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KSUC-OI-006

Study of prevalence reduction program implementation for malnutrition in Pekalongan district: A network, prevention and control efforts

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Abstract

Background Pekalongan Regency is ranked 4th in the Regency with nutritional problems that have not been handled optimally, there are still many children under five who are underweight, so they have the potential to experience nutritional status problems. In 2018, there were 475 toddlers with malnutrition, 48 poor children under five and 91 children under five. While newborns with LBW category reach 746 toddlers (Dinas Kesehatan, 2019) . Whereas for Stunting prevalence reached 28.30% at the age of under five years old (<https://www.suaramerdeka.com/smcetak/baca/120348/prevelansistunting-2830-percent>). Various efforts have been made by the Government of Pekalongan Regency to reduce it, so that this effort requires research support to improve better performance indicators. **Purpose** 5 to find out the Program Implementation for Reducing the Prevalence of Malnutrition Children in Pekalongan Regency. **Methods** using a qualitative approach with an explanatory design approach with 4 Nutrition Program informant holders at the Puskesmas and the Health Office. **Result and Conclusion** the magnitude of malnutrition in the Pekalongan Regency is still fairly evenly distributed with the Tirta 2 region and the siwalan which are still quite high (15 and 10 cases), networking and intervention efforts have involved cadres and cross sectors such as the Dinas Pertanian (to monitor food availability and utilization), Office of PMD, P3A & PPKB and Dinas Sosial. **Suggestion.** Monitoring the intervention of prevention programs for malnutrition should be carried out continuously by involving cross-sectors so that a decrease in the number of malnutrition can be quickly obtained.

Keywords: Program implementation, Malnutrition

Introduction

Malnutrition, namely malnutrition or Protein Energy Deficiency (KEP) and micronutrient deficiency are major problems that occur in the world, where these problems require special attention, especially in developing countries. ¹ As many as 93% of cases of malnutrition occur in developing countries such as Africa and Asia. According to WHO data there are 49% of 10.4 million deaths in children under 5 years in developing countries caused by malnutrition (Harianto, 2014).

The basic cause of malnutrition in infants is low economic status (UNICEF, 2013). The condition of poverty affects the condition of food security in the family (Almatsier, 2009). Another basic cause that contributes to the problem of malnutrition in children under five is education (UNICEF, 2013). Result from Handono (2010) shows that education of parents, especially mothers, significantly influences the nutritional status of children.

Wong et al (2014), the problem of malnutrition in infants is directly caused by children not getting enough food that contains balanced nutrition. Malnutrition is also caused by infection in infants. Infection will interfere with metabolism, hormonal balance and immune function (Bantamen, Belaynew, & Dube, 2014).

Another factor that is closely related to malnutrition is the pattern of parenting in the family. Research conducted by Maseta, Macau and Omwega (2008) showed that there was a significant relationship between the pattern of childcare and the practice of child health care in families with nutritional status in children aged 6-36 months in Tanzania.

The next factor is health services. The low utilization of health services has an effect of 60-70% of deaths of children under five with malnutrition (UNICEF, 2013).

The prevalence of malnutrition in Central Java reaches 16%, which means the absolute number of children under five Poor nutrition is less than 480,441 toddlers (compared to the number of toddlers in Central Java at 2,729,781 toddlers in Central Java) , while the prevalence rate of Giburkur in Pekalongan Regency exceeds Regional prevalence figures are 17%. In the last year (2015), the number of Giburkur children in Pekalongan District was 73 toddlers (Dinkes, 2016).

Pekalongan Regency is ranked 4th in the Regency with nutritional problems that have not been handled optimally, there are still many children under five who are underweight, so they have the potential to experience nutritional status problems. In 2018, there were 475 toddlers with malnutrition, 48 poor children under five and 91 children under five. While newborns with LBW category reach 746 toddlers (Dinas Kesehatan, 2019). Whereas for

Stunting prevalence reached 28.30% at the age of under five under two years (<https://www.suaramerdeka.com/smcetak/baca/120348/prevelansistunting-2830-persen>). Various efforts have been made by the Government of Pekalongan Regency to reduce it, so that this effort requires research support to improve better performance indicators.

The implementation of a program to reduce the incidence of malnutrition under five requires appropriate and systematic steps. Starting with appropriate screening efforts, prevention efforts, as well as effective countermeasures will accelerate the decline in the incidence of malnutrition in infants.

² This study aims to determine the Implementation of the Program to Decrease the Prevalence of Malnutrition Children in Pekalongan District.

Methods

This research is an analytical descriptive study using a qualitative approach with an explanatory research design with 4 Nutrition program informant holders at the Puskesmas and Health Office, ² using in-depth interview guidelines, and field notes with source triangulation efforts.

Results

The results showed the magnitude of malnutrition and bad cases in Pekalongan Regency, the model of efforts to screen cases, routine programs and development programs that had been implemented, and the implementation of poor and poor nutrition prevention programs which included (input, process, output) constraints faced for optimization a program to overcome malnutrition and malnutrition in Pekalongan Regency is presented in the presentation below.

The results of in-depth interviews get some conclusions that are the result of efforts to draw conclusions (deductive) as a result of the withdrawal of the patterns of answers to the speaker (pattern mathing) as follows:

a. The amount of malnutrition in Pekalongan Regency.

¹ Based on the results of in-depth interviews with nutrition holders at the Pekalongan District Health Office, the following conclusions were obtained:

Sampai dengan bulan Oktober 2017, jumlah kasus Gizi buruk di Kabupaten Pekalongan sebanyak 42 balita yang tersebar merata di 27 wilayah kerja Puskesmas Kabupaten Pekalongan. Untuk sebaran kasus terbanyak di dua wilayah kerja Puskesmas, yaitu di Puskesmas Tirto 2 di Desa Jeruksari terdapat 15 kasus dan di Puskesmas Siwalan sebanyak 10 kasus.

As a result of the withdrawal of the answer pattern above, it can be concluded that the magnitude of malnutrition cases in Pekalongan Regency is evenly distributed in all Puskesmas work areas. The highest number of cases is in the two Puskesmas areas, namely Tirto 2 and Siwalan with 15 and 10 cases of malnourished children each. There are a number of possibilities that can be drawn to the conclusion of the study, that the region with the highest number of malnourished children under five has a good pattern of case selection so that the case finding is high, or it can indeed be with geographical and sociodemographic contours that adequately support food insecurity and poverty significant impact on the fulfillment of toddlers nutrition. Considering that the working area of Tirto 2 Health Center in Jeruksari Village is a region with high Rob intensity and has been designated as the highest rob disaster area in Pekalongan Regency. Rob disasters have a significant impact on the quality of life of the surrounding community, given the difficulty of access to transportation and the constraints of fulfilling settlement sanitation, making the community think more about ways to adapt to the disaster environment that produce adaptive behavior that is not beneficial to health. Nutrition fulfillment priorities that are preceded by the ability of family purchasing power are insufficient given the rob disaster is a barrier to access to work, skills, and education of the community which certainly impacts on family income, purchasing power, and variations in family food consumption, which indirectly impacts on nutritional profiles vulnerable groups in the family, namely toddlers. The basic cause of malnutrition in infants is low economic status (UNICEF,2013) . The condition of poverty affects the condition of food security in the family (Almatsier, 2009).

b. The model of screening malnutrition cases.

Based on the results of in-depth interviews with nutrition holders at the Pekalongan District Health Office, the following conclusions were obtained:

Secara umum, model upaya penjarangan kasus gizi kurang dan buruk di Kabupaten pekalongan telah melibatkan semua unsur dalam OPD (Organisasi Perangkat daerah) terkait, yang tentunya adalah UPTD Puskesmas, yang melibatkan petugas gizi puskesmas, kader kesehatan dan kader posyandu, dan Rumah Sakit sebagai fasilitas rujukan dan juga bertindak sebagai RS PONEK (Rumah Sakit yang memberi Pelayanan Obstetri Neonatus Emergensi Komprehensif) yang dalam hal ini adalah RSUD Kajen Kabupaten Pekalongan.

The results of the withdrawal of the answer pattern,² it can be concluded that the model developed by the Pekalongan District Health Office is bottom up which means that the selection of cases of malnutrition starts from the field findings by nutrition surveillance officers at the puskesmas who are collaborating with local health cadres / cadres for later reporting to the Pekalongan District Health Office to obtain further intervention, both direct and indirect interventions. If complications are found that require referral to a secondary health facility, then referral to the referral hospital which acts as the PONEK Hospital, in this case Kajen District Hospital, Pekalongan Regency to get therapy related to complications and infections. Some previous research also provides information that areas of malnutrition have been carried out in many efforts such as screening cases in the form of tracking, tracking of under-fives under five malnourished children³ to find out factors related to the incidence of malnutrition through interviews and observations. Tracking was carried out after the screening occurred or a case of malnourished toddlers was obtained by visiting the poor nutrition toddler's house (Rahma Edy Pakaya, Istiti Kandarina, Akhmad, 2008).

c. Routine programs and development programs that have been implemented related to overcoming malnutrition and bad nutrition in Pekalongan Regency

¹Based on the results of in-depth interviews with nutrition holders at the Pekalongan District Health Office, the following conclusions were obtained:

Dinas Kesehatan kabupaten Pekalongan memiliki beberapa program unggulan guna menurunkan angka gizi buruk balita diwilayahnya. Adapun program tersebut berada dibawah Sub bagian Gizi Dinkes Kabupaten Pekalongan. Program penanggulangan gizi buruk ini terbagi dalam program rutin dan program pengembangan. Program rutin terdiri dari 3 program yang biasa dilaksanakan per tahun anggarannya, yaitu :

1. Program pemantauan status gizi (PSG), program pemantauan gizi ini dilakukan oleh kader dengan home visit form yang disediakan Dinas Kesehatan dan dilaporkan langsung melalui SMS.
2. Program pemberian PMT dengan sasaran balita dan ibu hamil (program ini dilakukan untuk memantau perkembangan balita gizi buruk dengan dilakukan pengukuran status gizi balita sebelum dan sesudah pemberian PMT dan dipantau perkembangannya setiap bulan).
3. Program pemberian garam beriodium.

Program rutin tersebut dilaksanakan setiap tahun dengan sumber anggaran berasal dari APBD, BOK, maupun APBD propinsi. Disamping program rutin Dinkes Kabupaten Pekalongan juga memiliki program pengembangan, diantaranya adalah : program CSR (Corporate Social Responsibility) yang bekerjasama dengan PT Amway melalui program Tabur ria (yaitu pemberian gizi tambahan dengan menaburkan Nutrilite/bubuk vitamin dan mineral ke makanan balita) meskipun program ini belum terlaksana menunggu sosialisasi dan distribusi ke seluruh wilayah kerja puskesmas di lingkup Kabupaten Pekalongan. Program pengembangan lainnya adalah program GEMASETIA (Gerakan Masa Stop Kematian Ibu dan Anak) yang digulirkan idenya oleh Ibu Bupati Pekalongan, meskipun belum diterjemahkan dalam teknis kegiatannya.

The explanation above, contains some conclusions that the malnutrition prevention program in Pekalongan Regency is actually quite good considering that the continuity of routine programs and development has been carried out continuously, and supported by adequate funds, which come from the APBD, BOK and provincial APBD . However, based on the results of the evaluation of the program's implementation, it was found that the constraints and lack of optimal malnutrition prevention programs were found in inadequate monitoring after the intervention so that monitoring of weight gain was not very significant. This is likely to hamper the optimization of malnutrition prevention programs in Pekalongan Regency.

d. Implementation of poor and poor nutrition prevention programs which include (input, process, output) constraints faced in order to optimize poor and poor nutrition prevention programs in Pekalongan Regency.

Based on the results of in-depth interviews with nutrition holders at the Pekalongan District Health Office, the following conclusions were obtained:

Implementasi program penanggulangan gizi kurang dan buruk yang meliputi (input, proses dan output) secara keseluruhan sudah cukup baik, yang terjabarkan sebagai berikut :

1. Input : pada penggalan input program penanggulangan gizi buruk di Kabupaten Pekalongan, terdapat kesimpulan jawaban yang memuat dua unsur input, yaitu SDM dan Pendanaan/Anggaran. Pada input SDM terdapat dua orang pemegang program gizi dan sudah mengikuti pelatihan pemberian PMT. Untuk anggaran program penanggulangan gizi buruk di Kabupaten Pekalongan mengalami peningkatan dari tahun sebelumnya, serta mendapat dukungan dari propinsi untuk pemberian PMT, anggaran program penanggulangan gizi buruk berasal dari APBD, BOK, dan APBD propinsi.
2. Proses : pada proses mencakup perencanaan, implementasi, pada perencanaan program penanggulangan gizi buruk dilakukan secara top down, yaitu perencanaan program mengacu kepada kebijakan dari propinsi kemudian Dinas Kesehatan dan Puskesmas melengkapinya, yang dalam hal ini Dinas Kesehatan berperan dalam fungsi koordinatif dimana Puskesmas berperan dalam hal teknis seperti halnya : penemuan kasus gizi buruk, pemberian intervensi giber seperti PMT maupun intervensi langsung berupa pelatihan kepada petugas gizi dan kader.
3. Output : Output program penanggulangan program gizi buruk di Dinas Kesehatan Kabupaten Pekalongan berupa intervensi langsung yang dalam hal ini adalah Program Pemberian Makanan Tambahan (PMT) berupa biskuit, adapun PMT untuk pemulihan belum ada. Disimpulkan dari hasil penarikan pola jawaban bahwa output program penanggulangan gizi buruk di Kabupaten Pekalongan belum cukup efektif dikarenakan pasca intervensi penderita akan mengalami kekambuhan kembali.
4. Kendala program : kendala program penanggulangan gizi buruk di Kabupaten Pekalongan yang ditemui diantaranya adalah : adanya pola ketergantungan pada pemberian intervensi langsung (PMT), sehingga pada penderita akan mengalami kekambuhan pada saat pemberian PMT dihentikan. Disamping itu adanya komplikasi penyerta pada penderita, seperti ISPA yang memperberat kondisi penderita balita giber, belum dilakukannya pemantauan pasca intervensi selain masih adanya ibu balita yang malu memeriksakan kondisi balitanya dikarenakan malu. Kendala program lain yang ditemukan adalah belum semua kegiatan dievaluasi oleh puskesmas sehingga pemantauan perkembangan penderita giber kurang jelas, pengalokasian dana BOK untuk program gizi tidak melibatkan dinas, dinas kesehatan hanya mengetahui laporan bulannya saja, minimnya jumlah SDM di Puskesmas sehingga double job yang terjadi mengurangi kualitas petugas gizi dalam pelaksanaan tugasnya, adanya ketidaksiapan puskesmas dalam penerimaan program PMT (dalam hal tempat penampungan PMT).
5. Salah satu upaya dinas kesehatan dalam mengawasi berjalannya program gizi adalah dengan melakukan sidak.

Based on the description above which contains the amount of malnutrition and bad cases in Pekalongan Regency, the model of efforts to screen cases, routine programs and development programs that have been carried out, and implementation of poor and poor nutrition prevention programs which include (input, process, output) constraints faced in order to optimize the malnutrition and malnutrition prevention program in Pekalongan Regency based on the withdrawal of the answer patterns presented above, it is concluded that the magnitude of malnutrition in the Pekalongan Regency is still fairly evenly distributed with the Tirta 2 and Siwalan regions still high (15 and 10 cases), networking and intervention efforts have involved cadres and cross-sectors such as the Department of Agriculture (to monitor food availability and utilization), PMD Services, P3A & PPKB and Social Services.

Suggestion

Monitoring the intervention of prevention programs for malnutrition should be carried out continuously by involving cross-sectors so that a decrease in the number of malnutrition can be quickly obtained. The community also sought to be able to utilize health services related to the prevention of malnutrition. One of the forms is posyandu as the first line of preventive measures for malnutrition in infants and children. Health workers are deemed necessary to increase the motivation of the importance of diposyandu weighing to the community by including cross-sectoral and key persons (religious leaders, community leaders, so as to increase community participation in posyandu.

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