



ABSTRACT

SDGs in children during the COVID-19 pandemic in Indonesia

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Nutrition Battling on Pandemic COVID-19: How to Survive

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In 2015, all member states of the United Nations adopted The 2030 Agenda for Sustainable Development, a long-term plan for peace and prosperity. At the core of the Agenda are the 17 Sustainable Development Goals (SDGs), which are targets to inspire action by all countries to work together to improve health, education, reduce inequality, while tackling climate change and preserving our natural environment. Goals 2 (Zero Hunger), 3 (Good Health and Well-Being), 5 (Gender Equality), and 6 (Clean Water and Sanitation), are the four goals closely related to children and adolescents' health. Indonesia was just beginning to commence its journey to achieve the SDGs, then the pandemic hit and all progress came to a stop.

Malnutrition is a prevalent challenge in Indonesian children. In goal 2 of the SDGs, countries aim to end all forms of malnutrition by 2030, including achieving targets on stunting and wasting in children under 5 years of age by 2025, and address the nutritional needs of adolescent girls, pregnant, and lactating women. Even before the pandemic, managing malnutrition in the country has been an uphill battle. Usage of *Kartu Ibu dan Anak* (KIA/the mother-children handbook) aims to help mothers and healthcare service providers monitor children's growth and development, but only around 50-60% of children aged 0-59 months old use the book. Although the community seem to be largely aware of the importance of exclusive breastfeeding, the National Health Survey showed only 37.3% of infants under 6 months old are exclusively breastfed. After the pandemic hit, programs that contribute to malnutrition management such as growth monitoring in *Posyandu*, using KIA, have been paused. Healthcare services providers like *Posyandu* and *Puskesmas* also serve as information hubs to counsel mothers and families on healthy feeding practices including breastfeeding, and hindered access to these services may lead to disrupted breastfeeding practices. The pandemic also poses as an additional barrier to access healthcare services, including specialistic care for children with non-communicable diseases, such as type 1 diabetes, who are at higher risk for COVID-19 morbidity. These children need monthly pediatrician visits, but the pandemic leads to inaccessible routine care, especially in rural areas.

In 2018, 5.3 million under-five children died. The average death rate in low income countries is 68 deaths per 1000 live births, which is 14 times the average rate in high-income countries. In Indonesia, there are many obstacles that line the way to reducing children's mortality rate. Pneumonia and diarrhea are two of the top five highest causes of children mortality in Indonesia, and newborn screening coverage is still scarce. The Indonesian Pediatric Society data on COVID-19 deaths in Indonesian children shows the largest number of deaths due to COVID-19 are observed in under-five children. Basic immunization coverage in Indonesia is less than 60%, and made worse by the pandemic. If falling rates of immunization



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coverage cause outbreaks of vaccine-preventable diseases, mortality reduction will be even harder to achieve.

The infectious nature of the pandemic forced us to practice distancing and to implement public health measures to contain the virus, which include school closures. Distance learning had to be implemented, but rural areas and disadvantaged families are having trouble keeping their children in school due to lack of cellular coverage and monetary means to provide internet connection for their children. This can lead to increasing school drop-out rates, which has been a point of concern even before the pandemic. In 2017, 39.213 students in Indonesia dropped out of elementary school, with a total school drop-out rate of 1.68%. With the pandemic hitting the society's economy, drop-out rates can increase and lead to worsening literacy and quality of Indonesian human capital. Without school keeping them busy, the adolescent population is at higher risk of risky behaviors. Smoking, alcohol consumption, and substance abuse in adolescents are prevalent in Indonesia; 28-29% of junior high and high school students are smokers and the mean age of first substance abuse is 15 years old. Number of teenage marriages can also increase. Around 1 in 4 girls in Indonesia are married before 18, which lead to GDP loss and lower education attainment.

In conclusion, this global pandemic negatively affects many aspects of children and adolescent health in Indonesia, including our journey in achieving SDGs. Even before the pandemic, our country is not yet on the right track in our SDGs journey with no national comprehensive programs. If we do not urgently address the problems in our nation's health system, the COVID-19 pandemic can be detrimental to our SDGs progress.

Keywords: sustainable development goals, Indonesian children, COVID-19 in Indonesia

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