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STRATEGIES OF HEALTH WORKERS IN TACKLING STUNTING IN RURAL AREAS DURING THE COVID-19 PANDEMIC

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ABSTRACT
The current Covid-19 vaccination has reached most people throughout Indonesia. The main focus of this spectrum is on handling the Covid-19 pandemic through the provision of vaccines in Indonesia. The pandemic's impact is indisputably clear, especially in the Stunting Management Programs, which are likely not optimal and require a viable strategy in handling it. Objective: This study aims to identify the strategy of health workers in tackling stunting in rural areas during the Covid-19 Pandemic. Method: This study employs a quantitative descriptive design where the population involved are health workers holding nutrition programs from health centres in rural areas in the province of Bali. The sampling technique in this study utilizes a non-probability sampling technique, namely purposive sampling of 34 respondents. Afterwards, data collection was done online, with the inclusion criteria for health workers working as nutrition program holders and community health centres in rural areas. This study indicates that 55.90% of health workers are not well-performing at dealing with stunting during the pandemic, while 44.10% of them show positive performance. Therefore, prevention of stunting by health workers during a pandemic is one of the indicators of whether stunting is in a high or low incidence.

Keywords: covid-19; nutrition; stunting; toddler

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INTRODUCTION

Recently, The Covid-19 has become a deteriorating disease around the globe. Indeed, The threat of this health problem must be taken seriously. The condition of world health and the economy is getting worse because it is affected by the highly contagious Covid-19 disease (Verity et al., 2020). One of the impacts of Covid-19 cases, malnutrition or stunting, cannot be appropriately handled and require the proper strategy in dealing with stunting (Akseer et al., 2020).

In 2019, more than half of the world's stunted children live in Asia (54%), while more than one-half (40%) live in Africa. One in three African children is stunting (UNICEF, 2020). Data on the prevalence of stunting under five collected by the World Health Organization (WHO), Indonesia is included in the sixth country with the highest prevalence from the Southeast Asia region/South-East Asia Regional (SEAR). Moreover, Indonesia is predicted as the second-highest prevalence is in Southeast Asia after Timor Leste. However, in terms of numbers, Indonesia is the country with the highest number of stunted children under five in Southeast

Asia. The average prevalence of stunting under five in Indonesia is 108 out of 132 countries. In the previous report, Indonesia was listed as one of 17 countries that experienced a double burden of nutrition, both excess and malnutrition (TNP2K, 2018).

The prevalence of stunted toddlers in Indonesia tends to be static. The results of the 2018 Basic Health Research (Riskesdas) showed a 6.4% decline in stunting prevalence at the national level over a five-year period, from 37.2% (2013) to 30.8% (2018) (TNP2K, 2018). The 2018 Basic Health Research results depicted that the prevalence of stunting was still high at 30.8% (Ministry of Health, 2018). This number was still above the World Health Organization (WHO) stunting limit, which was <20%. This figure indicated that approximately 8.9 million Indonesian children experience suboptimal growth, or one in three Indonesian children was stunting. A total of 18 provinces out of 34 provinces in Indonesia have stunting prevalence above the national average.

The first 1000-day intervention of the government program, which aims to reduce the incidence of stunting, has been able to slowly reduce the incidence of stunting. Nevertheless, it is still said that the incidence of stunting is still relatively high because it has not yet reached the WHO standard. The stunting rate was below 20% (BAPPENAS & UNICEF, 2017). The estimated stunting rate from 2012 had decreased by 166 million people, but this figure was still far from the global target (Global Nutrition Report & Sustainable Development, 2020).

The Indonesian government pays great attention to stunting. This can be seen from the Long-Medium-Term Development Plan (RPJMN) 2020-2024, which targets a 19% reduction in stunting by 2024. This condition illustrates an arduous task that the government has to handle regarding stunting prevention in Indonesia. Failure to resolve the stunting problem has a severe impact. It can result in not achieving national development targets and the risk of a large burden that must be borne by the state due to the very low quality of human resources (HR) who are not competitive (Priyono, 2020).

According to the literature review conducted (Agus Sugianto, 2021), there are three reasons why stunting prevention and control in Indonesia becomes a critical problem that must be resolved immediately. First, from the policy aspect, the stunting rate, which still exceeds the threshold (<20%), indicates that the stunting prevention and control policy has not been running as it should. Second, from the aspect of community participation. The active role of the community is needed in supporting government policies. Third, one of the visions of the President of the Republic of Indonesia is to focus on developing human resources by providing health insurance for pregnant women, infants, toddlers, and schoolchildren, including improving the quality of education and vocational education. Based on this data, the researcher will conduct research on "Strategies for the Tackling of Stunting in Toddlers in Rural Areas During the Covid-19 Pandemic Period."

METHOD

The research design is a structured (rational, empirical and systemic) design to guide research in obtaining data with specific goals and uses (Sugiyono, 2017). This research uses cross-sectional research. This research was conducted in all puskesmas in rural areas in the province. The population is a generalization area consisting of subjects or objects that have certain qualities and characteristics determined by researchers to be studied and then drawn conclusions (Sugiyono, 2017). The population in this study was health workers holding nutrition programs at puskesmas in Bali who met the inclusion and exclusion criteria. The

inclusion criteria in this study were as follows: health workers holding stunting programs, willing to be respondents, having experience in stunting prevention programs for at least six months. The exclusion criteria were health workers who had been transferred to another program at the puskesmas. Sampling techniques are the methods taken to obtain samples in accordance with the entire research subject (Nursalam, 2017). The sampling technique used in this study was done through multistage random sampling, where the sampling technique used two or more different sampling techniques. The sample size of this study was 34 nutrition health workers from 34 health centres in rural areas. This study was only analyzed univariately to determine the distribution and percentage of respondents' characteristics and history of stunting in the form of tables and narratives. This research has passed the ethical review with the number: 033/EA/KEPK-BUB-2021

RESULTS

The characteristics of respondents in the Health Workers Strategy research in Overcoming Stunting in Toddlers in Rural Areas During the Covid 19 Pandemic were seen based on their employment status, latest education and existing Stunting cases.

Table 1.
Characteristics of respondents based on occupation, education and stunting cases in the prevention of stunting in children under five in rural areas during the COVID-19 pandemic (n=34)

Profession	Frequency Distribution	
	f	%
Government employees	22	64.7
Non Government employees	12	35.3
Total	34	100
Education	**Frequency Distribution**	
	f	%
Diploma 3	24	70.6
Bachelor	10	29.4
Total	34	100
Case of Stunting	**Frequency Distribution**	
	f	%
Yes	29	85.3
No	5	14.7
Total	34	100

Based on table 1, 64.7% of respondents' government employees, 70.6% of respondents' last education was Diploma 3. Case of stunting 85.3%.

Table 2
The strategy of Health Officers in Tackling Stunting in Toddlers in Rural Areas During the Covid 19 Pandemic in Bali Province (n=34)

Tackling of Stunting	Frequency Distribution	
	f	%
Less Optimal	19	55.9
Optimal	15	44.1
Total	34	100

Based on table 2, the strategies of health workers in overcoming stunting in under-fives are 55.9%.

DISCUSSION

The study results based on the characteristics of the respondents found that 64.7% of nutrition officers were Civil Servants or PNS. The last education of health workers is dominant diploma three by 70.6%. According to the theory, stunting management is carried out through specific interventions on the target of the first 1,000 days of a child's life until the age of 6 years. Presidential Regulation No. 42 of 2013 states that the 1000 HPK Movement consists of specific and sensitive nutrition interventions. Specific interventions, are actions or activities that are specifically planned for the 1000 HPK group, are interventions aimed at children in the First 1,000 Days of Life (HPK) and contribute to a 30% reduction in stunting. The framework of specific nutrition intervention activities is generally carried out in the health sector. Interventions are targeting pregnant women: 1). Providing additional food to pregnant women to overcome chronic energy and protein deficiency. 2). Overcoming iron and folic acid deficiency, 3) Overcoming iodine deficiency, 4). Overcoming worms in pregnant women, 5). Protect pregnant women from Malaria. Interventions targeting breastfeeding mothers and children aged 0-6 months: 1) Encouraging early initiation of breastfeeding (feeding with breast milk/colostrum), 2). Encourage exclusive breastfeeding. Interventions targeting breastfeeding mothers and children aged 7-23 months: 1). Encourage the continuation of breastfeeding until the age of 23 months, accompanied by the provision of MP-ASI. 2). Provide worm medicine, 3). Supply zinc supplementation, 4). Perform fortification of iron into food, 5). Establish protection against Malaria, 6). Offer complete immunization, 7). Prevent and treat diarrhea (Atikah, Rahayu, 2018).

Local health workers can carry this specific intervention and empower the community through toddler health cadres in the local area. During the Covid-19 pandemic, restrictions on posyandu (integrated services post) activities became an obstacle to the sustainability of specific nutrition interventions. Home visits have not been optimally implemented due to activity restrictions. Based on qualitative research with the title Communication Strategy in the Stunting Reduction Program During the Pandemic Period by the DKI Jakarta BKKBN, the biggest challenge in implementing the stunting reduction acceleration program is the Covid 19 pandemic, limitations in implementing activities such as *posyandu* are the biggest obstacles in the success of accelerating stunting reduction programs (Puspasari, 2021).

According to the 2018 Basic Health Research (Riskesdas) results, the prevalence of stunting is still high at 30.8% (Ministry of Health, 2018). This number is still above the World Health Organization (WHO) stunting limit, which is <20%. This condition means that approximately 8.9 million Indonesian children experience suboptimal growth, or 1 in 3 Indonesian children

is stunted. Based on data from 34 provinces in Indonesia, 18 provinces have stunting prevalence above the national average.

As shown by the Performance Report of the Ministry of Health in 2021, the baseline stunting prevalence that is used as the basis for calculating the target for reducing stunting prevalence per year is survey data, namely Riskesdas 2018 and SSGBI 2019. The government's high commitment to reducing stunting prevalence makes it one of the national priorities, so that achievement must be monitored every year. Balitbangkes is mandated to monitor progress in achieving the annual target for stunting prevalence through the implementation of the Indonesian Toddler Nutrition Survey. However, due to the COVID-19 pandemic situation, the implementation of the 2020 SGBI could not go according to plan (Ministry of Health of the Republic of Indonesia, 2021).

Referring to the health protocol that recommends limiting physical contact, anthropometric measurements of toddlers were not carried out so that data on the nutritional status of toddlers for 2020 from the survey results could not be obtained. The 2020 SGBI is focused on assessing the determinants of the nutritional status of Indonesian children under five. The target of stunting prevalence in children under five for 2020 is 24.1% (5,543,000 children under five), while in the SIGIZI ePPGBM report (online application system-based nutrition registration and reporting system from 34 provinces) shows that out of 11,499,041 toddlers whose nutritional status was measured based on height according to age (TB/U) were 1,325,298 toddlers with TB/U <-2 SD or it can be said that 11.6% of toddlers were stunted (Ministry of Health of the Republic of Indonesia, 2021).

Based on the study results, as many as 55.9% of health workers were not good at dealing with stunting during the covid-19 pandemic. This was associated with the reduced number of visits by toddlers to posyandu during the pandemic. The limited screening of stunting toddlers is also one of the reasons that stunting prevention is not optimal. According to research conducted by Nurlatif & Priharwanti (2019), the malnutrition prevention program in Pekalongan Regency was quite good considering that the continuity of routine programs and development had been carried out continuously on an ongoing basis, and also supported by sufficient funds, which came from the APBD, BOK and provincial APBD. As a result, the Performance Report of the Ministry of Health in 2021 the pandemic situation disrupted nutrition services, especially in health service facilities and posyandu, due to restrictions on community mobility to prevent transmission of the Covid-19 virus in accordance with Presidential Decree (Keppres) Number 11 of 2020 and Government Regulation (PP) Number 21 of 2020 concerning Large-Scale Social Restrictions (PSBB). Studies conducted by Balitbangkes are related. The impact of the pandemic on health services shows that only 19.2% of puskesmas continue to carry out posyandu (Ministry of Health, 2021).

Tackling stunting during the pandemic can encounter several obstacles, especially in rural areas. This includes the inability of toddlers to visit the posyandu, which is one reason why monitoring stunting is not optimal. Although as many as 38% of health workers held home visits during the pandemic to monitor the growth and development of toddlers, 62% only carried out monitoring through the toddler posyandu (according to the results of the 2021 health ministry performance report). They only monitored the toddler growth at the posyandu during the pandemic without taking measurements to identify stunting. According to research conducted by Fitriani Pramita Gurning, et al. (2021), the limitations of health workers in Medan City in monitoring and distributing PMT are weaknesses in dealing with stunting during the pandemic. The results of the 2021 Ministry of Health Performance Report convey

the same thing. The limited competence of health workers in measuring and inputting measurement results in qualified reports into the ePPGBM application and the limitations of anthropometric tools at Posyandu and Puskesmas (Ministry of Health, 2021).

CONCLUSION

The results of this study can identify the strategy of health workers in overcoming stunting in children under five in rural areas during the Covid 19 pandemic, which has not been optimally implemented. Limited activities due to activity restrictions are obstacles in implementing the stunting reduction acceleration program, especially in rural areas. The challenge during the pandemic in reducing stunting is still a national priority, without compromising the COVID-19 vaccine target for all Indonesians.

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