



# Plagiarism Checker X - Report

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Model Education Cadres to Overcome Stunting in Health Centers X Deli Serdang North Sumatera Indonesia Irwan Batubara, Samsider Sitorus, Sri Juwani Abstract: Background: Mdg's advanced Program, the SDG's (Sustainable Development Goals), one particular concern in the health sector is improving nutrition. One of the goals of SDG's in 2030 was to end all forms of malnutrition, including reaching an international target of 2025 for stunting and wasting in infants being < 5%. Stunting is a failure to achieve optimal growth caused by a condition of malnutrition in a long time. Toddlers grow short and low child intelligence levels result in the burden of the future, due to the limited working capacity, reduction of body activity and complications of the content in women because it has a small pelvic size as well as Risk of giving birth to babies with low birth weight. The empowerment cadres for the prevention of stunting events, was expected to be achieved through efforts to improve the cadre performance through education delivery by applying various educational models. This research aims to determine the influence of education health cadres to overcome stunting in health center X Deli Serdang Regency North Sumatera Indonesia. Methods: The research method is mixed method, quantitative with the design of quasi experiments, qualitative with a rapid approach. Population is an inactive cadre while the sample is a cadre of 20 people. Data Analysis: univariate with frequency distribution, bivariate, with different test (t test). Results: Cadres enthusiastically participate in training and can conduct training and are able to share material to mother toddler to prevent stunting. Before the education of the well-knowledge able cadres 40% and after education increased to 100%. Cadres knowledge before and after education was 0.60. This indicates there is an increase in the average value of cadre knowledge before and after education and based on the value of knowledge  $(0,000) < \alpha (0.05)$  so that there is an educational influence on the improvement of cadres knowledge. Conclusion: Education cadres changes knowledge and sharing material to the community. Advice is expected into the health office to do education to increase cadre knowledge about stunting. 1. Introduction Stunting is a failure to achieve optimal growth caused by a lack of nutritional condition that lasts for a long time. Stunting will cause children under five years (toddlers)

to grow short and have an **impact on low levels of** child intelligence. This toddlers with low intelligence is feared **to be a** burden in the future (Shrimpton, 2006). In addition nutritional status also has a close relationship with the death of toddlers. **Based on the** data in the Lancet journal in 2013, 44.7% of infant and toddler mortality was **due to the weight of low birth** babies, breast-feeding failure, child stunting, less nutrition and malnutrition and **vitamin A deficiency**, minerals and zinc. Nutritional problems in children are still a problem in some countries. Recorded one in three children **in the world** dies every year due to poor nutritional quality. One of research showed at least 3.5 million children died annually **due to the** problem of malnutrition and poor quality of food, supported also by malnutrition while still in the womb. Public health problems are taken seriously when **the prevalence of malnutrition** is up **to less than** 20.0% to 29.0% and very high prevalence  $\geq 30\%$ . The stunting Status is calculated using the raw anthropometry **for children aged** 519 years which is to calculate Nila Z-score TB/U each child (UNICEF, 2013). **Based on the** above, it is necessary to do the cadres education (health services close to **the community and** stay close **to the child under five years**). The empowerment cadres **for the prevention of** stunting events, **is expected to be achieved through** efforts to improve the cadre performance and behavior through education delivery by applying various educational models. As the research (Lubis2015) with the results showed that there is a significant difference in knowledge and action of cadres before and after the training on the growth monitoring of infant children. **The prevalence of stunting** in North Sumatra amounted to 43.2% with a very short category of 20.6% and a short 22.6% (Depkes, 2010). North Sumatra ranks eighth out of 20 provinces stunting above the national prevalence and includes serious categories (Kemenkes, 2013). Regional development planning agency data mentions the province of Aceh ranks 10 nationally with a stunting prevalence of 39%. This figure **is higher than** the national average reaching 35.6% and the **World Health Organization** (WHO) standard was 20%. **Based on the** initial survey that **was done in the** local health center X of Deli Serdang Regency Indonesia was cadres are more involved in registration and the counseling was not adequate. Cadres knowledge about stunting was

still very less than the questions conveyed by the cadres do not know what stunting so  
1this was an important reason for researchers to conduct education cadres to solve  
stunting problems 2. Methods Mixed method: Qualitative research to give cadres  
knowledge to overcome stunting and quantitative with 3the design of the quasi  
experiment. The sample was less-active 20 people cadres in the center health X District Deli  
Serdang. Data Analysis: univariate analysis with Frequency distribution, bivariate, with  
different test (TTest).Qualitative rapid approach. 3. Results 3.1 Overview of research  
locations Research was 3high number of stunting toddlers (exceeding the national  
prevalence rate). Health centers X in Deli Serdang have an inactive cadres having a stunting  
toddler. Cadres lack role because to cadres must be a requirement and not get salary or  
volunteer work. 1According to the Depkes RI (2010). 3The requirement for cadres among  
others was a person who can read and write, a resident living in the village, derived from  
local communities and accepted by the local community, do not often leave Place for a  
long time and still enough time to work for 1the community in addition to making another  
living. From the requirements that are preferred by some experts 2can be concluded that  
the criteria of selection of cadres, among others, able to work voluntarily, gaining the trust  
of the community where its behavior becomes a role model of society, has High Soul  
devotion, have a steady income, clever reading, able to foster the surrounding community.  
3.2 Qualitative research results 2The results of qualitative research that cadres do not have  
knowledge about stunting and have not played optimally in carrying out was functions in  
the activities of Integrated Services at health center X Deli Serdang Regency, cadres was the  
chosen volunteer for 1the community, who are tasked with assisting in the smooth health  
services. Cadres 2was associated with regular service in Health Center, cadres health should  
want to work voluntarily and willingly, willing and able to carry out activities and willing and  
able to move the community to implement and follow the activities of Health Center. The  
results of interviews with health cadres in health CenterX DeliSerdang District obtained  
information that in the activities, Cadres was tasked with only registering toddlers and  
pregnant women, weighing infants/toddlers and recording weighing results on paper that

will be transferred on the card **to the health** (KMS), filling out, explaining the KMS data or the child's state based on weight gain data depicted in the KMS graph **to the mother**. In **addition to the** task that has been done **by the health** cadres, it was hoped to provide education that refers to the KMS data. Observations of children's problems, especially education **on how to** overcome stunting. Currently stunting and nutritional deficiencies in children get special **attention from the** Government by continuing to encourage the acceleration of stunting and malnourished treatment programs in children by doing cooperation between government agencies synergistic.

### 3.3 Quantitative research Results

**Based on the results of** research can **be noted that** the cadres knowledge before **education in the** category is less (60.00%). After the knowledge education the category of good cadres increased (100.0%). Target of the National Medium Term Development Plan until 2019 was sought that the stunting percentage can approach the minimum stipulated **by the WHO** by **20% of the number of infants in** a country. Stunting is not only a nutritional deficiency, but there are also environmental sanitation factors, **the availability of** clean water, including problems **of health services in** a region **so as to** need cooperation and intervention of all ministries of institutions To be coordinated. **According to the** government program, referring to the open behavior (overt behavior) **of the cadres** and mothers of toddlers, conducted a research phase through learning process activities (learning process) with health cadres education to have Knowledge of stunting that will be able **to provide counseling** to the target group (infant mother) **to improve the** knowledge, awareness and willingness of the mother, **so that it** independently participate in preventing stunting. The implementation of education is done by optimizing materials/counseling about matters **relating to the** stunting (Pocket book Stunting) efforts **Based on the results of a** stunting risk factor proposed the action model **to address the** risk factors of stunting through the empowerment of health cadres close **to the family** aimed at the **community level and** health service level. A social perspective understands **the level of the community,** which was an individual level to form behaviors, interpersonal levels **to provide support,** a community level to form the norm, and a level of government to change policies. The

health cadres as the first and foremost contractor to the education and health of children, the organizer or food organizer in the family, has a great role in improving the nutritional status of family members (Fertman 2010). Every individual in the community will certainly behave to support a program that was judged to have a positive influence on his life. The readiness of individuals to participate in the action prevents stunting of course when it gets information and knows the consequences (physical and social) when experiencing. Health cadres that are close to the community are able to share knowledge that has been received during education. 4. Suggestions It was expected for cadres to continue to improve knowledge and convey health information to the community so as to improve knowledge about better health. The level of health care and stakeholders, interventions need to be carried out through the intervention of improved nutritional status through a health policy advocacy of prevention efforts and a stunting response to the toddler. Further research need to be done with wider scope and different methods of education cadres

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