visits...."(Informant #24)

Reasons for Non-Compliance with Neonatal Visits

Reflecting the complexity of factors influencing maternal participation in neonatal visits. Economic constraints, lack of understanding, distance and accessibility factors, social barriers, traditional beliefs, lack of education, traditional prohibitions, mythical beliefs, lack of reminders, and lack of understanding of health benefits all play a role in shaping non-adherent behavior.

".... One of the common reasons I encountered was economic constraints. Some mothers may not have the means to travel to the health center or clinic. In addition, some are also worried about the cost of treatment or medical procedures required during the visit....."(Informants #1 and #2)

"....From my experience, some mothers do not make neonatal visits because of distance and accessibility factors. They may live in remote areas or areas that are difficult to reach by health services..." (Informants #6 and #7)

"Oh... That's lame, Ma'am....In our society, several factors can hinder mothers from making neonatal visits. One of them is traditional beliefs or myths that prevent mothers from seeking modern medical care."(Informant #11; #12; and #15)

"My in-laws don't allow us to take our child out of the house. Besides, my child is healthy, at most he's just a little fussy. And I don't know exactly what the benefits of this neonatal visit are, Ma'am..." (Informants #22; #23; and #24)

Culture in Support of Public Health

The community has various habits related to infant and maternal health. Positive habits include routine health checks at the Pondok dalam led by the village midwife, as well as the tradition of the kenduri aqiqah event before the baby is 30 days old, where family members and neighbors share experiences of caring for the baby. However, there are still challenges such as lack of awareness or participation in these health activities, as well as the lack of availability or quality of counseling from village midwives.

"The routine is scheduled by community leaders based on deliberation to gather at the inner hut. Activities at the inner hut are usually checking community health and providing health education. The village midwife usually participates in these activities." (Informants #1; #2; and #5)

"At the Pondok event, the activities that are generally carried out include community health checks and counseling on health issues. Usually, I am the one who provides counseling and conducts health checks for the community, but for neonatal it has not been our focus because local traditions prohibit children from being taken out of the house." (Informants #6; #7; and #9)

"Carrying out a series of aqiqah kenduri events that must be carried out by families who have just had a baby as a thanksgiving event. All neighbors and relatives are invited to attend to send congratulations and prayers of gratitude" (Informant #20 and #22)

"One of the cultural traditions carried out by the community is 'kenduri aqiqahan (thanksgiving) because the child was born safely, so sending prayers of gratitude. Well... this aqiqahan is indeed a special obligation for religion when a child is born and that's where parents tell their experiences of caring for children according to our tradition and we also follow it" (Informants #24 and #25)

DISCUSSION

Many informants are still confused about neonatal visits. Respondents' knowledge in other studies was mostly in the good category (56%). However, the results of the hypothesis test with Chi-Square obtained a p-value of $0.938 \geq 0.05$ (not related), This means there was no correlation between knowledge and neonatal visits (Rahmawati et al., 2019). Other researchers also found that 30 people (93.8%) had high knowledge in the good behavior category, 2 people (6.3%) had good knowledge in the poor behavior category, and 7 people (100.0%) had low knowledge in the poor behavior category (Aulia et al., 2022). Lack of maternal knowledge about neonatal visits is due to maternal education, maternal age, maternal residential environment, and mothers do not receive enough counseling and health information about neonatal visits. Knowledge is an important predisposing factor component, although increased knowledge does not always cause behavioral changes but has a positive relationship, where with increased knowledge, behavioral changes will be faster (Anis et al., 2022).

Newborn health services are one of 12 types of basic services in the Minimum Health Service Standards for Districts/Cities. The concept of Minimum Service Standards has changed from the performance of ministry programs to the performance of local governments which have reward and punishment consequences. Minimum service standards are one of the national strategic programs and are the minimum that must be implemented by local governments for their people, so the target for Minimum Service Standards must be 100% every year (Rohana et al., 2020). One of the important indicators to describe the level of public health is the Infant Mortality Rate (IMR). IMR can reflect the socio-economic conditions of the local community because infants are the age group most vulnerable to the effects of environmental and socio-economic changes (Pawenang & Nikmah, 2022).

The implementation of minimum service standards in newborn health services was constrained in the implementation of neonatal visit 2 and neonatal visit 3, neonatal care counseling, health examination with Integrated Management of Young Infants, and handling neonatal referral cases. That was because most of the midwives had not received Integrated Management of Young Infants training, there was no budgeting for health training, double jobs because midwives at the Primary health center were lacking, the targets used a lot of real data, recording and reporting were not in order, supervision from the leadership was not optimal, difficulties in finding health facilities referral, and there is no strict sanction from the District Health Office (Rohana et al., 2020). Basic neonatal health services must be carried out comprehensively. This service is carried out using standard newborn examination and care with a management approach for young babies (Gilworth et al., 2020). The World Health Organization has recommended several interventions for newborns such as early initiation of breastfeeding and exclusive breastfeeding, umbilical cord care, and promoting practices in the community through neonatal visits (Huang et al., 2022). Health workers who can provide neonatal health services are pediatricians, general practitioners, midwives, and nurses (Baker et al., 2021).

Neonatal visits aim to increase neonates' access to basic health services and to find out as early as possible if there are any abnormalities/health problems in neonates if they experience problems. Neonatal visits can help reduce the risk of death (O'Dair et al., 2022). The greatest risk of neonatal death occurs in the first 24 hours of life, the first week, and the first month of life. So if a baby is born in a health care facility, it is highly recommended to stay in the health care facility for at least the first 24 hours (Mahtab et al., 2023). The proportion of complete neonatal visits is mostly mothers who receive support from their husbands (62.5%),

while in incomplete neonatal visits, almost all do not receive support from their husbands or families (84.4%). The results of the p -value = $0.000 < 0.05$ (OR = 9.048) there is a relationship between the husband's support and the completeness of neonatal visits. There is a relationship between the husband's support and the completeness of neonatal visits. Mothers who receive husband's support are 9 times more likely to make complete neonatal visits (Naibaho et al., 2020).

This study is in line with previous studies which stated several reasons for non-compliance with neonatal visits. The results of the study showed that 75 respondents (100%) utilized neonatal visit services. From geographical access, 72 people (96%) were able to reach Neonatal Visit services and 3 people (4%) were unable to reach Neonatal Visit services. From economic factors, 23 people (30.7%) had high family incomes and 52 people (69.3%) had low family incomes. From socio-cultural factors, most respondents still had beliefs about newborns, while attitude and perception factors showed that 75 people (100%) of respondents had good attitudes and positive perceptions of neonatal visit services. And from the health service factor, 75 people (100%) thought that the health services provided by health workers were good. This study shows that all mothers utilized neonatal visit services, especially Neonatal Visit 1 because they were still at the health service when they gave birth (Raodhah & Darwis, 2015).

CONCLUSION

The results of this study indicate that there are several factors in coverage of neonatal visits, namely: 1) knowledge about neonatal visits; 2) neonatal visit quantity standards; 3) neonatal visit quality standards; 4) healthcare workers providing neonatal visiting services; 5) purpose of neonatal visits; 6) relationship between education and neonatal visit compliance; 7) relationship between husband/family support and neonatal visit compliance; 8) reasons for non-compliance with neonatal visits; and 9) culture in support of public health. It is hoped that these results can be input for policymakers to increase the coverage of neonatal visits in Serdang Bedagai Regency, Indonesia.

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