

KNOWLEDGE OF ELIGIBLE WOMAN ABOUT NUTRITION SERVICES FOR VULNERABLE GROUP IN THE COVID-19 PANDEMIC PERIOD

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ABSTRAK

The Indonesian government in an effort to prevent the spread of Covid-19 has limited health service activities, namely limiting nutrition services for vulnerable groups. The Covid-19 pandemic requires eligible woman to understand nutrition services for themselves and their families. This research describes the knowledge of eligible woman about nutrition services for vulnerable groups (babies and toddlers, teenage girl, pregnant women and breastfeeding mothers) during the Covid-19 pandemic. This type of research is quantitative with a descriptive design. This research was conducted from December 2020 to January 2021 at RW-05 Reksosari, Suruh, Semarang. The sample used was eligible woman with a total sample of 92 people who were taken using a proportional random sample technique. The measuring instrument used was a questionnaire that was made by the researcher. The results showed that the lowest average value of knowledge of eligible woman about nutrition services was the sub-variable of nutrition services for pregnant women. Then followed by the sub-variable nutrition services for children under five and the sub-variable principle for prevention of transmission in nutrition counseling and education services. The biggest average is the sub-variable nutrition service for teenage girl. The conclusion shows that the knowledge level of eligible woman is sufficient.

Keywords: Covid-19 Pandemic, Nutrition Services, Vulnerable Groups, Eligible Woman

1. INTRODUCTION

Coronavirus-19 (Covid-19) is an infectious disease caused by a new type of virus. First appearing since December 2019, this virus was detected during an outbreak in Wuhan, China. Coronavirus disease 19 (Covid-19) has been declared a pandemic by the World Health Organization (WHO, 2020). As of November 5, 2020, there were a total of 47,930,397 cases worldwide and 1,221,781 deaths (WHO, 2020). Covid-19 caused at least 14,348 deaths in Indonesia (Satgas Covid-19, 2020). The spread of this virus has hit all provinces in Indonesia so quickly. The President of the Republic of Indonesia declared a state of emergency on March 17, 2020 to prevent the spread of Covid-19 (Kemenkes, 2020).

The government, in preventing the spread of Covid-19, limits health service activities through Article c (1) Government Regulation Number 21 of 2020. Although limiting, it still pays attention to meeting the basic needs of the population, including health needs, food needs and other needs. Through Presidential Regulation Number 11 of 2020 and Government Regulation Number 21 of 2020 concerning Large Social Restrictions to establish a public health emergency to accelerate the handling of Covid-19.

The Indonesian government is currently working to reduce the number of people who are malnourished and wasting. All health workers provide nutritional services. Activities carried out inside and outside the building include promotion, prevention, treatment and rehabilitation services, and interventions for the target population 1000 days after birth, pregnant women, breastfeeding mothers, infants aged 0-23 months, toddlers and teenage girls (RPJMN, 2019) .

Care groups who are prone to nutritional problems are the target of community nutrition services. The purpose of providing nutrition services to vulnerable groups is to improve the nutritional quality of individuals and communities in vulnerable groups, namely babies and toddlers, teenage girl, pregnant women and breastfeeding mothers (Kemenkes, 2020).

Number of positive cases of Covid-19 on November 9, 2020 in Suruh District was 4 people, the number of confirmed deaths was 1 person, and in Reksosari Village there were 2 people in suspected status (Dinkes Kabupaten Semarang, 2020). From the start of the Covid-19 pandemic until now, the initial findings found in 5th hamlet Reksosari Village were that many peoples had traveled outside the area, so there was a risk of contact transmission. The residents of 5th hamlet are 1,112 eligible woman.

Eligible woman tend to need special health services, one of which is nutritional services provided during the Covid-19 pandemic. According to interviews with Reksosari village midwives, both village midwives and health workers have provided socialization about nutrition services through online media. Some people pay attention, while some don't pay attention, so there are those who understand and some don't. Whereas knowledge about nutrition services is important for the

community, especially eligible woman / parents of toddlers. Based on the phenomena that have been described, the authors are interested in conducting research on knowledge about nutrition services for vulnerable groups during the Covid-19 pandemic in eligible woman.

The general objective of this study was to describe the level of knowledge about nutrition services for vulnerable groups (infants and toddlers, teenage girl, and pregnant women) during the Covid-19 pandemic in eligible woman. The specific objectives are: 1) Describe the characteristics of eligible woman which include 4 components, namely age, latest education, occupation and status of migrants. 2) Knowing the description of the level of knowledge of eligible woman about nutrition services during the Covid-19 pandemic, which includes: the level of knowledge about nutrition services for pregnant women, nutrition for toddler, nutrition for teenage girl, and the principle of prevention of transmission. 3) Knowing the description of the level of knowledge based on the characteristics of eligible woman.

2. METHODS

This type of research is quantitative with a descriptive design, and uses a cross-sectional approach. This research was conducted from November 2020 to January 2021 in 5th hamlet, Reksosari Village, Suruh District, Semarang Regency, Indonesia. The number of samples in this study was calculated using the Slovin formula in order to obtain a total sample size of 92 respondents. The sampling technique used was proportional stratified random sampling.

This study used a single variable, namely the variable of knowledge about nutrition services for pregnant women, nutrition for children under five, and nutrition for teenage girl in eligible woman and the principle of prevention of transmission. The measuring instrument used in data collection was a questionnaire that was made by the researcher.

3. RESULTS

3.1 Respondent Characteristics

Table 1. Age distribution of respondents

Characteristics	Mean Median	SD	Min- Max	95% CI
Age	26,75 26,5	4,998	20-35	25,71- 27,79

Based on the results of Table 1 analysis, it was found that the average age of the respondents was 26.75 years (95% CI: 25.71-27.79), the median was 26.5 years with a standard deviation of 4.998 years. The youngest is 20 years old and the oldest is 35 years old. Based on the results of interval estimation, it can be concluded that 95% of the respondents believe that the mean age of the respondents is between 25.71-27.79 years.

Table 2. Distribution of respondents according to education, occupation, and status of migrants

No.	Characteristics	amount	Percentage (%)
1.	Last education		
	Elementary school	17	18,5
	Junior high school	28	30,4
	Senior high school	45	48,9
	College	2	2,2
2.	Job status		
	Work	44	47,8
	Unemployed	48	52,2
3.	Newcomer status		
	Comer	26	28,3
	Not a comer	66	71,7

Based on the results of the analysis of Table 2. the distribution of the education level of the respondents, most of them have senior high school education, namely 45 people (48.9%). the minimum number is tertiary education, namely 2 people (2.2%). Meanwhile, for elementary school and junior high school education, respectively 17 people (18.5%) and 28 people (30.4%). The distribution of respondents based on the largest occupation was unemployed with 48 people (52.2%), while the least occupation was working with 44 people (47.8%). The distribution of respondents based on the status of newcomers found that not a comer respondents were the largest respondents with 66 people (71.7%), while comer respondents were 26 people (28.3%).

3.2 Description of the level of respondent's knowledge about nutrition services for vulnerable groups

The results of the analysis of Graphs 1. can be seen from a scale of 0-100, the lowest average score is the sub variable knowledge about nutrition services for pregnant women with a mean value of 59.42. Then followed by the sub variable knowledge about nutrition services for children under five with a mean value of 70.38. The sub variable knowledge about the principle of prevention of transmission in nutrition counseling and education services with a mean value of 71.43 and the largest score obtained by the sub variable knowledge about nutrition services for teenage girls with a mean value of 80.07. This shows that the respondents' knowledge about nutrition services for vulnerable groups is classified as sufficient.

Table 3. Distribution of respondents based on the level of knowledge of respondents about nutrition services for vulnerable groups

No.	Knowledge level	Frequency	Percentage
1.	Good	25	27,2
2.	Enough	50	54,3
3.	Less	17	18,5
Total		92	100

Based on Table 3. respondents in this study at most had a sufficient level of knowledge as many as 50 people (54.3%). Respondents with a good level of knowledge were 25 people (27.2%), while at least 17 people had a low level of knowledge (18.5%).

3.3 Description of the respondent's level of knowledge based on the characteristics of the respondent

Table 4. Knowledge based on age, education, occupation, and migrant status of respondents

	Category	knowledge of respondents about nutrition services for vulnerable groups						Total	
		Good		Enough		Less		N	%
		N	%	N	%	N	%		
Age	20-29	20	31,25	34	53,13	10	15,63	64	100
	30-35	5	17,86	16	57,14	7	25,00	28	100
Last education	Elementary school	3	17,65	11	64,71	3	17,65	17	100
	Junior school high	5	17,86	15	53,57	8	28,57	28	100
	Senior high	15	33,33	24	53,33	6	13,33	45	100

	school								
	College	2	100	0	0	0	0	2	100
Job status	Work	12	27,27	24	54,55	8	18,18	44	100
	Unemployed	13	27,08	26	54,17	9	18,75	48	100
Newcomer status	Comer	8	30,77	14	53,85	4	15,38	26	100
	Not a comer	17	25,76	36	54,55	13	19,7	66	100
Total		25	27,17	50	54,35	17	18,48	92	100

Based on table 4, it is found that respondents in the 20-29 age group at most have sufficient knowledge, namely as many as 34 people or 53.13%. Meanwhile, respondents in the 30-35 year age group also had sufficient knowledge, namely 16 people or 57.146%. Based on the primary education group, most of them had sufficient knowledge with 11 people or 64.71%. Respondents with the most junior high school education group also had sufficient knowledge with a total of 15 people or 53.57%. The high school education group has sufficient knowledge with a total of 24 people or 53.33 %%. Respondents with the tertiary education group have a good knowledge of 2 people or 100%.

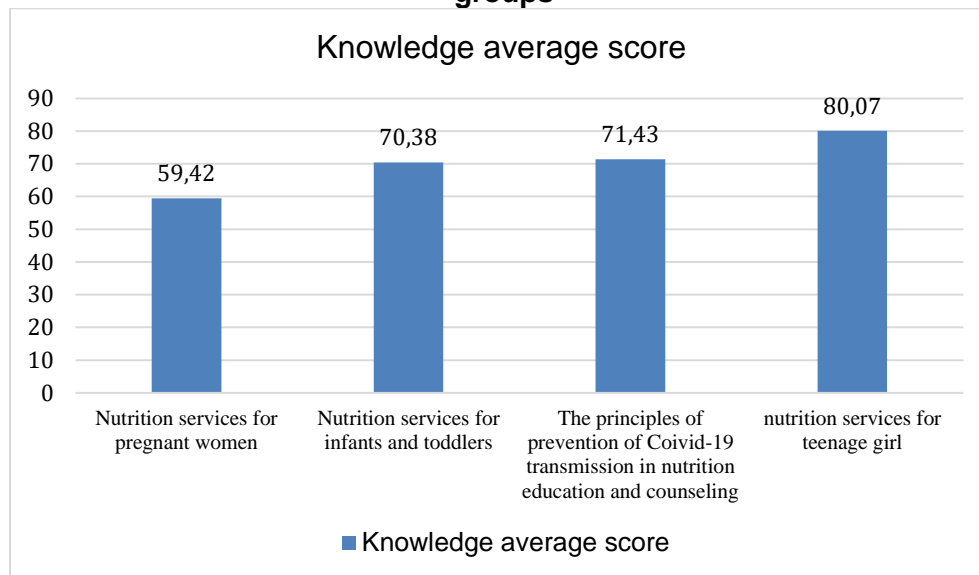
The results of the knowledge analysis based on work status indicated that the working group had at most sufficient knowledge, with 24 people or the equivalent of 54.55%. Meanwhile, the group who did not work at most had sufficient knowledge with a total of 26 people or equivalent to 54.17%. Based on the status of newcomers, it was found that the most immigrant respondents had sufficient knowledge, namely 14 people or 53.85%. Meanwhile, respondents who were not migrants had the most sufficient knowledge, namely 36 people or 54.55%.

4. DISCUSSION

4.1 Respondent Characteristics

Based on the analysis, the lowest respondent's age was 20 years old, while the highest age was 35 years. The order of the number of respondents according to the level of education from the most in the group of respondents with senior high school, junior high school, elementary school education, and the least is college. The highest number of respondents according to work status was not working while the least was the working group. The highest number of respondents based on immigrant status were non-migrants, while the smallest were migrants.

Graphs 1. Mean value of respondents' knowledge of the nutrition services of vulnerable groups



4.2 Description of the level of respondent's knowledge about nutrition services for vulnerable groups

Most of the respondents' knowledge was with sufficient knowledge, while those with the least level of knowledge were lacking. The level of knowledge about nutrition services for vulnerable groups is important to be assessed. Because things that are not understood by respondents can be learned.

The score of knowledge about teenage girl nutrition services was the highest because according to the analysis of early adulthood who had just passed adolescence. Based on public health center data, there are no young girls with malnutrition, and according to information from the village midwife, the school (elementary school, junior high school and senior high school) participates in monitoring the nutritional status of teenage girl. Activities carried out at school include counseling on nutrition, distributing blood-supplemented tablets and measuring body height and weight regularly. This is in accordance with research conducted by Fujiyanti (2019) which shows that health education can increase the knowledge of teenage girl about anemia and buying tablet blood. The provision of blood booster tablets is very important to prevent and control anemia in teenage girl girls.

The score of knowledge about the principles of preventing Covid-19 transmission in nutrition counseling and education services is the second highest. This is due to the incessant information about the principles of preventing Covid-19 from various media and supported by government policies related to overcoming the Covid-19 outbreak. This is in line with the recommendation of the Kemenkes (2020) to use information technology or other media as needed during a pandemic. Health service facilities during the Covid-19 pandemic played a role in preventing the spread and minimizing community visits for non-emergency or emergency events.

The score of knowledge about toddler nutrition services is quite sufficient, because the information from the village midwife that the delivery of information about toddler nutrition services to the parents of toddlers is currently still lacking, because during the Covid-19 pandemic, the delivery of information about toddler health was more online than offline. Thus, the delivery of messages on toddler nutrition services to parents of toddlers is still not optimal. This is in line with research by Lybaws (2020) which shows that in a pandemic like now, MT programs for young children are still being implemented, but on a limited basis, namely through home visits or visits to medical institutions (agreement between health workers and mothers with malnourished toddlers). between mothers and young children. According to Lybaws (2020), the weakness of the plan is the ineffectiveness of malnourished mothers online, because not all mothers are aware of social media, such as in certain rural areas. Based on research conducted by Fatmawati (2020), structured WhatsApp lectures increase maternal knowledge of toddlers against stunting prevention in toddlers.

The score of knowledge about nutrition services for pregnant women is the lowest because the delivery of information about nutrition services for pregnant women is currently lacking, because during the Covid-19 pandemic, there was more information delivery online than offline. Amelia's research results (2019) show that health services influence the decision of pregnant women to achieve nutrition. Research by Dafiu (2017) shows that there is a relationship between knowledge of pregnancy nutrition and the incidence of chronic energy deficiency in pregnant women. This is because the knowledge of maternal nutrition during pregnancy is one of the factors that causes

mothers to experience chronic energy deficiency. The nutritional needs of pregnant women are not only for themselves, but also for the fetus they are carrying. Another study conducted by Retni (2016) explains that pregnant at a young age experiences less weight gain during pregnancy, chronic lack of energy and low intake of energy, protein, folic acid and iron at risk of giving birth to Low birth weight babies.

Knowledge is the reason someone uses health services. This is revealed by Suwarjana's (2016) research which shows that a person's knowledge of something affects his personal behavior. The higher a person's knowledge, the higher his awareness of participating in an activity. Respondents' knowledge is one of the factors that encourage behavior change, especially in the utilization of health services. The findings of Singal (2018) show that knowledge is related to the use of health services.

This is supported by research by Masturoh (2016) which states that eligible woman with good knowledge are proven to take advantage of health services. Conversely, if eligible woman have poor knowledge, their participation in health services will decrease.

4.3 Description of the respondent's level of knowledge based on the characteristics of the respondent

The order of good knowledge scores was based on the age group from the highest, namely the 20-29 year group. Meanwhile, the lowest knowledge score is the 30-35 year age group. This is because the ages of 20-29 are generation Y and Z where this generation has more access to information. This is not in line with Harianti (2016) research which shows that relatively young people have less experience and low knowledge due to age. Likewise, on the other hand, the older a person is, the more experienced and influencing his understanding of certain things will be.

The order of good knowledge scores based on education from the highest is college, high school, junior high school and the lowest is elementary school. This is in line with research conducted by Hartati (2019) which shows that science and education are closely related, and it is hoped that people with higher education will have broader knowledge. However, this does not mean that

those with low education are necessarily lowly educated. In formal education it is not absolutely necessary to obtain an increase in knowledge, but absolute knowledge can also be obtained in non-formal education. In addition, this study is in line with the research of Utami *et al.* (2020) show that higher education brings a good level of knowledge.

Research respondents based on occupation groups in this study indicated that the working group had the most good knowledge, while the non-working group had the least knowledge. According to research by Triguno, et al. (2020) found that there was no relationship between employment status and prevention of Covid-19. In addition, Sihombing (2016) added that working mothers are more meaningful in life than mothers who do not have jobs or housewives.

The category of good knowledge score based on newcomer status was mostly migrants, while the lowest score was non-migrants. Currently there are a lot of health information based online, which makes it easier for newcomers to find information. This is in line with research conducted by Aprianti (2016) which shows that the existence of the internet makes it easier to access information anytime and anywhere, so that it can overcome space and time limitations when disseminating information.

5. CONCLUSION

Eligible woman in RW 05 Reksosari Suruh Semarang Regency have the most characteristics, namely the ages are mostly in the range of 20-29 years. Based on the level of education, the majority are high school graduates. In the occupational status group, the group mostly did not work. Most women of reproductive age based on immigrant status were non-migrants.

Most of the eligible woman in RW 05 Reksosari Suruh Semarang Regency have a sufficient level of knowledge. The variable level of knowledge that is in the category of good knowledge is sorted from the highest value, namely knowledge about nutrition services for teenage girls, the principle of prevention of Covid-19 transmission in nutrition counseling and education services, nutrition services for children under five, and the lowest is nutrition services for pregnant women. Eligible woman RW 05 Reksosari Suruh Semarang Regency have a sufficient level of knowledge based on the characteristics, namely age 20-29 years, last university education, working group, and not migrants.

5. SUGGESTION

The results of this study can be used as the basis for a health promotion strategy regarding nutrition services for vulnerable groups during the Covid-19 pandemic, where health workers can explain about taking additional food by pregnant women from village midwives or nutrition workers, the importance of keeping a daily record of additional food consumption at pregnant women, where to give vitamin A capsules to toddlers, priorities for monitoring toddler growth, and when health care facilities can make home visits during the Covid-19 pandemic.

Further researchers are expected to conduct more in-depth research on the factors that affect the level of knowledge of eligible woman about nutrition services for vulnerable groups during the Covid-19 pandemic. Future researchers are also expected to be able to assess the knowledge of eligible woman and analyze each item of the questions that exist. Eligible woman are expected to pay more attention to health information, especially about nutrition services for vulnerable groups during the Covid-19 pandemic.

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