Determinan dual form of malnutrition (DFM) di Indonesia = Determinants dual form of malnutrition (DFM) in Indonesia

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Abstrak

Gizi ganda (dual form of malnutrition/DFM) merupakan fenomena kesehatan yang tidak hanya terjadi di tingkat nasional tetapi sudah sampai pada tingkat keluarga. Kondisi ini cukup unik, mengingat anggota keluarga tinggal dalam kondisi yang sama. DFM menjadi tantangan dan masalah kesehatan baru, kedua masalah gizi salah sama penting dan memberikan beban lebih besar pada rumahtangga.
Tujuan penelitian adalah mengetahui prevalensi dan determinan DFM di Indonesia dengan menggunakan data Riskesdas 2010. Analisis multilevel modelling digunakan untuk mengidentifikasi determinan DFM di level rumahtangga, wilayah desa/kota dan propinsi. Definisi Dual form of Malnutrition yang digunakan adalah anggota rumahtangga mempunyai status gizi yang berbeda; dipilih pasangan balita kurang gizi (<-2 z-score) dan ibu gizi lebih (IMT>25 kg/m2). Kriteria inklusi adalah rumahtangga dengan pasangan ibu kandung dan balita, usia ibu >18-40 tahun, dan usia balita >=2-5 tahun, sedangkan kriteria eksklusi adalah ibu hamil dan anak masih menyusu. Determinan variabel yang digunakan adalah jumlah anggota rumahtangga, komposisi rumahtangga, sosial ekonomi, Intra Household Food Distribution/IHFD, usia dan jenis kelamin anak, pekerjaan, usia dan pendidikan ibu, wilayah desa-kota, dan kondisi fiskal, akses ke pelayanan kesehatan, kondisi kesehatan propinsi, tingkat kemiskinan, petugas gizi, angka melek huruf yang merupakan proksi indikator kondisi nutrition and epidemiologic transition.
Hasil penapisan diperoleh 1899 rumahtangga yang memenuhi syarat. Hasil penelitian menunjukkan prevalensi DFM adalah 29.8% (95%CI 26.5-31.2). ibu berusia diatas 30 tahun OR=1.68;95%CI (0.31-0.72), ibu berpendidikan kurang dari SMA OR=1.63;95%CI(1.23- 1.71), balita mendapatkan alokasi karbohidrat lebih sedikit OR=1.28;95%CI(1.02-1.60), rendahnya distribusi lemak pada anak di level rumahtangga OR=1.24;95%CI(1.02-1.51), dan kondisi kesehatan di masyarakat (IPKM) di level propinsi OR=1.43;95%CI(1.06-1.93). Wilayah desa/kota tidak berhubungan dengan kejadian DFM. Resiko kejadian DFM antara rumahtangga berisiko dengan rumahtangga kurang berisiko adalah 1.33. Level kontekstual propinsi tidak terlalu berpengaruh terhadap perbedaan kejadian DFM di rumahtangga MOR 1.28 (perubahan MOR 3.75%), IOR 0.89-2.29). Penelitian ini menunjukkan bahwa rumahtangga khususnya ibu mempunyai peran yang sangat penting dalam upaya preventif kejadian DFM.
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Dual form of malnutrition/DFM is a health phenomenon that is not only happening at the national level but has reached the lowest level of the family. This condition is quite unique, given the family members living and share the same conditions. DFM is a health challenge and new health problem, of which problem has equal/same important and provide a greater burden to households.
The research objective was to determine the prevalence and determinants of DFM in Indonesia using data Riskesdas 2010. Multilevel modeling analysis used to identify the determinants of DFM in household, urban/rural area and province level. Dual form of malnutrition defined as member of household has an opposite nutritional status; the study used pair of malnourished child (<-2 z-score) and overweight mother

(BMI> 25 kg/m2). Inclusion criteria were households with pair child and mother, maternal age> 18-40 years, and child's age >=2-5years, whereas exclusion criteria were pregnant women and breastfed children. Determinants variable used were the number of household members, household composition, household socio-economic, Intra Household Food Distribution/IHFD, age and gender of children, occupation, age and maternal education, rural and urban areas, and fiscal conditions, access to health care, provincial health condition, poverty level, nutrition workers, literacy rate which are considered as a proxy indicator of nutrition and epidemiologic transition.

The screening result obtained 1899 households are eligible. Results showed the prevalence of DFM was 29.8% (95% CI 26.5-31.2). Mothers aged over 30 years OR =1.68; 95% CI (0.31- 0.72), lower mother's education (less than senior high school) OR = 1.63, 95% CI (1.23- 1.71), child received lower carbohydrate allocation over the family OR = 1.28, 95% CI (1.02- 1.60), child received lower fat distribution over the family OR = 1.24;95% CI (1.02-1.51), and health conditions in the community (IPKM score) at the provincial level OR = 1.43;95% CI (1.06-1.93. Urban/rural was not associated with DFM. The risk of DFM between households at risk with less risk households is 1.33. Contextual level of provinces do not much affect to the incidence of DFM among households MOR 1.28 (small change of MOR 3.75%) and IOR 0.89-2.29). This study showed that household and particularly mother has a very important role in to prevent DFM events.