

PENGEMBANGAN MODEL PENGASUHAN GIZI ANAK BALITA
BERDASARKAN PENDEKATAN FAKTOR RISIKO Sebagai Upaya Pemberdayaan
Pengasuhan Ibu

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RINGKASAN

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Berdasarkan hasil survei Assessment Data Dasar Situasi Gizi Anak Balita dan Ibu, Fast Up program USAID WVI 2005 di tiga kecamatan miskin Surabaya, prevalensi gizi kurang di kecamatan Tambak Sari, Simokerto, dan Kenjeran lebih tinggi dari angka kejadian di Indonesia (28,9%). Faktor sosial ekonomi dan lingkungan melalui satu atau kombinasi berbagai faktor antara berpengaruh terhadap terjadinya gizi kurang balita. Peningkatan pendapatan perkapita di beberapa negara berkembang membuktikan pengaruh tersebut, tetapi tidak untuk Indonesia, karena masih ada faktor non ekonomis yang menyebabkan masih tetap tingginya prevalensi gizi kurang. Faktor tersebut adalah keberdayaan ibu dalam mengolah makanan serta mendistribusikannya dalam keluarga.

Peran ibu merupakan faktor terpenting meringankan dampak negatif masalah gizi melalui pengasuhannya dalam memberi makanan dan merawat kesehatan serta gizi anaknya. Hasil survei tersebut juga menunjukkan secara deskriptif bahwa masih sedikit ibu yang mampu memberikan asuhan pada anak yang sakit dan sehat dengan benar. Demikian pula hanya 67,1% ibu mengetahui 4 dari 8 tanda gizi kurang yang ditanyakan.

Masalah gizi sangat kompleks dan sistemik, maka penyelesaiannya tidak cukup dengan tindakan kuratif, namun lebih diutamakan dengan tindakan pencegahan. Pencegahan dapat diupayakan melalui pemberdayaan ibu dalam mengasuh gizi anaknya. Ibu yang berdaya adalah ibu yang paham akan adanya potensi risiko, faktor risiko, dan akibat masalah gizi yang berkaitan dengan pengasuhan kesehatan dan pertumbuhan anak, sesuai dengan potensi yang dimilikinya. (*bottom-up intervention*). Oleh karena itu, diperlukan upaya pendekatan risiko gizi yang berkaitan dengan pengasuhan anak balita.

Risiko tersebut perlu disederhanakan dalam sebuah model. Berdasarkan hal tersebut, maka penelitian ini bertujuan menyusun dan mengembangkan model pengasuhan gizi anak balita berdasarkan pendekatan faktor risiko sebagai upaya pemberdayaan pengasuhan ibu. Model pengasuhan gizi anak balita harus sesuai dengan masalah gizi yang ada di masyarakat dan dapat digunakan sebagai upaya penanggulangan gizi kurang anak dengan meningkatkan keberdayaan ibu dalam mengasuh anaknya.

Program Lisrel membantu membentuk model pengasuhan gizi anak balita berdasarkan faktor risiko gizi 1085 balita. Model juga tersusun berdasarkan penerapan abstraksi teoritik hingga proporsi yang dapat ditangani serta sesuai dengan kebijakan

yang ada. Hasil penelitian ini hanya dapat menyusun model pengasuhan gizi anak balita berumur 6-60 bulan. Pemberian ASI dan makanan, kejadian sakit, perawatan gizi, dan kesakitan anak serta perawatan lingkungan menjadi faktor risiko pengasuhan gizi anak balita tersebut. Pada lingkungan yang baik, perawatan gizi merupakan factor risiko pengasuhan yang mendasari masalah gizi balita. Kemampuan ibu akan monitoring pertumbuhan anak sebagai indikator perawatan gizi anak sangat berperan dalam penentuan status gizi anak (nilai koefisien jalur = 0,07, dan nilai t hitung = 2,11).

Ibu harus memahami risiko pengasuhan dan akibatnya terhadap kesehatan dan gizi anaknya sebagai bukti kesesuaian model pengasuhan tersebut. Kesesuaian model dilakukan melalui pendampingan. Pendampingan yang dimaksud adalah bimbingan atau pengajaran individual dengan menggunakan modul sebagai bahan pengajaran individual yang diberikan secara tutorial. Modul merupakan bahan ajar yang tersusun berdasarkan risiko pengasuhan gizi anak balita yang menyusun model tersebut.

Perubahan perilaku pengasuhan ibu dapat terjadi apabila semua risiko pengasuhan dipahami ibu sesuai dengan potensi yang dimilikinya. Tahap ini merupakan penelitian eksperimen dua sampel dengan kontrol selama 6 bulan. Pada setiap kelompok dibedakan menjadi empat sub kelompok berdasarkan pendidikan dan pekerjaannya serta dilakukan identifikasi perilaku pengasuhan gizi anak balitanya sebelum dan sesudah pendampingan. Demikian pula untuk belajar lapangan dilakukan setelah tutorial dan pelatihan ketrampilan diberikan. Pembelajaran lapangan berguna untuk mengetahui faktor pendukung dan hambatan terhadap tutorial dan pelatihan ketrampilan sehingga bermanfaat sebagai penyempurnaan pembelajaran. Adanya perubahan perilaku ibu dan dukungan suami ibu dapat terpantau secara seksama sebagai masukan sekaligus evaluasi pemberdayaan pengasuhan ibu.

Kelompok kontrol adalah kelompok yang dipilih dari populasi yang berciri sama dengan kelompok coba dan tidak dilakukan pendampingan namun dilakukan sistem pendekatan risiko dengan metoda penyuluhan satu arah pada 39 ibu berbalita. Pada kelompok coba (38 ibu berbalita) disamping dilakukan pendampingan juga diberikan modul pengajaran pengasuhan gizi balita. Uji multivariate anova dan t dua sampel bebas digunakan untuk menunjukkan perubahan perilaku ibu pada dua kelompok. Pengukuran berulang (repeated measure) dilakukan pada hasil yang menunjukkan perbedaan bermakna guna mengetahui bahwa perbedaan tersebut sebagai akibat pendampingan.

Hasil penelitian menunjukkan bahwa modul pengajaran terbukti mampu digunakan sebagai alat pada pendampingan pengasuhan dengan minimal efektifitas peningkatan pengetahuan sebesar 2,5 kali dari sebelumnya dan 3,5 kali untuk praktik pengasuhannya. Oleh karena itu, maka model pengasuhan gizi anak balita ini dapat digunakan sebagai strategi baru mencegah terjadinya gizi kurang. Pencegahan dapat dilakukan melalui pendampingan dengan menggunakan modul pengajaran secara tutorial. Pendampingan harus dilakukan secara terus menerus guna membentuk perilaku pengasuhan yang benar.

Titik tumpu dan kebijakan pemerintah akan program perbaikan status gizi anak di alihkan pada indikator pertumbuhan manusia bukan pangan atau uang. Sosialisasi pencegahan gizi kurang perlu ditingkatkan dengan memperhatikan berat badan anak. Sosialisasi pada keluarga dilakukan dengan melakukan pendampingan pada ibu berdasarkan potensi yang dimilikinya, tidak berdasar pada keperluan akan pelayanan kesehatan. Pendampingan ibu ditekankan pada pengertian bahwa anak sehat bertambah umur bertambah berat dan panjang badan.

Berdasarkan model ini, waktu yang diperlukan guna terjadinya perubahan perilaku berkisar 2 hingga 6 bulan untuk keberhasilan pengasuhan sejumlah 7,1 – 17,7% sampel dengan seorang pendamping. Pemahaman akan hal tersebut memerlukan waktu yang lama, sehingga konsep penyimpangan pertumbuhan anak hendaknya mulai dimasukkan dalam kurikulum pendidikan kesehatan untuk anak usia dini, sains untuk sekolah dasar umum dan khusus (agama), biologi untuk sekolah lanjutan, serta penilaian gizi di lembaga pendidikan tenaga gizi. Program perbaikan gizi kurang hendaknya juga diikuti perubahan program pembangunan kesehatan terkait utamanya kesehatan lingkungan hingga dapat menurunkan masalah gizi kurang secara cepat dan dapat bertahan lama.

SUMMARY

UNDERFIVES NUTRITIONAL REARING MODEL DEVELOPMENT BASED ON RISK FACTORS APPROACH As an Effort for Mother Rearing Empowerment

Based on results of the survey Assessment of Basic Data on Under fives and Mothers' Nutrition Situation Fast Up program USAID WVI 2005 in three poor districts of Surabaya, the prevalence of malnutrition in sub districts Tambak Sari, Simokerto, and Kenjeran was higher than the incidence in Indonesia. Socio economic factors and environment through one or combining several intervening factors influence under fives malnutrition. Rising the growth national income on some development countries have proved better under fives nutrition, except Indonesia. There are non economic factors that caused malnutrition still high. The non economic factor in Surabaya is mother empowerment on manage and distribution food in her family.

The role of the mother is the most important factor to alleviate negative impacts of nutrition problems through rearing in providing food, health care and nutrition for the children. The survey results also showed descriptively that there are few mothers who are able to provide rearing to the sick and healthy children properly. Similarly, there were only 67.1% of the mothers who knew 4 of 8 signs of malnutrition in question.

The issue of nutrition is very complex and systemic, and then curative measures are not enough as a solution. Preventive measures should be put into priority. Prevention can be pursued through mother nutrition rearing empowerment. Empower mother rearing is mother who's understand that there is potential risk, risk factors, and consequences of nutritional problems related to health care and growth of children, and it should be a bottom-up intervention. Therefore, we require nutritional risk approach strategy that relates to under fives rearing.

The risk needs to be simplified in a model. Therefore this study aims to establish and develop under fives nutritional rearing model based on risk factor approach as an effort to empower mothers rearing. Models of nutrition rearing for under fives must be in accordance with nutritional problems that exist in the community and can be used as a

control strategy of under nutrition in children by increasing the empowerment of women in rearing their children.

Lisrel Program helps shaping children's nutrition care model based on nutritional risk factors in 1085 under fives. The model is also structured based on the application of theoretical abstraction up to the proportion that can be handled and in accordance with existing policy. The results can only develop model of nutrition rearing in under fives aged 6-60 months. Breastfeeding and food provision, incidence of illness, nutrition care, health care for children and environmental care become the risk factors of such under fives nutritional rearing. On a healthy environment, nutritional care is a rearing risk factor underlying nutrition problems in under fives. The ability of mothers to monitor children's growth is the most function to act of child nutrition determining (path coefficient value = 0,07, dan t value = 2,11).

Mothers should understand the risks and consequences of health and nutrition rearing of their children as evidence of the appropriateness of the rearing model. Suitability of the model is assessed through assistance strategy. Such strategy refers to individual guidance or instructions by using modules as an individual teaching material that are provided as a tutorial. The module is composed of teaching materials based on the risk of nutritional rearing of under fives that makes up the model.

Changes in maternal rearing behavior may occur if all mothers understood the risk of rearing in accordance with their potential. This stage was an experimental study of two samples with control for 6 months. Each group was divided into four sub-groups based on education and occupation, and identification was performed on under fives nutritional rearing behavior before and after the assistance and modules administration. Similarly, field study was conducted after the tutorials and skills training provided to determine contributing factors and barriers to tutorials and skills training so that it may be useful as a learning improvement. A change in maternal behavior and family support, primarily from the husbands, was carefully monitored as an input as well as an evaluation of maternal rearing empowerment.

The control group was a group selected from a population with the same characteristics with trial group and, instead of assistance, the control group received risk approach system with one-way education method in 39 mothers with under fives. In the trial group (38 mothers with under fives), in addition to assistance, nutrition care teaching module was also provided. Multivariate ANOVA and two independent samples t test were used to indicate changes in maternal behavior in the two groups. Repeated measurement was performed on the results showing significant differences in order to find out that these differences are the result of assistance.

The results showed that the teaching module proved to be useful as a tool in rearing assistance with minimum effectiveness of knowledge improvement 2.5 times higher than before and 3.5 times for the rearing practices. Therefore, the model of nutritional care of under fives can be used as a new strategy of prevention through the entire approaches to the risk of malnutrition affecting children's growth in an integrated way. The prevention proved by assists the child's mother continuously through the teaching tutorial module.

The policy of nutritional government program should be changed and centered to growth indicator, is not only solving food and money. The socialization of prevent under nutrition increased by focus on weight child. The family socialization did by assist of the

child's mother potential, not to be based on health services. The focus of assists child's mother is more age on healthy children adds weight and length.

Based on this model, changes in maternal behavior in rearing occur within a period ranging from 2 to 6 months for 7.1 to 17.7% sample on assistance. This changing behavior needs to be over long time, so this child growth deviation concept should be inserted on the health education curriculum on kindergarten, science on elementary school (included religion's school), biology on junior and high school, and nutrition assessment on university. Malnutrition program should be followed changing health development program which it is interrelated especially health environment until can reduce under nutrition quickly and endure at the long time.

ABSTRACT

UNDER FIVES NUTRITIONAL REARING MODEL DEVELOPMENT BASED ON RISK FACTORS APPROACH As an Effort for Mother Rearing Empowerment

Based on results of the survey Assessment of Basic Data on Under fives and Mothers' Nutrition Situation Fast Up program USAID WVI 2005 in three poor districts of Surabaya, the prevalence of malnutrition in sub districts Tambak Sari, Simokerto, and Kenjeran was higher than the incidence in Indonesia. The role of the mother is the most important factor in alleviating the negative effects of nutritional problems through rearing in providing food, health care, and nutrition for the children. The survey results also showed descriptively that there are few mothers who are able to provide rear to sick and healthy children properly. Similarly, there were only 67.1% of mothers who knew 4 of the 8 signs of malnutrition in question.

Preventive measures should be a priority. Prevention can be pursued through the mother's Understanding that there is a potential risk, risk factors, and knowing about the consequences of nutritional problems related to health care and the growth of children. This should be a bottom-up intervention. Therefore, we require a nutritional risk approach strategy that relates to Under fives rearing.

The risk needs to be simplified in a model. Therefore this study aims to establish and develop an under fives nutritional rearing model based on a risk factor approach in an effort to empower mothers' rearing. The model must be in accordance with nutritional problems that exist in the community and can be used as a control strategy for under nutrition in children by increasing the empowerment of women in nurturing their children.

The Lisrel Program helps to shape the children's nutrition rearing model based on nutritional risk factors in 1085 under fives. The results can only develop a model of nutrition rearing in under fives aged 6-60 months. Nutritional care is a rearing risk factor underlying nutrition problems in under fives. The ability of mothers to monitor children's growth can prevent child nutritional problems.

Mothers should understand the risks and consequences of health care and nutrition of their children as evidence of the appropriateness of the rearing model. The suitability model was done through assistance strategies using individual teaching

modules tool that was composed on the basis of nutritional risk models of under fives rearing. The module was given in a tutorial. This stage was a two-sample experimental study with control for 6 months.

The results showed that the teaching module proved to be useful as a tool in rearing assistance, with minimum effectiveness of knowledge improvement 2.5 times higher than before, and 3.5 times for rearing practices. Therefore, the model of nutritional rearing of under fives can be used as a new strategy through the entire approach to the risk of malnutrition affecting children's growth in an integrated way, and based on the potential mother.

Based on this model, changes in maternal behavior in rearing occur within a period ranging from 2 to 6 months for 7.1 to 17.7% of the sample on assistance. This changing behavior needs to be over long time. Thus, this child growth deviation concept should be inserted from the early health education curriculum on kindergarten to university.

Keywords: rearing, model, nutrition, under fives, risk factors, empowerment, mothers

