

The Magnification of Early Detect Nutrition Case through Local Potential Utilization in Urban Region, Indonesia

by Oktia Handayani

Submission date: 28-Jan-2021 10:05AM (UTC+0700)

Submission ID: 1495964515

File name: rough_Local_Potential_Utilization_in_Urban_Region,_Indonesia.pdf (174.06K)

Word count: 3256

Character count: 18310

THE MAGNIFICATION OF EARLY DETECT NUTRITION CASE THROUGH LOCAL POTENTIAL UTILIZATION IN URBAN REGION, INDONESIA

ABSTRAK

Okta Woro Kasmini H, Sri Ratna Rahayu, Efa Nugroho, Bertakalswa Hermawati
Jurusan Ilmu Kesehatan Masyarakat, Universitas Negeri Semarang, Indonesia
Okta_woro@yahoo.co.id

Double burden of nutrition problem must be faced by Indonesia as developing country. The implemented program had not brought maximum nutrition status improvement, therefore need to consider to utilize local potential. The objective of this research was to find out the effectivity of magnification model of early detect through local potential utilization in urban region, city of Semarang, central Java province, Indonesia. The research used experimental design with quantitative-qualitative approach. The population were all toddler under five within the research region, sample determination by purposive sampling, as many as 216 toddlers. Quantitative data analysis used effectivity criteria by Sugiono. Qualitative data was analyzed using nVivo. The optimization of local potential in the effort of nutrition status improvement shows number of nutrition cases found are increased 225% (very effective), number of cases treated are increased 175% (very effective), number of cases counselled are increased 200% (effective) 4) Number of cases that have improvement increase 75% (effective). The local potential need to be utilized in the effort of nutrition program improvement one of it is through the community empowerment, particularly posyandu cadre and health high education institution as partner.

Keywords—early detection, nutrition status, local potential, health cadre.

Introduction

The quality of human resources, is a capital for nation building, which can be affected by nutrition condition of the community. A child with problematic nutrition status in toddler period will be affected on brain development, intelligence and learning performance so that has higher tendency to drop out or delays to higher grade at school and finally affect human resources quality (Ivanovic, 2008).

Indonesia as developed country, nowadays faces a double burden of nutrition problems, which are under nutrition while on other side over nutrition Based on 2010 basic health research (Riskesdas) data, in Indonesia there was prevalence of over nutrition on children under five years

Okta Woro Kasmini Handayani, was Professor of Nutrition in Department of Public Health Science, Universitas Negeri Semarang (e-mail: okta_woro@yahoo.co.id).

Sri Ratna Rahayu, was graduate of doctoral program from Department of Hygiene, Kanazawa University School of Medicine, Japan (e-mail: s.ratnarahayu@gmail.com).

Efa Nugroho was a lecture of Health Promotion Programme in Department of Public Health Science, Universitas Negeri Semarang, Indonesia (phone: +628999349998; e-mail: efa.nugroho@mail.unnes.ac.id).

Bertakalswa Hermawati was a lecture of Health Promotion Programme in Department of Public Health Science, Universitas Negeri Semarang, Indonesia (e-mail: bertahermawati@gmail.com).

as much as 14% which is increase from 2007 with 12.2%, and for 2013, become 18.4% or 4,646,933 children.

In Indonesia which is a developed country, one of community health problem faced nowadays is double encumbrance of nutrition problem, they are poor nutrition and on the other hand over nutrition, or the problem of double burden stunting and overweight.. Based on data from Basic Health Research in 2010, the prevalence of over nutrition on children under five years was 14.0%, increased from 12.2% in 2007. In 2013, the prevalence of poor and malnourished children under five years was estimated to reach 19.6%. Increased from 18.4% (4,646,933 children) in 2007.

Programs applied have not resulted nutrition status improvement as expected. This is due to the causes of nutrition problem are various and related with base factors, such as education and economic level requiring complicated program and long term. Therefore need to consider to utilize local potential which one of it is community empowerment in order to reach program efficiency and maximalize result obtained. Local potential is ability or power or resource owned by a region that can be developed to produce any advantage for the region. One research conducted in Thailand found out the presence of social capitals influencing nutrition status of children under five years. They are participation, reciprocity and proactivity of the health volunteers (Oktia, 2014). The local potentials are various between race, ethnics, tradition and socio economical condition. The variation occurs though on various region in same country, furthermore, on the same region in different time (Horowitz, 2000; Garces, 2006; Mitra, 2007). Local potential related with sosio culture on urban area (city) will be different with one on sub urban area (city outskirts), that could be due to shift of living, acculturation, education and history (Prihanto, 2010; David, 2004, Raharjo, 2016). Beside those, geographic condition or location is one aspect that need to be considered in the relation with community nutrition status (Fatima ON, 2011; Maria FL, 2012; Md Serajul Islam, 2014).

The research result on Semarang, located in Central Java Province, Indonesia, which is an urban region, find out that there are local potential related with social system, culture system, social capital and influence of regional location. The social organization like IHSP (Integrated Health Service Post/Posyandu), willingness of community member and related institution around the community that can be involved (like university with health faculty) and the availability of

supporting program “Nutrition House” (Oktia, 2016). The problem in this research is how is the effectiveness of local potential utilization in form of optimalization of people empowerment in the effort to improve nutrition status.

Method

The research uses quantitative approach to determine model effectiveness and supported by qualitative data to evaluate model implementation related with input, process and output. The population is children under five years on the region where the research take place as many as 395 children and sampling technique by purposive sampling resulting 156 children. Research instruments are BW and BH measurement tools, number of cases found data form, number of cases treated, number of cases counseled before and after intervention and number of children under five years having nutrition status improved. Data analysis based on effectiveness from Sugiyono (2014), as follow: 1) $80 < X \leq 100$ % (highly effective), 2) $60 < X \leq 80$ % (effective), 3) $40 < X \leq 60$ % (hesitate), 4) $20 < X \leq 40$ % (uneffective), 5) $0 < X \leq 20$ % (highly uneffective).

Qualitative data is obtained from the respondents determined by purposive technique, 7 persons consist of 1 Community Health Service Center (Puskesmas) nutrition section, 2 Integrated Health Service Post (Posyandu) cadres, 2 university partnership persons and 2 mothers having children under five years. The instrument used are observation guide, interview guide related with input aspect, process and model implementation output.

Model applied is intended to increase the number of 1) nutrition case finding 2) number of case treated and 3) number of case improved. Activity details are: 1) case finding from Children Health Card (Kartu Menuju Sehat/KMS) or weighing result on Posyandu if BW does not increase in 3 consecutive months 2) Case finding in the neighbourhood or community region 3) Data recording 4) Reporting 5) Counseling. As activity person in charge is puskesmas nutrition department with member consists of posyandu cadres, family welfare (PKK) members and university partner with 6 college students and 1 guide lecturer.

Result

Model intervention is conducted since 2017 until 2018 and field data results are 1) number of nutrition cases found are increased 225% (very effective) 2) number of cases treated are

increased 175% (very effective) 3) number of cases counselled are increased 200% (effective) 4) Number of cases having improvement increase 75% (effective), as described on Table 1.

Table 1: Quantitative data

Time (Year)	number of cases found	number of cases treated	number of cases counselled	Number of cases having improvement
2016	4	4	4	4
2017	7	5	7	4
2018 (March)	6	6	5	3
Effectiveness	225%	175%	200%	75%

Qualitative data obtained are: 1) From the input aspect, not all field team consist of posyandu cadres and PKK members actively participate, the tendency is only posyandu cadre head and several posyandu cadres and PKK members, causing by lack of motivation or incomprehension of what should be done. On the other side, the partnership provided by puskesmas or partner institution is improved year after year and very supportive 2) Communication forum agreed by whatsapp does not maximally utilized, oftenly information shared is only read without giving expected respond or answer 3) The tasks are quite well performed in spite of not all of team member are completely active 4) As result of posyandu cadre head domination to complete the activity and solve problem on the field, discussion process to determine which nutrition case on the community that will be reported to puskesmas does not smoothly done.

Discussion

Local potential utilization in this research is by utilize the existance of posyandu, nutrition house and community empowerment of health cadres, PKK members and health high education on the community to be the partner. The models consist of activities that are utilized of each owned potential. This model is highly effective particularly in nutrition case finding, with the increase that reaches 225%. Number of cases found is the basic to optimum case treated, being counselled and number of children with nutrition status improvement. Number of cases found is part of PKK cadres and members empowerment role.

This intervention model can produce maximum effectiveness since the community empowerment particularly by posyandu cadre that is a potential that can play the role as given task. The potential owned is aligned with research from De Silva (2007); Oktia (2013) mentioning that high social maternal capital and culture system owned by the mother within community network could give positive influence to children under five years nutrition status. Other community empowerment, like in Cameron, where the effort to improve children nutrition status is done by empowering local health cadre which focusing on health mission within social groups in the community (Plan, 2009). Cadre empowerment in this model tends to field activity, though remain being involved in program planning and evaluation, yet the role is as information source. This kind of empowerment could lead to community autonomy which one of the aspect is healthy nutritional care pattern that has an important role to overcome unsupported social factor and environment. This is aligned with research by Eileen (2007), that nutrition improvement program should also be designed and move toward community autonomy as one of the objective.

The infirmity found on the field is the leadership style of cadre's chief that process nearly all job by it self and does not involve the member much. The leadership which is a process to influence or giving example to member in order to reach shared objective does not well implemented. As cadre chief, ideally should have (1) instruction function (give task) to members as determined job description of each member, (2) consultation function (two way communication), (3) participation function (chief should be able to manage situation and involve in the event), (4) delegation function (share the task to the members) and (5) control function. Leadership style of the cadre chief can be identified as paternalistic that tends to otoritarianism, from 1) more decisions are taken by the chief that consider it self as most capable and able to manage all kind of problem on field, 2) treat the member as an uncapable person in performing task, and the chief want to assist, so that it does not give necessary task to the member. Cadre chief role is an important part of successful model implementation as mention in the research by Karen (2013) that leader role in leadership support given will influence the success of health program. Leadership as a relationship system between the leader and the members is important, and proper one will give positive affect to work result (Habiba, 2013; Osabiya, 2015).

The number of children with nutrition case improvement has not resulted as expected, which is 75% due to 2 children with poor nutrition status with congenital disorder and the other with respiratory system chronic infection (Lungs TB). Therefore require specific treatment and longer time.

In relation with intervention model effectiveness using community empowerment through local potential, then there are many affecting factors as mentioned in research result stating that many factors influence quality of human resources like motivation and environment whether internal or external (Nataliia, 2013; Kurtulus, 2014). Whereas HR management factor, include proper HR allocation is highly determine quality and efficiency of desired objective (Zehra, 2014; Stefani, 2006). Intensive accompaniment and counseling from competent person on the beginning of an activity is a must to do in order to be able to utilize existing potential, including cadre chief who willing to work hard and cadre member who willing to participate in the activity. These has been applied in accompaniment practise by some institution along with the recent development and requirement to improve the potential and achivement of given task and responsible (Ismail, 2009; Bozionelos, 2004; Inzer, 2005). Though the institution in this research is a social one, yet the accompaniment principle is required.

Accompaniment model is a task performed by facilitator that able to do as supporter, activator, catalisator and motivator, while the primary actor in the activity is the stake holder it self. Accompaniment program should have clear objective without leaving professionalism principle (Nail H, 2007; Julio, 2004). Accompaniment is one strategy that could decide the achievement of a program and community development to reach maximum objective need to be accelerated with the present of a companion (Budiyanto, 2011). Accompanion system or mentoring could improve performance including the achivement and avoid overspend of cost and time (Joy, 2006).

Conclusion

Intervention model through local potential utilization in the effort to improve nutrition status indicates highly effective criteria (225%) particularly in case finding number. The Number of cases found is the basic to optimum case treated, being counselled and number of children with nutrition status improvement. Number of cases found is part of PKK cadres and members

empowerment role as utilized local potential. In spite of several obstacles are found on the field, such as not all team members are fully participate in the activity. The case finding is particularly done by posyandu cadres and main role is hold by posyandu cadre head.

Gratitude

The gratitude is delivered to: 1) Ministry of Research, Technology and High Education that has fund the research, 2) Semarang Health Office that has given the permission and assistance to this research, 3) Lamper Tengah and Mijen Puskesmas Head and staff that have facilitated data collection.

The gratitude is also delivered to posyandu cadres, PKK members, the mothers as participants and Faculty students involved and Mr. Sofwan Indarjo SKM, Mkes as the counselor

Bibliography

- 1 Bazonelos Nikos. 2004. Mentoring Provided: Relation to Mentors Career Success, Personality, and Mentoring Received, 64: 24-46
- Budiyanto H. 2011. Pendampingan Dalam Proses Perencanaan Partisipatif Program Penataan Lingkungan Pemukiman Berbasis Komunitas (PLPBK). *Jurnal Local Wisdom*, 3(1): 34-40
- Bambang Budi R, Oktia Woro, Efa Nugroho, Berta Kalswahermawati. 2016. Local Potentials as Capital for Planning Nutrition Programs for Urban Fringe Areas in Developing Countries. *Pakistan Journal of Nutrition*
- 1 De Silva, M.J., Harpham T. 2007. Maternal Social Capital and Child Nutritional Status in Four Developing Countries. *Helath Place*, 13(2): 341-355
- 1 Eileen SA, Richard AW, Janet RW. 2007. Self Regulation, Self Efficacy, Outcome Expectations, and Social Support: Social Cognitive Theory and Nutrition Behavior. *Ann Behav Med*, 34(3): 304-312
- Fatima Omer Nabag. 2011. Comparative Study of Nutritional Status of Urban and Rural School Girl's Children Khartoum State, Sudan. *Journal of Science and Technology*, 12 (02):60-68
- Garces, I. C., Scarinci Isabel C, Harrison Lynda. 2006. An Axamination of Sociocultural Factors Associated With Health and Health Care Seeking Among Latina Immigrants. *Journal Immigrant Health* Vol 8 , 377-385p.
- Habiba Anwar. 2013. Impact of Paternalistic Leadership On Employees Outcome- A Study On The Banking Sector of Pakistan. *IOSR-JBM*, 7(6): 109-115

- 1 Horowitz, C. R., Davis, M. H. etc. 2000. Approaches to Eliminating Sociocultural Disparities in Health. *Health Care Financing Review* Vol 21, Edisi 4, 57-72p.
- 1 Inzer Ionnice D, Crowford.C.B. 2005. E Review of Formal and Informal Mentoring: Processes, Problems, and Design. *Journal of Leadership Education*, 4(1):31-50
- 1 Ismail. A, Khian Jui.M.K, Abdullah.M.M. 2009. Formal Mentoring, Gender, Type and Mentorship and individuals, Phsycosocial: A Moderating Model Approach. *Pakistan Journal of Commers & Social Sciences*, 3: 10-24
- 1 Ivanovic, D., Rodriguez, Perez, H. 2008. Twelve-year Follow-up Study of The Impact of Nutritional Status at The Onset of Elementary School on Later Educational Situation of Chilean School-age Chieldren, *European Journal of Clinical Nutrition* 62, 18-31p.
- 1 Joy Penman, Frances White. 2006. Peer Mentoring Program Pop-Up Model For Regional Nursing Student. *Journal of University Teaching and Learning Practis*, 3(2): 123-135
- Julio J Ramirez. 2012. The Intentional Mentor: Effective Mentorship of Undergraduate Science Students. *The Journal of Undergraduate Neuroscience Education*, 11(1): A55-A63
- Karen Milner et al. 2013. The Relationship Between Leadership Support, Workplace Health Promotion and Employee Wellbeing in South Africa. *Health Promotion International*, 30(3): 514-522
- 1 Kurtulus Yilmaz Genc. 2014. Environ Mental Factors Affecting Human Resources Management Activities Of Turkish Large Firms. *International Journal of Busines and Management* 9(11): 102-122
- 1 Maria Fernanda Laus, et al. 2012. Geographic Location, Sex and Nutritional Status Play an, 0(0): 1-7 Important Role in Body Image Concerns Among Brazilian Adolescents. *Journal of Healtf Psychology*
- 1 McMurray RG et al. 2000. The Influence of Physical Activity, Socioeconomic Status, and Ethnicity on The Weight Status of Adolescents. *Obesity Research*, 8:130-139.
- 1 MD. Serajul Islam, Jakia Sultana Jothi, Monirul Islam, and A.K. Obidul Huq. 2014. Nutritional Status of Rural and Urban Under-five Children in Tangail District, Bangladesh. *International Journal of Innovation and Applied Studies*, 8(2): 841-848
- 1 Mitra, M., Sahu, P. K. etc. 2007. Nutritional and Health Status of Gond and Kaware Tribal Pre-school Children of Chhattisgarh, India. *Journal Hum. Ecol.* Vol 21 No 4 , 293-299p.
- 1 Nail Hamilton and Lisa Montpetit B. 2007. Fostering Profesionalism Through Mentoring. *Journal of Legal Education*, 57(1):1-29
- Nataliia Hunko. 2013. Factors Influencing The Formation of Human Resources. *Economic & Sociology* 6(2); 65-72
- Oktia Woro Kasmini H, Bambang Budi R. 2016. *Perencanaan Program Gizi Berbasis Potensi*

Lokal (Studi di Daerah Urban dan Sub Urban). Laporan Penelitian, LP2M Universitas Negeri Semarang.

Oktia Woro Kasmini H, Lasmono Tri Sunaryantoro, Eko Farida. 2013. The Contribution of Cultural System in Toddler Parenting by Mother (In the Context of Nutrition Status). *Research on Humanities and Social Sciences*, 3(6):105-111

Oktia Woro Kasmini H, Tandiyono Rahayu, Irwan Budiono, Pomsuk Hunnirun, Songpol Tomee, Anong Hansakul. 2014. Social Capital and Nutritional Status of Child Under 5 Years in Rural Indonesia and Thailand. *Kemas*, 10(1): 88-95

Osabiya. B, Ikenya. E. 2015. The Impact of Leadership Style On Employees Performance In An Organization. *Public Policy and Administration Research*, 5(1): 193-205

1
Plan. 2009. *Community Approaches to Child Health in Cameroon: Applying the Community-Based Integrated Management of Childhood Illness (c-IMCI) Frameworks*. Rhode Island, USA.

Prihanto Teguh. 2010. Perubahan Spasial dan Sosial Budaya Sebagai Dampak Megaurban di Daerah Pinggiran Kota Semarang. *Jurnal Teknik Sipil & Perencanaan* 1(2): 131-140

Raharjo Bambang Budi, KH Oktia Woro, Nugroho Efa, Hermawati K. 2016. Local Potentials as Capital for Planning Nutrition Programs for Urban Fringe Areas in Developing Countries. *Pakistan Journal of Nutrition*

1
Sugiyono, P.D., 2014. Populasi dan sampel. *Metode Penelitian Kuantitatif, Kualitatif dan R&D*.

1
Stefane M Kabene, et.al. 2006. The Importance of Human Resources Management in Health Care: A Global Next. *Human Resources For Health* 4(20): 1-17

1
Wang Y. 2001. Cross-national Comparison of Childhood Obesity: The Epidemic and The Relationship between Obesity and Socioeconomic Status. *International Journal of Epidemiology*, 30:1129–1136.

1
Zehra Alakoc Burma. 2014. Human Resource Management and Its Importance For Today's Organizations. *International Journal of Education and Social Science* 1(2): 85-94

The Magnification of Early Detect Nutrition Case through Local Potential Utilization in Urban Region, Indonesia

ORIGINALITY REPORT

23%

SIMILARITY INDEX

23%

INTERNET SOURCES

0%

PUBLICATIONS

0%

STUDENT PAPERS

PRIMARY SOURCES

1

docplayer.net

Internet Source

23%

Exclude quotes Off

Exclude matches < 15%

Exclude bibliography Off

The Magnification of Early Detect Nutrition Case through Local Potential Utilization in Urban Region, Indonesia

GRADEMARK REPORT

FINAL GRADE

/0

GENERAL COMMENTS

Instructor

PAGE 1

PAGE 2

PAGE 3

PAGE 4

PAGE 5

PAGE 6

PAGE 7

PAGE 8

PAGE 9
