Pengaruh pemberian makanan tambahan bagi balita KEP (Kurang Energi Protein) terhadap perubahan status gizi balita di empat puskesmas Kabupaten Sidoarjo tahun 1998

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Abstrak

ABSTRAK
Pemberian makanan tambahan (PMT) merupakan suatu bentuk intervensi gizi untuk mengatasi masalah Kurang Energi Protein (KEP) pada balita. Sejak tahun 1997 Departemen Kesehatan RI telah menyusun Buku Pedoman Penanggulangan KEP dan Petunjuk Pelaksanaan PMT pada balita, namun sampai sekarang belum pernah dilakukan penelitian pengaruh PMT tersebut terhadap status gizi. Penelitian ini dimaksudkan untuk mengetahui pengaruh PMT terhadap perubahan status balita KEP.

Penelitian dilakukan pada masyarakat yang tinggal di empat puskesmas kabupaten Sidoarjo propinsi Jawa Timur pada bulan September sampai dengan Nopember 1999. Disain penelitian ini adalah trial klinik, dengan PMT (frekuensi makanan lengkap, jumlah energi, jumlah protein, Iama pemberian) sebagai variabel perlakuan, penambahan status gizi sebagai variabel tercoba dan sebagai variabel non perlakuan adalah umur, jenis kelamin, konsumsi energi, konsumsi protein, pendidikan ibu, dan pengeluaran makanan. Subyek penelitian (perlakuan dan kontrol) adalah balita KEP tingkat sedang dan berat (indeks persentase median .BBU rujukan WI-10-NCI-IS <70%) yang berumur 12-36 bulan. Subyek perlakuan sebanyak 36 diberi PMT setiap hari selama 90 hari, bentuk makanan bergantian antara makanan jajanan (300 kkal dan 5 gram protein) dan makanan lengkap (400 kkal dan S gram). Subyek kontrol sebanyak 37 berasal dari puskesmas lain yang tidak diberi PMT.

Hasil penelitian menunjukkan bahwa analisis hanya dapat dilakukan terhadap pelaksanaan PMT sampai hari ke-60. Pengamatan pada hari ke-60 menunjukkan bahwa subyek perlakuan yang telah diberi PMT selama 60 hari (rata-rata: 9.0 kali makanan lengkap, energi 275 kkal, protein 4.3 gram , 58 hari) status gizinya rata-rata meningkat sebesar 3.55 i 3.46 % indeks persentase median BBU rujukan WHO-NCHS, sedangkan subyek kontrol rata-rata meningkat sebesar 2.01 2.73 % indeks persentase median BBU rujukan WHO-NCHS. Terdapat perbedaan yang bermakna antara subyek perlakuan dan subyek kontrol (p<O_O5). Uji regresi linier menunjukkan adanya pengaruh variabel jumlah energi dan jumlah protein teghadap perubahan status gizi.

Dalam penelitian ini ditemukan bahwa PMT selama 60 hari dapat menurunkan tingkat KEP balita dari KEP tingkat sedang dan berat (indeks persentase median BBU rujukan WHO-NCHS <70%) menjadi KEP ringan sebanyak 44.4%. Namun demikian tidak diketemukan satupun subyek penelitian yang sembuh dari KEP (indeks persentase median BBU menunjukkan WHO-NCI-IS >80%).
Dari penelitian ini dapat disimpulkan bahwa PMT selama 60 hari bagi balita KEP tingkat sedang dan berat dapat meningkatkan indeks persentase median BBU rujukan WHO-NCHS balita KEP tetapi tidak bisa menyembuhkan KEP balita. Disarankan agar program PMT bagi balita KEP tingkat sedang dan berat di masa mendatang diberikan lebih dad 60 hari. Perlu dilakukan penelitian lain untuk mengetahui dampak PMT tersebut setelah diberikan selama 90 hari.
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Abstract
Supplementary feeding (Pemberian Makanan Tambahan = PMT) is a kind of nutrition intervention to overcome the problem of protein-energy-malnutrition (PEM), in children under five years. Since 1997, Ministry of Health in Indonesia published the manual book of controlling PEM and the standard operational procedures for supplementary feeding in children under five years, but until now there has not any reaserch been done on the effect of supplementary feeding to the nutrition status. This research was done to know the effect of the supplementary feeding on nutrition status changes.

The research was done in the community based, who five in the regency of four health centers in Sidoarjo-East Java from September until Nopember 1998. This research design was a clinical trial with PMT (complete meals frequency, energy amount, protein amount, the given sequence) as the experimental variabel, the nutrition status changes as the non-experimental variabel, and the ages, sex, energy consumption, protein consumption, mother education, and food outcomes as the intervening variabel. The research subjects was the moderate and the severe level of PEM (<70% of the median weight for age ofthe WHO-NCHS reference) children under five whose age between 12-36 months, The 36 six experimental subjects were given PMT every day for 90 days, the food werw varied between snack (300 kcal and 5 grams protein) and meals (400 kcal and S grams protein). The 37 controlled subjects who came from other regency of health centers were not given PMT.

The research results showed that we could not analyzed the research more than day-60. The 60 day of the observation showed that the nutrition status of the experimental subject which had been given PMT for 60 days (approx-= 9.0 times complete meals, 2.75 kcal energy, 4.8 grams protein, 58 days) had an increase approx as big as 3.55 3.46 % of the median weight for age of the WHO-NCHS reference, while the controlled subject increased approx as big as 2.01 5 2.73 % of the median weight for age of the WHO-NCHS reference. There was significantly a

difference between experimental subject and controlled subject (p< 0.05). The linier regression test showed that there was an effect of the energy amount variabel and the protein amount to the nutrition status changes.

There are 44.4% moderate and severely PEM children (<70% of the median weight for age of the WHO-NCHS reference) who received PMT during 60 days became mild PEM (70-79% of the median weight for age of the WHO-NCHS reference). However, there was none of the subject released from PEM (>=80% of the median weight for age ofthe WHO-NCHS reference).

PMT during 60 days increased the WAM-index of those who were moderate and severely PEM at base line, but not released from PEM. These Findings suggest that PMT-program on the next time should be held more than 60 days.