

RINGKASAN

Perbedaan Status Gizi Dan Pola Konsumsi Makanan Anak Usia 6 – 24 Bulan Pada Penerima Program MP-ASI Delvita Dan Bukan Penerima Program MP-ASI Delvita

Yuly Sulistyorini

Kekurangan gizi merupakan salah satu masalah gizi utama yang masih ada di Indonesia. Kekurangan gizi pada masa kritis yaitu pada usia 6 – 24 bulan dapat mengganggu proses pertumbuhan anak. Bahkan gangguan tersebut sulit diperbaiki pada periode selanjutnya.

Banyak sekali program perbaikan gizi yang telah dilakukan seperti dengan memberikan makanan yang banyak mengandung zat gizi, penyuluhan dan sebagainya tetapi masih belum menunjukkan hasil seperti yang diharapkan.

Tujuan umum penelitian ini adalah untuk mempelajari perbedaan status gizi dan pola konsumsi makanan anak usia 6 – 24 bulan antara penerima program MP-ASI Delvita dan bukan penerima program MP-ASI Delvita.

Penelitian ini tergolong penelitian komparasi dengan rancangan *retrospective cohort* yang dilakukan di Kecamatan Mulyorejo Kota Surabaya.

Sampel penelitian ini adalah anak usia 6 – 24 bulan dengan status gizi kurang. Besar sampel adalah 24 anak penerima program MP-ASI Delvita dan 24 anak bukan penerima program MP-ASI Delvita.

Dengan uji T 2 sampel bebas menunjukkan bahwa tidak terdapat perbedaan yang bermakna status gizi (BB/U), kecukupan energi dan kecukupan protein antara penerima program MP-ASI Delvita dan bukan penerima program MP-ASI Delvita. Uji Mann Whitney juga menunjukkan bahwa tidak terdapat perbedaan yang bermakna pola pemberian ASI dan MP-ASI, jenis bahan makanan dan frekuensi makan antara penerima program MP-ASI Delvita dan bukan penerima program MP-ASI Delvita.

Konsumsi protein yang tinggi pada anak penerima program MP-ASI Delvita tidak memberikan pengaruh pada peningkatan status gizinya. Hal ini terjadi karena konsumsi energi yang kurang sehingga mengakibatkan protein yang dikonsumsi digunakan sebagai sumber energi bukan sebagai zat pertumbuhan (*negative calory balance*). Jika kondisi ini terjadi secara terus menerus akan mengakibatkan berat badan anak berkurang.

Tingkat penerimaan anak terhadap Delvita sangat mempengaruhi pada tingkat konsumsinya. Delvita mempunyai rasa dan bau yang khas serta dapat mengubah tekstur makanan. Kondisi ini cenderung tidak disukai oleh anak sehingga anak mengkonsumsi Delvita dengan jumlah lebih rendah dari yang dianjurkan.

Perlu adanya peningkatan pengetahuan gizi ibu terutama mengenai pola konsumsi makanan anak yang benar sehingga dapat meningkatkan status gizi anak. Perhatian terhadap kebiasaan masyarakat berkaitan dengan makanan anak perlu ditingkatkan agar pemberian makanan bergizi pada anak dalam mengiringi program perbaikan gizi bisa diterima dan dapat bermanfaat secara optimal. Selanjutnya diperlukan kegiatan tindak lanjut untuk memperbaiki program perbaikan gizi yang ada.

SUMMARY

The Differences Nutritional Status And Food Consumption Pattern Of 6 – 24 Months Children Between MP-ASI Delvita Program Beneficiaries And Non MP-ASI Delvita Program Beneficiaries

Yuly Sulistyorini

Under nutrition is one of the essential nutrition problems in Indonesia. Under nutrition in critical period especially at the age of 6 – 24 months can disturb in the children growth process. That conditions can't repaired in the next period.

There were a lot of nutrition rehabilitation program in our society like as give nutritious food, education etc but there weren't get the purposes of the program yet.

The objective of this research was to study the differences nutritional status and food consumption pattern of 6 – 24 months children between MP-ASI Delvita program beneficiaries and non MP-ASI Delvita program beneficiaries.

This research was categorized in comparison research with retrospective cohort design. It has been observed in Kecamatan Mulyorejo Kota Surabaya.

The sample of this research was 6 – 24 months children with under weight. The sample size was 24 children MP-ASI Delvita program beneficiaries and 24 children non MP-ASI Delvita program beneficiaries.

T test for 2 independent samples with $\alpha = 0,05$ showed that there were not differences of nutritional status (weight for age), dietary allowances for energy and protein between MP-ASI Delvita program beneficiaries and non MP-ASI Delvita program beneficiaries. Mann Whitney test with $\alpha = 0,05$ also showed that there were not differences ASI and MP-ASI giving pattern and food frequency between MP-ASI Delvita program beneficiaries and non MP-ASI Delvita program beneficiaries.

The MP-ASI Delvita program beneficiaries had hight consumption of protein and lack of consumption energy. That condition caused protein was used for energy resources and was not used for growth (negative calory balance). If that happened continually, that can caused lack of children body weight.

The children acceptance of Delvita influenced with the consumption degree. Delvita had particular taste, smell and can changed food texture. Children inclined dislike that condition, so they consumed a little Delvita.

It is necessary to increase nutrition knowledge of the mother especially in food consumption pattern of child correctly to improve the nutritional status of children. The attention of children food habit need to increase, so that make nutrition rehabilitation program by giving nutritious food acceptable and give a lot of benefit. Further follow up activities need to improve nutrition rehabilitation program.

ABSTRACT

The Differences Nutritional Status And Food Consumption Pattern Of 6 – 24 Months Children Between MP-ASI Delvita Program Beneficiaries And Non MP-ASI Delvita Program Beneficiaries

Yuly Sulistyorini

The objective of this research was to study the differences nutritional status and food consumption pattern of 6 – 24 months children between MP-ASI Delvita program beneficiaries and non MP-ASI Delvita program beneficiaries.

This research was categorized in comparison research with retrospective cohort design. It has been observed in Kecamatan Mulyorejo Kota Surabaya.

The sample of this research was 6 – 24 months children with under weight. The sample size was 24 children MP-ASI Delvita program beneficiaries and 24 children non MP-ASI Delvita program beneficiaries.

T test for 2 independent samples with $\alpha = 0.05$ showed that there were not differences of nutritional status (weight for age), dietary allowances for energy and protein between MP-ASI Delvita program beneficiaries and non MP-ASI Delvita program beneficiaries. Mann Whitney test with $\alpha = 0.05$ also showed that there were not differences ASI and MP-ASI giving pattern and food frequency between MP-ASI Delvita program beneficiaries and non MP-ASI Delvita program beneficiaries.

The MP-ASI Delvita program beneficiaries had hight consumption of protein and lack of consumption energy. That condition caused protein was used for energy resources and was not used for growth (negative calory balance). If that happened continually, that can caused lack of children body weight. Delvita had particular taste, smell and it can changed food texture. Children inclined dislike that condition, so they consumed a little Delvita.

Base on the result by comparing nutritional status and food cosumption pattern between MP-ASI Delvita program beneficiaries and non MP-ASI Delvita program beneficiaries, it can give some information and suggestion for follow up activities in nutrition rehabilitation program.

Key words : Complementary Food – Delvita – Food Consumption Pattern – Nutritional Status