

Faktor-faktor yang berhubungan dengan cakupan penimbangan balita di posyandu wilayah I Kabupaten Pandeglang tahun 2004

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Abstrak

Kualitas sumber daya manusia salah satunya ditentukan oleh keadaan gizi masyarakat, terutama status gizi anak balita. Prevalensi gizi kurang anak balita di wilayah I kabupaten Pandeglang sebesar 21,4%.

Pemantauan pertumbuhan dan perkembangan anak balita dapat dilakukan di posyandu. Cakupan penimbangan balita (D/S) di posyandu wilayah I kabupaten Pandeglang tahun 2003 masih rendah 51,40%.

Tujuan penelitian ini adalah untuk mendapatkan gambaran, faktor-faktor yang berhubungan, dan melihat faktor paling dominan terhadap cakupan penimbangan balita di posyandu wilayah I kabupaten Pandeglang tahun 2004. Rancangan penelitian cross-sectional, dilaksanakan di wilayah I kabupaten Pandeglang. Sampel posyandu sebagai unit analisis sebanyak 64 posyandu. Untuk mendapatkan data karakteristik posyandu, setiap posyandu diambil sampel ibu balita sebanyak 7 responden dan semua kader aktif sesuai kriteria. Sehingga jumlah sampel keseluruhan 448 responden ibu balita dan 160 responden kader posyandu aktif. Pengambilan sampel dilakukan secara acak sederhana, kecuali kader aktif diambil seluruhnya. Data karakteristik posyandu merupakan agregat dari seluruh responden (ibu balita dan kader) tiap posyandu. Data yang dikumpulkan adalah cakupan penimbangan posyandu, faktor kader (umur, pendidikan, rasa kerja, pengetahuan, penghargaan, proses penunjang dan pelatihan), supervisi petugas kesehatan, pembinaan desa, faktor ibu balita (pengetahuan, pendidikan, jumlah anak balita), dukungan tokoh masyarakat dan faktor posyandu (jangkauan, jadwal dan PMTPenyuluhan). Analisis dilakukan secara deskriptif, uji Chi-Square dan Regresi Logistik.

Rata-rata cakupan penimbangan balita di posyandu wilayah I kabupaten Pandeglang 57,6%. Hasil uji Chi-Square didapatkan 6 variabel bebas yang berhubungan bermakna yaitu faktor kader (masa kerja, pengetahuan dan pelatihan), pengetahuan ibu balita, dukungan tokoh masyarakat dan PMT-penyuluhan. Dengan uji regresi logistik terdapat 5 variabel yang berhubungan secara bermakna yaitu masa kerja kader, pelatihan kader, pengetahuan ibu balita, dukungan tokoh masyarakat dan PMT-Penyuluhan, sedangkan faktor paling dominan adalah variabel pelatihan kader.

Untuk meningkatkan cakupan penimbangan balita di posyandu perlu dibuat kebijakan dari kepala daerah tentang pelaksanaan pelatihan kader yang dilaksanakan bersamaan dengan pembinaan desa. Pelatihan kader dilaksanakan 3 bulan sekali di tingkat desa, yang sebelumnya belum pernah diselenggarakan secara berkala di tingkat desa. Pelaksananya bersamaan dengan pertemuan desa dengan materi yang disesuaikan kebutuhan dan waktu pelaksanaan hanya dalam sehari. PMT-Penyuluhan diadakan setiap bulan, dikelola oleh masyarakat dan sumber dana dari masyarakat yang potensial sebagai donatur, dengan dukungan yang baik dari tokoh masyarakat yang ada di wilayah posyandu.

<hr><i>Factors Related To Coverage Of Weighing Of Underfive Children In Posyandus In Area I Of

Pandeglang District Year 2004 The quality of human resources is determined by, among others, the situation of community nutrition status, particularly of the underfives. Prevalence of undernourished children in Area I Pandeglang District was quite high, i.e. 21.4%. Monitoring of growth and development of underfives could be conducted in posyandu (integrated health post). Coverage of weighing (DIS) in posyandus in Area I Pandeglang District year 2003 was considered low, i.e. 51.40%.

This study aimed to describe factors related to the coverage of underfives weighing in Posyandus in Area I Pandeglang District year 2004. Design of the study was cross-sectional, study conducted in Area I of Pandeglang District with number of samples (posyandu) as unit of analysis of 64 posyandus. To obtain data on posyandu characteristics, 7 mothers for each posyandu were randomly selected as respondents as well as all active cadres. Thus, there were 448 mother respondents and 160 cadres respondents in total. Data on posyandu characteristics was aggregate of all respondents including coverage of weighing, cadres factors (age, education, length of work, knowledge, rewards, recruitment process, and training), supervision from health worker, support from village, mother factors (knowledge, education, number of underfive children), support from informal leader, and posyandu factors (distance, schedule, and food supplementation program). Analyses were conducted descriptively, chi-square test, and logistic regression.

The average coverage of weighing was 57.6%. The Chi-Square test found six independent variables with statistically significant association, i.e. cadre factors (length of work, knowledge, and training), mother's knowledge, informal leader support, and food supplementation program. Logistic regression test showed 5 significant variables, i.e. cadre's length of work, cadre's training, mother's knowledge, informal leader's support, and food supplementation program, with cadre's training as the most dominant factor.

To improve the weighing coverage in posyandu, it is recommended to develop policy from local government on cadre's training which could be implemented simultaneously with village meeting. It is suggested to conduct short cadre's training once in three month at village level with various adjustable substances. Food supplementation program is suggested to be implemented monthly, organized by community, funded by economically potential community members, supported by community informal leader.