

## **Operational Research in Combating Health Problem Areas in Improving the Nutritional Status of Children in Palu**

Gurendro Putro<sup>1</sup>, Wibowo<sup>2</sup>

<sup>1</sup>Center for Research and Development of Humanities and Health Management, Ministry of Health, Indonesia

<sup>2</sup>Research and Development Center for Health Resources and Services, Ministry of Health, Indonesia

Corresponding Author: Gurendro Putro

### **ABSTRACT**

The operational research of combating health problem areas (PDBK) in Palu city is done by observation starting from the activity of kalakarya, booster and sweeping toddler. This study aims to see changes individually, team and organization in tackling health problems in the city of Palu. This study is descriptive kulaittaif with intake of cross sectional data. The observations made are on the individual scale, team and organization in Palu city in tackling health problems. This activity lasted 8 months, with observation, dialogue and analysis of health data and social view of society in Palu city in relation to the weighing of children under five in posyandu.

The results of this study can describe changes in individuals, teams and organizations in tackling health problems. At the level of change of consciousness and attitude quite good, but at pata level of action still not maximal. If we see the data weighing under five to fluctuate up and down and never all toddlers in posyandu.

The conclusion of this research is the implementation of the workshop and booster of PDBK in Palu city can increase the coverage of nutrition program, especially in increasing the coverage of children under five to posyandu. Sweeping toddlers who do not come to posyandu are still done by health workers and some cadres, resulting in fatigue and burnout that can hamper the achievement of other health programs.

Suggestions that sweeping activity of toddlers involving cadres, Dasa Wisma and PKK village. Posyandu was formed by the community, then the village chief or village chief supported operationally. It is necessary to coordinate across sectors and programs in tackling health problems in Palu city area.

**Keywords:** workshops, booster, sweeping, child; posyandu

### **INTRODUCTION**

Combating Health Problem Areas (PDBK) is necessary to develop equitable and sustainable health development for the realization of a dignified community life. In turn, the burden of the people in the health problem areas can be reduced, and the basic rights of each citizen can be fulfilled properly. To choose the location of the Health Problem Area appropriately and fairly, it is necessary to choose the right and accountable way. One method that is available and can be directly used is an Assessment with a Public Health Development Index (PHDI), which is available in all Regencies or Cities. As a result of Riskesdas 2007, this PHDI makes it possible to measure the diagnosis or magnitude of health problems at the most disadvantaged districts or cities in the health sector, thus it is known where the most disadvantaged districts or cities in the health sector are based on the district/city PHDI rankings. Furthermore, through the magnitude of the problem in PHDI by using each variable and by calculating the number of people with problems based on proportion or prevalence, various priorities for problems that need intervention can be revealed.

Alternative interventions are formulated together between the team and the relevant district or city. Formulation of local specific intervention models is carried out jointly between the team and local program managers. Combating Health

Problem Areas (PDBK) through the PHDI approach can direct health development more appropriately according to the needs of the local area, so that the allocation of health development budgeting and financing can be focused on priority issues through sharpening the necessary interventions.

The process of PDBK is a new approach as a reform in health affairs, which for facilitators and those who are accompanied will bring changes to their respective roles. This is a new paradigm of change in thinking, as the basis for policy formulation for the improvement of health development. These changes not only relate to the various weaknesses and shortcomings that occur at this time but also anticipate various future possibilities concerning many people.

Palu City is an area in the Public Health Development Index (PHDI), The results of basic health research data in 2007 ranked this city to be about 193 for PHDI. The city of Palu is an area that gets attention in health development. Especially on nutritional data on children under five and weighing infants who still have not reached their maximum health target. The condition of under-five malnutrition from riskesdas results in 2007 was 27.21% of malnourished and stunting toddlers by 37.18%. This shows that health services activities for toddlers are still not going well. Under-five weighing numbers, the results of the 2007 primary education were 19.85%. (Riskesdas, 2007)

Challenges for health workers and at the district, sub-district and village level, should be able to overcome this situation and later an activity program will be formulated together with the community so as to provide improvements in the health condition of children under five. Given that toddlers are potential future generations to come, it is appropriate to get attention and health services, because this nation will be inherited to healthy children and grandchildren.

The linkage of nutrition programs in the health department is not only for nutrition workers, but more so that other program activities, such as MCH and immunization also have the same role in giving birth to a healthy generation and have a strong personality. The role of the Palu city government is no less important, because the support of the Palu City Government will change the atmosphere and enthusiasm of all city government officials to cooperate in overcoming the problem of children under five in the Palu community.

The general purpose of this research is to find out the changes in stakeholders in workshops and booster in improving the nutritional status of children in the city of Palu. While the specific purpose is to find out changes in individual workshops and booster activities; changes in the area of action for workshop and booster activities; change of team work and organizational culture of workshop and booster activities in overcoming nutritional problems of children under five.

## **MATERIALS AND METHODS**

This research method is cross sectional design. How to collect data by observing toddlers who are weighed at posyandu, do workshops and boosters on stakeholders in the health sector as well as secondary data collection in the Palu City Health Office. The workshop activity was an awareness of health problems, a dialogue between participants and resource persons. As with booster, it is the second workshop and is expected to grow awareness of stakeholders about health issues and there are efforts to solve these problems together, both in the agency and in the community. Study period is 8 months from March to November 2012.

## **RESULTS**

Palu City, administratively, has an area size about 405.15 km<sup>2</sup> and this area is the capital city of Central Sulawesi Province. Palu city has 4 sub-districts and

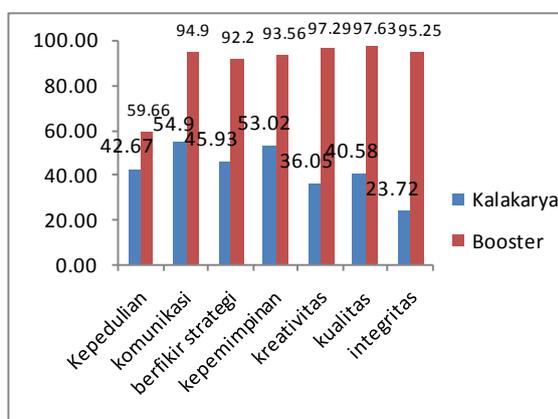
43 villages which are astronomically located between 00.36 " - 00.56" South Latitude and 1190.45 " - 1210,1" East Longitude, just below the equator with an altitude of 0 - 700 meters above sea level.

Palu City has an area of about 405.15 km<sup>2</sup> and administratively the government consists of 4 sub-districts, 43 villages and 90,708 households. Of the 43 villages in Palu City, all have been defined. While 36 villages included the classification of self-sufficient villages and the remaining 7 villages were included in the swakarsa village classification. The distribution of the number of villages / kelurahan and households (RT) can be seen in the table below:

**Table 1. Distribution of area, village and household area according to sub-districts in Palu City in 2011**

| No. | Subdistricts | Area size (km <sup>2</sup> ) | Kelurahan | Household |
|-----|--------------|------------------------------|-----------|-----------|
| 1   | North Palu   | 99,24                        | 8         | 11.253    |
| 2   | East Palu    | 187,45                       | 8         | 19.855    |
| 3.  | South Palu   | 61,30                        | 12        | 31.923    |
| 4   | West Palu    | 57,16                        | 15        | 27.677    |
| .   | Total        | 405,15                       | 43        | 90.708    |

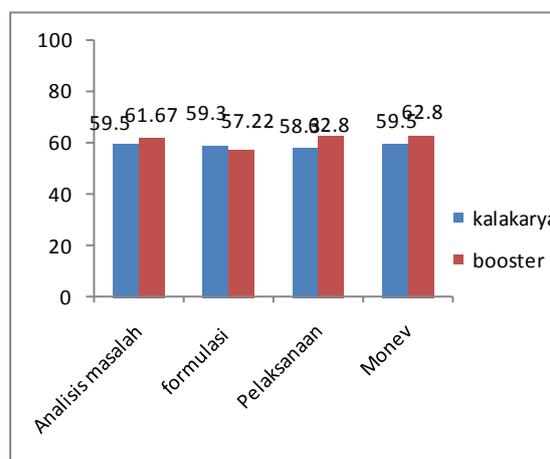
In this operational research on health problem solving (PDBK), self assessment was carried out on participants of workshops and booster where, the results of this activity were described as follows. Health workers in Palu city and across sectors consisting of sub-district heads, village heads, and non-governmental organizations are PKK mothers, posyandu cadres and community leaders.



**Figure 1. Individual areas of change in the workshops and booster in Palu.**

Viewing from the results, there is a tendency to increase the value of individual areas of change in the workshop and booster activities. Individual care for health problems in the city of Palu increased from 42.67% to 59.66%. Where the workshop participants have concerns about the nutritional problems of children under five in general are still below 60% and the lowest compared to other parameters. Individual changes after a booster other than caring, have a value above 90%. By looking at changes from quantitative data answered by respondents, as actors in the response team for health problems, there is an increase in individual changes very well from workshops and booster activities, all individual change items consisting of caring, communication, thinking strategy, leadership, creativity quality and integrity. Of the individual change items, the most changes (increase) are in the integrity item, which is 71.53%.

In this area of action, it was assessed from the problem analysis, formulation, implementation and monitoring of the evaluation of GDPK activities in the city of Palu, there was a decrease in the formulation value of 2.1% from workshop to booster activities. The highest change in area of action in the implementation and monitoring of evaluations was 62.8% at the time of the booster.



**Figure 2. Individual Action Areas when work and booster in Palu city**

This is very interesting, because in formulating the problem there is a tendency to not work together; even booster participants tend to submit the formulation to others. However, in the implementation and monitoring of evaluations there is an increase in value, where both of them increase at the time of booster.

In general, on this work team there is a tendency to increase from workshop to booster activities. The highest change in the work team at the forming workshop stage was 69.6% while the booster was 76.4%.

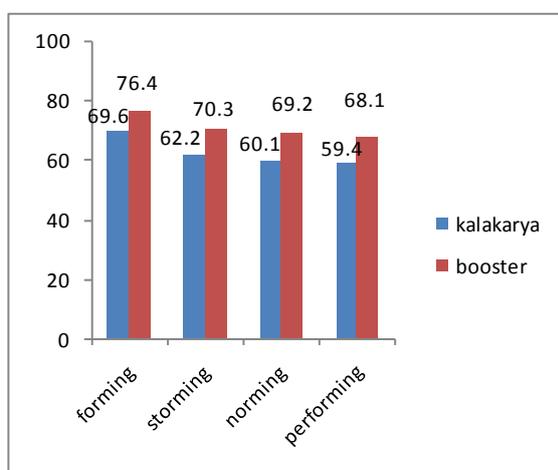


Figure 3. Changes in the Work Team during the workshop and booster in the city of Palu

Assessment of organizational culture in the workshop involvement was 58.5% and decreased at the booster to 48.3%. Almost all declined from workshop to booster, except for consistency which increased by

1.2%. This is very evident from the results of nutrition program program activities, especially in sweeping coordination of the number of toddlers in the hammer city. At the time of sweeping, the health worker moves only and is assisted a little by the cadre, so that health workers experience fatigue in registering and weighing toddlers in the city of Palu.

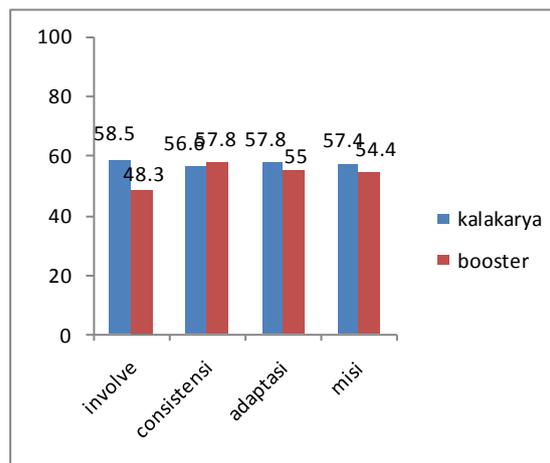


Figure 4. Organizational culture during the workshop and booster in the city of Palu

Weighing children under five in the city of Palu in 2011 was as low as 50.24% in March 2011 and the most in October 2011 was 75.49%. When viewed from the rate of weighing this toddler never reaches 80%, so it is very necessary for future activities to increase and even better.

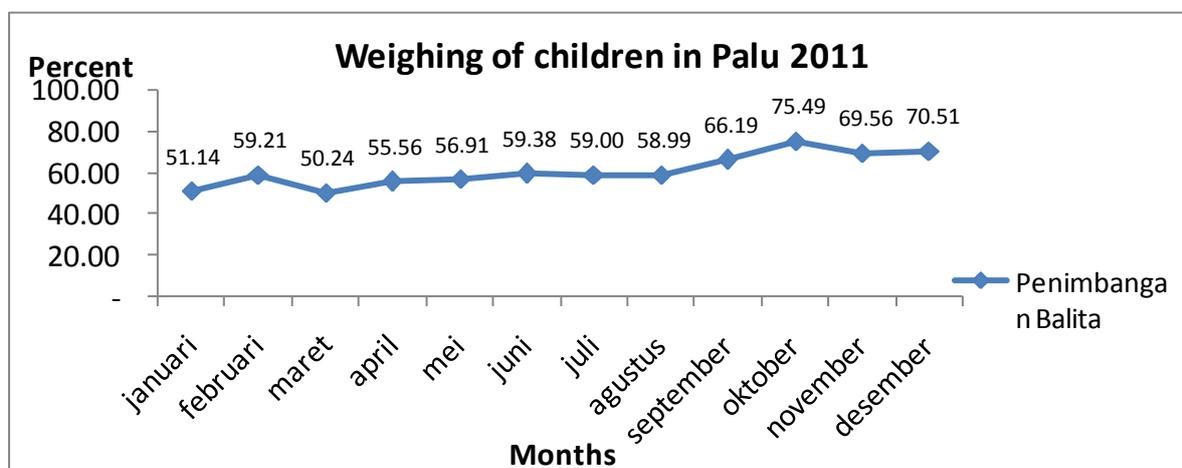


Figure 5. Toddler Weighing Activities in Palu in 2011.

Weighing of infants in Palu in January 2012 was 52.79%. This percentage increased in February 2012 to 68.26%. However, this value has decreased until April of 59.62%. This percentage rose again until September 2012 to 77.69% and again decreased in October 2012 to 64.49%.

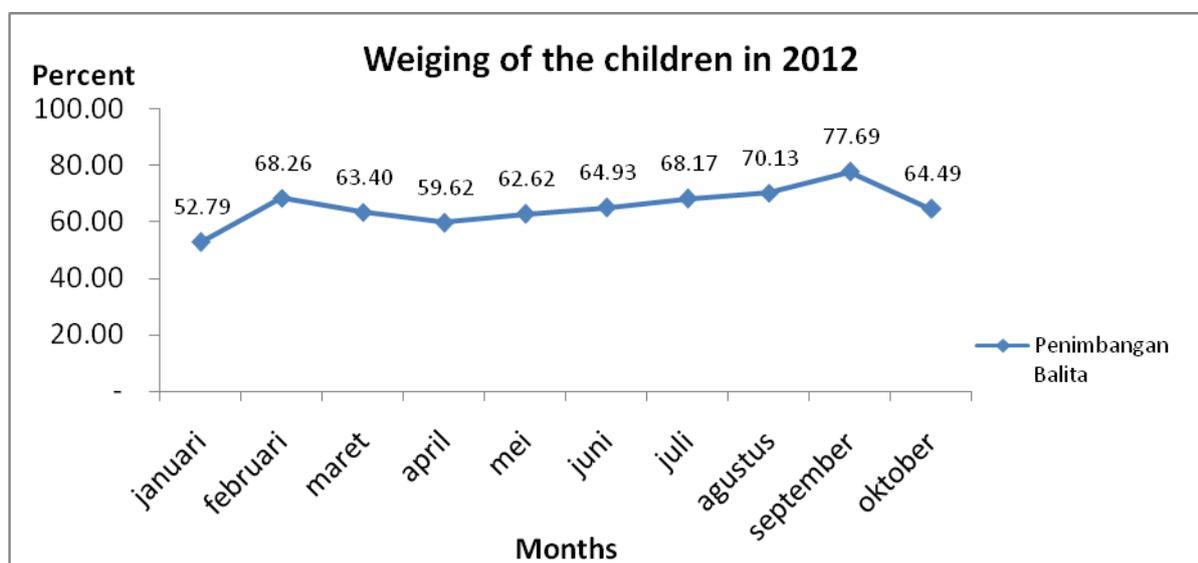


Figure 6. Toddler weighing in Palu in 2012

Comparing between 2011 and 2012, the achievement of weighing of children under five in the Posyandu can be seen in the following table.

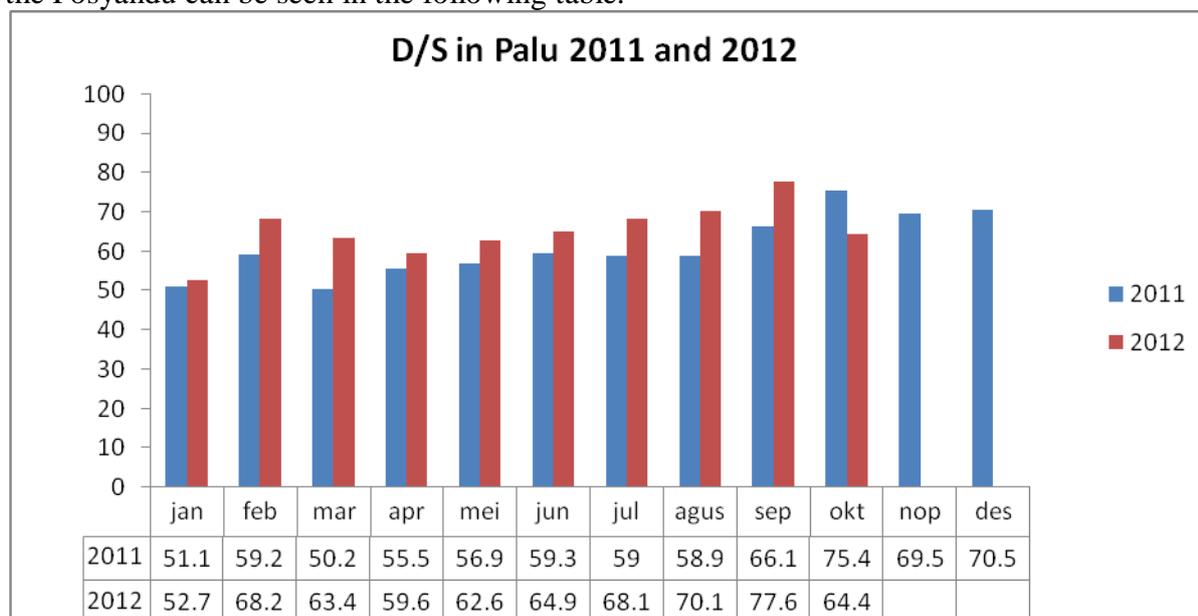


Figure 7 Comparison of D/S in Palu City in 2011 and 2012.

Viewing from the weighing report, if compared from 2011 to 2012, there was an increase except in October 2012. The PDBK workshop activity on September 21, 2011 had a boost to increase the coverage of under-five weighing. It can be seen that in September to December 2011 there was a tendency to increase coverage of under-

fives. After the PDBK movement workshop on September 21, 2011, data collection on existing toddlers was carried out and at the same time weighing infants who did not come to the posyandu.

Then in 2012, at the beginning of January to August ranged from 50 - 59% weighing toddlers. When there was a PDBK

movement booster on August 2, 2012, there was a tendency to increase the number of under-five weighing. In this activity sweeping was carried out on toddlers who did not come to the posyandu. Sweeping is done by health workers and cadres. Lack of involvement across sectors or non-governmental organizations (NGOs), kelurahan, villages, hamlet, Dasa Wisma and community leaders in tackling nutrition problems in the community.

## **DISCUSSION**

Changes expected from workshop and booster activities will be able to increase awareness and actions both individually and in teams, to solve existing problems. The growth of individual awareness and the team will build a synergy in solving the nutritional problems of children under five. Workshop and booster activities involving the health sector from the health department to the puskesmas, as well as involving cross-sectoral, both from the top leadership of the Palu city government, namely the Mayor or Deputy Mayor and the Sub-District Heads and Lurahs, PKK Kelurahan, PKK Kecamatan and PKK Kota Palu. As well as other stakeholders such as universities and non-governmental organizations, religious leaders and community leaders.

From the results of individual change evaluation, caring items experienced a slight increase compared to others in solving the nutritional problems of children under five. Nutritional problems of children under five, have not aroused the maximum concern for the participants of the workshop and booster. So it needs to be improved again, so that they care about the nutritional problems of children under five. Toddler children are the nation's next generation who must be prepared to face a more severe and competitive situation with global agreements both in technology, trade and the economy. If this nutritional problem is not handled properly, then the impact of our generation has not been able to accept the challenges of the times.

The ranking of IPKM in 2007 was 193 for the city of Palu, with a focus on nutrition issues for children under five years of age which is very important and serious in overcoming it. All must work together in handling this problem, not only the health sector, but across other sectors need to be empowered and strive to solve the nutritional problems of children under five. As an entry point in monitoring the development of body weight and nutritional status should be monitored by weighing under-fives through a posyandu and improving nutrition in children with nutritional problems. Although there has been monitoring and PMT on under-malnourished and malnourished children under five who were referred to hospitals, it still appears that those who work only in the health sector, while the concern of other sectors is still not optimal.

Activities in analyzing problems, formulating an action or solution as well as implementing and monitoring and evaluating the problem of nutrition of children under five are not serious yet, this is because the value or size is still around 62%, so the problem of nutrition has not become a priority in handling. The problem of nutrition of children under five years of age is a common problem that must be resolved together with both the health sector and other sectors and involving local officials. Head of sub-district, village head and village PKK, sub-district PKK and Palu City PKK. Besides the role of the private sector, both the education sector and non-governmental organizations (NGOs) also have an important role in supporting the resolution of nutrition problems for children under five.

Team handling of nutrition problems for children under five, starting from (1) forming, where stakeholders are still exploring the nutritional problems of toddlers; (2) storming, the stakeholders, still tend to blame, do not want to be blamed by the presence of malnourished children under five, although this only lasted a few moments. Acceptance of conditions from

children under five with nutritional problems is very important for further action; (3) norming, in this phase, stakeholders realize that nutrition issues are joint responsibility and must be resolved together; (4) performing, the stakeholders together to complete the nutrition problem.

Measuring organizational culture, starting from involvement, the stakeholders still 48.3% feel involved in dealing with nutritional problems of children under five. Most still consider it not a problem and do not need to be involved in handling the nutritional problems of children under five. The stakeholders are consistent, handling 57.4% of children with nutritional problems. They have adapted to the nutritional problems of children under five as much as 55%, meaning that the presence of toddlers with malnutrition or bad problems has become normal. In solving the nutritional problems of children under five they have a mission to complete 54.4%.

## CONCLUSIONS

The conclusion of this research is the implementation of the workshop and booster of PDBK in Palu city can increase the coverage of nutrition program, especially in increasing the coverage of children under five to posyandu. Sweeping toddlers who do not come to posyandu are still done by health workers and some cadres, resulting in fatigue and burnout that can hamper the achievement of other health programs.

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How to cite this article: Putro G, Wibowo. Operational research in combating health problem areas in improving the nutritional status of children in palu. International Journal of Science & Healthcare Research. 2018; 3(4): 27-33.

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