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ABSTRACT Stunting in toddlers is a problem for the world. The causes of stunting are very broad, in the sense that it involves very many factors. Stunting in children under five is one of the main health problems with several characteristics, namely: 1) occurring in a wide scope; 2) involves very diverse determinants; 3) is chronic. Thus, based on logic, the approach used to prevent stunting in children under five must also be relevant to these characteristics.

In relation to the first and second characteristics, currently stunting prevention efforts in all regions and levels have been carried out intensively, as well as efforts carried out across programs and across sectors. Evidence-based stunting prevention efforts have also been implemented involving educational institutions and research and development institutions.

Evidence based practice in stunting prevention has become a must, so that the efforts made have the right direction, so that they can achieve the expected goals. Keywords: stunting; action research; approach INTRODUCTION Stunting in toddlers is a problem for the world, also a problem for Indonesia. From the historical aspect, data from 2007 to 2018 shows that stunting is a chronic nutritional problem (1) .

Thus, efforts to overcome them also require a long period of time and are sustainable in the sense that they must be carried out continuously without being interrupted. Basically, the problem of malnutrition in children (including stunting) is caused by two main factors, namely lack of food intake and health status (Figure 1). These two factors are immediate determinants of the nutritional status of children.

In this case, the two factors are reciprocally related or influence each other (2) . When a

child is experiencing health problems (illness), food intake can be reduced, for example due to decreased appetite, nausea, vomiting and so on. Conversely, when a child is malnourished, he or she will be more susceptible to disease due to deficiency of immune factors, inhibition of the activities of various systems in the body and so on.

Meanwhile, at the next level, there are underlying determinants that affect food intake and health status, namely access to food, maternal and child care, and the availability of water, sanitation and health services. At the most distant level, there are basic determinants that affect access to food, maternal and child care, water, sanitation and health services.

These basic determinants include social, political and ideological institutions, economic structure, as well as environment, technology and society. Based on the description above, it is clear that the causes of stunting are very broad, in the sense that it involves very many factors. More in-depth information about the chronology of stunting can be found in books on nutrition and research results in related journals and proceedings.

\_ Figure 1. Conceptual framework on determinants of children's nutritional status (2)  
THE RELEVANCE OF ACTION RESEARCH AS AN APPROACH TO TACKLING STUNTING It has been stated above that stunting in children under five is one of the main health problems with several characteristics, namely: 1) occurring in a wide scope; 2) involves very diverse determinants; 3) is chronic.

Thus, based on logic, the approach used to prevent stunting in children under five must also be relevant to these characteristics (Table 1).  
Table 1. Strategic approach to stunting prevention in children under five

| No | Characteristics                    | Countermeasures approach  |
|----|------------------------------------|---|
| 1  | Occurs in a wide scope             | Simultaneous handling in all regions and levels, from national, provincial, to district/city levels   |
| 2  | Involves very diverse determinants | Simultaneous handling involving all existing determinants, with implications for cross-programme and cross-sectoral handling  |
| 3  | Goes chronically                   | Countermeasures that are sustainable (sustainable) in the sense of running continuously (continuously) without pause / uninterrupted, continuous connection (connection) between the previous attempt and the next attempt. |

In relation to the first and second characteristics, currently stunting prevention efforts in all regions and levels have been carried out intensively, as well as efforts carried out across programs and across sectors. Evidence-based stunting prevention efforts have also been implemented involving educational institutions and research and development institutions.

Evidence based practice in stunting prevention has become a must, so that the efforts made have the right direction, so that they can achieve the expected goals. Meanwhile, related to the third characteristic, namely the chronicity of the stunting problem, prevention efforts must be carried out continuously and connect one another with the next effort. One scientific approach that is relevant to this last characteristic is action research-based stunting prevention.

This is in line with the philosophy of action research as a scientific action that is carried out continuously, through continuous cycles (connection), without a time limit until the expected results are obtained (Figure 2). \_ Figure 2. Cycles in action research Action research is "learning by doing", in this case a group of people identify a problem, do something to solve it, see how successful their efforts are, and if not satisfied, try again (3-6) .

The purpose of action research is to contribute to solving problems in society, as well as to determine further goals. Thus, there is a double commitment in action research, namely: studying a system and at the same time collaborating with system components to make changes in accordance with a common direction. Thus, active collaboration between the researcher and the client is required, so learning is a major aspect of the research process.

CONCLUSION Action research is one of the strategic approaches that can be chosen in the context of overcoming stunting in children that has occurred chronically in the community.

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