

GERAKAN ORANG TUA ASUH LOKAL (GOAL) PROGRAM AS SEVERE UNDERWEIGHT PREVENTION PROGRAM IN BANTUL DISTRICT

Himmatul Mardiah¹, Ayu Fitriani^{2*}

^{1,2} Public Health Study Program, Faculty of Health Sciences, Respati Yogyakarta University

*corresponding author: ayufitrianimubarok@gmail.com

Abstract

Kasihani 1 Health Center was a health center that had highest severe underweight case in Bantul at 2009 as many as 20 cases of toddlers. However, since *Gerakan Orang Tua Asuh Lokal (GOAL)* program was held, cases of severe underweight experienced a very significant decline, namely in 2011 as many cases as 7 toddlers, and in 2016 as many cases as 3 toddlers. The study was aimed to explore implementation of *Gerakan Orang Tua Asuh Lokal (GOAL)* program toward reduction of severe underweight cases in work area of Kasihan 1 Health Center. The study was conducted at Kasihan 1 Health Center. This study is qualitative with a case study approach. Informants were taken by purposive sampling method, consisting of key informants were 3 people, namely nutrition officer, doctor, midwife. And 4 other informants, namely head of administration, cadres, mothers of malnourished children. Data collection used in-depth interview techniques. Data Analysis used content analysis. GOAL program at Kasihan 1 Health Center consist of several routine activities that were often carried out by officers and communities such as voluntary donations of coins in each activity, cooperation with TK Alhamdulillah to accommodate underprivileged malnourished children, and various other routine activities such as home visits and free treatment at health center for malnourished children. Conclusion of this study is The GOAL program succeeded in reducing the number of malnutrition due to routine activities carried out, namely free treatment of health center, day care for children, and alms coins.

Keywords : *gerakan orang tua asuh lokal*, severe underweight, prevention program

1. INTRODUCTION

Underweight among children was associated with higher risk of infectious diseases and all anthropometric measures of under nutrition were associated with increased hazards of death from diarrhoea, pneumonia, measles, and other infectious diseases(1). One indicator to determine which child must be treated in under nutrition management is severe underweight condition, namely a child with a Zscore value <-3.0 SD. Based on *Riset Kesehatan Dasar* (Basic Health Research) or *Riseksdas* at 2013 in Indonesia, Prevalence of severe underweight in 2013 was still quite high namely 5,3 percent and prevalence of underweight was 6,8 percent. Overall the prevalence underweight and severe underweight of toddlers as much as 12.1 percent [2].

Public health problems have been taken seriously if the prevalence of underweight between 10,0-14,0 percent, and is considered critical if ≥ 15.0 percent (WHO 2010). In 2013, nationally the prevalence of underweight of toddlers was 12.1 percent, which means underweight problems in Indonesia were still a serious public health problem [2].

According to Yogyakarta Special Region in 2012, the incidence of severe underweight still occurs in several districts, such as in Bantul District with a prevalence was 1.6% and in Gunungkidul District was 2%, and 3 other districts was less than 1.5%, while the target expectation of severe underweight incidence was less than 1%. Therefore, in some districts that still had high incidence of severe underweight, there were various kinds of efforts to reduce the number of severe underweight, included Bantul District [3].

Based on Health Profile of Bantul District in 2012. One of The efforts of Health Office in reducing the number of cases of underweight was *Gerakan Orang Tua Asuh Lokal (GOAL)* Program or Movement for Foster Parents Program. The Program which was held at Kasihan 1 Health Center [4]. Kasihan 1 Health Center was a health center that had highest severe underweight case in Bantul at 2009 as many as 20 cases of toddlers. However, since *Gerakan Orang Tua Asuh Lokal (GOAL)* program was held, cases of severe underweight experienced a very significant decline, namely in 2011 as many cases as 7 toddlers, and in 2016 as many cases as

3 toddlers [5]. The study was aimed to explore implementation of *Gerakan Orang Tua Asuh Lokal (GOAL)* program toward reduction of severe underweight cases in work area of Kasihan 1 Health Center.

2. MATERIALS AND METHODS

This study is qualitative research with a case study approach. Informants were taken by purposive sampling method, consisting of key informants were 3 people, namely nutrition officer, doctor, midwife. And 4 other informants, namely head of administration, cadres, mothers of malnourished children. Data collection used in-depth interview techniques. Data Analysis used content analysis. This research had ethical clearance from Ethic Commission of Faculty Health Sciences of Respati Yogyakarta University.

3. RESULTS AND DISCUSSIONS

Informants obtained by researchers in this study used purposive sampling and data collection were collected by in-depth interview technique. Following a list of informants in this study:

Table 1. List of Informants

No	Age (year)	Sex	Position
1	32	Man	Nutritionist
2	39	Female	General Practitioner
3	30	Female	Midwife of Village
4	50	Man	Head of Administration
5	37	Female	Cadre
6	23	Female	Mother of severe underweight toddler
7	23	Female	Mother of severe underweight toddler

Human Resources

Health workers who involved in *GOAL* program consist of nutritionists, doctors, and midwives. Besides that there are also physiotherapy, health promoter, sanitarian and 10 cadres. Nutritionist had the role to screen nutritional status, evaluate dietary patterns, and look for developmental disorders of toddlers. Midwives played a role in the growth and development of toddlers. Then if problems were found in the child's growth and development, the doctor will play a role to check. This was in accordance with the nutritionist statement:

“we are trained for prevention malnutrition program are doctors, midwives, nutritionists, but those who usually have been involved in this program are health promoter, sanitarian and cadre.” (nutritionist)

Human resources are the main facilities of management to achieve the goals. Various activities carried out to achieve goals are planning, organizing, implementing, directing and supervising in the activities of the organization, all of which require humans as a means of driving [6]. This research is in line with the research of Indriati, et al. (2015) which stated that health workers involved in the prevention program for malnutrition in Wonogiri District were nutritionist and midwives [7].

Budget of *GOAL* Program

Health budgets are costs needed in the form of money for physical and non-physical health development needs, as well as implementing health efforts programs. Health budget sources can be obtained from the government, the private sector and the community as well as donations from foreign funds [8]. Funds of *GOAL* program consist of several sources, namely, Health Operational Assistance (*BOK*) from state government, Public Health Efforts (*UKM*) and District Budget (*APBD*) from Bantul district government, village budget, National Insurance (*BPJS*), NGO funds, and charity coins from the community. This was in accordance with informants statement:

"We collaborate with the private sector or community or NGOs. From NGOs we get Cash Money. "

"Our collaboration with the village proposes in the village budget. Alhamdulillah, especially for the prevention of severe underweight of toddlers, it is every month. " (Nutritionst)

"We have four sources of funds. First are from state government , namely BOK funds, then from District Budget (APBD) from Bantul district government, namely Health Operational Assistance (BOK) then from BPJS, and charity coins from the community." (Head of Administrasion)

In line with the research conducted by Herman (2016) stated that, the program to eradicate malnutrition obtained funds from the District Government Budget [9]. Funds have a very important role in implementing toddler health programs especially for supplementary feeding [10].

Involving TK Alhamdulillah (Alhamdulillah Kindergarten) in GOAL Program

Based on the results of interview with nutritionist about GOAL program planning, it was found that program planning was carried out by several related parties such as the Head of Puskesmas, nutritionist, and cross sectors such as social agencies, and others. In addition, The Puskesmas also cooperated with Subdistrict Government, Villages, Private Bodies such as University of Alma Ata and TK Alhamdulillah, and involves Pediatrician. Nutritional problems are a public health problem that can not be implemented with a medical and health service approach, so that it requires cross-sector support. Given the very complex causes, the management of malnutrition requires comprehensive cooperation from all parties. Not only from doctors and medical personnel, but also from parents, families, community leaders and religion and the government [11].

"... Our 20 toddlers are worried, and our thoughts are shared. We gather together namely head of puskesmas, nutritionist, across sectors. Well, we gather how to handle this malnourished toddler. "(Nutritionst)

Not only that, based on the results of interviews with one of general practitioner who played a role in the GOAL program, it was found that GOAL program planning also involved cross programs such as nurses, midwives, doctors, and laboratory officers. The purpose of planning this program was to pass toddlers who was malnourished.

"... Yeah..the purpose is passing those severe underweight toddlers, but indeed in the process it involves many teams, not only nutritionists but also from other professions such as midwives, nurses, doctors, laboratory assistants also involved." (General Practitioner)

Based on the results of interview with Head of Administration, GOAL program planning, it was found that the GOAL program was formed through associations, not only from Puskesmas, but also the private sector until a new movement emerged which was working with TK Alhamdulillah to accommodate positive severe underweight toddlers. Not only that, the Puskesmas also began carrying out a plan to provide transportation facilities for parents who has severe underweight toddlers. Here was the statement.

"... was that malnutrition from companies and so on collected in such a way. Even with the existence of the association, a new movement emerged. With the presence of Alhamdulillah Kindergarten, it is able to accommodate children with severe underweight "(Head of Administrasion)

Planning is a process that begins by formulating the objectives of the Puskesmas to set activities to achieve them. Through the planning function of the Puskesmas will be set the basic tasks for the staff and with these tasks, the head of the Puskesmas will have supervision guidelines and determine the resources needed by the staff to carry out their duties [12]. The GOAL program planning was initially carried out because there were data that was very high cases of severe underweight in 2009, as many as 20 cases, so The Puskesmas decided to coordinate the formation of a malnutrition prevention team.

Home Visits And Free Treatment At Health Center For Severe Underweight Toddlers

The process of implementing the activity begins with conducting an examination at The *Posyandu* (Integrated Health Pos for Mother and Child Services), and if the child was indicated to have malnutrition, they will be referred to Puskesmas for further examination, if Puskesmas could not cure the problem then the child will be referred to hospital and monitored by the nutritionist team. The flow of the *GOAL* program was conducted in accordance with the services of the Puskesmas. The information was the same as the information obtained from the Midwife of village which stated that the implementation flow is based on the procedures that apply at the Puskesmas.

"The examination is once a month, once a month every Tuesday of the second week according to the posyandu referral. implementation every Tuesday the second week at 8 a.m." (Nutritionist)

GOAL program was implemented at the Puskesmas once a month and adjusts to the referral from the *posyandu*. The examination in Puskesmas is free for severe underweight children because there is assurance from *Jamkesda* (District health assurance) and assistance from the Puskesmas. In addition, counseling was also held, namely in health center, *Posyandu*, during the *PKK* mothers' gathering activities and home visit. Notoatmodjo (2007) stated through counseling there will be contact between informants and more intensive health officers, any problems faced by informants can be corrected and assisted in resolving them [13].

"If our counseling actually has a routine, maybe in Posyandu and PKK mothers' gathering activities. PKK's meeting was usually in Head of Subvillage's home" (Head of Administration)

In the *GOAL* program, beside to free treatment for severe underweight toddlers, a home visit was also conducted on severe underweight toddlers who had received health services at a health center or in a hospital. This was intended for monitoring severe underweight toddlers. severe underweight toddlers also get Recovery *PMT* (Giving Supplementary Food) to pursue a toddler's weight. According to research by Imas Rini (2017) showed there was a difference of anthropometric status of index of Weight for Age (WAZ) before and after supplementary foods on severe underweight children [15].

"severe underweight toddlers get recovery PMT, Implementation of recovery PMT is led by nutritionists and carried out in fields by posyandu cadres" (Cadre of *Posyandu*)

However, based on the results of interviews with general practitioner, it was found that one of the obstacles to implementing the *GOAL* program is in giving supplementary food. supplementary food had given from the Puskesmas was not in accordance with the needs of toddlers, but according to the program.

"... The PMT itself seems like there has been no evaluation, so every year the gift is like that, and the government also drops the bread like that, rich like that, if in fact there should be a survey of malnutrition from his family, from his child. This it is not suitable with their needs yet, we give it not based on their needs, but based on the program." (General Practitioner)

4. CONCLUSION

The *GOAL* program succeeded in reducing the number of malnutrition due to routine activities carried out, namely free treatment of health center, day care for children, and alms coins. It is recommended that the Kasihan 1 Health Center be more routine in implementing the program evaluation process, especially for the *PMT* Recovery for severe underweight toddlers, recovery *PMT* is expected not only based on the program but based on the needs of malnourished children.

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