

Hubungan Dietary Diversity Score Anak Usia 24-36 Bulan dengan Status Gizi pada Kondisi COVID-19 di Jakarta Timur Tahun 2020 = Association Between Dietary Diversity Score of Children Aged 24-36 Months with Nutritional Status during COVID-19 in East Jakarta 2020

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Abstrak

Di Indonesia, defisiensi makronutrien (stunting, wasting, dan underweight) masih menjadi salah satu masalah kesehatan. Salah satu penyebab dari stunting, wasting, dan underweight adalah kurang beragamnya diet yang dikonsumsi, yang dapat diukur dengan indikator dietary diversity score. Penelitian cross-sectional ini meneliti data sekunder, yang melibatkan sebanyak 85 subjek usia 24—36 bulan di kelurahan Kampung Melayu, Jakarta Timur. Riwayat asupan makan didata menggunakan 24-hour recall, yang akan digunakan untuk menghitung dietary diversity score. Status gizi diukur berdasarkan nilai skor Z dari height-for-age, weight-for-age, dan weight-for-height. Pada hasil, didapatkan mayoritas subjek memiliki DDS sedang (54,1%). Prevalensi subjek dengan stunting, underweight, dan wasting, secara berturut-turut adalah 36,5%, 29,4%, dan 7,1%. Tidak terdapat hubungan yang signifikan antara DDS dengan stunting, underweight, ataupun wasting. Melalui analisis multivariat, terdapat dua faktor yang berhubungan secara signifikan dengan stunting, yakni jenis kelamin ($p=0,025$) dan tingkat pendidikan ibu ($p=0,047$). Sebagai kesimpulan, selain keragaman pangan, terdapat beberapa faktor lain yang memengaruhi status gizi anak, seperti jenis kelamin dan tingkat pendidikan ibu. Oleh sebab itu, pemberian edukasi kepada ibu terhadap diet anak yang sehat dapat menjadi suatu bentuk tindakan pencegahan terhadap undernutrition.

.....In Indonesia, macronutrient deficiency (stunting, wasting, and underweight) is still a health problem. One of the causes of stunting, wasting, and underweight is the lack of variety in the diet consumed, which can be measured by an indicator called dietary diversity score. This cross-sectional study examined a secondary data, involving 85 subjects aged 24—36 months in Kampung Melayu sub-district, East Jakarta. Food intake history was recorded using 24-hour recall, which will be used to calculate the dietary diversity score. Nutritional status was measured based on the Z score of height-for-age, weight-for-age, and weight-for-height. As a result, majority of subjects had medium DDS (54.1%). The prevalence of subjects with stunting, underweight, and wasting was 36.5%, 29.4%, and 7.1%, respectively. There is no significant relationship between DDS and stunting, underweight, or wasting. Through multivariate analysis, there were two factors that were significantly associated to stunting, which are gender ($p=0.025$) and mother's education level ($p=0.047$). In conclusion, in addition to food diversity, there are many other factors that influence the nutritional status of children, such as gender and maternal education. Therefore, providing education to mothers about a healthy child's diet can be used as a form of preventive action against undernutrition.