

RINGKASAN

Timbulnya Malnutrisi secara langsung tidak hanya karena makanan yang kurang tetapi karena adanya penyakit infeksi, sedangkan pola pengasuhan anak merupakan penyebab sinergis atau penyebab tidak langsung (WHO 1997, Depkes 2000). Kurang Energi Protein terutama KEP yang berat atau sedang ada hubungannya dengan morbiditas, penyakit infeksi, dan pola pengasuhan (Varan 1999).

Dari 718 anak balita umur 6 – 59 bulan di Puskesmas Passo median NCHS BB/U 112 (15,60 %) KEP sedang dan berat sedangkan KEP ringan 128 (17,83 %) jadi total KEP sedang, berat dan ringan 240 (33,43 %) jadi diantara 10 anak balita 3 yang menderita KEP.

Adapun tujuan umum dari penelitian ini adalah menganalisis hubungan antara pola asuh dan penyakit infeksi dengan kejadian Kurang energi Protein sedang atau berat di wilayah kerja Puskesmas Passo Kota Ambon.

Rancangan penelitian yang digunakan adalah *Case Control Study*. Kasus adalah KEP sedang atau berat sedangkan kontrol adalah anak balita KEP ringan dan normal. Sampel terdiri dari 54 kasus dan 54 kontrol. Variabel yang diteliti adalah pola asuh makan (frekuensi makan, pengeluaran pangan, asupan energi protein), pola asuh kesehatan, pola asuh bersih, pola asuh perumahan serta penyakit infeksi.

Dari hasil penelitian ini, diperoleh bahwa dari 8 variabel bebas ada 6 variabel yang mempunyai pengaruh ($p < 0,05$). Variabel tersebut yang bermakna adalah frekuensi makan (OR = 7.338), pengeluaran pangan (OR = 5.972) asupan kalori (OR = 7.732), pola asuh kesehatan (OR = 6.255), pola asuh perumahan (OR = 8.969) dan

penyakit infeksi (OR = 7.476) berhubungan dengan kejadian KEP pada anak balita di wilayah kerja puskesmas Passo kota Ambon.

Berdasarkan hasil penelitian ini maka disarankan agar masyarakat dapat memanfaatkan sumber daya alam, pemanfaatan ASI, pemanfaatan pekarangan, pola pengasuhan merupakan tanggungjawab keluarga, serta penyediaan rumah kepada para pengungsi.

Kata Kunci : Kurang Energi Protein, Pola Asuh, Penyakit Infeksi.



SUMMARY

Malnutrition is directly caused not only by deficient diet, but also by the presence of infectious disease. Children care pattern, however, serves as synergic or indirect cause of malnutrition (WHO, 1997; Department of Health, 2000). Protein Energy Deficiency (PED), particularly the severe or mild one, is related to morbidity, infectious diseases, and care pattern (Varan, 1999).

From 718 underfives aged 6-59 months in the Community Health Center in Passo, the median NCHS of BW/A showed that 112 (15.60 %) underfives had moderate and severe and mild PED was 240 (33.43 %), indicating that from 10 underfives, 3 had PED.

The general objective of this study was to analyze relations between care pattern and infectious disease and the prevalence of moderate or severe PED in working area of the Community Health Center in Passo, Ambon.

This was a case control study. The case was underfives with moderate or severe PED, while control was those with mild or normal PED. Samples in each group consisted of 54 individuals. Variables observed were care patterns in diet (diet frequency, expense for food, protein energy intake), health, hygiene, and housing, as well as infectious disease.

Result showed that from 8 independent variabel, 6 had significant effect ($p < 0,05$). They were diet frequency (OR=7.338), expense for food (OR=5.972), calorie intake (OR=7.732), health care pattern (OR= 6.255), housing care pattern (OR=8.969), and infectious disease (OR=7.476). These variables had relations with the

prevalence of PED among underfives in the working area of Community Health Center, Passo, Ambon.

It is recommended that the community should empbly natural resources, minimally in their own yards, and breastfeed the underfives. Care pattern is the responsibility of the family, and refugees should be provided with suitable housing.

Keywords : *protein energy deficiency. care pattern, infectious disease.*



ABSTRACT

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