

Faktor-faktor yang berhubungan dengan penerimaan kapsul vitamin A (KVA) pada anak umur 6-59 bulan di Propinsi Jawa Tengah dan Sulawesi Selatan tahun 2003: analisis data sekunder NSS kerjasama HKI dan Balitbangkes, Maret-Juni 2003

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Abstrak

Defisiensi vitamin A merupakan masalah kesehatan masyarakat pada anak di negara berkembang. Di Indonesia, dalam rangka memberantas defisiensi vitamin A Departemen Kesehatan (Depkes) memberikan Kapsul Vitamin A (KVA) secara gratis setiap bulan Februari dan Agustus kepada anak umur 6-59 bulan.

Penelitian ini bertujuan untuk melihat faktor-faktor yang berhubungan dengan pemberian KVA di Jawa Tengah (Jateng) dan di Sulawesi Selatan (Sulsel). Data yang digunakan adalah data dari Nutrition and Health Surveillance System (NSS) yang dikumpulkan oleh Helen Keller International (HKI) bekerjasama dengan Balitbangkes, Depkes pada bulan Maret - Juni 2003.

Cakupan pemberian KVA di Jateng adalah 90.8 % dan di Sulsel adalah 66.8 %. Di Jateng anak umur 6-11 bulan mempunyai peluang yang lebih besar untuk menerima KVA dibandingkan anak umur 48-59 bulan (OR= 1.51, 95% CI 1.09 - 2.08), Di Jateng status gizi yang diukur dengan BBIU berhubungan dengan penerimaan KVA, anak yang underweight mempunyai peluang yang lebih kecil untuk menerima KVA (OR=0.83, 95% CI, 0.70-0.98). Ada hubungan antara status gizi yang diukur dengan BB/TB dalam penerimaan KVA, anak yang wasting mempunyai peluang yang lebih kecil untuk menerima KVA (OR = 0.68, 95% CI, 0.51 - 0.91). Ada hubungan antara ISPA dengan penerimaan KVA. Anak yang menderita ISPA mempunyai peluang yang lebih kecil untuk menerima KVA (OR=0.84, 95% CI:0.70-1.00).

Di Sulsel semakin muda umur anak, peluang untuk mendapatkan KVA semakin besar. Ada hubungan antara diare dengan penerimaan KVA, anak yang diare mempunyai peluang yang lebih kecil untuk menerima KVA. (OR =0.55, 95% CI: 0.42-0.73).

Di kedua propinsi, tidak ada hubungan antara jenis kelamin dengan penerimaan KVA, semakin rendah pendidikan semakin tinggi peluang untuk menerima KVA, semakin rendah pendapatan semakin tinggi peluang untuk mendapatkan KVA. Status gizi (TBIU) tidak berhubungan dengan penerimaan KVA. Tidak ada hubungan antara asupan vitamin A dengan penerimaan KVA, namun demikian asupan vitamin A sangat rendah. Media kampanye melalui radio dan media cetak berhubungan dengan penerimaan KVA, sedangkan media kampanye TV tidak berhubungan dengan penerimaan KVA.

Dari hasil analisis multivariat. faktor-faktor yang berhubungan dengan penerimaan KVA di Jateng adalah terpapar kampanye melalui media cetak (OR = 1.8, 95 % CI 1.51-2.14), partisipasi di Posyandu (OR= 3.57, 95% CI 2.99-4.25) dan wasting (OR=0.68, 95% CI 0.50-0.92). Faktor-faktor yang berhubungan dengan penerimaan KVA di Sulsel adalah terpapar melalui kampanye radio (OR=0.43, 95% CI 1.08-0.90), kampanye melalui media cetak (OR= 96, 95 % CI 1.67- 2.29), partisipasi Posyandu (OR = 4.74. 95% CI

4.03-.57), Pendidikan : tidak sekolah (OR = 2.35 . 95%CI 1.65-3.34), pendidikan 1-3 tahun (OR=1.76, 95% CI 1.29-2.40), pendidikan 4-6 tahun (OR=1.58, 95 % CI 1.30-1.93) dan pendidikan 7-9 tahun (OR=1.35, 95 % CI 1.08-1.68) Diare (OR 0.52, 95 % CI 0.38- 0.72). Partisipasi ke Posyandu merupakan faktor yang paling berhubungan di kedua propinsi, namun partisipasi ke Posyandu di Sulsel lebih rendah dibandingkan dengan di Jateng . Status gizi dan morbiditas harus mendapat perhatian dalam pemberian KVA, media kampanye penting untuk mensukseskan cakupan pemberian KVA.

Factors That Were Related To Vitamin A Capsule (VAC) Receipt Among Children Aged 6-59 Months In Central Java And South Sulawesi, 2003 (Secondary Data Analyses of the GO I/HKI NSS data , March - June 2003) Vitamin A deficiency is a public health problem among children in developing countries. In Indonesia, in order to combat vitamin A deficiency, Ministry of Health (MOH) distributes the Vitamin A Capsule (VAC) for free in every February and August to children 6 - 59 months.

The aim of the research was to find out factors that were related to Vitamin A Capsule (VAC) receipt in Central Java and South Sulawesi . The Government of Indonesia /Helen Keller International Nutrition and Health Surveillance System (the GOL' KI NSS) data collected in March-June 2003 had been used for this research,VAC coverage in Central Java was 90.8 % and in South Sulawesi was 66.8 %. In Central Java children 6-11 months had a higher chance to receive VAC than children 48-59 months (OR= 1.51, 95% CI 1.09 - 2.08). There was relationship between nutritional status (weight for age) with VAC receipt., underweight children had a lower chance to receive VAC than normal children (OR=0.83, 95%CI, 0.70-0.98). There was a relationship between nutritional status (weight for height) with VAC receipt, wasting children had a lower chance to receive VAC than normal children (OR = 0.68, 95% CI, 0.51 - 0.91). There was relationship between Acute Respiratory Infection (ARI) and VAC receipt, children with ARI had a lower chance to receive VAC (OR=0.84, 95%CI:0.70-1.00).

In South Sulawesi, younger children had a higher chance to receive VAC. There was a relationship among diarrhea and VAC receipt, children with diarrhea had a lower chance to receive VAC (OR =0.55, 95% CI: 0.42-0.73).

In both areas, there was no relationship between sex and VAC receipt, there was relationship among maternal education and VAC receipt, children whose mother had lower education had a higher chance to receive VAC , children whose mother had lower income had a higher chance to receive VAC. There was no relationship among vitamin A intake with VAC receipt, however vitamin A intake was very low. Media campaigns of radio and printed materials had relationship with VAC receipt, but media campaign of TV had no relationship with VAC receipt.

Results from multivariate analyses showed that factors that were related with VAC receipt in Central Java was media campaign of printed materials (OR = 1.8, 95 %CI 1.51-2.14), Posyandu attendance (OR= 3.57, 95% CI 2.99-4.25) and wasting (OR=0.68, 95%CI 0.50-0.92). Factors that were related with VAC receipt in South Sulawesi was media campaign of radio (OR=0.43, 95%CI 1.08-0.90), media campaign of printed materials (OR= .96, 95 % CI 1.67- 2.29), Posyandu attendance (OR = 4.74. 95% CI 4.03- .57) , Education: did not go to school (OR = 2.35 .95%CI 1.65-3.34), 1-3 years of education (OR=1.76, 95% CI 1.29-2.40), 4-6 years of education (OR=1.58, 95 % CI 1.30-1.93) and 7-9 years of education (OR=1.35, 95 % CI 1.08-

1.68), diarrhea (OR=0.52, 95 % CI 0.38- 0.72). Posyandu attendance was the main factor that was related to VAC receipt in both areas. However, Posyandu attendance was lower in South Sulawesi than in Central Java. Children nutritional status and morbidity need to be considered in distributing the VAC. Media campaign was important for the success of the VAC coverage.</i>