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 Kediri. Bencana kekeringan yang terjadi di Jawa Timur, termasuk di Kab. Kediri, telah berdampak pada penurunan produksi dan mempengaruhi ketersediaan pangan ditingkat rumahtangga, terutama pada keluarga miskin (gakin). Disisi lain hasil PSG Jatim (2000) menunjukkan Kabupaten Kediri memiliki prevalensi KEP (bayi dan balita) tertinggi di Jawa Timur (KEP nyata 10,20% dan KEP total 37,09%)..

Penelitian ini secara umum bertujuan untuk menganalisis konsumsi, status kelaparan dan status gizi kelompok rawan (balita dan ibu) pada keluarga miskin di daerah rawan pangan Kabupaten Kediri, Jawa Timur.

Penelitian ini merupakan penelitian observasional deskriptif dengan disain studi *cross sectional* . Populasi penelitian adalah keluarga miskin (berdasarkan kriteria kemiskinan yang berlaku setempat) di daerah rawan pangan gizi kecamatan terpilih Kabupaten Kediri, Jawa Timur. Sampel penelitian adalah keluarga miskin yang mempunyai balita di daerah rawan pangan-gizi di wilayah terpilih di Kabupaten Kediri yaitu Kecamatan Semen dan Gampengrejo. Responden adalah ibu dan ayah balita. Besar sampel penelitian ditetapkan secara *Quota Sampling*, yaitu sebesar 50 keluarga miskin (gakin). Secara purposif dengan memperhatikan aspek proporsional, maka ditetapkan secara langsung besar sampel di wilayah kecamatan Semen (barat sungai) yaitu 30 keluarga dan di kecamatan Gampengrejo (timur sungai) yaitu 20 keluarga.

Hasil penelitian menunjukkan bahwa keluarga di kedua kecamatan sebagian besar (>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 rendah (masih dibawah garis kemiskinan).

Ketersediaan bahan makanan keluarga miskin pada saat packelik 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%) adalah kurang, bahkan sebagian lain dalam keadaan sangat kurang.

Kebiasaan makan keluarga miskin 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, bahkan ada sebagian kecil keluarga (6,7%) hanya makan 1 kali/hari. Packelik

menyebabkan perubahan kebiasaan makan (jumlah dan jenis) pada sebagian (> 25 %) keluarga miskin, terutama di Semen. Perubahan jenis yang dikonsumsi berlangsung secara bertahap, terutama jenis makanan pokok yaitu awalnya beras dicampur dengan jagung atau lainnya, kemudian makin lama porsi campuran makin besar. Makanan pokok dan sayuran dikonsumsi rutin tiap hari, namun pangan hewani dan buah masih sangat jarang dikonsumsi pada saat paceklik maupun tidak paceklik.

Hidangan menu keluarga miskin di kecamatan Semen sebagian besar (50,0%) cukup sederhana (makanan pokok dan sayur), sedangkan di sebagian besar (42,0%) terdiri dari makanan pokok dan sayuran dan sebagian lainnya (42,0%) terdapat tambahan lauk berupa lauk nabati, (tahu dan tempe). Sumber protein sebagian besar bertumpu pada protein nabati yang berbasis kacang-kacangan dan pangan hewani relatif jarang menjadi bagian menu

Keluarga di kedua kecamatan sebagian besar (50,0%) masih tergolong defisit berat atau berisiko "kelaparan". Keluarga miskin di Semen lebih banyak mengalami defisit berat (<70%AKGE) dibandingkan di Gampengrejo

Status gizi balita dikedua wilayah sebagian besar (> 60%) normal (baik), namun saat paceklik terjadi peningkatan kejadian balita KEP, meskipun masih dalam taraf ringan (KEP ringan). Kejadian KEP balita di Semen banyak terjadi pada kelompok usia 12 – 35 bulan, sedangkan di Gampengrejo pada kelompok usia 24 – 47 bulan. Status gizi ibu bervariasi dari kurus tidak sehat hingga obesitas, namun sebagian besar (>70%) tergolong normal. Ibu balita kurang berisiko mengalami masalah intake yang mengarah "kelaparan" dibandingkan balita.

Kejadian KEP (ringan dan sedang) pada balita di kedua kecamatan terjadi pada keluarga dengan rerata tingkat konsumsi kurang dari 70% AKG maupun 81-120 % AKG. Namun demikian KEP lebih banyak terjadi pada keluarga yang memiliki rerata tingkat konsumsi kurang 70 % AKG Energi..

Keadaan konsumsi keluarga dalam taraf "kelaparan" maupun tidak "kelaparan", status gizi balita dan ibu balita di kedua kecamatan sebagian besar masih tergolong baik (normal), meskipun sebagian di Kec. Semen (36,7%) dan Kec. Gampengrejo (45,0%) balita mengalami KEP dengan berbagai tingkat (ringan dan sedang) dan ibu tergolong kurus (15,4 % di Kec. Semen dan 20,0% di Kec. Gampengrejo)..

Ibu balita (isteri) perlu diberdayakan dengan pembekalan ketrampilan pengolahan aneka ragam makanan agar dapat menyediakan menu keluarga beragam dan seimbang. Selain itu masalah gizi pada keluarga miskin di daerah rawan pangan tidak mungkin hanya diselesaikan dari sisi kesehatan saja, apabila angka kemiskinan tidak dikurangi dan keadilan semakin merata. Masalah gizi harus diupayakan menjadi isu politis guna memperkuat komitmen.

SUMMARY

Primary health problems in Indonesia, including Kediri, becoming more serious as one of the impact of economical and political crisis, also due to the disaster (aridity etc). The aridity disaster which happened in East Java, including Kediri, have diminished food production and influenced food availability in household level, mainly among the poor families. In the other hand, survey result of Nutritional Status Assesment in East Java in the year of 2000 showed that the highest prevalence of Protein-Energy Malnutrition (KEP) among infant and preschool children in East Java, was found in Kediri, with 10,2% of *KEP nyata* and 37,09% of *KEP total.*

This research, generally was aimed to analyze food consumption, hunger status and nutritional status of insecure groups (preschool children and mother) of poor families in food insecurity areas in Kediri, East Java .

This research was observational descriptive, using cross sectional study design. Research population was the poor families (based on local criteria of poverty) in selected food and nutrition insecurity areas in Kediri, East Java. While the research sample was poor families in selected food and nutrition insecurity areas in Kediri, i.e Sub District Semen and Sub District Gampengrejo, which have preschool age children. Respondents were husbands and wives. Sample size was 50 poor families, defined using quota sampling. Considering proportional aspects, the sample size was divided purposively into 30 households in Gampengrejo and 20 households in Semen.

The results of the research showed that most of the households (>50,0%), both in Gampengrejo and Semen, consist of 5-6 family member. Most of the preschool children's parents (>70,0%) were low educated (elementary school graduate), and their age were about 20-30 for the wives and 30-40 for the husbands. Most of them were working as labors on building construction and farming, and earned low income (lower than the poverty line-limit).

Food availability of energy-source food (rice or mix of rice-cassava or rice-corn) among most of the poor families (>50%) in aridity-period was relatively adequate for daily consumption. But, the other kind of food (protein-source, vegetables, fruits) was inadequate for them (more than 70% of the households).

Food habit, mainly the frequency of consuming food among most of the poor families was 3 times in a day, and might be various about 2-3 times a day in the un aridity period. However, in the aridity period, the frequency was decrease into 1-3 times in a day, also some of them (6,7%) was just consuming food once in daily. Aridity period have change the food habit (in quantity and quality) of most of (> 25%) the poor families, mainly in Semen. Changes in the variety of foods, mainly energy-source food) have last

in some phases. First, they consumed rice as their main menu. Than, gradually it was changed into consuming rice which was mixed with corn, cassava, etc. Energy-source food and vegetables was consumed in daily, while animal-source food and fruits was consumed rarely both in the aridity and un aridity period.

Most of the poor family in Semen (50,0%) presented simple menus which consist of energy-source food and vegetables, while in Gampengrejo, some of the poor family (42,0%) presented menus which consist of food and vegetables, and some other (42,0%) added plant source food (such as tahu, tempe). Most of the protein-source food were from plant-source, mainly beans, and animal-source food were uncommon become a part of their menu.

Most of the poor family (> 60%) in both sub district, were classified in severe deficit groups or in the high risk of hunger. The poor family who lived in Semen had the higher rate of severe deficit (> 70% RDA) than they who lived in Gampengrejo.

The nutritional status of preschool children in both sub district, were generally (>60%) normal. But in the aridity period, the incidence of Protein-Energy Malnutrition (PEM) among them were increase, although the stage of PEM was still in the mild level. The incidence of PEM among preschool children in Semen, were common in the 24-27 months-age group. While mother's nutritional status varied from thin to obese. But most of them (>70%) were normal. The risk of hunger among the mothers were lower than the preschool age children.

The incidence of PEM (mild and moderate) among the preschool-age children in Semen and Gampengrejo, were common in the family with food consumption rate lower than 70% RDA, and also in the rate of 81-120% RDA. However, the incidence of PEM were common in the poor families with who consumed lower than 70% RDA energy.

Nutritional status preschool age children and the mother , both in the stage of "hunger" and "not hunger" food consumption, were generally normal, although some of the preschool age children in Semen (36,7%) and in Gampengrejo (45,0%) suffered from PEM (mild and moderate). While some of the mother (15,4% in Semen and 20,0% in Gampengrejo) were thin.

Increasing the skills of mother (the wives) on processing various kind of foods were need, in order to provide various and balance menu in the household. One point that the nutritional problems in the poor families who live in food insecurity area, can not be solved just using health aspects. We also need to consider social-economic aspects related to poverty, to overcome this problems. Nutritional problems should became part of political issue, in order to strengthen the commitment.