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Judul : Distribution of Blood Added Tablets in Adolescent Women in
The Covid-19 Pandemic

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No. Pemeriksaan : 2022.11.01.962

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DISTRIBUTION OF BLOOD ADDED TABLETS IN ADOLESCENT WOMEN IN THE COVID-19 PANDEMIC Case Studies in 6 Regencies/Cities in East Java Province

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Submission date: 15-Jul-2022 11:38PM (UTC+0700)

Submission ID: 1870919487

File name: 319_1_Manuscripts_20211103121454.docx (549.49K)

Word count: 3089

Character count: 16499

DISTRIBUTION OF BLOOD ADDED TABLETS IN ADOLESCENT WOMEN IN THE COVID-19 PANDEMIC

Case Studies in 6 Regencies/Cities in East Java Province

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Abstract

The prevalence of anemia among adolescent girls is still quite high. Whereas anemia will have a negative impact on the health and productivity of young women in the present and in the future during pregnancy and childbirth. In an effort to reduce the prevalence of anemia, the government implements a program of providing Blood Add Tablets (TTD), one of which is through school institutions. However, during this Covid-19 pandemic, school activities have shifted to home, *school from home*. This condition becomes an obstacle for the implementation of the iron injection distribution through schools. This study aims to analyze the distribution of TTD in rheumatism during the COVID 19 pandemic, so that distribution barriers can be identified. TTD supplementation and immediately find a solution to overcome the problem. This study is a descriptive study with a case study approach and is located in 6 districts/cities in East Java Province. The study took place in September-November 2021. This study used *purposive sampling* by taking 6 respondents, namely 1 person from each district/city health office. Data collection was carried out using a questionnaire instrument. The results of the study show that 5 of the 6 regencies/cities in this study have special policies in the form of appeals and circulars so that the TTD program for remittances can continue during the pandemic. However, 2 districts that did not issue specific policies continued to run the TTD program. The distribution of TTD is still carried out through schools and also directly to homes. Supervision of TTD consumption is not only carried out by teachers but is also assisted by parents and cadres. Rematri who received TTD in the 1st and 2nd quarters have not yet reached their target. Data for rheumatism who consume TTD is also difficult to obtain. Four of the 6 districts/cities have nutrition education programs that are implemented with a special time allocation or combined with other lessons at school. The implementation of nutrition education programs in an effort to support the prevention and alleviation of anemia needs to be intensified. So that rheumatism has a high awareness to obediently consume iron tablets even without the supervision of other parties.

preliminary

The 61st Nutrition Day in 2021 is commemorated with the theme "Healthy Adolescents Free of Anemia: Balanced Nutrition, Healthy Adolescents, Strong Indonesia". This theme is very relevant to the current condition of teenagers, considering the high incidence of anemia. The 2018 Basic Health Research (Riskesdas) shows 3-4 out of 10 Indonesian teenagers suffer from anemia (Kemenkes RI, 2021).

Adolescent girls (rheumatism) are an age group that is prone to anemia. One of the causes is the loss of a lot of blood during menstruation. Rematri who suffer from anemia are at risk of developing anemia during pregnancy. This will have a negative impact on the growth and development of the fetus in the womb and have the potential to cause complications in pregnancy and childbirth, and even cause maternal and child death (Kemenkes RI, 2018).

WHO at the 65th World Health Assembly (WHA) provided recommendations for an action plan with a commitment to reduce 50% of the prevalence of anemia in women of childbearing age (WUS) by 2025. The Indonesian government also followed up on these recommendations by intensifying prevention and control activities for anemia in rheumatism and WUS, with the priority of giving Blood Add Tablets (TTD) through school institutions (Kemenkes RI, 2018)

The distribution of TTD in schools is an effective strategy because schools have a role in creating quality human resources and there is an intense interplay of influence so that they can form a positive behavior (Sari & Hanum, 2017). However, during the COVID-19 pandemic since early 2020, teaching and learning activities in schools were replaced with online learning. And this is a separate obstacle in the effort to provide TTD. This condition prompted the government to stipulate that the provision of iron supplements to remittances is one of the nutritional services that must continue to be carried out even in the conditions of the Covid-19 pandemic. In its implementation, the principle of preventing the transmission of Covid-19 must still be considered and adjusted to local government policies related to the status of the pandemic (Kemenkes RI, 2020).

Therefore the present study was conducted to analyze the distribution of TTD in rematri in past pandemics COVID 19, so it can be known barriers to the distribution of supplementation TTD and immediately sought a solution to overcome obstacles.

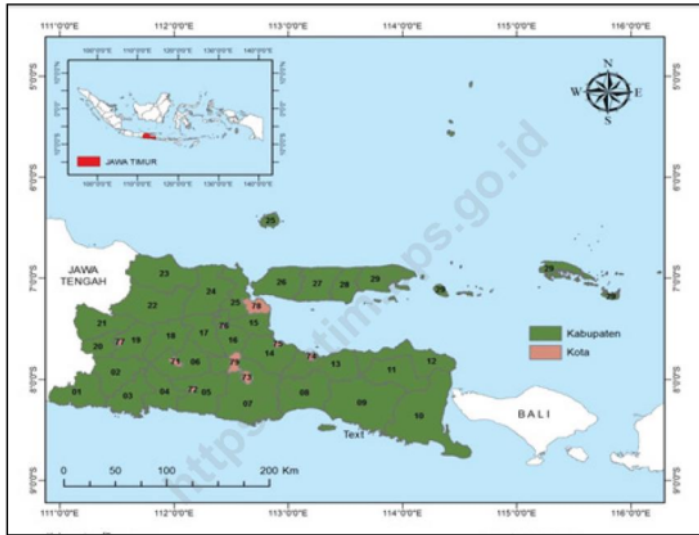
Method

This study is a descriptive study with a case study approach. The study is located in 6 districts/cities in East Java Province, namely Tulungagung Regency, Lumajang Regency, Bojonegoro Regency, Sidoarjo Regency, Bondowoso Regency and Surabaya City. This study was conducted in September-November 2021.

This study uses *purposive sampling* by taking as many as 6 respondents, namely 1 person from each district/city health office. Respondents consisted of 5 staff in the field of nutrition and 1 Head of Health and Nutrition at the Health Office. Data collection was carried out using a questionnaire instrument. Filling out the questionnaire is done online through the *google form* media .

Results

East Java Province is located in the eastern part of Java Island which has a land area of 47,799.75 km². East Java is located at 111°0' to 114°4' East Longitude (BT) and 7°12' to 8°48' South Latitude (LS) with the northern boundary: Java Sea, south: Indian Ocean, west: Central Java Province, and east : Bali strait. Until the end of 2020, East Java Province administratively consists of 29 regencies, 9 cities, 666 sub-districts and 8,501 villages/kelurahan. Almost half of East Java's population are Millennials and Gen-Z who were born in 1997-1996 or now their estimates range from 8-39 years. Gen Z who have an age range of 8-23 years are the group with the largest percentage, namely 24.80% (BPS East Java Province, 2021).



Source: BPS East Java Province (2021)

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Figure 1. Map of East Java Province

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This study was conducted in 6 districts/cities in East Java Province, namely Tulungagung Regency, Lumajang Regency, Bojonegoro Regency, Sidoarjo Regency, Bondowoso Regency and Surabaya City (Table 1).

Table 1. Profile of Regency/City

| County/City | Central government | Density (people/km ²) | Number of Health Centers |
|---------------------|--------------------|--------------------------------------|-----------------------------|
| Tulungagung Regency | Tulungagung | 1032 | 34 |
| Lumajang Regency | Lumajang | 625 | 25 |
| Bojonegoro Regency | Bojonegoro | 592 | 37 |
| Sidoarjo Regency | Sidoarjo | 3283 | 28 |
| Bondowoso Regency | Bondowoso | 509 | 25 |
| City of Surabaya | Surabaya | 8200 | 65 |

Source: BPS East Java Province (2021)

Respondents in this study were selected from employees in the local health office who are authorized to handle nutrition problems (Table 2). They then answered questions related to policies and mechanisms for the distribution of iron tablets during the pandemic (Table 3), the target of remittances (Table 4), distribution and supervision issues (Table 5) and nutrition education programs for students (Table 6).

Table 2. Characteristics of Respondents

| Code | Initials | Position | Origin of Institution |
|------|----------|------------------------------|------------------------------------|
| R 1 | YL | KGM Seksi Section Staff | Tulungagung District Health Office |
| R 2 | SA | Nutrition Program Manager | Lumajang District Health Office |
| R 3 | EE | KGM Seksi Section Staff | Bojonegoro District Health Office |
| R 4 | MS | Head of Health and Nutrition | Sidoarjo District Health Office |
| R 5 | LM | Nutrition Program Manager | Bondowoso District Health Office |
| R 6 | LF | Nutrition Staff | Surabaya City Health Office |

Table 3. Policies and Mechanisms for Distribution of Iron Tablets during a Pandemic

| | R1 | R2 | R3 | R4 | R5 | R6 |
|--|----------|-----------------|------------------|-----------------|------------------|-----------------|
| Rematri's TTD distribution policy during the pandemic | There is | There is | There is not any | There is | There is not any | There is |
| Form of policy if any | Appeal | Circular letter | - | Circular letter | - | Circular letter |
| TTD distribution mechanism | Yes | Yes | Yes | Yes | Yes | Yes |
| | Yes | No | Yes | Yes | No | Yes |
| a. Through school | | | | | | |
| b. To the houses | | | | | | |
| Mechanism of monitoring the consumption of TTD through | Yes | No | No | No | Yes | No |
| | Yes | Yes | Yes | Yes | No | Yes |
| a. Teacher | Yes | No | Yes | Yes | No | Yes |
| b. Parent | | | | | | |
| c. Cadre | | | | | | |

Table 4. Distribution and Consumption of TTD in Rematri

| | R1 | R2 | R3 | R4 | R5 | R6 |
|-----------------------------|--------|--------------------|--------|--------|--------|--------|
| Rematri target (person) | 81,680 | 48,699 | 18.401 | 90,464 | 25,671 | 58,201 |
| Rematri who received TTD in | | | | | | |
| | 39,226 | Data not available | 11.284 | 21,620 | 4.965 | 0 |
| a. 1st quarter | 37,326 | available | 6,935 | 24,595 | 5.059 | 13.666 |

b. 2nd quarter

Rheumatism who
consume TTD regularly on

| | | | | | | |
|----------------|-------|-----------|-----------|-----------|-----------|-----------|
| | 3.078 | Data not | Data not | Data not | Data not | Data not |
| a. 1st quarter | 840 | available | available | available | available | available |
| b. 2nd quarter | | | | | | |

Table 5. Problems of Distribution and Supervision of TTD Consumption

| Respondent | Problem |
|------------|---|
| R1 | Distribution in schools can only be done when students go to school to collect assignments and when the student's parents take the report card to school. The limited supervision in the consumption of TTD also causes the consumption of TTD to be less orderly |
| R2 | The system of working and studying at home during the pandemic makes coordination and supervision difficult. Supervision of TTD consumption also cannot be carried out. |
| R3 | The absence of face-to-face learning causes the provision of TTD in schools to be hampered. In practice, many rheumatologists forget to take iron tablets because they cannot be monitored. |
| R4 | The distribution of TTD in schools cannot be done because of online learning. In addition, posyandu cadres have limitations in distributing iron tablets to targets in villages due to the pandemic factor. Supervision of TTD consumption was not able to run optimally. |
| R5 | The distribution of TTD to the target was not carried out due to online teaching and learning activities. In the end, only a small proportion of rheumatism received and consumed TTD. |
| R6 | In quarter 1 the TTD to the target was not implemented due to online teaching and learning activities. In addition, there is a delay in giving TTD to rheumatism who are confirmed positive for Covid-19. |

Table 6. Implementation of Nutrition Education Program

| | R1 | R2 | R3 | R4 | R5 | R6 |
|--|------------------|-------------------------|-----------------------------|-----------------------------|------------------|-------------------------|
| Youth nutrition education program | There is not any | There is | There is | There is | There is not any | There is |
| The form of nutrition education implementation | - | Special time allocation | Combined with other lessons | Combined with other lessons | - | Special time allocation |

Discussion

The implementation of work and school from home due to the Covid-19 pandemic has caused the government and society to make many adjustments. The health sector is no exception. One of the health programs that is intensively carried out is the alleviation of anemia with a target of reducing the prevalence of anemia by 50% in WUS in 2025. The TTD program is one of the priority efforts to prevent anemia in addition to nutrition education programs.

In order to keep the TTD program running during the pandemic, some districts/cities have even issued special policies. However, even though there are regencies/cities that do not issue specific policies, they are still trying to run the TTD program, as evidenced by the distribution of TTD to a number of remittance targets, even though the target has not been achieved. The distribution of TTD through schools is still being carried out where the TTD is distributed when rematri to schools collect assignments or when taking report cards by the student's guardian. Distribution efforts to houses directly have also been carried out by 4 of the 6 districts/cities in this study. However, the number of remittances who received TTD in the first and second quarters was still far from the target. Officers also experienced problems in supervising the consumption of TTD by remathers.

It is undeniable that during the pandemic period, many obstacles were encountered in the field related to the distribution mechanism and supervision of the consumption of TTD. The obstacles faced by the 6 districts/cities in this study are the same, namely that it is not possible to distribute iron supplements directly to remittances, which are usually facilitated by schools. Schools through teachers under normal conditions can monitor the consumption of iron tablets by remathers. However, online learning conditions ultimately limit the teacher's role. Because most of the remittances were at home, posyandu cadres and youth cadres were mobilized to carry out supervision. It's just that the restrictions on community mobility during the pandemic have caused cadres to not be able to optimally carry out supervision.

A study shows that school closure policies have hindered the provision of TTD for rheumatism. The study was conducted in 8 districts/cities in 4 provinces which were selected based on the data on the highest COVID19 cases at the time the study was conducted. The four provinces are DKI Jakarta, West Java, East Java, and South Sulawesi. Seven districts/cities at the time of the study reported that they had not continued giving iron tablets and were still developing an innovative strategy for giving iron tablets to young girls. One district reported the use of short messages to remind teenagers to take iron tablets even though they did not know how to measure its effectiveness (Soewondo, Sakti, Irawati, Pujisubekti, Rahmayanti, Sumartono & Nurfitriyani, 2020).

The role of teachers in schools is very meaningful in the implementation of giving TTD so far. The existence of support from teachers at schools who remind students to take iron tablets and provide information about iron supplements can provide a positive attitude in rematria which will manifest positive behavior in ¹¹ ediently consuming iron tablets as recommended. A study at SMP Negeri 4 Wates Kulon Progo showed that there was a significant relationship between UKS teacher support and compl²ance with blood supplement consumption (Qodar, Margono & Kurniati, 2020). The study in the working area of the Gilingan Health Center in Surakarta City also showed that there was a relationship between family support, peer support, UKS supervisor support, support from health workers, and access to information with the practice of consuming blood supplement tablets for adolescent girls (Rahayuningtyas, Indraswari & Musthofa, 2021) .

The implementation of nutrition education programs in an effort to support the prevention and alleviation of anemia needs to be intensified. This study shows that 4 out of 6 districts/cities already have nutrition education programs. Some are done with a special time allocation and some are combined with other lessons at school. The effectiveness of these two methods is not yet known. Further studies are interesting to do because nutrition education affects adolescent knowledge (Ahmalinda, 2020). Not only on knowledge, nutrition education is also believed to influence behavior. A study was conducted on high school students in West Nusa Tenggara. Interventions in the form of nutrition education have been proven to have an effect on knowledge, attitudes, and consumption of iron supplements (Rahmiati, Naktiany & Ardian, 2019). The importance of education by teachers in monitoring the consumption of TTD affects the success of the TTD program (Kheirouri & Alizadeh, 2014). Nutrition education programs can involve many parties, ranging from health workers, teachers, peers and families. The media used must be selected and made to attract the attention of rheumatism so that nutrition education succeeds in forming positive behavior in rheumatism.

Conclusion

F⁵or of the 6 regencies/cities in this study have special policies in the form of appeals and circulars so that the TTD program for remittances can continue during the pandemic. However, 2 districts that did not issue specific policies continued to run the TTD program. The distribution of TTD is still carried out through schools and also directly to homes.

Supervision of TTD consumption is not only carried out by teachers but also assisted by parents and cadres. Rematri who received TTD in the 1st and 2nd quarters have not yet reached their target. Data for rheumatism who consume TTD is also difficult to obtain. Four and 6 districts/cities have nutrition education programs that are implemented with a special time allocation or combined with other lessons at school.

Suggestions for program improvement and optimizing the use of iron tablets are to maximize the distribution of iron supplements to villages or houses directly. In addition, nutrition education with various media and online methods can be carried out so as to create awareness and form positive behavior in rheumatism. In the end, Rematri complied with taking TTD even without supervision from other parties.

Acknowledgments

Thank you to UNICEF and Nahdlatul Ulama University Surabaya (UNUSA) for supporting the funding of this study.

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