Faktor-faktor yang berhubungan dengan status gizi balita di Sumatera Barat tahun 2001 (analisis data sekunder)

Abstrak

Kekurangan Energi Protein (KEP) pada balita merupakan salah satu masalah kesehatan yang masih menjadi beban bagi negara-negara berkembang, termasuk Indonesia. KEP pada balita merupakan akibat langsung dari kurangnya asupan zat gizi dan status kesehatan yang buruk karena penyakit infeksi, dan akibat tidak langsung dari ketahanan pangan keluarga, pola asuh anak, pelayanan kesehatan, lingkungan dan faktor yang terdapat pada balita sendiri. Prevalensi KEP di Sumatera Barat menunjukkan trend negatif. Sejak tahun 1995 sampai 2000 terjadi peningkatan prevalensi KEP dari 15,26% menjadi 23%, kondisi aman bertambah berat dengan adanya krisis ekonomi.

Penelitian ini bertujuan mengetahui faktor-faktor yang berhubungan dengan status gizi balita di Sumatera Barat tahun 2001. Desain yang digunakan adalah cross sectional. Data merupakan hasil Studi Pengembangan Metode Identifikasi Kelompok Masyarakat Miskin di Perkotaan dan Pedesaan di Indonesia oleh Puslitbang Gizi dan Bappenas. Populasi adalah keluarga yang memiliki balita di wilayah penelitian Sumatera Barat. Sampel adalah keluarga yang memiliki balita, terpilih sebanyak 821 keluarga yang memiliki balita dan selanjutnya 802 responden yang layak dianalisis. Status gizi dihitung berdasarkan indeks BBJ baku rujukan WHO-NCHS, konsumsi zat gizi dihitung dengan metode semi quantitative food frequency.

Variabel dependen adalah status gizi sedangkan variabel independent adalah sosio ekonomi (konsumsi energi per kapita, konsumsi protein per kapita, pendapatan per kapita, persen pengeluaran pangan, kemampuan berobat, kategori miskin), sosio demografi (umur anak, jenis kelamin anak, umur ibu, jumlah anggota keluarga, jumlah balita dalam keluarga), dan lingkungan (kondisi fisik rumah, sarana jamban keluarga dan sarana air minum). Analisis data meliputi univariat dengan distribusi frekuensi dan mean, median, standar deviasi, minimum-maksimum, analisis bivariat dengan chi-square dan analisis multivariat dengan regresi logistik ganda.

Ditemukan prevalensi KEP sebesar 25,9% (18,8% gizi kurang, 7,1% gizi buruk). Variabel yang berhubungan bermakna dengan status gizi balita adalah konsumsi energi per kapita, konsumsi protein per kapita, pendapatan per kapita, umur anak, jenis kelamin anak, dan kondisi fisik rumah. Selanjutnya analisis multivariat menunjukkan variable yang secara bersama-sama berhubungan dengan status gizi balita adalah konsumsi protein per kapita, pendapatan per kapita, umur anak dan jenis kelamin anak. Anak umur 37-59 bulan cenderung menderita KEP 8,34 kali anak umur 0-6 bulan, anak umur 13-36 bulan cenderung menderita KEP 10,23 kali anak 0-6 bulan, dan anak umur 7-12 bulan cenderung menderita KEP 3,82 kali anak 0-6 bulan, setelah dikontrol variabel konsumsi protein per kapita, pendapatan per kapita dan jenis kelamin anak.

Perlu sosialisasi masalah KEP kepada pengambil kebijakan di lokasi penelitian agar penanggulangannya diprioritaskan; perlu penyuluhan tentang cars mempersiapkan penyapihan, perlu pemberdayaan ekonomi masyarakat dengan memotivasi beternak (ayamlitik), perlu penyuluhan kepada pemuka masyarakat agar

anak perempuan lebih diperhatikan (sesuai dengan matrilineal).

.....Factors Related to Under Five Years Children's Nutritional Status in West Sumatera in 2001 (Secondary Data Analysis)Protein Energy Malnutrition (PEM) among under five years children has been one of health problems burdening the developing countries, including Indonesia. PEM among under five years children is a direct consequence of lack of nutrient intake and poor health status due to infectious diseases, and an indirect consequence of family sustenance, child rearing pattern, health care service, the environment, and under five years children's internal factors. Prevalence of PEM in West Sumatera showed negative trend. From 1995 to 2000 the PEM prevalence increased from 15.26% to 23%, and worsened with the economic crisis.

This research aimed to find out what factors were related to under five years children's nutritional status in West Sumatera in 2001. The research design used was cross sectional. The data were results from the Study of Method Development of Impoverished Communities Identification in Urban and Rural Areas in Indonesia (Study Pengembangan Metode Identifikasi Kelompok Masyarakat Miskin di Perkotaan dan Pedesaan di Indonesia) conducted by Nutrition Research and Development Center (Puslitbang Gizi) and National Development Planning Board (Bappenas). The population was families with under five years children in the researched area in West Sumatera. The sample was families with under five years children, numbering to 821 families, 802 of whom were fit to be analyzed. The nutritional status was calculated based on WFA index standard reference from WHO-NCHS, and the nutrient intake was calculated using semi quantitative food frequency method.

The dependent variable was the nutritional status, while the independent variables were socioeconomic (energy intake per capita, protein intake per capita, income per capita, percentage of expenses on food, ability to afford medical assistance, poverty line), sociodemographic (child's age, child's sex, mother's age, number of family members, number of under five years children in the family), and environmental (physical condition of the house, family toilet facilities, and drinking water facilities). The data analysis comprised univariate analysis with frequency distribution, mean, median, deviation standard, minimum-maximum; bivariate analysis with chi-square; and multivariate analysis with multiple logistic regression.

The prevalence of PEM was found at 25.9% (18.8% moderately malnourished, 7.1% severely malnourished). Variables significantly related to under five years children nutritional status were energy intake per capita, protein intake per capita, income per capita, child's age, child's sex, and physical condition of the house. Furthermore, multivariate analysis showed that variables correlatively related to under five years children's nutritional status were protein intake per capita, income per capita, child's age, and child's sex.

After being controlled with variables of protein intake per capita, income per capita, and child's sex, the risk of suffering from PEM among under five years children aged 37-59 months was 8.34 times higher than that among babies aged 0-6 months; among under five years children aged 13-36 months it was 10.23 times higher than that among babies aged 0-6 months; and among babies aged 7-12 months it was 182 times higher than that among babies aged 0-6 months.

The followings need to be done in dealing with PEM: first, socializing PEM issue to decision makers in the researched area so that its management is prioritized; second, educating mothers about proper weaning; third, empowering the people's economy by encouraging them to raise chickens or ducks; and fourth, educating the local leaders to pay more attention to little girls welfare (which is in accordance with the local matriarchal custom).