

RINGKASAN

Masalah gizi utama menjadi semakin serius akibat terjadi krisis ekonomi dan politik yang diperparah dengan adanya berbagai bencana (kekeringan, dll) di berbagai daerah di Indonesia, termasuk di Jawa Timur. Bencana kekeringan yang terjadi di Jawa Timur, termasuk di Kab. Kediri, telah berdampak pada penurunan produksi dan mempengaruhi ketersediaan pangan ditingkat rumah tangga, terutama pada keluarga miskin (gakin).

Penelitian ini secara umum bertujuan untuk mempelajari *coping mechanism* "polah" keluarga miskin dalam mempertahankan ketahanan pangan rumah tangganya yang terganggu dan status gizi di daerah rawan pangan Kabupaten Kediri

Penelitian ini merupakan penelitian observasional deskriptif dengan metode pendekatan kualitatif dan dilakukan secara *cross sectional*. Populasi penelitian adalah rumah tangga / keluarga miskin (berdasarkan kriteria kemiskinan yang berlaku setempat) di daerah rawan pangan gizi kecamatan terpilih Kabupaten Kediri, Jawa Timur. Sasaran penelitian adalah keluarga miskin yang mempunyai balita di daerah rawan pangan-gizi di wilayah terpilih di Kabupaten Kediri yaitu Kecamatan Gampengrejo dan Semen. Besar sampel (sasaran) penelitian ditetapkan secara *Quota Sampling*, yaitu sebesar 50 keluarga miskin (gakin). Secara purposive dengan memperhatikan aspek proporsional, maka ditetapkan secara langsung besar sample di wilayah Kecamatan Gampengrejo (timur sungai) yaitu 20 keluarga dan kecamatan Semen (barat sungai) yaitu 30 keluarga sasaran.

Hasil penelitian menunjukkan bahwa Keluarga miskin (gakin) dikedua wilayah kecamatan sebagian (>50,0%) terdiri dari 5-6 orang (tergolong keluarga sedang), orang tua (ayah dan ibu) balita (>70,0%) berpendidikan masih rendah (tamat SD) dengan usia ibu antara 20 – 30 tahun dan ayah 30 - 40 tahun, bermata pencaharian utama sebagai buruh bangunan dan buruh tani dengan pendapatan yang rendah (masih dibawah garis kemiskinan). Ibu balita (isteri) di Kecamatan Gampengrejo sebagian besar (45,0%) memiliki tingkat pengetahuan pangan dan gizi yang cukup dan sebaliknya ibu di kecamatan Semen masih kurang (43,3%).

Kejadian rawan pangan (paceklik) terjadi pada musim kemarau (Agustus – Oktober) maupun musim penghujan (Maret – Mei.). Puncak paceklik keluarga miskin di wilayah kecamatan Gampengrejo pada bulan Maret dengan penyebab utama paceklik karena sulitnya mencari pekerjaan, sedangkan di kecamatan Semen terjadi pada bulan September dengan penyebab utama paceklik karena produksi menurun dan sulitnya pekerjaan.

Keluarga miskin (gakin) di kedua wilayah sebagian besar memperoleh pangan dengan cara membeli, baik pada saat paceklik maupun tidak paceklik. Adapun cara

lainnya adalah dengan menerima bantuan dari program pemerintah (Raskin) atau pemberian tetangga. Pengolahan makanan pada saat paceklik dan tidak paceklik relative sama, kecuali dalam pengolahan makanan pokok, dimana terjadi perbedaan dengan adanya campuran bahan singkong. Semakin lama paceklik, komposisi campuran singkong cenderung makin banyak. Sisa makanan sehari-hari pada saat paceklik relative sedikit dan sisa makanan tersebut diotimalkan sebagai karak (beras kering yang nanti dapat diolah kembali) atau diolah sebagai krupuk puli (lauk) baik untuk konsumsi sendiri atau dijual.

Ketersediaan bahan makanan keluarga miskin pada saat paceklik untuk jenis pangan pokok beras atau campuran (beras-singkong, beras-jagung) sebagian besar (>50%) menyatakan relative cukup makan untuk sehari-hari, namun jenis pangan lain (lauk, sayur, buah) dirasakan sebagian besar keluarga (>70%) kurang bahkan sebagian lain dalam keadaan sangat kurang.

Pola kebiasaan makan keluarga miskin pada saat tidak paceklik sebagian besar 3 kali sehari dengan variasi antara 2-3 kali per hari, namun pada saat paceklik bervariasi 1-3 kali per hari, serta ada sebagian kecil keluarga (6,7%) yang hanya makan 1 kali/hari. Adanya paceklik menyebabkan adanya perubahan kebiasaan makan (jumlah dan jenis) pada sebagian (>25%) keluarga miskin, terutama dikecamatan Semen.

Status gizi balita di kedua wilayah sebagian besar (>60%) tergolong normal (baik), namun pada saat paceklik terjadi peningkatan kejadian balita kurang energi protein (KEP) meskipun masih dalam taraf ringan (KEP ringan). Status gizi ibu bervariasi dari kurus tidak sehat hingga obesitas, namun sebagian besar (>70%) tergolong normal.

Aset keluarga berupa barang elektronik (TV, radio), sepeda dan ternak kecil (ayam, itik) dimiliki sebagian besar keluarga miskin, dan menjadi alat tukar yang mudah dan cepat untuk memperoleh uang atau pangan. Harga pangan cukup bervariasi antar tempat dan antar waktu. Harga pangan justru mengalami kenaikan cukup besar (>25%) terutama pada pangan pokok (jagung, singkong dan beras) dibandingkan bahan pangan lain.

Ibu (isteri) berperan sebagai penentu menu hidangan keluarga sekaligus penentu pendistribusian dalam keluarga. Meskipun mempunyai otoritas (wewenang), ibu tidak pernah memprioritaskan dirinya dalam pendistribusian makan dalam keluarga. Pertimbangan dalam menyusun menu keluarga, ibu lebih banyak menyesuaikan dengan kondisi yang ada dan serba terbatas, daripada pertimbangan lain, termasuk aspek gizi dan kesehatan karena keterpaksaan.

Coping mechanism yang dilakukan keluarga bervariasi, baik dengan upaya preventif (pengasuhan makan yang baik dan perawatan anak guna menjaga agar tidak

sakit), mengatur pendapatan dan pengeluaran, serta dengan meningkatkan upaya memperoleh alat tukar pangan. Berhutang (pada pedagang sayur, tetangga, saudara, majikan, dll) merupakan pilihan terakhir

Disarankan, perlu dilakukan upaya peningkatan pendapatan keluarga berbasis pertanian maupun non pertanian yang bersifat padat karya, terutama pada saat bulan-bulan paceklik yaitu musim kemarau (Agustus – Oktober) maupun musim penghujan (Maret – Mei.). Upaya peningkatan ketersediaan dan mutu pangan pada saat paceklik, perlu dilakukan dengan membuat formula bahan pangan olahan berbasis pangan local sebagai pangan alternative sehingga meskipun terjadi kelangkaan beras dan lainnya, mutu konsumsi keluarga dapat terjaga. Mengingat ibu (istri) mempunyai peran dominant dalam menjaga dan mengatur mutu dan jumlah makanan dalam keluarga, sehingga perlu ditingkatkan pengetahuan pangan gizi dan kesehatan agar dapat mengatur makanan dan *strategy coping mechanism* yang lebih baik.



SUMMARY

Nutrition main problem in Indonesia has been more seriously caused by economy and political crisis, and so some of disaster that happened in Indonesia, include in East Java. Dryness disaster that happened in East Java, include on Kediri District, its had been influence to decreasing of food production and food stock on household level, specially for the poor family (under welfare family).

The objectives of this research is study coping mechanism of under welfare family in survival household food security that disturb and nutritional status in food insecurity area Kediri district.

This research was observational descriptive with qualitative approach and cross sectional. Research population were under welfare family (based on local criteria of poor) in insecurity food and nutrition area on sub district that choice, Kediri District East Java. The sample research were under welfare family that have under tree years old in insecurity food and nutrition area on sub district that choice, its were Gampengrejo and Semen. The amount sample that decided according to Quota sampling, that were 50 under welfare family. In a manner of purposive, direct decided amount of sample on Gampengrejo (east of Brantas river) area were 20 family and 30 family on Semen area (west of Brantas river).

The result research that the most of under welfare family (> 50,0%) in both area, in family to consist 5-6 people (middle family), parent (father and mother) have under education, fathers were 30 -40 years old and mothers were 30 years, main job as building and agriculture labourer with low income (under line of poor category). The most of mother (housewife) in Gampengrejo who have middle food and nutrition knowledge and on the contrary the most of mother in Semen who have still lack of food and nutrition knowledge (43,3%).

Food insecurity that happened on dry season (August – October) although dry season (March – October). Summit of food insecurity in Gampengrejo area at March moon with main causes because difficulty to look seek of job, where as summit in Semen area at September because with main causes because decreasing production and difficulty to get job.

The most of under welfare family in both area were to obtain food with buying manner when condition of food enough and shortage happened. Others manner were to receive support from government (rice for poor's family) or acceptance from neighbour. There were not different in food prepare when condition of food enough and shortage happened, exception in staple food prepare, where were different happened of

cassava alloy. Cassava alloy combination were trend of increasing when condition of food shortage happened. Waste of food in family were a little and its used as “karak” (dry rice that could be to prepare against) or processed became side dish (‘krupuk puli’) for self consumption or sale.

Food supply in the under welfare family when condition of food shortage happened for kind of staple food or alloy (rice-cassava, rice – corn), the most of them to state relative enough, but kinds of anothers (isde dish, beverage, fruit) to feel the most of them (>70%) were shortage, and for anothers were very shortage.

There were differences in under welfare family’s food consume pattern when condition of food shortage happened. When there were enough food, most of them could consumed meal 3 (three) times a day with variation 2-3 times a day, but when it was time of food shortage it was variated 1-3 times a day. Under welfare family which only could have meal 1 time a day was 6.7%. Lacking availability of food caused the changing of food consume behavior (amount and variation) in most of under welfare family (> 25%), especially in Semen district.

Nutritional status among under five year olds children in this two district was 60% normal, but when lacking availability of food happened, incidence of energy and protein malnutrition was increased although there were still in mild category. Nutritional status among mother was variated from unhealthy thin through obesity, but most of them (70%) still in normal category.

Family’s properties in form of electronic things (Television, radio), bicycle and small cattle (chicken, duck) were owned by most of under welfare family and became easy and fast changer things to got money or food. The price of food was variated by place and time. If it was compared by the other food, the highest increased price (25%) was in kind of staple food (corn, cassava, and rice).

Mother (housewives) played role as determiner of family’s menu and its distribution. Although they have authority, they did not priorate their selves in family’s meals distribution. In family menu’s arrangement, mother adjusted to condition and limited resources than other consideration, for example nutrition and health.

There were variation in family’s coping mechanism, preventive (good children care and meals carefulness in order to maintain children’s health), adjusted consumption with income, increased the courage to get food changer and owed (to green grocer, neighbor, other family).

It is suggested, increasing family income based on full worker agriculture or non agriculture need to do, especially in time when food shortage happen in dry season (August-October) and rainy season (March-May). Food supply and food quality

improvement is also important by creating formula based on local resources as alternative food eventhough rice shortage happen, quality of family's consumption still good. As mother (housewives) had dominant roled in take care and arrange quality and quantity meals in family so improving of mother's nutrition and health knowledge need to do for better strategy coping mechanism purpose.

