

Behavior of Midwife in Implementation Integrated Management of Toddler Sickness (IMCM) in the Ardimulyo Community Health Center in Malang Regency

by IJMR IIKNU

Submission date: 06-Jan-2023 02:16PM (UTC+0900)

Submission ID: 1885283993

File name: sani,_14._Suma_ayah_106-113.pdf (199.78K)

Word count: 4385

Character count: 23467

Behavior of Midwife in Implementation Integrated Management of Toddler Sickness (IMCM) in the Ardimulyo Community Health Center in Malang Regency

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ABSTRACT

Background: Midwife performance services are health services performed by midwives to improve maternal and child health. Midwives as health workers who have independent authority in carrying out care for pregnant women, need to have standardized proposal ability. The purpose of this study is to describe the behavior of midwives in the implementation of IMCI, elaboration of the factors that influence the implementation of IMCI, the constraints experienced by IDAN in IMCI implementation, and describe the process and achievement of IMCI in the Ardimulyo Community Health Center.

Methods: The method in this study uses a qualitative research approach. Leather studies have procedures that produce descriptive data in the form of written or oral data from various attitudes of people or serve as observable research objects. the data analysis uses data analysis inductively with data collection more directly related to informants and researchers as key instruments.

Results: The results showed midwife behavior in the implementation of IMCI had not the standards seen from the knowledge in the implementation of IMCI.

Conclusion: The factors that could influence the IMCI implementation were knowledge possessed by each field, attitudes in implementing IMCI, MTBS service facilities and infrastructure, and obstacles that occurred in MTBS is the knowledge that occurs in the officers of each officer, where MTBS officers are still lacking and have not yet participated in the training.

Keywords: Health workers, MTBS, IMCM, health services, child health

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BACKGROUND

Based on the results of the 2007 Indonesia Demographic and Health Survey (SDKI), the Infant Mortality Rate (IMR) in Indonesia is 34 babies per 1000 live births, Toddler Mortality Rate (Akaba), which is 44 toddlers per 1000 live births, and the child mortality rate is 1-5 years, which is 10 per 1000 live births. 70% of deaths are caused by pneumonia, diarrhea, malaria, measles, malnutrition, and are often a combination of the conditions mentioned above.

To overcome this, efforts to maintain the health of infants and children must be aimed at preparing future generations who are healthy, intelligent, and of high quality and to reduce infant and child mortality. In Indonesia, the approach used to improve the quality and access to health services for infants and toddlers is carried out through the implementation of the Integrated Toddler Disease Management (MTBS) program.

IMCI is an approach to prepare health workers by conducting assessments, making classifications, and giving actions to children against diseases that are generally life-threatening such as pneumonia, diarrhea, measles, malaria, ear infections, and malnutrition. The health center is said to have implemented MTBS at least 60% of the number of sick toddler visits at the health center to get services according to MTBS standards.

Previous research has been conducted by Handayani (2012) that the better motivation of MTBS officers, the better their performance, the relationship between motivation and MTBS staff performance is shown by the chi-square test ($p = 0.035$; $OR = 2.631$; $95\% CI = 1.15 - 6.01$). MTBS officers with less risk motivation 2, 6 times have less performance compared to officers with good motivation.

A preliminary study conducted by the writer through interviews with midwives who served in the area of Ardimalyo health center Malang Regency obtained data that the MTBS implementation flow did not go well, not all officers received MTBS training, from the two of health center did not have a special MTBS room so the service flow was still combined with MCHA/TKB room. The behavior of the officers is limited because each health center should have its own IMCI space so that it is expected that the examination of sick infants is more detailed and conducive. For completeness of completing the MTBS sheet, all officers interviewed have not yet filled out the sheet completely. Two officers revealed that filling in the MTBS sheet was done completely when there was an emergency case. All officials revealed that filling in the MTBS sheet requires a long time and a high level of accuracy.

According to routine report data compiled from Provincial Offices throughout Indonesia through a national meeting of child health programs in 2010. By the end of 2009, the implementation of IMCI had covered 33 Provinces with achievements of 51, 55%. Achievement of the target of the management of the Toddler Disease in Ardimalyo Health Center in 2018 was 100%. But in Ardimalyo Health Center in 2018, the achievement is still below the target of 82%, the target is 100% (PWS KIA, 2018). 17% below target. Integrated Management of Toddler Sickness (MTBS) due to several reasons, including the absence of trained health workers MTBS to improve the knowledge and skills of officers in the management of IMCI, there are already trained health workers but the facilities and infrastructure are inadequate, others (others Ministry of Health, 2010).

The health center is said to have implemented MTBS if they meet the criteria for implementing the MTBS approach of at least 60% of the number of sick toddler visits at the Puskesmas. MTBS achievement target is 100% which means that every sick toddler has to do the MTBS approach. Achievement of coverage of sick children under the MTBS approach is strongly influenced by the behavior of the MTBS staff themselves.

Based on the background above, the problem in this study is the low achievement of MTBS in Ardimalyo health center coverage which is 82% where the target achievement of MTBS is 100%. The purpose of this study is: (1) Describe the behavior of midwives in the administration of IMCI in the Ardimalyo health center area; (2) Describe the factors that influence the implementation of IMCI in the area of the Ardimalyo Health Center (working conditions, policies for implementing IMCI programs, the work itself); (3) Describe the obstacles experienced by Midwives in the implementation of IMCI; (4) Describe the process and achievement of IMCI in the Ardimalyo health center area.

MATERIALS AND METHODS

The research approach used in this study is a qualitative approach to the type of descriptive research. Leather research has a procedure that produces descriptive data in the form of written or oral from various attitudes of people or used as observable research objects (Moleong, 2010: 5). The main data sources observed by researchers are nurses' words and behavior which are recorded through written notes or field notes and video/audio tapes and photo taking. The informant is determined by the snowball sampling technique, which is the process of determining the informant based on the previous informant without determining the exact number by exploring information related to the research topic needed.

Data collection techniques used are observation, interviews, and documents. The technique used to analyze the data in this study is a descriptive technique or more specifically using an interactive model. There are three types of analysis activities (data reduction, data presentation, and concluding) and data collection itself is a cyclical and interactive process (Sugiyono, 2011). Qualitative research has criteria for the validity of the data that is carried out by checking or testing

with four criteria, namely the degree of trust or credibility, transferability, dependability, and confirmability.

RESULTS

1. Informant Demographic Data

This research was conducted using 18 informants. Characteristics of informants can be seen in Table 1. below:

Table 1. Overview of Characteristics of Informants

Respondents	Age	Years of service	Education
SJ	35	10 years	S2
DA	33	8 years old	S1
TR	28	8 years old	S1
AN	27	6 years old	S1
RN	27	5 years old	D IV
ST	25	5 years old	D IV
RK	28	7 years old	D III
The ID	26	7 years old	S1
DV	25	5 years old	D IV
KH	27	4 years old	D IV
PT	24	3 years old	D III
US	23	4 years old	S1
SA	25	6 years old	S1
TT	26	6 years old	D IV
YD	27	6 years old	D III
LK	28	7 years old	D IV
LL	27	5 years old	D IV
DK	26	6 years old	D III

While the main informant in this study amounted to 1 person, MTBS officers in Ardimulyo health center.

Table 2. Overview of Main Informants

Information to	Initial Name	Gender	Age	Education	Position
Informant 1	SJ	Girl	35 yr	S2	Responsible

2. Midwife Behavior in the Implementation of MTBS in the Ardimulyo Singosari Community Health Center

a. Understanding

This section discusses the extent of understanding of the application of IMCI. Based on the results of the interview, the midwife's understanding of knowledge at the Ardimulyo Singosari Community Health Center was by the standards.

b. Behavior

This section will look at how the behavior of officers in dealing with sick toddlers in Puskesmas Ardimulyo Singosari. In this study, the behavior of health workers was assessed from the ability of health workers to answer the questions given related to the implementation of IMCI. The implementation of IMCI was assessed from the medical records of the number of sick toddlers who visited the Health Center receiving Integrated Toddler Disease Management services according to standards.

3. Factors that Influence the Implementation of IMCI in Ardimalyo Singosari Health Center

Based on the results of in-depth interviews, found several factors that influence the implementation of IMCI at the Ardimalyo Singosari Community Health Center, are the working conditions, MTBS program implementation policies, the work itself. Related to midwife preparation in this case, is the preparation of equipment and forms, it turns out that from 8 midwives at the Health Center obtained 5 midwives said that in the MTBS service had made complete preparations, including scales, thermometers, timers/watches, MTBS forms but there were still 3 midwives who had not yet prepare complete tools.

Regarding the application of MTBS standards both at the initial visit and repeat visit obtained from several midwives at the Health Center, midwives have not performed MTBS services according to the standard, which includes initial assessment, classification, actions, and counseling in MTBS services both initial visits and repeat visits. The above is by the results of observations (observations) to all key informants, it appears that the steps in the MTBS service are less complete, that is <70%, especially in the standard initial assessment step, namely the inspection of general danger signs, where the step is an initial step that must be taken before take the next step by applicable standards and MTBS visit guidelines.

However, in the implementation at the Ardimalyo Singosari Community Health Center, the implementation of the Operational Standards for Completing the MTBS blank by the Integrated Toddler Disease Management (MTBS) staff at the health center was not going well. In the initial step regarding the initial conditions of handling that have been carried out by the SOP, but in handling midwives at public health center Ardimalyo Singosari was done swiftly and there was an agreement with the officials regarding the filling of blanks at a later stage.

The availability of facilities and infrastructure provided by the Health Center head in improving MTBS services provided by Health Center midwives, there are several Health Center midwives, stating that the form of support provided is quite good if several facilities and infrastructure are updated regularly so that they can be utilized in their use.

Another factor that influences the behavior of midwives implementing MTBS is superior HR so that it becomes effective in MTBS services. All Health Center midwives said that in terms of the effectiveness of resources, especially in MTBS services, they had been used to duplicate MTBS forms. Related to the availability and completeness of the equipment and the use of equipment that is complete and already available, but not all of them are utilized. Constraints faced (personnel and facilities) in the MTBS service said that the staff in the Community Health Center was lacking and the room was very narrow so that it disrupted the MTBS service process.

Due to the limited human resources at the Health Center, there are no MTBS special officers yet, the existing staff concurrently performs other programs, so the officers feel the workload is heavy. About the availability of facilities/facilities supporting the MTBS program, not all Puskesmas have facilities that are used to support MTBS activities such as poly medicine, modules, medicines, forms, tools, so that the MTBS program runs not optimally.

The lack of implementation of supervision activities at the Ardimalyo Singosari Health Center has caused obstacles in the implementation of IMCI, especially in the recording, processing, and utilization of infant/toddler cohort register data and MTBS blanks. From the results of interviews with the first informant, it can be seen that the work plan is carried out by each employee by the main tasks and functions of the employee and the employee's work targets that have been given by the Malang District Health Office.

The role of supervision as a planner is carried out by the leader of the Ardimalyo Singosari Health Center. The role of supervision by Health Center leaders as work planners carried out in the Health Center well. All informants stated that each employee made work plans that were adjusted to the guidelines or work targets of the Malang District Health Office and with coordination between employees and leaders as supervision in work planners. Based on the results of in-depth interviews with informants, it was found that the important role of a director of work carried out by the supervision of a leader includes coaching and providing recommendations and guidance in planning and making to achieve work targets.

4. Constraints experienced by midwives in the implementation of IMCI at Ardimalyo Singosari Community Health Center

Based on the results of interviews about the obstacles experienced by midwives in carrying out MTBS in Ardimalyo Singosari Health Center, in the implementation of work someone does not have the same knowledge as others about recording. This causes a lot to be recorded such as RM, MTBS blank, outpatient registers are missed. Officers also did not have time to record in the cohort register.

The officer has good behavior and is responsible for providing services related to the implementation of IMCI at the Ardimalyo Singosari Health Center and the officer also explains what illnesses the child is facing after conducting the examination, but the problem lies with parents who do not believe in the results of the examination conducted by the officer

5. Process and Achievement of MTBS in Ardimalyo Singosari Health Center

Based on the results of in-depth interviews, the process component of the MTBS implementation at the Ardimalyo Singosari Community Health Center was by the procedures seen from the planning, implementation, and evaluation that were carried out well. In addition, the Ardimalyo Singosari Health Center complies with established procedures so that it can meet the specified coverage

DISCUSSION

1. Midwife Behavior in the Implementation of MTBS in the Ardimalyo Singosari Community Health Center

One of the success factors of a program is the availability of sufficient human resources, both in terms of quantity and in terms of quality. Human resources here can be seen in understanding and attitude.

Knowledge about IMCI can be interpreted as an ability to explain correctly about objects that are known and can interpret the material correctly (Wardani, 2016). Knowledge of midwives at the Ardimalyo Singosari Health Center is fairly good. Because it can explain the understanding of IMCI is an integrated approach in the management of sick toddlers with a focus on the health of children aged 0-59 months (toddlers) as a whole. Management for toddlers who come to health services is carried out in an integrated manner regarding classification, nutritional status, immune status as well as handling and counseling provided.

Appropriate behavior carried out by midwives in Ardimalyo Singosari Health Center, must know the SOP of implementing MTBS. Besides, midwives also can provide assessment and classification of sick children aged 2 months to 5 years. The ability of health workers to make anamnesis on mothers' problems faced by their children, check for general danger signs and ask mothers four main complaints, examine and classify nutritional status and anemia, check the immunization status of children and provision of vitamin A and assess other complaints faced by children. After the analysis is complete, the midwife takes further action. Activities determining the actions and treatment of a midwife must pay attention to the appropriate SOP.

2. Factors that Influence the Implementation of IMCI in Ardimalyo Singosari Health Center

The performance of Health Center midwives in MTBS services is still not optimal as evidenced by the results of preliminary studies through interviews and observations to Health Center midwives who at the time provided services stated that from 30 to 40 sick toddlers who went to the Health Center only 10 toddlers actually did MTBS services, sometimes the officer does not fill in the MTBS form because they have memorized it. All midwives stated that in working with dispensaries the pharmacy was not optimal, especially in terms of providing counseling about teaching mothers how to administer oral medication at home and they needed guidance and evaluation.

In the initial step regarding the initial conditions of handling that have been carried out by the SOP, but in handling midwives at the Ardimalyo Singosari Community Health Center is done swiftly and there has been an agreement with the officer regarding the filling of blanks at a later stage. The steps in the MTBS service, the officer must be able to assess a sick child, means to assess by history taking and physical examination.

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The availability of facilities and infrastructure provided by Health Center heads in improving MTBS services provided by Health Center midwives, there are several Health Center midwives, stating that the form of support provided is quite good if some facilities and infrastructure are updated regularly so that they can be utilized in their use.

Factors in the lack of implementation of supervision activities at the Ardimulyo Singosari Community Health Center, causing problems in the implementation of IMCI, especially in the recording, processing, and utilization of infant/toddler cohort register data and MTBS blanks. Supervision can increase work effectiveness. Increasing the effectiveness of work is closely related to increasing the knowledge and skills of subordinates, as well as increasingly fostering relationships and a more harmonious working atmosphere between superiors and subordinates.

The form of directives given by the Health Center head to the Health Center midwife is by reminding to further improve MTBS services. The form of support provided is quite good because the head of the Health Center has tried to fulfill the facilities and infrastructure (rooms and forms) as well as the equipment needed in the IMCI service.

3. Constraints experienced by midwives in the implementation of IMCI at Ardimulyo Singosari Community Health Center

One of the success factors of a program is the availability of sufficient human resources, both in terms of quantity and in terms of quality. HR is the main asset of an organization that is a planning and active actor in terms of organizational activities. Poor human resources, less capable, and unskilled, one of which resulted in the work can not be optimally completed quickly and on time (Sudarmayanti, 2017). Human resources here can be seen from the understanding, attitude, and availability of energy.

The obstacle experienced by midwives in carrying out MTBS in Ardimulyo Singosari Health Center, in the implementation of work someone does not have the same knowledge as others about recording. This causes a lot to be recorded such as RM, MTBS blank, outpatient registers are missed. Officers also did not have time to record in the cohort register.

Good behavior and responsibility in providing services related to the implementation of IMCI at the Ardimulyo Singosari Community Health Center and officers also explain what illnesses children face after examining, but the problem is found in parents who do not believe in the results of examinations conducted by officers. Policy resources that play a role in the implementation of integrated management of sick children.

4. Process and Achievement of MTBS in Ardimulyo Singosari Health Center

In its implementation, MTBS officers have not been running effectively. This condition is experienced by most Health Center in Malang Regency, due to various constraints including the limited number of staff trained by IMCI, the transfer of trained personnel, and incomplete supporting facilities and infrastructure. Broadly speaking, the Health Center implementing MTBS service flow is that after registering in the patient's pocket, sick toddler patients are presented with the status and MTBS recording form. This is the difference where MTBS forms are not included. Then the patient goes to the MTBS room to be examined by the officer.

The examination begins with an assessment followed by making a classification followed by an action. Assessing and classifying diseases is done by several activities, among others by examining general danger signs. General danger signs can occur in any disease and cannot help determine the specific type of disease.

After several stages of the above activities, then carried out activities to determine the type of action or treatment that needs to be done. This action means determining the action and providing appropriate treatment. To determine the action or treatment for a child's disease, the action column must be completed starting from the assessment, signs or symptoms, classification, and actions to be taken. The steps are to refer the child, give the appropriate medicine, teach the mother how to give medicine at home, teach the mother how to treat local infections at home, advice on home care without medication, and improve the health of the child.

Then the service for toddlers who come to not continue to use the boxes according to the previous classification of children. If the child has a new problem do the assessment, classification,

and action on the new problem as in the assessment and classification chart. The integration of services carried out by MTBS practices aimed at a compact and flexible teamwork guided by a guidebook or MTBS form illustrates that MTBS is a health care system.

The process of implementing IMCI at the Ardimalyo Singosari Community Health Center is by the MTBS manual, which is to assess and classify and then provide service measures to provide counseling to mothers and provide referrals if needed is done properly. The achievement of MTBS services aged 2 months to 5 years is the percentage of sick children aged 2 months to 5 years who receive services according to MTBS standards from the number of visits of sick toddlers at the Health Center. The number of sick toddlers receiving standard services is obtained from the MTBS recording and reporting format.

The results of research conducted at the Ardimalyo Public Health Center showed that the implementation of integrated management of MTBS sick toddlers in MTBS was carried out by the MTBS handbook. And the coverage figure for the case of under-five pneumonia in Ardimalyo Singosari Health Center has met the target.

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CONCLUSION

1. The behavior of midwives in the implementation of MTBS in the Ardimalyo Public Health Center in Malang district has met the standards seen from the knowledge of officers understanding what MTBS is.
2. Factors Influencing the Implementation of IMCI are the knowledge held by a midwife, the attitude in implementing IMCI, MTBS facilities and infrastructure, training, and leadership support.
3. The obstacle in implementing MTBS is the knowledge that each officer has is different. MTBS officers are still lacking and have not yet participated in the training.
4. The process of implementing MTBS includes the planning, implementation, and evaluation of MTBS officers which are classified as good and by the MTBS manual. The achievement rate of the implementation of MTBS in the Ardimalyo Public Health Center in Malang regency fulfills the specified target of 60% of the number of toddler visits coming for treatment.

ACKNOWLEDGMENTS

The author is thankful for respondents for their valuable information and their awareness to participate in this research.

CONFLICTS OF INTEREST

The author declares that they have no conflict of interest.

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REFERENCES

- Hardayani, T. (2012). Faktor-Faktor Yang Berhubungan Dengan Kinerja Petugas MTBS (Manajemen Terpadu Balita Sakit) di Puskesmas Kabupaten Kulon Progo. [Skripsi Ilmiah]. Depok: Fakultas Kesehatan Masyarakat Universitas Indonesia.
- Moleong, Lexy J. (2010). Metodologi penelitian kualitatif, Remaja Rosdakarya, Bandung.
- Mustikaningsih, Dewi. dkk. (2019). Beban Kerja Perawat dalam Pelaksanaan Manajemen Terpadu Balita Sakit di Puskesmas Wilayah Kerja Dinas Kesehatan Kabupaten Bandung. *Jurnal SMART Keperawatan*, 2019, 6(1): 13-24.
- Nguyen, Duyen Thi Kim. et.al. (2013). Does Integrated Management of Childhood Illness (IMCI) Training Improve the Skills of Health Workers? A Systematic Review and Meta-Analysis. *Journal PLOS One*. www.plosone.org. 8(6): e66030.
- Sudarmayanti. (2017). Sumber Daya Manusia dan Produktifitas Kerja. Bandung: Mandar Maju.

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Sugiyono. (2011). *Metode Penelitian Kuantitatif Kualitatif dan R&D*. Bandung: Alfabeta.
Wardani, Tyas Ambika. (2016). *Analisis Penerapan Manajemen Terpadu Balita Sakit (MTBS) Terhadap Kejadian Pneumonia Balita Di Puskesmas Halmahera Kota Semarang*. Jurusan Ilmu Kesehatan Masyarakat, Fakultas Ilmu Keolahragaan Universitas Negeri Semarang.

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