

Pro MaKAn AS INTERVENTION STRATEGY OF COMMUNITY NURSING CARE TO TREATMENT TODDLER MALNUTRITION IN DEPOK

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Abstract

Toddlers as the population at risk is a group of individuals who have the opportunity to experience health problems . Factors that affect infants as a group at risk of malnutrition because of the dependence of a child to the parent of nutrition . Child, Family, Nutrition Programme as strategy of intervention community nursing care to to increase weight of toddler , who can continue the family and community empowerment through self- help groups and support groups. This final scientific papers describing of the implementation of the Pro MaKAn through the application of the theory of integration of Community As Partner , Family Center Nursing , Health Belief Model , and management of health services in infants with malnutrition at Cisalak Market . Data were collected by interview , observation , questionnaires to 56 respondents with purposive sampling. Intervention strategies through a complementary therapy , therapeutic modalities , coaching , guidance , counseling and health education on self- help group. Its was given to 30 families with children at risk of malnutrition, as well as support groups some 10 cadres for 8 months.The results showed this study increased the average value of family behavior is value of knowledge is 61 to 70. The increase value of skills 68 to 84, value of the attitude is 64 to 71. In addition there are 30% who still have a degree of independence III and 70% is independence IV. Results of Child, Family and Nutrition Programme Card to toddlers who gain weight are 80% with increase of 100-200 grams within 1 month.

Keywords: Intervention, Malnutrition, Pro MaKAn card, Self Help, Support Groups, Toddlers

BACKGROUND

Toddlers have a greater risk of having a problem of malnutrition if the lack of control of parents and the community to all forms of health threats. Factors affecting this include lack of information, low levels of education, exposure to the environment due to human behavior itself (Stanhope & Lancaster, 2004). It is these factors that explain that children under five as a group of at-risk populations.

Data toddler malnutrition according to WHO (2007) states that in Indonesia amounted to 19.6%. Central Bureau of Statistics (2009) identify infants (0-59 months) who have malnutrition at 19:24% in two years later. Data children with malnutrition in 2010, especially in developing countries, acquired 18% or 103 million children under five years of age (infants) suffered malnutrition. In Indonesia, the results of health research (Riskesdas) in 2010, showed the number of malnourished children diangka 17.9 percent, compared with a fall in value in 2007, 18.4 percent. However, the population of Indonesia is still

experiencing the threat of micronutrient problems or commonly known as hidden hunger (hidden hunger) and it also shows the importance of this issue to the attention of public-private joint (Santosa, 2011). Riskesdas in 2010 put the number of underweight children less in all provinces in Indonesia reached 13% and 4.9% severe malnutrition. Prevalence of nutritional status of children (W / A) illustrates that the West Java province has a number of underweight children less than 9.9% and 3.1% severe malnutrition (Riskesdas, 2010).

One authority community nurses in prevention of the occurrence of malnutrition or poor nutrition do intervention strategies include health education on nutrition and parenting, family empowerment in practice the selection and processing of foodstuffs for consumption, nutrition conscious family group formation and cooperation with the parties- parties involved in the fulfillment of balanced nutrition.

Efforts to empower families to nutrition among children under five independently needed an introduction to the management of the family

members who have children under five. These briefing through several interventions that lack health education about nutrition, balanced nutrition for infants, massage to increase appetite, technically manage food properly, technical play therapy, making the creation of cheap and healthy snack menu. These interventions are not only given to the family of children, but also given to the cadre of neighborhood health center as a support group of family and a cadre of neighborhood health center in order to be able to help and support the family of underweight children under five in the management of both the risks and the lack of actual.

Resolution drafted by community nurses through a community development program and the preparation of a toddler with a family approach to the integration of community health services management model and the model of nursing care. Model of community health services through the implementation of a program management process that includes planning, organizing, staffing, directing, and controlling (Marquis and Houston, 2006) related to nutritional care program, with emphasis on community empowerment program (Nies & McEwen, 2001).

Community empowerment by involving volunteers with a support group and a family of children who are at risk of problems of malnutrition requires special attention by community nurses, because through the power of this empowerment can memotivasimasyarakat to make changes in the application of behavioral nutrition practices (Marquis and Houston, 2006). Limited knowledge of which is owned by a cadre of family and children, it is necessary to facilitate the ease of media in changing behavior (Notoatmodjo, 2010). The learning process of cadres and family of children can be facilitated in the handling of children with malnutrition problem through a model by the name of Child, Family and Nutrition Programme.

Nursing care models that can be applied by specialist nurses in identifying community needs, resources, values that exist in the community through the development of a program in the handling of children with health problems of malnutrition is the integration model of community health services, community partner as a model, family nursing center model, and the Health Belief model (Allender, 2010; Friedman, 2010; Department of Health, 2006). Further analyze the results of the assessment process, so that problems are found both in management, community and family. Through the Child, Family, Nutrition Programme this necessary step comprehensive settlement involving the management of service management, community and family. One form of intervention that can be done through a process of community nurse support group Implementation of

this innovative program involves cooperation and coordination with multiple parties and agencies.

Fueling this innovation is the implementation of the program nurse or health worker with the cooperation, communication and coordination with the volunteer neighborhood health center as a support group. Nurses provide nursing care directly or indirectly to the group of children with malnutrition families that aims to achieve a degree of independence of the family in the treatment children with malnutrition. Nurses also provide assistance in the support group to educate, monitor and evaluate activities of the family in the treatment of children under five with malnutrition.

The ultimate goal of the project implementation is in the form of innovation Pro eating family self-sufficiency rate in the treatment of children with malnutrition, so as to improve the nutritional status of groups of children by looking at its effectiveness by weighing and measuring the child's weight at the time to a neighborhood health center. Based on the above, the authors are interested in analyzing the implementation of the intervention of Child, Family, Nutrition Programme toddlers with the risk of malnutrition and that includes service management and nursing care of family and community and in infants with the risk of malnutrition in Depok

METHODS

Data were collected by interview, observation, questionnaires to 56 respondents with purposive sampling. Intervention strategies through a complementary therapy, therapeutic modalities, coaching, guidance, counseling and health education on self-help group. Its was given to 30 families with children at risk of malnutrition, as well as support groups some 10 cadres for 8 months

Framework concepts, Profile areas, and Innovation Program

Variables were identified derived from the theory of health services management, Community As Partner Model, Family Nursing Center, and the Health Belief Model. Optimizing the implementation of Pro MaKAn in the community, require the support of the program makers, program implementers, support organizations, educational settings, community and family in running Child, Family, Nutrition Programme in society and family with good management includes planning, organizing, direction and supervision (Marquis & Houston, 2011). Toddler groups, health problems with growth disorders due to malnutrition is highly dependent on the pattern of family care. Dependency properties to the parent toddler group here that emphasizes the importance of assessing family history of developmental stage, family

structure (roles, the structure of family strength, family values, communication patterns) and family functioning (economic, social, family health care). The implementation of the structure and function of the family in meeting the nutritional needs of toddlers can be facilitated through the development of a model family nursing center.

Discussion children with malnutrition or poor nutrition in the family and in society Cisalak Pasar village, is still considered things to embarrass the family. This is because of cultural and family values that assume that the problem is too cornered the family that the family is not doing well against his upbringing. This can be overcome through the development of the Health Belief Model in the family and society in integrating family or society's perception of the threat of malnutrition problems, the confidence the family benefits of action and family confidence in taking action to resolve the problem.

Child, Family And Nutrition For Children with Malnutrition

Child, Family and Nutrition Card is a card about the components of the knowledge, attitude and behavior of the family of the infant care practices in a balanced nutrition. Components of this card is made up of things that support the prevention and treatment of infants with risk and problems of malnutrition include food component consisting of groceries and menus; The family consists of components, the selection of food ingredients, food processing, provision of food schedule, and feeding; Children and components include weight gain, wash hands before eating

The purpose of this card is to improve the ability of the family to practice nutrition for infants and children, enhance the independence of children with family care-related malnutrition, improving the ability of the family in the prevention and treatment of children with malnutrition. Child, Family and Nutrition Card shaped pieces, by way of filling the identity write family names, children age, weight infants, items contained in the card are: date, name of cadres, name of Family Card, month and components of Child, Family and Nutrition. This card is filled out by the family by providing a checklist of components made family or a hyphen (-) if the family does not do that.

Child, Family, Nutrition Programme card was distributed to parents and children are required to be filled in accordance with the instructions. Support groups will perform unplanned visits, to monitor the practices that have been conducted, as well as the promotion and motivation

RESULTS

Community Nursing Service Management Results of the evaluation:

a) Implementation of coordination with the health

department, district health centers and the urban village

- b) Establishment of a Child, Family, Nutrition Programme card for monitoring of malnutrition in children under five nutritional management
- c) The formation of support groups in addressing malnutrition in children under five number 10 RW 07 RW 07 members in an evenly distributed in the three neighborhood health center
- d) Implementation of socialization implementation Child, Family and Nutrition of the cadre as a support group socialization activities at RW 07. 90% of cadres attended a support group, and 75% consider that the card is impractical for cadres in monitoring and motivating families toddler
- e) The formation of self-help groups with a membership of 10 families of children with malnutrition or risk of malnutrition for each neighborhood health center. Results of Child, Family, Nutrition Programme at RW 07 toddlers who gain weight are 40% with an average increase of 100-200 grams within 2 months, 40% with an average increase of 100-200 grams in 1 month
- f) Formed agreement cadre training in RW 07
- g) Implementation of training cadres and cadres showed an increase in knowledge increase the knowledge of the pre-test to the post test with mean ± 2 SD 91, Behavior ± 2 SD with mean 88 and Attitude Mean ± 2 SD 85. Knowledge of cadres increased in reading guide nutritional status with standard anthropometry WHO 2005 from 40% to 60% of the 10 cadres.

Family

outcome evaluation

- a) The results obtained by the family and caregiver assessment may explain the lack of understanding of nutrition, risk factors, prevention of problems of malnutrition, Child, Family and Nutrition Card use in managing the health of children with problems of malnutrition and how to take care of the problem of malnutrition by setting schedules and diet variation and parenting practices did improve nutrient intakes feeding of children under five.
- b) Assessment of skills seen in terms of the ability of the caregiver and toddler care practice simple skills made for toddlers with a problem of malnutrition through the settings menu and the food good nutrition practices.
- c) As a result parents are really able to demonstrate the lack of nutrition care.
- d) An increase in body weight of 100 grams toddlers

Nursing

each month (before intervention and after intervention 8 kg to 8.3 kg)

- e) The cognitive aspect is assessed on the family by asking questions related to respiratory problems and treatment orally. The results obtained by the family and caregiver assessment may explain the definition of respiratory infection, risk factors, prevention of respiratory problems
- f) Viewed from the aspect of skills and toddler caregiver's ability to practice skills in a simple treatment that is done to children in a way to treat respiratory problems by avoiding fried foods and chiki, clear mucus with the end of the fabric, compress if his fever
- g) The results are really able to demonstrate parental care in respiratory problems.
- h) There is an effective airway clearance / clean and the result of normal respiratory frequency 24 times / min.
- i) The results of the management of the health of 10 families assisted health care is effective in infants with malnutrition.
- j) The increase in the average value of knowledge from 61 to 70; the average value of the attitude of 64 to 71 and the average value of the skills of 67 to 84.
- k) In the termination phase of each family under management, there are three families who still have a degree of independence III and 7 families toddler has had a degree of independence IV

Community Nursing outcome

- 1) 80% attended by cadres and obtained an agreement that self-help groups are formed into 3 groups of 10 families of children with growth disorders risk in each neighborhood health center. Total members of the self-help 30 families consisting of 14 children under five malnutrition, malnutrition 1 and 15, the risk of malnutrition. Self-help support groups for each neighborhood health center cadre 3-4
- 2) 80% attended by cadres in each neighborhood health center, and a 60-80% increase in knowledge of members of the self help group average value of pre-test knowledge of 6.1 to 7; attitude becomes 7.1 6.2; behavior of 20.2 into 25.3
- 3) 80% attended by members of self-help and 100% present cadre
- 4) The spread of 100 leaflets about malnutrition, balanced diet, healthy and inexpensive menu, massage toddler in RW 07, 06 and 01
- 5) 80% 70% cadres and members of the self-help comes in the interactive discussions between

members of self-help and support group with a discussion of some of the things in directing children, to eat vegetables, finesse kid will not eat, snack control continues, the difficulty children to like white water

- 6) 80-100% cadres were present, and 75% actively cooperating members of self help and 75% of children under five love vegetable nuggets, and 85% liked the vegetable pudding pumpkin and red beans, 80% of all mothers toddler play therapy at the time of feeding a child toddlers.
- 7) 80% cadre supervision, and 80% of the members of self-help is always consistent application of good practice caring children with malnutrition and 20% did not consistently check the components of the composition, especially in the food sources and food schedule
- 8) The result of the last meeting with the student early childhood "Aisyia" age 3-5 years, 80-90% of actively playing puzzle and 40% of students were able to distinguish three functions of food through a picture card game type of food
- 9) 40% an increase in body weight after 2 months of applying Child, Family And Nutrition Programme Card with an average increase of 200 grams; 40% an increase in body weight between 100-200 grams per month.

DISCUSSION

community nursing services in aggregate underweight children less effort to solve these problems, implementation of management activities: (1) the formation of a support group socialization; (2) the formation of a support group; (3) the formation of a support group organizational structure (4) training of support groups; (4) optimization cadre role in improving the neighborhood health center coverage toddlers to neighborhood health center visits (5) Facilitate support groups in forming self-help groups (6) support group facilitated by manual labor.

Implementation of the activities carried out by the Pro MaKAn optimization of resources in the community through the empowerment of self-support group to help the group consisting of families who have children with a risk of malnutrition or are experiencing malnutrition. This is in accordance with the opinion Swansburg, (1999) that the organization is striving to raising existing resources in the community and use them effectively and efficiently.

Event Pro MaKAn socialized through the role of caretaker eat RW, RT and RW health cadres, especially in optimizing the role of the family as a toddler self help groups in the education of children a family group. Stewardship support groups had a conversation with a self-help group

for socialization pro eat, then held a coordination meeting in preparation of the action plan Pro MaKAn in the next three months are September, October and November. Marquis and Houston (2006) organizing function in an organization is to establish a framework in carrying out a predetermined plan, determine the type of health services that are most appropriate, categorize actions in achieving the objectives of each unit, working in the organizational structure, as well as understand and use the power and power appropriately factors supporting the successful implementation of health monitoring of a toddler using Pro MaKAn Card this is with the establishment of a cadre membered group that advocates of neighborhood health center. Huber (2006) mentions that the organization means to mobilize human and material resources to achieve what is needed. Organizing activities done to collect and manage the resources in a particular way in order to implement the plan well (McNamara, 1999 in Huber, 2006).

Pro MaKAn support group as a colleague resident in managing children who experience health problems of malnutrition using Pro MaKAn Card in a broad scope.

This is as explained in the concept that a structured support group as a group whose members are committed to resolving the problem, and the task of each approach in terms of education and interpersonal (Bensley & Fisher, 2009). The formation of a support group is an empowerment intervention strategies in the delivery of health promotion to the community. Community empowerment is an attempt to society's independence through its potential.

Community empowerment involves two parties or groups are interrelated, ie those who are empowered and empowering parties, both from the same community (Sumodiningrat, 1999). The success of community development required good management, especially in the functioning of the organization through the planning function. Failure to identify budget planning and resources needed to run the process, it can interfere with the function of organizing and influencing the success in achieving tujuann (Huber, 2006).

Implementing Family Nursing

Care Nursing in the form of activity or nursing therapy to overcome the problems of malnutrition in children under five in the family preferred the provision of health education techniques (IEC), coaching and counseling in the development and skills and the development of parenting skills in providing good behavior. The results include 10 families reported that there was a family has to exercise care and improve health activities independently. Measurement of the degree of independence of the family in family

nursing care, the students are also using the indicators of achievement of the level of independence of the family in public health care programs. Measurement of the degree of independence of the family based on the Ministry of Health No. 279 / Menkes / SK / IV / 2006 on guidelines for the implementation efforts of public health nursing at the health center, which divides the degree of independence of the family into 4 levels: independent family first (lowest) to self-contained family level IV (the highest).

This form of health care interventions that families and children are with health education, mentoring children eat, play therapy, make cheap and healthy menu to anticipate the child does not like vegetables, good food preparations, massage toddler to increase appetite, wash hands before eating and weighing about once a month. Toddlers also a time when the child depends on the parents (Murphy in Burns, et, al, 2004), so that support can be given through the mother as a parent nearby through a system of community nursing services. The family is a gateway to provide parenting related to nutrition includes nutrition during pregnancy, exclusive breastfeeding, complementary feeding administration, preparation and storage of food, PHBS family and sick child care (Engle et al, 1997).

Nursing Community

Results of the implementation of the management and monitoring of infant health independently using Pro Card eating is an increase in the average value of family behavior on the issue of malnutrition is the average value of prior knowledge and change 61 to 70; increase in the average value of family skills toddlers before 67 increased to 84; and an increase in the average value of the previous attitude of the family of children who turned 64 mendai 71. Stages one to change his behavior is starting to accept, understand and apply the information as a source of knowledge, in everyday life so that it becomes a habit Notoatmodjo (2010). This is supported by a statement that the information in the form of knowledge is an important factor formation behavior (cited in Notoatmodjo Rogers, 2010).

The results of the study support the above opinion is obtained from 18 mothers toddler in Ciawi, Tasikmalaya who are knowledgeable about the nutritional status of children under five with no less than 88% (Fatimah, Nurhidayah 2008).

Families toddlers with a good understanding of knowledge management and problem management of malnutrition, then the family will behave leads for treatment and control of risk factors for malnutrition problems (Green, 1980). This is due to change one's lifestyle to behave well in managing their health takes a long time, because people will know about the

advantages of changing his opinion to finally understand that by accepting the new behavior, it is not excluded from the group (Notoatmodjo, 2005). Behavior change process will involve aspects of knowledge, skill and mental attitude, so that they know, willing and able to implement changes in health care quality improvement efforts (Luice, 2005). Factors that predispose a person to change their behavior are thoughts and feelings; speakers from people who matter to us; resources include facilities, funds, time, personnel, service, location, and material and cultural skills (Notoatmodjo, 2005).

The evaluation results indicate that the implementation of the community in the management and monitoring of infant health problems of malnutrition using Child, Family and Nutrition Programme card an effective intervention to resolve community health problems in children with malnutrition aggregate in Depok. The successful implementation of the management of children with malnutrition problems required cooperation. Cooperation to achieve success through several parties involved either with the parties directly or by policy makers of the program. Together cadre support groups, government institutions from the village to the Health Department mutual support and cooperation (partnership) so ensure smooth implementation of nursing care in the community structure, increase the interest and motivation of the family of children to undergo the process of health care

Limitations

- 1) the existence of barriers to the system, namely that the resident is not part of the existing system in Depok and the program only as a supplement to the educational institutions so that the program might not run optimally
- (2) socialization of implementation of activities in the community that Child, Family and Nutrition Programme performed at a mini workshop not reach its targets, namely the Department of Health and the health center because not every activity mini workshop was attended by representatives of the Department of Health with the coming of different people, it allows the information is lost about the material presented;
- (3) The health worker within the village that there was only one person at Cisalak Village with a range of health services is quite extensive and has a background midwife,
- (4) family of children who have children under five is more than one, it is likely to be less than optimal follow-up barriers in the implementation of management of children with health problems is malnutrition (1) Position of Village, located close to the market, allowing

toddlers to get snacks or snacks that are not guaranteed health, (2) Public awareness of the problem of malnutrition prevention is still low, because it assumes that a toddler will not eat is a common thing and will be normal at the time, a parent has a concern if children are forbidden to snack, then the child will cry, (3) any activity a few families had to be picked up one by one for the lack of motivation, (5) not all cadres to participate in any community activities are carried out, it is because of health cadres, cadre of Community Health Center elderly concurrently, many community activities such as gathering and recitation plus their personal activities. Contributing factor in the implementation of this activity is to (1) support from the health department and health center, it is proved that a continuous presence in every major activities such as the dissemination and mini workshops I, II, III, IV, so the follow-up plan can be determined by the manufacturer policies and programs, (2) support of the sub-district officials, community health centers, village, RW and RT, especially in the coordination and cooperation, facilities and infrastructure to facilitate the implementation of activities, (2) the presence of some cadres are always present in every activity, so information conveyed uninterrupted, (3) high enthusiasm and support from Community Health center Chairman and cadres to improve infant health, (4) Ease of access road to the place of execution of community events and family toddlers

5.3 Implications

5.3.1. Community Nursing Practice

- a). Cadre Kader as a support group Pro MaKAN can toddler malnutrition management efforts through Pro MaKAN card in family structure, able to supervise and motivate to be able to provide services education, and counseling.
- b) The existence of Pro MaKAN card can provide practical tools for cadres in the use of services in the neighborhood health center to table IV
- c) The positive impact of improving knowledge, attitudes, and behavior of cadres.
- d) The existence of partnerships in the form of cooperation with the government and other related parties
- e) The nurse can design community empowerment strategies to provide support for families under five malnutrition.
- f) Community Health Center can be used as media in the activities of the Child, Family and Nutrition Programme this is to increase monitoring of nutritional status by looking at the increase in weight and height toddler ..
- g) Improving the evaluation and monitoring of children with health problems of malnutrition, helping families for the early detection, care

management, self-monitoring of the components in Child, Family and Nutrition Programme Card.

h) The relationship between children and their families is on the rise as families try continuously to provide guidance to the toddler diet either through the method of play, storytelling, thereby improving communication, parental gaze, the touch of a parent. Affection given continuously will make the fabric of the psychological bond between parent and child is getting stronger.

5.3.2 Implications for Health Policy Makers Depok City

Health Department can see the results of this practice to evaluate programs and develop indicators for cadres skills as a gateway to community empowerment in the management of children with health problems such as malnutrition reward, refresher cadre, and coaching cadre Community health center. The Ministry of Health through the Department of Health, Ministry of Education and Culture, Department of Education, Office of Industries, District Municipality needs to develop programs aimed at tackling health issues of malnutrition among children, especially in the social order.

5.3.3. Implications for Development of Nursing

Further research is expected to be done for menentukan intervention that focuses on improving the health of the community in order to reduce the prevalence of children with malnutrition.

Services or information and reinforcement in the form of good feedback. This type of support is needed more research on the effectiveness of the kind of support that can provide reinforcement for the family, so as to reduce the prevalence of malnutrition

Usage card as media as a means of monitoring eating nutritional management, it can also provide a stimulus for further research. Further research is to design a nutritional program management by considering the integration of the CAP model variables, FCN and other models that can develop in designing the program. Educational institutions play an important role to improve the competence of learners in providing nursing care, through curriculum development.

CONCLUSION

1. Increased knowledge, skills and attitudes cadre
2. Increased knowledge, skills and attitudes of the family as a self-help group in managing the care of children with malnutrition
3. An increase in weight infants on the family of children who consistently Pro MaKAn card

- application as a means of monitoring the health of children with malnutrition
4. An increase in the level of independence of families and 70% of families achieve self-sufficiency level IV built by applying the Pro MaKAn as a medium for monitoring the management of children with health problems of malnutrition.
5. Organizing, observation and monitoring is needed to improve the ability of children in the families of cadres and manage the risk of health problems children with growth disorders involving resource that could support the implementation of activities optimally.

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