Jurnal Kesehatan Prima

http://jkp.poltekkes-mataram.ac.id/index.php/home/index

p-ISSN: 1978-1334 (Print); e-ISSN: 2460-8661 (Online)

Implementation Supplementary Feeding Program and Infant and Young Child Feeding Counseling as a Stunting Prevention Program During Pandemic

Tasya Sabila Febriyati [1], Dewi Marhaeni Diah Herawati [2]✉, Ginna Megawati [3]

[1-]3 Universitas Padjadjaran, Indonesia.

✉ dewimdh@yahoo.com, Phone: +628126033975

Received: 11 December 2021/Accepted:12 May 2022/Published Online: 09 August 2022

Abstract

Large-Scale Social Restrictions (PSBB) as an effort to reduce the transmission of COVID-19 pandemic and COVID-19 pandemic itself has an impact on stunting prevention program carried out by Public Health Centers (Puskesmas), including the Supplementary Feeding Program (PMT) and Infant and Young Child Feeding Counseling (PMBA) and this condition occurs in various regions in Indonesia, including Bandung. This study aimed to examine the implementation of PMT and PMBA program during the COVID-19 pandemic in the working area of the Buah batu Public Health Center as one of the public health centers with the highest stunting number in Bandung. This study using the mixed methods concurrent embedded method, in this study quantitative data were used to determine percentage of PMT and Infant and PMBA coverage before the COVID-19 pandemic (2017-2019) and during the COVID-19 pandemic (in 2020) as supporting qualitative data done with in-depth interviews. The results showed that the stunting rate increased every year especially during the COVID-19 pandemic, PMT and PMBA continued to be carried out during the COVID-19 Pandemic even though at the beginning of the COVID-19 pandemic the program was hampered, so several adjustments and innovation were made by the public health center officers and cadres to made percentage of stunting children in 2020 is 23,20%, percentage of PMT coverage in 2020 is 100% but percentage for Infant and PMBA coverage in 2020 is only 9%. PMT runs smoothly so that all children get PMT, while PMBA counseling runs but is only given to a few stunted children because of some obstacles.

Keywords: Pandemic; Stunting Prevention

INTRODUCTION

Indonesia is facing the COVID-19 pandemic, a disease caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-COV2) (World Health Organization, 2020). The spread of COVID-19 is tremendously fast to various regions in Indonesia, including Bandung. The first COVID-19 case in the city of Bandung was discovered for the first time in mid-March 2020 (Dinas Kesehatan Kota Bandung, 2020). The longer the number of COVID-19 cases increases and tends not to decrease (Dinas Kesehatan Kota Bandung, 2020; World Health Organization, 2020).

The government has taken steps to overcome the pandemic by imposing Large-Scale Social Restrictions (PSBB) and Enforcement of Community Activity Restrictions (PPKM) so that people must carry out social restrictions to reduce the incidence of COVID-19 (Dinas Kesehatan Kota Bandung, 2020; Purnama et al., 2020). These efforts affect health services routinely carried out at the public health centers but not for emergency patient services. The policy has an impact on decreasing access to routine health services both at the public health centers and integrated healthcare center, which act as implementers of specific nutrition intervention

programs for stunting reduction, such as PMT for pregnant women and toddlers, and PMBA at the public health centers and integrated healthcare center (Okereke et al., 2020; Purnama et al., 2020; Saputri et al., 2020).

Indonesia is ranked third in Southeast Asia for the prevalence of children with stunting (Kemenkes RI, 2018). Stunting is a disorder in the growth and development of toddlers, which results in their height being much shorter than other children due to chronic malnutrition in the First 1000 Days of Birth (HPK) (Kemenkes RI, 2018; Walker et al., 2005). There are 7 million children under five experiencing stunting in Indonesia, with the prevalence of stunting under five in 2005-2017 being 36.4% (Kemenkes RI, 2018).

The total prevalence in West Java Province in 2018 was 30.8% (Dinas Kesehatan Kota Bandung, 2019). The results of the Toddler Weighing Month (BPB) activity in Bandung in 2020, from 107189 toddlers who have weighed, as many as 9567 have stunting status. A total of 2434 children under five with concise level and 7133 under five with a short position and Buahbatu District contributed as many as 248 stunted children (Dinas Kesehatan Kota Bandung, 2019)

Programs to reduce and prevent stunting are carried out through interventions that are divided into 2, one of which is specific nutrition interventions which are direct activities to tackle the causes of stunting which are generally carried out in the health sector, such as PMT for pregnant women and toddlers, and Infant and PMBA at the public health centers and integrated healthcare centers (Candriasih et al., 2021).

PMT is a program focused on providing macro and micronutrients for toddlers and pregnant women, a preventive measure for stunting (Kemenkes RI, 2018; Hendriyani et al., 2020). PMT is divided into two: PMT counseling is an educational activity for the community, especially mothers of toddlers in the integrated healthcare center. PMT recovery is an activity of giving biscuits or food to stunting toddlers at public health centers or integrated healthcare centers (Kemenkes RI, 2018). Meanwhile, PMBA is a guideline in providing infant and child food given by health workers and cadres at integrated healthcare centers to homemakers regarding the importance of 1000 days of life focusing on stunting events (Kemenkes RI, 2011; Khan et al., 2017).

During a pandemic, The Ministry of Health of the Republic of Indonesia has made adjustments regarding the implementation of the PMT and PMBA counseling while still paying attention to health protocols and giving PMT and PMBA counseling through cadres or communicating in advance via telephone or Whatsapp with a nutritionist (Kemenkes RI, 2020)

Children with stunting are estimated to increase by 2.6 million by 2022 due to disruptions in nutrition services and a decrease in household poverty status. Of this number, nearly 790,000 children who experience stunting are in South Asia (Osendarp et al., 2021). Research conducted in Pandak Village, Baturraden Region, during the COVID-19 pandemic, the growth chart for children under five experienced a decrease in weight per age. It stagnated in height growth even though PMT was given (Widiastuti et al., 2021). Mothers and children cannot go to ANC visits or other maternal and child health services, so there is a decline in ensuring the practice of exclusive breastfeeding during the pandemic included in the PMBA program. (Agustin et al., 2021; Uwambaye et al., 2020)

The objective of this study was to examine the implementation of the PMT program and PMBA counseling as a stunting prevention program before and during the COVID-19 pandemic and to find out the coverage of PMT and PMBA counseling before

(2017-2019) and during the COVID-19 pandemic (in 2020) at the Margahayu Raya Health Center located in the area of the Buahbatu Public Health Center, Bandung.

METHOD

This research design uses mixed methods with embedded concurrent strategies, quantitative research methods embedded in qualitative. The qualitative research strategy is phenomenology with an interpretive paradigm.

A qualitative method used to explore the PMT program and Infant and PMBA counseling as a stunting prevention program during the COVID-19 Pandemic at the Margahayu Raya Public Health Center and Sekejati Public Health Center located in the area around the Buahbatu District Public Health Center, Bandung.

Data collection techniques for qualitative methods were through in-depth interviews conducted via telephone and face-to-face meetings. The interview used a semi-structured interview technique, the researcher asked open-ended questions. However, there were still certain limitations, namely the interview guide that use as a benchmark in the interview.

Research informants were selected using the purposive sampling method and informants with a special relationship with the topic per the research inclusion criteria.

The inclusion criteria of the informants in this study were the head of the public health centers, doctors, nutrition program holders, and midwives in the work area of the Buahbatu Public Health Center, who carried out PMT and PMBA counseling. In addition, integrated healthcare center cadres in the Buahbatu Public Health Center area who provide PMT and PMBA counseling, and mothers who receive PMT and PMBA counseling before and after the COVID-19 Pandemic who are in the work area of the Buahbatu Public Health Center, Bandung City.

From these inclusion criteria, the researcher only conducted interviews with informants in the Margahayu Raya Public Health Center area because Sekejati Public Health Center did not conduct PMBA counseling. The researcher interviewed 14 informants consisting of one head of public health center, one holder of a nutrition program/nutritionist at the public health center, one holder of an MCH program/ health center midwife, one public health center doctor, five cadres in the Buahbatu sub-district, and five mothers who received PMT and PMBA counseling in the Buahbatu sub-district.

After qualitative data is obtained, the researchers will analyze it by coding the use of words and sentences relevant to each other and then classifying them to build a category.

Quantitative method was carried out by using a document study measured using a nominal scale by means of non-parametric statistics. Quantitative methods were used to determine the coverage of PMT and PMBA counseling before the COVID-19 pandemic (in 2017-2019) and during the COVID-19 Pandemic (in 2020) at the Buahbatu District Public Health Center, Bandung, which had previously existed from the Bandung City Health Office (Dinkes), public health center, and Integrated Healthcare Center (Posyandu).

The research protocol, subject information sheet, and consent form have been approved by the Research Ethics Committee of the University of Padjadjaran (Ethical Approval No. 558/UN6.KEP/EC/2021) and the approval of the Bandung City Health Office (Research Application Letter No. PP.06.02/12575Dinkes/ VIII/2021)

RESULT AND DISCUSSION

Secondary data regarding the number of stunted children, percentage of PMT coverage and percentage of PMBA coverage in Buahbatu District, Bandung are presented in the following table:

Table 1. Number of stunted children, percentage of PMT and percentage of PMBA from 2017 to 2020

Category	Year			
	2017	2018	2019	2020
Number of Stunted Childred	33	276	340	799
Percentage of Stunted Children	0,68%	7,67%	7,79%	23,20%
Percentage of Supplementary Feeding	100%	100%	100%	100%
Percentage of Infant and Young Child Feeding Counseling	100%	94%	16%	9%

Table 1 shows that there is an increase in the number of stunted children per year and the highest is during the COVID-19 Pandemic. The percentage of PMT remains the same every year and shows that during the COVID-19 Pandemic, PMT is still given and the percentage does not decrease. The percentage of PMBA per year shows a decline in every year and is greatly decreasing and affected by the COVID-19 Pandemic.

The increase in stunting is not only during the COVID-19 pandemic, but in previous years it has also increased. The public health center officers and cadres provide assistance for stunted children to examine the factors that cause stunting, but it is not evenly distributed and only 20-25% of children are assisted, As stated by informant 3:

> *"assistance for stunted children has not been fully done and only 20-25% and in fact, there are more or less have not been monitored continuously about eating habits, environment, family factors. Therefore, the source can be known, but the assistance should be in each integrated healthcare centers so that everything is exposed" (I-3)*

The human error factor when measuring is still there. During the COVID-19 pandemic, most integrated healthcare center only made home visits so measurements were not standardized. The public health center validated as much as possible to reduce these factors, but there were several things that prevented the validation from being carried out on stunted children, such as public health center officers not meeting patients and reporting that had not been completed as in the years before the COVID-19 pandemic, As stated by informant 3:

> *"human error is undeniable, the results of stunting for the past few years have always been validated and we often found measurement data whose results are not valid as in 2020. There are no activity in integrated healthcare center and cadres only do home visits so they are not standardized, skewed, but we validated as much as possible. validation is not carried out because the child is going out, did not meet, the reporting has not been completed" (I-3)*

Another thing that causes an increase in the stunting rate is that during training for cadre skills in anthropometric measurements, the training is only given to 2 cadres and those 2 cadres provide information to other cadres, but this has not been monitored and evaluated whether the information provided is adequate, right or not, As stated by informant 1:

> *"there was once when coaching cadres skills in anthropometric measurements and anthropometric measurement information to cadres but only 2 cadres were given. Those who carried out measurements in the field were not necessarily that person and the information provided to other cadres had not been monitored and evaluated whether it had been submitted and*

delivered complete, so skills are not evenly distributed" (I-1)

Supplementary Feeding

a. Supplementary Feeding Recovery

During the COVID-19 pandemic, the public health center continued to provide PMT for recovery to toddlers, school children, and pregnant women. As stated by informant 1:

"Recovery feeding is still running, there is no difference in the provision of PMT recovery, additional food is given still using the appropriate PMT biscuits, PMT is given once a month" (I-1)

During the COVID-19 pandemic, integrated healthcare center continued to make PMT recovery such as green beans soup, pudding and vegetable soup, as stated by informant 6:

"Even though the pandemic occurs, PMT is still being given and each month is making PMT recovery, the food also changes, there is green bean porridge, rice porridge with vegetables, sponge and pudding" (I-6)

At the beginning of the pandemic, the PSBB policy made PMT recovery activities limited and hampered, so that PMT recovery made adjustments. PMT from the public health center is immediately given if there are new patients with indications of stunting who come to the toddler and ANC services, as stated by informant 3 and 2:

"..when problem is found in mothers and babies every ANC, PMT is immediately assisted.." (I-3)
"if there is a case in the service poly, they are immediately referred to the nutrition poly and given PMT"(I-2)

During the COVID-19 pandemic, patients who have been registered at the public health center can be given PMT through cadres and then given to patients by home visits, asked to come directly to the public health center to take PMT or public health center officers who come to the patient's house to give PMT, as stated by informant 3 and 2:

"..In giving PMT, it can be entrusted to the cadres and then given door to door by the cadres.." (I-3)
"..to take PMT, sometimes the patient is ordered to go to the public health center or a public health center officer comes to the patient's house.." (I-2)

The incidence of stunting increased during the COVID-19 pandemic, PSBB also made some people lose their jobs so that the community experienced economic difficulties. This resulted in the provision of PMT with food at the integrated healthcare center to be provided for many children, but integrated healthcare center often lacked funds to make it, as stated by informant 6:

"the pandemic is more concerned because there are many stunting in this area, but yes, there is a lack of funds. Funds usually self-help from the community or sponsors but now there is none" (I-6)

Although PMT is still running, there are some obstacles felt by informants in giving PMT, such as cadres are difficult to monitor whether the food is indeed consumed by the patient or eaten by other family members, as stated by informant 8:

"Usually before the pandemic, the cadres directly monitor and see how they eat, if the food is not eaten by the child, cadres likes to scold the mother, but now it can't" (I-8)

According to one informant, another perceived obstacle was the inability to meet and it took a long time to take PMT directly by the patient or even given by the officer, resulting in delays in administering the recovery MT, as stated by informant 3 and 4:

"there are obstacles in terms of the inability to meet with the community so that the given of PMT is delay because they have to arrange a time to meet and it takes a long time to wait to be picked up, for example, the patient is ready to take but the officer is not ready and there are officers who come there, before the pandemic it is immediately carried out and pick up"(I-3)

"In the middle of a pandemic, it was a bit late, but after that I got it on time"(I-14)

In addition to the delay in PMT, the patient's parents complained that the PMT was given less than before, as stated by informant 10:

"The PMT is still given, but now it is given less" (I-10)

Parents feel that there are obstacles in giving PMT to their children because children feel bored and do not like the bland taste of PMT biscuits compared to other biscuits, as stated by informant 12:

"now my child grows and understands the taste, he says it doesn't taste good, it's not like other good biscuits, they have a taste, so they don't want to eat them" (I-12)

b. Supplementary Feeding Counseling

During the COVID-19 pandemic, counseling on providing additional food is still carried out, but it is reduced during the COVID-19 pandemic, as stated by informant 12:

"Counseling supplementary feeding is still being carried out but during the pandemic it decreases because PMT counseling is usually done at integrated healthcare center but integrated healthcare center is not allowed open and open fluctuates" (I-2)

The decrease in PMT counseling by public health center officers during the COVID-19 pandemic was caused by several factors, such as the closure of the integrated healthcare center, there were other tasks that had to be carried out by the public health center because the burden of the public health center was very large during the COVID-19 pandemic, and people were afraid to come to the public health center/integrated healthcare center for fear infected with COVID-19, as stated by informant 2, 1 and 4:

"when an integrated healthcare center open, we can collaborate, but if the integrated healthcare center pandemic doesn't open, it will only be delivered to pregnant women because the day is scheduled but for toddlers is not" (I-2)

"before the pandemic, it is free to carry out and now there are other conflicting tasks because the burden on the public health center is very large" (I-1)

"People are afraid to come to the public health center, so coming to the public health center is the only one who is sick"" (I-4)

Counseling PMT given directly by health workers at the health center at the integrated healthcare center decreased. Therefore, the public health center made adjustments and innovations in providing and distributing PMT counseling online through Instagram media and Whatsapp groups containing cadres, and infographic leaflets that were given directly or entrusted to cadres and private companies, as stated by informant 1:

"PMT is more equipped with leaflets so they don't collect mass and with leaflets stunting messages reach the community. It can be given directly, given to cadre mothers, entrusted to private health information companies, and available on Instagram" (I-)

There is no difference in the contents of PMT recovery during the COVID-19 pandemic, the menu or sample food provided is simple food that contains good nutrition and is needed by the body at an affordable price and not too expensive considering the people's purchasing power, as stated by informant 3:

"There is no change in the type of PMT, but it considers purchasing food depending on the economic status of the conditions, so we give examples of affordable food and give how to cook that is nutritious and does not eliminate the nutritional content, simple but contains good nutrition and is needed by the body" (I-3)

The integrated healthcare center also makes adjustments and innovations by providing a video demo of how to make food rich in nutrition that is

distributed through the Whatsapp group, as stated by informant 5:

> *"During the pandemic public are more alert in welcoming guests including cadres so they reduce the intensity to meet so it is more possible to have a video call or make a cooking demo video which will be distributed to the WA group." (I-5)*

The online counseling, leaflets, and demo videos of PMT counselling has drawbacks, it is possible that some messages do not reach mothers, many mothers are confused about practicing the cooking demonstration videos provided by cadres, and cadres complain about financial difficulties so videos are not always made, as stated by informant 1, 5, and 7:

> *"I hope mothers of stunted toddlers can understand what is being conveyed but if they go online some messages may not arrive and have to go to the field directly" (I-1)*

> *"given a cooking video, sometimes it is difficult to practice, the mother also likes to be confused, so it is difficult to do" (I-5)*

> *"integrated healthcare center funds are also lacking so only a few can be made videos" (I-7)*

Infant and Young Child Feeding Counseling

During COVID-19, PMBA counseling will continue to be carried out and the content of the counseling material provided is the same, as stated by informant 2:

> *"PMBA counseling is still carried out and done with the same content according to the age of the child" (I-2)*

The health workers at the health center only carry out PMBA counseling at the public health center and no longer do PMBA counseling at the integrated healthcare center during the pandemic because the integrated healthcare center is closed and only opened occasionally following the COVID-19 zone around the integrated healthcare center area, as stated by informant 2:

> *"PMBA is usually carried out at the integrated healthcare center, but now PMBA is only at the public health center because integrated healthcare center is still not allowed to open and whether it's open depends on the zone" (I-2)*

PMBA counseling services at the public health center can be done offline and online. Offline PMBA is provided by collaborating with toddler services, neonatal visits, and antenatal care for pregnant women, as stated by informant 3:

> *"in every ANC and if a problematic mother is found, nutritional counseling is given. The mother is given counseling such as how to give the right breast milk and the best nutrition, the baby visits the 3 times, right 1,2,3 every month for up to 3 years, usually at the public health center or integrated healthcare center, they are checked starting with the weight, length and growth of the baby and then given PMBA counseling, PMBA counseling must be carried out and given to babies aged 6 months, if more than that age, only those with problems such as stunting are given counseling" (I-3)*

There are several differences in conducting PMBA counseling services offline, the number of visits is reduced and the duration of counseling is less, counseling is scheduled and limited to only a few people per day, as stated by informant 4 and 1:

> *"The number of visits is not as much as before during the pandemic and the duration is short" (I-4)*

> *"Counseling activities are limited and carried out by nutrition officers alternately and on a scheduled basis, but since the pandemic has limited counseling"" (I-1)*

During the COVID-19 pandemic, offline PMBA counseling uses health protocols and maintains distance to prevent virus transmission, as stated by informant 3:

> *"counseling using health protocols, keep the distance and don't gather too much, the content is the same for PMBA counseling" (I-3)*

Even though the health protocols have been carried out, people are still afraid to come directly to the public health center, as stated by informant 2:

> *"mothers and child are afraid to come to the public health center because the one who is coming to the public health center is the sick person" (I-2)*

PMBA online counseling is provided through the Whatsapp hotline service and telephone, as stated by informant 4:

> "..counseling differently, the counselling via online by be telephone and Whatsapp" (I-4)

The implementation of online PMBA counseling has not been maximized and does not yet have its own service so that it is still integrated with KIA, as stated by informant 2:

> *"via online by telephone or WA but not maximized, there is a hotline service but it has not been maximized and follows Mother and Child Health KIA)" (I-2)*

Another lack is that people are still confused in conducting online PMBA counseling and it is difficult for some people to understand, as stated by informant 1:

> *"it is difficult on the difference in the delivery media and they not used to being online because it is not understood and has to do an evaluation" (I-1)*

Integrated healthcare center cadres stated that PMBA counseling was carried out several times during the COVID-19 pandemic, although it did not cooperate with the public health center, but the implementation was only occasionally and not as often as before the pandemic, before the COVID-19 pandemic, PMBA was given once a month. PMBA counseling is not carried out by all integrated healthcare center, there is only one sub-district. PMBA counseling is provided offline and online by cadres, as stated by informant 7:

> *"from the beginning of the pandemic until now, it has only been carried out a few times, so the program is reduced, it is carried out if the integrated healthcare center is allowed to open when you come directly to the patient's house and you can go online but that's only occasionally" (I-7)*

The slogan of 4 sehat 5 sempurna has now changed to the contents of my plate (*Isi Piringku)*, but due to the pandemic, the cadres complained that the slogan education had not been maximally educated to the patient's parents so that most parents only knew healthy food, as stated by informant 5:

> *"Before the pandemic, the image of the community is that it was still 4 sehat 5 sempurna, but now to the contents of my plate (Isi Piringku) about how food must be varied and must be suitable for babies' ages 6-9 9-12 and others, and there is an agreement for babies and children 12 months and over and how is the food menu" (I-5)*

DISCUSSION

Based on the official COVID-19 website of Bandung, from the beginning of the COVID-19 pandemic until 2021, several sub-districts in Bandung, such as the Buahbatu Sub-district several times were included in the red and black zones of the Republic of Indonesia. As a result, the public health centers could not run the stunting prevention program and this zone also closed the integrated healthcare center. This has resulted in the activity of providing stunting prevention programs at public health center and integrated healthcare center decreasing.

Currently, although Buahbatu District is included in the green zone, the COVID-19 pandemic still makes people afraid to come to the public health center for fear of contracting COVID-19, as stated by (Khoerina et al., 2020; World Health Organization, 2020) that most people feel anxious and afraid to come to health services, such as public health center. Based on secondary stunting data provided by the Bandung City Health Office, the stunting rate in

Buahbatu District greatly increased during the COVID-19 pandemic, this is supported by research conducted by (Efrizal, 2020) which stated that PSBB carried out during the COVID-19 pandemic hampered access child health and nutrition services, both at public health center and integrated healthcare center, monitoring for stunting patients and suboptimal parenting.

Several informants stated that stunting increased because several heads and family members lost their jobs due to the COVID-19 pandemic. COVID-19 pandemic had an impact on the socioeconomic community due to policies restriction of community activities/PSBB which causes a decrease in people's income and affects food consumption which affects the fulfillment of toddler nutrition (Rumende et al., 2019).

According to (Sutriyawan et al., 2020) the risk factors for stunting in toddlers are mother's knowledge, exclusive breastfeeding and poor basic sanitation. Research conducted by (Ni'mah et al., 2015; Marliana. 2017) stated that other factors for stunting were birth length, history of exclusive breastfeeding, mother's education, and knowledge of maternal nutrition, therefore an integrated and multisectoral program is needed to overcome this problem.

The results of the qualitative study show that negligence factors and the application of the wrong system by health center health workers also cause an increase in stunting every year, such as errors in reporting and measurement records by cadres or public health center officers, unequal assistance for each stunted children, validation that has not been maximized and using different methodologies during the COVID-19 pandemic.

Stunting is a health problem that has occurred long before the COVID-19 pandemic and is a structural problem. How to reduce stunting is not only the responsibility of the health sector but also the task of the government, especially the mayor so that stunting in each sub-district of Bandung City decreases.

Supplementary Feeding

The results showed that all respondents stated that the implementation of PMT recovery and counseling was still running, but experienced obstacles at the beginning of the pandemic. The public health center and integrated healthcare center made several adjustments, so that the provision of PMT counseling and recovery was still carried out and given to all children affected by stunting, this is evidenced by secondary data that PMT coverage in 2020 is 100% the same as in the years before the COVID-19 pandemic emerged.

This is also supported by research conducted by the (Dinas Kesehatan Kota Bandung, 2020) which also stated that during the early COVID-19 pandemic, the activity of giving PMT was hampered, but after technical instructions from the Ministry of Health of the Republic of Indonesia regarding the provision of PMT were given, activities gradually increased started running and started to be carried out while still paying attention to health protocols through the cadre mother or communicated in advance through communication via telephone or WA with TPG.

Research conducted by (Universitas Gadjah Mada, 2020) also stated that it had been hampered, but gradually started to work. Research conducted by (Octasila et al., 2021) stated that there are differences in the distribution mechanism of PMT during a pandemic. The implementation of Supplementary Feeding (PMT) has been going well, while the implementation is carried out by direct visits to residents' homes.

Public health center and integrated healthcare center maximize PMT recovery and counseling because several informants stated that PMT,

especially PMT recovery has an impact on increasing the weight and height status of stunted children as evidenced by research conducted by (Masri et al., 2020) in children 6 – 24 months which stated that before PMT the average weight was 6.9 kg, after being given PMT the average weight in the first month was 7.3 kg, the second month 7.7 kg, and the third month 8.2 kg.

The implementation of PMT recovery at the public health center continues to use biscuits provided by the center and is the same as before the COVID-19 pandemic. However, the results of a qualitative study show that children are bored with the taste of PMT biscuits and prefer other biscuits with tastes that the children think are better, this also happened to some stunting toddlers in the Simomulyo Health Center area in the study (Sekar et al., 2020) which stated that some toddlers don't like the taste of the PMT given because they feel bad and bored eating the biscuits given.

The use of leaflets and videos can be effective in replacing offline PMT counseling, this is supported by research conducted at the East Pontianak District Health Center (Dianna et al., 2020), the study stated that there were differences before and after counseling was given through leaflet and video media. on mothers under five regarding stunting in the Saigon Health Center, East Pontianak District with the median difference between pre-test and post-test of 3 and p value = 0.001 (p 0.05) for the use of leaflets and the median difference between pre-test and post-test that is equal to 4 and the value of p = 0.001 (p 0.05) for the use of video. The use of leaflets and videos given to the community around the Buahbatu sub-district health center has not been very effective because mothers do not necessarily understand and are confused about practicing PMT.

Funds for PMT food come from cadres' personal money because the budget for integrated healthcare center needs from Local government budget (APBD) funds has not been provided. Even though the posyandu really need the money because there is an increase in stunting in the Buahbatu District, Bandung. The government should need to re-check and make sure the money needed for integrated healthcare center is received by integrated healthcare center cadres.

In accordance with the guidelines for health services for toddlers during the COVID-19 pandemic emergency response period made by (Kemenkes RI, 2020), PMT which is carried out face-to-face continues to use the health protocol, namely 5M (Wearing masks, Washing hands, Keeping distance, Staying away) crowds and Reduced mobility). In addition, health workers and cadres also wear personal protective equipment when conducting direct PMT (Battista, 2021).

Public health center and integrated healthcare center maximize PMT recovery and counseling, but health workers at public health center and cadres still cannot monitor and see patients directly to comply with or eat the PMT that has been given. Although monitoring can be done online via telephone or WA, this has not been done optimally.

Infant and Child Feeding

The results showed that all respondents stated that the implementation of PMBA was still given and running even though it was greatly affected by the COVID-19 pandemic. In the early to mid-pandemic, the PMBA program was hampered and only carried out a few times at the public health center and integrated healthcare center because people were afraid to come to the public health center and the integrated healthcare center were not opened. Although adjustments have been made, such as counseling via WA or telephone, the implementation

of the PMBA program is still not optimal, only a few stunted toddlers and pregnant women receive it.

From two health centers located in the Buahbatu Subdistrict, Bandung which provide counseling only the Margahayu Raya Health Center while the Sekejati Health Center has not provided PMBA counseling since 2019, this is reinforced by secondary data which shows that the coverage of PMBA during the COVID-19 pandemic has greatly decreased, namely only 9%.

This is also supported by research that has been carried out by (Dinas Kesehatan Kota Bandung, 2020) which also states that the PMBA education and counseling program during this pandemic was also briefly hampered in the early months of the pandemic, providing education or counseling through communication via call or WA and hold a class for pregnant women with the WA Group.

Research conducted by (Universitas Gadjah Mada, 2020) also stated that PMBA education and counseling affected by the COVID-19 pandemic was hampered in the early months of the pandemic, and education and counseling were provided by telephone or WAG for pregnant women. Research conducted by (Rollins et al., 2021) stated that the COVID-19 pandemic resulted in disruption of routine services and the coverage of breastfeeding counseling included in the PMBA counseling program was affected and decreased. When counseling is carried out, counselors and counseling recipients must follow health protocols to reduce the small risk of transmission and effects through respiratory spread.

PMBA is not only about food practices, but also we must pay attention to the challenges of PMBA practices such as living in poverty and limited financial support. Family and health facility staff support and financial support through casual labor overcome challenges (Ahishakiye, 2019).

Public health center and integrated healthcare center maximize PMBA because several sources stated that PMBA has an impact on increasing the weight and height status of stunted children, this is evidenced by research conducted by (Wahyuni et al., 2016) which states that in Posyandu Pakahan Village, Jogonalan, Klaten, there is a relationship between PMBA counseling and weight gain of babies 6-12 months it is seen from bivariate analysis with chi square test obtained p value = 0.002 means p <0.05.

In accordance with the guidelines for health services for toddlers during the COVID-19 pandemic emergency response period made by (Kemenkes RI, 2020), PMBA counseling carried out face-to-face continues to use health protocols, namely 5M (Wearing masks, Washing hands, Keeping distance, Keeping away from crowds and Reducing mobility). In addition, health workers and cadres also wear personal protective equipment when conducting direct PMBA counseling (Battista, 2021).

The slogan of *Isi Piringku (The Content of My Plate)* is the latest guideline that replaces the slogan 4 healthy 5 perfect. The contents of my plate *(Isi Piringku)* prioritize the proportion of food to suit the body's needs in daily food that must be met and some other points of healthy life such as washing hands. Fill in the slogan " *Isi Piringku (The Content of My Plate)*" regarding increasing the proportion of staple foods by 30%, the proportion of vegetables by 30%, the proportion of side dishes by 20%, and the proportion of fruits by 20% from the contents of my plate *(Isi Piringku)* at one time and points for healthy living behaviors, such as drinking water 8 glasses every day, wash your hands before and after eating, exercise at least 30 minutes per day, and monitor your weight according to Body Mass Index (BMI) (Kemenkes RI, 2019).

In a study conducted by (Rahmanindar et al., 2020) regarding the effectiveness of the contents of

my plate (*Isi Piringku)* for stunted toddlers, it was stated that there was an effect of counseling on the contents of my plate (*Isi Piringku)* program on increasing mothers' attitudes in dealing with malnourished toddlers, this was seen from the analysis with the Wilcoxon test obtained P Value $0.002 < 0.05$.

The limitation in this study is that the research was conducted by using qualitative methods, so generalizations cannot be made for the results

CONCLUSION

The most used antibiotics for pneumonia patients in RSUD Bangil based on DDD/100 patient-days are fluoroquinolone and cephalosporin as Watch group antibiotics in AWaRe classification by WHO. This group includes antibiotic classes that have higher resistance potential which need to be prioritized as key targets of stewardship programs and monitoring.

A successful antibiotic strategy is not only about controlling the number, but also about monitoring the proper use of antibiotics to improve antibiotic treatment, increase access and reduce antimicrobial resistance. Having this information in RUSD Bangil related to the quantity and quality of antibiotic use, it is expected to be an evaluation for the future the selection and use of antibiotics can be wiser and more selective in prescribing antibiotics by updating germ maps regularly to reduce antibiotic resistance.

REFERENCES

Agustin, C. A., Februhartanty, J. Bardosono, S., Exclusive Breastfeeding Practice and Sources of Support During COVID-19 Pandemic in Indonesia. Indonesian Journal of Human Nutrition. 2021;8(2):195-208.

Ahishakiye, J., Bouwman, L., Brouwer, I. D., Matsiko, E., Amar-Klemesu, M., Koelen M. Challenges and Responses to Infant and Young Child Feeding in Rural Rwanda: a Qualitative Study. Journal of Health, Population and Nutrition. 2019;38(43).1-10

Battista, R. A., Ferraro, M., Piccioni, L. O., Malzanni, G. E., Bussi, M. Personal Protective Equipment (PPE) in COVID 19 Pandemic Related Symptoms and Adverse Reactions in Healthcare Workers and General Population. American College of Occupational and Environmental Medicine. 2021;63(2):80-85

Candriasih, P., Ndama, M., Pont, A. V. Specific and Sensitive Nutrition Interventions with Nutritional Status of Toddlers as Prevention of Stunting in the Coronavirus Disease 2019 Pandemic in Sigi District, Indonesia. Republic of Macedonia: Scientific Foundation SPIROSKI. 2021;9(E):425-418

Dianna, Septianingsih, N., & Pangestu, J. Perbedaan Pengetahuan Ibu Balita Sebelum dan Sesudah Diberikan Penyuluhan Tentang Stunting Melalui Media Video dan Leaflet di Wilayah Kerja Puskesmas Saigon Kecamatan Pontianak Timur. Jurnal Kebidanan Khatulistiwa. 2020;6(1):1–9.

Dinas Kesehatan Kota Bandung. Analisis Dampak Pandemi COVID-19 terhadap Program Pencegahan dan Penanggulangan Stunting di Kota Bandung, Jawa Barat. 2020;1:1-16.

Dinas Kesehatan Kota Bandung. Profil Kesehatan Kota Bandung Tahun 2019. Dinas Kesehatan Kota Bandung. 2019:1–287.

Efrizal, W. Will The COVID-19 Impact Stunting in Bangka Belitung. Jurnal Kebijakan Kesehatan Indonesia. 2020;09(03):154–157.

Hendriyani, H., Sudargo, T., Lusmilasari, L., Helmyati S., Susetyowati, S., Nindrea R. D. Complementary Feeding Self-efficacy: A Concept Analysis. 2020;8(F):11-22.

Kemenkes RI. Buletin Stunting. Kementerian Kesehatan RI. 2018;301(5):1163–1178

Kemenkes RI. Panduan Penyelenggaraan Pemberian Makanan Tambahan Pemulihan Bagi Balita Gizi Kurang (Bantuan Operasional Kesehatan). Ditjen Bina Gizi Dan Kesehatan Ibu Dan Anak Kementerian Kesehatan RI. 2011;1–40.

Kemenkes RI. Panduan Pelayanan Kesehatan Balita Pada Masa Tanggap Darurat COVID-19 Bagi Tenaga Kesehatan. Direktorat Kesehatan Keluarga dan Dirjen kesehatan Masyarakat Kementerian Kesehatan RI. 2020;1-30.

Kemenkes RI. Petunjuk Teknis Pemberian Makanan Tambahan. Kementerian Kesehatan RI. 2018;53(9):1689–1699.

Kemenkes RI. Yuk, Terapkan Konsep "Isi Piringku" dalam Kehidupan Sehari-hari. P2TPM Kemenkes RI. 2019.

Khan, G. N., Ariff S., Khan U., Habib A,, Umer M., Suhag Z., Hussain I., Bhatti Z., Ullah A., Turab A., Khan A. A., Garzon A. C., Khan M. I., Soofi S. Determinants of infant and young child feeding practices by mothers in two rural districts of Sindh, Pakistan: a cross-sectional survey. International Breastfeeding Journal. 2017;12(40):1-8

Marliana, Y. Pengaruh Pemberian ASI Eksklusif Terhadap Perkembangan Bayi di Desa Kekait Kecamatan Gunung Sari. Jurnal Kesehatan Prima. 2017;11(1):50-56.

Masri, E., Kartikasari, W., & Yensasnidar. (2020). Efektifitas Pemberian Makanan Tambahan (PMT) dan Konseling dalam Perbaikan Status Gizi Balita. Jurnal Kesehatan Perintis. 2020;7(2):28-35.

Mistry, S. K., Hossain, Md. B., Arora, A. Maternal Nutrition Counselling is Associated With Reduced Stunting Prevalence and Improved Feeding Practices in Early Childhood: a Post-Program Comparison Study. BMC Nutritional Journal. 2019;18(47):1-9

Ni'mah, K., Nadhiroh, S. R. Faktor yang Berhubungan dengan Stunting pada Balita. Media Gizi Indonesia. 2015;10(1):13-19.

Octasila, R., & Dariyani, S. Evaluation of Supplementary Food (PMT) for Toddlers with Malnutrition in Pendemy COVID-19. Jurnal STIKES Al Insyirah. 2021;2:173-179.

Okereke, M., Ukor, N.A., Adebisi, Y.A., Ogunkola, I.O., Iyagbaye, E.F., Owhor, G.A., Lucero-Prisno, D.E. Impact of COVID-19 on access to healthcare in low- and middle-income countries: Current evidence and future recommendations. Int. J. Health Plan. Manag. 2021;3(36):13–17.

Osendarp, S., Akuoku, J., Black, R. E., Headey, D., Ruel, M., Scott, N., Shekar., Walker, N., Flory, A., Haddad, L., Laborde, D., Stegmuller, A., Thomas, M., Heidkamp, R., The COVID-19 Crisis Will Exacerbate Maternal and Child Underutrition and Child Mortality in Low- and Middle-Income Countries. Nature Food. 2021;2:476-484.

PH, L., Khoerina, A., Sofiyan, E., Kurnia Ningsih, D., Suerni, T. Gambaran Kecemasan Masyarakat Dalam Berkunjung ke Pelayanan Kesehatan Pada Masa Pandemi COVID-19. Jurnal Ilmiah Kesehatan Jiwa. 2020;2(3):121-128.

Purnama, S. G., Susanna, D. Attitude to COVID-19 Prevention With Large-Scale Social Restrictions (PSBB) in Indonesia: Partial Least Squares Structural Equation Modeling. Frontiers in Public Health. 2020;8:1-10.

Rahmanindar, N., Arsita, R. The Influence of My Science Content Program on The Improvement of Attitude and Mother Behavior in Managing Bad Nutritional Children. Jurnal Medikes (Media Informasi Kesehatan). 2020;7(2):259-270.

Rollins N., Minckas N., JehanF., Lodha R., Raiten D., Thorne C., Van de Perre P., Ververs M., Walker N., Bahl R., Victora C.G. A public health approach for deciding policy on infant feeding and mother–infant contact in the context of COVID-19. Lancet Global Health. 2021;9:e552-57

Rumende, M., Kapantow, N. H., Punuh, M. I., Hubungan Antara Status Sosial Ekonomi Dengan Status Gizi Pada Anak Usia 24-59 Bulan di Kecamatan Tombatu Uatara Kabupaten Minahasa Tenggara. Jurnal KESMAS. 2019;7(4):1-13.

Saputri, N. S., Anbarani, M. D., Toyamah, N., & Yumna, A. Dampak Pandemi Covid-19 Kesehatan Ibu Dan Anak (Kia): Pada Layanan Gizi Dan Studi Kasus Di Lima Wilayah Di Indonesia. Smeru. 2020;5(5):1–8.

Sekar, A., Putri, R., & Mahmudiono, T. Efektivitas Pemberian Makanan Tambahan (PMT) Pemulihan Pada Status Gizi Balita di Wilayah Kerja Puskesmas Simomulyo, Surabaya. IAGIKMI. 2020.58-64

Sutriyawan, A., Nadhira, C.C. Kejadian Stunting Pada Balita di UPT Puskesmas Citarip Kota Bandung. Jurnal Kesehatan Masyarakat Khatulistiwa. 2020;7(2):79-88.

Universitas Gadjah Mada. Pulih Covid-19 Gizi. 2020

Uwambaye P., Nyiringango G., Musabwasoni S. M. G., Husain A., Nessa K., Razzaque M. S. COVID-19 Pandemic: Adaptation in Antenatal Care for Better Pregnancy Outcomes. Frontiers in Public Health. 2020;1:1-7

Wahyuni, S., Wahyuningsih A., Pemberian Makan pada Bayi dan Anak dengan Kenaikan Berat Badan Bayi di Kabupaten Klaten. RAKERNAS AIPKEMA 2016. 2016;349-354

Walker, S. P., Chang, S. M., Powell, C. A., & Grantham-McGregor, S. M. Effects of early childhood psychosocial stimulation and nutritional supplementation on cognition and education in growth- stunted Jamaican children: Prospective cohort study. The Lancet. 2005;366(9499):1804–1807.

Widiastuti, A., Winarso, S. P. Program PMT dan Grafik Pertumbuhan Balita Pada Masa Pandemi COVID-19. Jurnal Sains Kebidanan. 2021;3(1):30-35.

World Health Organization. (2020). Covid-19 Situation Report. World Health Organization. 2020;31(2):61–66.

World Health Organization. Maintaining Essential Health Services: Operational Guidance for the COVID-19 Context. World Health Organ. 2020.