

# Health Communication Efforts to Prevent Stunting in the Pandemic Era in Trenggalek Regency

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**Abstract—** Overburdened health facilities, disrupted food supply chains, and loss of income due to COVID-19 could lead to a sharp increase in the number of children with stunting in Indonesia. Therefore, accelerating the reduction of stunting during the Covid-19 pandemic is still the government's priority. The best district to reduce stunting rates during this pandemic is Trenggalek Regency. Therefore, this paper will discuss about health communication efforts to prevent stunting in Trenggalek using a case study research method. The results of this study indicate that Trenggalek Regency has implemented innovations in its health communication. In running the stunting campaign and intervention, each village was allowed to form a special program that was given an abbreviated name that was catchy and easy to remember. Campaigns and interventions also target various layers ranging from young women (prospective mothers), pregnant women, mothers with toddlers, to residents in the neighborhood. Programs have also been carried out adapting to health protocols during a pandemic. As a form of adaptation, online counseling is carried out, limited visits with appointments, and teaching health protocols during the pandemic such as washing hands. The focus in this campaign and intervention is to promote awareness of the importance of preparing for a family, nutritious diets for children, breastfeeding, measuring child development (weight and body length), and good environmental sanitation.

**Keywords—** health communication, COVID-19 pandemic, stunting, Trenggalek Regency

## I. INTRODUCTION

Indonesia is currently facing a COVID-19 pandemic which affects various sectors of society. The sectors that have been badly affected are the health and economic sectors. As a result, these sectors also have an impact on the growth and development conditions of Indonesian children. Overburdened health facilities, disrupted food supply chains, and loss of income due to COVID-19 will lead to a sharp increase in the number of children with stunting in Indonesia. Member of Commission IX DPR RI, Intan Fauzi, in his statement also emphasized that during this pandemic the national program for reducing stunting and overcoming malnutrition did not reach the target. If the prevention of stunting is not given more attention, there is a risk of losing

generation in the long run. Stunting will threaten the productivity of Indonesia's human resources, because they are susceptible to being attacked by various growth failure diseases that affect cognitive abilities. In addition, stunting has a negative impact on the competitiveness of the nation [1].

Stunting is a growth problem that arises from malnutrition (calories and protein) in children. Chronic deficiency of nutrients during early childhood causes them to fail to thrive. This malnutrition generally occurs from the time of pregnancy and continues long enough until the child is around 2 years old. Stunted toddlers appear to be shorter than toddlers their age. Stunting is a growth problem that arises from malnutrition (calories and protein) in children. Chronic deficiency of nutrients during early childhood causes them to fail to thrive. This malnutrition generally occurs from the time of pregnancy and continues long enough until the child is around 2 years old. Stunted toddlers appear to be shorter than toddlers their age [2]. There are many standards that can be used to determine whether a child's body length is up to the standard or not. One that is often used is the standard from the World Health Organization (WHO), where a child is declared stunted if his height is at -2 standard deviation median to the child's growth standard. There are many standards that can be used to determine whether a child's body length is up to the standard or not. One that is often used is the standard from the World Health Organization (WHO), where a child is declared stunted if his height is at -2 standard deviation median to the child's growth standard [3].

The impact of stunting can be seen clearly in the early life of a child, but it cannot be denied that this will affect his whole life until he is an adult. Children who suffer from stunting have a higher chance of dying at the age of five. In addition, children with stunting are also at risk of experiencing Disability-Adjusted Life Years (DALYs). The impact of stunting can be seen in the short and long term. In the short term, stunting causes failure to thrive, which can be seen from a short, small, lean body. In addition, there are also obstacles to cognitive and motor development which of course affect the ability of children to learn and absorb information. Furthermore, stunting also causes the physical

size of the body to be not optimal which can also have psychological consequences for the child, as well as metabolic disorders that make it easier for children to experience other health problems. Meanwhile, in the long term, children who suffer from stunting will experience a decrease in their intellectual capacity from time to time. Disorders of the structure and function of nerves and brain cells will cause a decrease in the ability to absorb information. Unfortunately, this disorder is permanent in children with stunting which will affect their productivity as adults. In addition, children with a history of stunting have a high risk of developing metabolic diseases such as diabetes mellitus, hypertension, chronic heart disease, and stroke during adulthood [4].

The cause that has the greatest impact on the onset of stunting is deficiency or lack of nutrients in the long term. In the case of stunting, it was found that the lack of macronutrient intake that had the most impact was protein deficiency, while the micronutrient deficiencies were calcium, zinc and iron. Apart from nutritional problems, there are several other risk factors that can be of concern to prevent stunting. The first risk factor is anemia in the mother during pregnancy and low birth weight (LBW) in the baby. As previously explained, stunting can begin during pregnancy. Therefore, when the mother experiences anemia during pregnancy, the baby in the womb is also at very risk of iron deficiency, which is an important micronutrient for its growth. Maternal metabolism with anemia also tends to be poor, so that the baby is also at risk for lack of oxygen and underweight. This can also lead to LBW in babies. Apart from anemia, cases such as premature birth and lack of other nutritional intake can also cause LBW. LBW so far has also been widely associated with stunting conditions, where babies born with a history of LBW will experience three times higher risk of stunting than babies with normal birth weight. The second factor is the birth spacing that is too close. Children with close birth spacing, under 2 years, have a 4.6 times higher risk of becoming stunted compared to children born more than two years apart or only children. The next factor is economy and environmental sanitation. In families with low economic status, it was found that parents did not have enough knowledge about nutritional intake. This causes them to experience problems in fulfilling nutrition, even though they can be done if they have sufficient knowledge. In addition, this economic problem is often closely related to poor environmental sanitation. An environment with poor hygiene can cause children to experience infections. If the infection recurs, of course, it will interfere with the absorption of nutrition and development of the child [5].

In response to this situation, President Joko Widodo launched a Strategy for the Acceleration of Stunting Reduction during the Covid-19 pandemic on May 8, 2020. The president is targeting the stunting rate to fall to 14 percent by 2024. Therefore, it requires synergy, commitment and good innovation with community institutions, especially local governments [6]. One local government that has responded well to efforts on preventing stunting, even though it still has to grapple with the impact of the pandemic, is Trenggalek Regency. Trenggalek Regency has succeeded in reducing its stunting prevalence rate by an average of 2% per year, where in 2013 the Trenggalek prevalence rate was still

quite high, namely 38.63%. This figure gradually decreased by 11.85% from 2013 to 2019 [7]. As of early 2019, there were still 28 villages/ wards in Trenggalek Regency that were experiencing stunting with a prevalence above 20%. These villages/ wards were spread out under the supervision of 4 community health centers, namely Pucanganak, Suruh, Pandean, and Bendungan. Among the 28 villages/ wards, there were 10 villages with quite severe conditions. Therefore, these 10 villages had become the main focus for the prevention of stunting [8]. After various attempts, finally 5 out of 10 villages that were the main focus of the stunting problem were successfully suppressed. This was a success that had received appreciation from the Provincial Government of East Java by being given the title of best performance in terms of controlling stunting or malnutrition [9]. The government of Trenggalek Regency continued to tackle stunting in 2020, where the impact of the pandemic was very severe. Even in the middle of a pandemic, Trenggalek Regency with integrated efforts succeeded in reducing the stunting rate in its region to 11.4% by mid-2020. This made Trenggalek Regency named by the Ministry of Home Affairs as the best Regency in implementing stunting reduction convergence action year 2020 [10].

The success of Trenggalek Regency in reducing stunting rates cannot be separated from health communication efforts, especially campaigns and interventions. Campaigns and interventions are efforts made to improve the health and welfare of the community through programs designed to prevent disease or promote health and healthy behavior in general. The messages conveyed in health campaigns and interventions are designed with the expectation of a predictable effect on the intended target audience. Specifically, campaigns and interventions differ in their implementation. Campaigns tend to spread messages en masse in the hope of persuading the public. Meanwhile, the intervention emphasizes personal intervention in the life of the target audience [11]. Campaigns are organized efforts, which need to be systematically designed and implemented. In its implementation, the campaign requires managerial roles to plan, run, control, and evaluate programs effectively, efficiently, realistically, and rationally [12].

Health campaigns are structured attempts to inform or influence the behavior of a large number of audiences, over a specific period of time, use a set of organized communication activities, and generate a series of mediated messages through various channels, generally to generate non-commercial benefits for individuals and society. Examples of health campaigns are public service announcements on television, promotion of healthy behavior via radio, articles discussing an effort to maintain health in newspapers or brochures, persuasive posters about health, and many more. Meanwhile, health intervention can be carried out in a community or better known as a community-based health intervention. The main purpose of intervention is to initiate a movement or bring about a form of change that benefits individuals, families, communities, or society. In general, intervention activities focused on working with members of the target community, such as leaders of organizations, local businesses, mass media offices, and health workers at various levels. This group is expected to lend their expertise or ability to increase understanding and practice actions related to the health issue that they want to

raise. This will lead to collective action that benefits the communities involved. These intervention activities need to be in place to complement the health campaign. Because if a health campaign targets a broad public, then health interventions will focus more on a group of target audiences. Health interventions seek to have a direct effect on change, rather than simply providing information. Therefore a combination of campaigns and interventions is needed in health communication efforts both to disseminate information quickly and widely, as well as to promote direct behavior change [11].

Based on this explanation, this study aims to describe the health communication efforts carried out by Trenggalek Regency during the pandemic period to prevent stunting. Trenggalek's success in overcoming stunting cannot be separated from their ability to adapt to pandemic conditions, without losing focus on preventing stunting. The results of this study are expected to be a reference for other regions to be able to carry out stunting control even during the pandemic, as well as to prepare themselves for the new normal. It is hoped that with the realization of stunting prevention, the nation's future can also be well preserved especially in the midst of efforts to rise from the impact of the COVID-19 pandemic.

## II. METHOD

In understanding social reality, there are paradigms that become glasses for viewing a phenomenon. One of them is the interpretive paradigm. In this paradigm, social science is used to study the "meaning" of an action or social goal. The interpretive paradigm is used in this study to understand and describe social behavior that has a specific meaning [13]. As a derivative of the use of the interpretive paradigm, the type of research used in this research is qualitative. This type of research was chosen because its characteristics are in accordance with the needs of the research to be carried out. There are several characteristics of qualitative research that underlie the selection of this type of research. The first characteristic is the natural setting, where the researcher collects data in the field at the location where the problem under study occurs. This up-close information is gathered by speaking directly to people and seeing them behave and act in their context. The second characteristic is the researcher as the main instrument. Researchers collect data on their own through examining documents, observing behavior, or interviewing participants.

The researcher may use a protocol - an instrument for recording data - but the researcher is the person who collects the information and interprets it. The third characteristic is data sources that take various forms, such as interviews, observations, documents, and audiovisual information, instead of relying on a single data source. These are all forms of open data where participants share their ideas freely, not limited by predefined scales or instruments. Then the researchers reviewed all the data, made sense of it, and organized it into code and themes that cut across all data sources. The fourth characteristic is that the data analysis is performed both inductively and deductively. Inductively, researchers construct patterns, categories, and themes from the ground up by organizing data into increasingly abstract

units of information. Then deductively, the researcher looks back at the data from the themes to determine if more evidence can support each theme or whether he or she needs to gather additional information. The fifth characteristic is a focus on learning the meaning that participants have about an issue or problem, not the meaning that the researcher brings to the study or what the writer expresses in the literature. The sixth characteristic is an evolving design, in which the initial plan for research cannot be strictly defined, and some or all the phases of the process may change or shift once the researcher enters the field and begins to collect data. The seventh characteristic is reflexivity, where the researcher's background can shape the direction of the research. The last characteristic is the holistic picture, in which the qualitative researcher tries to develop a complex picture of the problem under study, reflecting real life and the way events operate in the real world [14].

In particular, the methodology used in this research is a case study. The purpose of selecting this methodology is to develop a complete and detailed description of the phenomena in the field. These depictions can be useful in providing narratives of the real situation for policymakers, scholars, and other citizens [15]. There are characteristics of the case study method. The first characteristic is to place the object of research as a case. The case is a phenomenon that is seen as a whole unified system but is limited by a certain context framework. The second characteristic is seeing cases as contemporary phenomena. Contemporary means the case being studied is or has occurred, but the impact can still be felt at the time the research is ongoing and shows differences with common phenomena. The next characteristic is that it is carried out in actual living conditions. Researchers conduct research on objects in their real contextual conditions, there is no setting made by the researcher. So the research is carried out on real life conditions, which are seen as a case [16].

## III. RESULT AND DISCUSSION

In carrying out the stunting management program, the Trenggalek Regency government conducted a joint operation between several agencies for implementing the health communication program. The health communication program implemented has a focus on educating and changing people's behaviour, through campaigns and interventions. Their campaigns and interventions target multiple layers of targets with the hope of producing more holistic results. The first target is young people, especially girls, around the age of high school. Generally, young people at this age are able to get married, therefore they are given training on how to have a healthy family life. They are also taught about reproduction and how the readiness of the prospective parents will greatly affect the child's growth and development. Young women are also taught the importance of maintaining their own health conditions, such as the need to prevent anemia. Because the condition of prospective mothers who are healthy will have a positive impact on their children in the future, and vice versa. The next target is pregnant women and their families. As mentioned earlier, stunting can be caused by poor nutrition during pregnancy. Therefore, pregnant women need to get attention and counseling. The next target is family, especially mothers, with toddlers. These family need to pay attention to the

condition of their children. They also need to know whether their child is growing up to standards or not. In addition, they also need to understand the nutrition and environmental conditions their children need to develop properly. In addition to these main targets, local communities living with pregnant women and children under five are also targets of campaigns and interventions. They are expected to participate in preventing stunting in their environment.

Before creating health campaign and intervention programs, a deliberation called "rembug stunting" was held, in which various levels of society are involved. In this deliberation, it was found that there were still 21 villages / wards with high stunting rates. Further in this deliberation, the participants were asked to share their aspirations and data found in the field. These aspirations and data were then reviewed so that they could be used as the basis for creating various programs in accordance with the needs of the Trenggalek community in dealing with stunting. After this deliberation was held, several programs were formulated to prevent stunting with some adjustments to pandemic conditions. The following is a description of the programs:

#### *A. Stunting Education through Schools for Women, Children, Disabilities and Vulnerable Groups*

Women play an important role in the development of children. Therefore, when from an early age, young women get the right education about how their health and awareness will affect the future of their children, they can play an active role in maintaining a productive future generation of the nation. Based on this, the Trenggalek local government included education about stunting to young women through Schools for Women, Children, Disabilities and Vulnerable Groups which is given the acronym "Sepeda Keren" (meaning: Cool Bicycle). The provision of this acronym aims to make it easy for the community to remember the existence of this school.

Sepeda Keren is a non-formal school that focuses on women, children, disabilities, and vulnerable groups. The aim of this school is that the participants can make the right decisions, be independent in solving the existing chain of problems, also see and participate in development down to the village level. Therefore, in one of the lessons, knowledge about stunting was also disseminated. This knowledge is primarily aimed at young women, who will later become mothers. They are reminded to take care of their health, such as avoiding anemia. In addition, they are also given education to be able to choose the age of marriage wisely, as well as build a family with healthy children.

#### *B. Toddler Growth Monitoring and Education at "Posyandu"*

Posyandu (Integrated Health Care Center) was originally established because of the high maternal mortality rate during pregnancy, childbirth, and the puerperium. Therefore, the Indonesian government took the initiative to maintain the survival of mothers and newborns, by implementing community-based maternal and child health services as a forum. In its technical implementation, Posyandu is supported by Puskesmas (Public Health Center) which has health professionals. However, community participation in

the health care center is the key to success in reaching the community itself. Posyandu activities are prioritized in five programs including family planning, maternal and child health, nutrition, immunization and diarrhea prevention [17].

In Trenggalek, Posyandu has become one of the milestones in preventing stunting. Weighing and measuring height at Posyandu, providing food and vitamins for pregnant women and children, as well as community education have led to a reduction in stunting rates in Trenggalek. Unfortunately, Posyandu activities so far usually involved many people in one location. Therefore, when the Covid-19 pandemic occurred, Posyandu activities were hampered. Seeing the urgency of Posyandu's role in the community, the Trenggalek regional government collaborated with the Puskesmas which houses each Posyandu implement health protocols, so that Posyandu activities could continue even in the midst of a pandemic. The protocols implemented include Posyandu officers using PPE, visitors are required to wear masks, provision of washing hands facilities, and limit the number of visitors per activity.

Apart from continuing to carry out activities at Posyandu locations, officers and cadres also play an active role in visiting residents. Here, the cadres who live in the same environment as the community, do tracing and tracking the condition of the toddlers in the vicinity. They then report the results to officers via an online chat application. If there are residents who need further treatment, cadres and Posyandu officers can come to the house according to the agreement. Officers or cadres who come must be in good health, wear masks, and maintain cleanliness during the visit as a form of health protocol.

Posyandu officers and cadres also continue to promote Infant and Child Feeding Education. This is considered crucial because during the pandemic, many parents start to ignore the nutritional content of their children and babies due to economic factors. Therefore, cadres and officers provide socialization through an approach known as the Emo Demo Method. Emotional Demonstration (Emo Demo) is a method of educating the public through a new approach that refers to the Behavior Centered Design (BCD) theory. The BCD theory holds that behavior can only change in response to something new, challenging, surprising or interesting. The Emo Demo method uses imaginative and provocative ways to achieve behavior change in the public health sector [18]. In Trenggalek, Posyandu cadres and officers receive support, both funding and training for the application of the Emo Demo method by the Global Alliance Improved Nutrition (GAIN). Here the cadres and officers are given modules and tools to carry out socialization using the Emo Demo method. Emo Demo socialization is carried out using light daily communication methods and interesting demonstrations. The application is simple but able to touch the emotions of the participants. This is what causes the pattern of public health behavior to change, especially in terms of providing nutrition to children and babies.

#### *C. 10 Steps to Successful Breastfeeding Campaign*

During this pandemic, one of the most effective ways to maintain a baby's nutritional intake is through breastfeeding. Mothers who work from home can concentrate more on

breastfeeding. Therefore, the Trenggalek local government also promotes a 10-step campaign towards breastfeeding success. The ten steps are having a written policy on breastfeeding, providing training for officers who will provide outreach and direct assistance for breastfeeding mothers, explaining the true benefits of breastfeeding, carrying out Early Initiation of Breastfeeding, demonstrating the correct breastfeeding technique, not providing food and/or drink other than breast milk until the baby is 6 months old, implementing a treatment method in which mother and newborn are not separated, but are placed in a room or place together for 24 hours a day, helping mothers breastfeed as often as possible according to the willingness of the baby, not providing pacifiers for baby, and fostering a breastfeeding support group.

In compliance with health protocols, the campaign is adapted online. Officer trainings are conducted using online classes. Then for mothers also conducted online breastfeeding classes. In addition, for mothers who need assistance in direct breastfeeding practice, this is done on a limited basis by appointment. By implementing these adjustments, the success of the breastfeeding program will be maintained during the pandemic

#### *D. Management of Information and Data Related to Stunting*

Data is a crucial tool for the Trenggalek local government to monitor stunting rates. This in turn will affect whether the programs implemented have been effective or need to be improved. Therefore, the local government of Trenggalek conducts data management based on reports from related agencies. Several agencies involved in reporting this data are the Education, Youth and Sports Office, the Health, Population Control and Family Planning Office, the Social Service, Women Empowerment and Child Protection, and the Social Security Administration. In adjustment during a pandemic, these agencies provide data online using the Google Sheets application. In this application, each agency can update data on an ongoing basis. They can also exchange data between agencies directly without having to exchange printed documents or meet face to face.

This data is then processed to become the basis for local government policies. In addition, some data that are deemed necessary are disseminated to the public through the website [stunting.trenggalekkab.go.id](http://stunting.trenggalekkab.go.id). This website is also a form of accountability for the local government of Trenggalek, which shows the stunting reduction activities and the impact of these activities. On the website, it states which villages are the priority focus for reducing stunting rates, along with which Puskesmas is responsible for each of these villages. It is hoped that rural communities who need assistance related to stunting will know which Puskesmas they can consult. Then in the next section of the website, it is also explained about the convergence action taken to reduce the stunting rate. This section describes the activities carried out by the Trenggalek regional government, ranging from situation analysis, activity planning, deliberations, promulgation of village authority regulations, to human resource training. After that, it is the news section. Here is uploaded news related to stunting prevention in Trenggalek. Then the main part of this website is the stunting data profile. This section provides numerical data which includes, stunting toddler

data, maternal and child health data, data on nutrition counseling, hygiene, and parenting, drinking water and sanitation data, early childhood education data, social protection data, food security data, open defecation free data, and iodized salt data. Each tab on the website will be connected to the Google Sheet application which provides data that is updated regularly. Therefore, the community can find out about the development of health conditions from areas in Trenggalek after receiving continuous health campaigns and interventions. The website is also equipped with contact information for stunting management services. People who need further assistance or information can also reach the contacts listed on the website.

#### *E. Involving Community in the Establishment of Area-Based Health Communication Programs*

One of the strongest innovations made by the Trenggalek regional government in the context of stunting campaigns and interventions is through the involvement of community members in the creation of anti-stunting programs. These area-based programs are created by capturing the aspirations of citizens regarding priority problems that must be resolved in their area. Then the citizen representatives together with the officers came up with unique program names, thus attracting all citizens to participate. In each sub-district, the number, targets, and forms of programs are made depending on the needs and abilities of the residents to run them. The following is a description of several examples of programs implemented by each sub-district:

- In Watulimo Subdistrict, a program entitled Healthy Chat Around Sanitation, abbreviated as "Obsessi" was created. The form of this activity is to conduct casual chat about community-based total sanitation and stunting in religious, social, and cultural activities that take place in the community. This aims to trigger public awareness in maintaining sanitation and fighting stunting.
- In Durenan Subdistrict, three programs namely, the movement to build healthy people from an early age-"Gema Insani", Prevent Stunting through Independent Intake of Family Medicinal Plants – "Centing Sumanto", and Prevent Stunting by Always Maintaining a Healthy Lifestyle-"Centing Sejadag" was declared. Activities carried out from these programs include educating newlyweds and teenagers in health and reproduction, initiating residents in protecting pregnant women and women who give birth, encouraging breastfeeding, maintaining children's calorie and nutritional intake, consuming medicinal plants grown independently, and improving sanitation and hygiene.
- In Trenggalek District, there are the following programs, Family and Healthy Environment With Community Anticipation of Implementing Independent Sanitation-"Galian Singset Anti Melar STBM", and 4 Yes 2 No. The manifestation of these programs is campaign to stop open defecation, washing hands with soap, waste management, managing healthy food and drinks, routine pregnancy checks, exclusive breastfeeding, routine weighing for toddlers, and drinking blood booster tablets for young girls.

- In Dongko sub-district, the Community Service Program for the Health of Our Communities – “Kerlingkan Mata”, and Integrated Activities for Prevention and Control of Stunting – “Kepiting” was carried out. The manifestation of these two programs is community service to maintain environmental sanitation, online screening for youth, counseling and examination of prospective brides, classes for pregnant women, breastfeeding classes, nutrition classes, and dirty water treatment.

In Suruh sub-district, there are two programs, namely Restoring Nutrition, Preventing and Reducing Stunting with Friendly and Caring Actions - "Pagi Cerah", and Sanitation to Prevent and Overcome Stunting - Sanitation for Everyone - "Satu Hati Suka". The embodiment of the program is the creation of a WhatsApp Group to increase knowledge of stunting prevention, collective exercise, environmental sanitation, education and examination of pregnant women, regular monitoring and feeding of toddlers with stunting, building family latrines, washing hands with 5 steps, managing clean water, recycling garbage, and make wastewater disposal

#### IV. CONCLUSION

The Covid-19 pandemic affected various sectors of Indonesian people's life, including the health sector. One of the problems that loom over the Indonesian nation in the future is the problem of malnutrition in children which leads to stunting. This condition of malnutrition is exacerbated by overburdened health facilities, disrupted food supply chains, and loss of income. If it doesn't get enough attention, then this stunting problem will cause problems for Indonesia's human resources in the future. Therefore, the Indonesian government continues to make efforts to prevent stunting in the midst of this pandemic.

One area that has successfully adapted stunting prevention to pandemic conditions is Trenggalek Regency. Trenggalek Regency with integrated efforts succeeded in reducing the stunting rate in its region to 11.4% by mid-2020. This made Trenggalek Regency named by the Ministry of Home Affairs as the best Regency in implementing stunting reduction convergence action year 2020. Therefore, this study describes health communication efforts to prevent stunting in Trenggalek Regency during the pandemic.

The results of this study indicate that the local government of Trenggalek is making an integrated effort by involving various agencies and communities for the implementation of stunting prevention campaigns and interventions. The first concrete steps taken are providing good education to adolescents (prospective parents), newlyweds, pregnant women, nursing mothers, and families with toddlers. Then the Posyandu activities were reactivated by following health protocols such as the use of PPE, providing a place to wash hands, the obligation to wear masks, and limiting the number of visitors. In addition, officers and cadres are also actively encouraged to visit communities who need assistance based on the agreement. Officers and cadres are also equipped with the Emo Demo method to encourage people to take the initiative to prevent stunting. In addition, online data management related to stunting is also carried out using Google Sheets. Data that are deemed crucial are also transparently shared with the public

via the website. The Regional Government of Trenggalek also involves the community in each sub-district to create programs based on regional needs and capabilities. This program is given unique names by community representatives themselves, so that it can attract the interest of all citizens to participate.

It is hoped that the results of this research can provide input for various regions in Indonesia, as well as other regions around the world that are still struggling to fight stunting. Pandemics should not be an excuse to ignore the developmental conditions of children. Because if it is ignored now, the nation's future will be threatened. Therefore, the success of Trenggalek Regency in reducing stunting in the midst of this pandemic can be used as an example of best practice to be implemented in other areas as well.

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