

Kuantifikasi Ketidakmerataan Praktik Pemberian Makanan Prelakteal di Indonesia (Analisis Data SDKI Tahun 2002-2017) = Inequality Quantification of Pre-lacteal Feeding Practices in Indonesia (Indonesian DHS Analysis 2002-2017)

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Abstrak

Praktik pemberian makanan prelakteal masih menjadi masalah yang harus diatasi Indonesia karena dapat menimbulkan dampak buruk bagi kesehatan bayi. Meskipun persentase praktik pemberian makanan prelakteal sudah cenderung menurun, ketidakmerataan masih terjadi berdasarkan beberapa dimensi ketidakmerataan, seperti jenis kelamin anak, usia ibu, pendidikan ibu, status pekerjaan ibu, status ekonomi, wilayah tempat tinggal, provinsi, kunjungan ANC, IMD, dan penolong persalinan. Sebagai upaya mengatasi ketidakmerataan yang terjadi pada berbagai indikator kesehatan, WHO mengeluarkan sebuah aplikasi bernama Health Equity Assessment Toolkit (HEAT) dan Health Equity Assessment Toolkit Plus (HEAT Plus). Aplikasi tersebut mampu mengidentifikasi ketidakmerataan melalui berbagai ukuran ketidakmerataan. Penelitian ini menggunakan sumber data Survei Demografi dan Kesehatan Indonesia (SDKI) tahun 2002, 2007, 2012, dan 2017. Hasil analisis menunjukkan bahwa ketidakmerataan praktik pemberian makanan prelakteal terjadi pada pendidikan ibu, status ekonomi, wilayah tempat tinggal, provinsi, IMD, dan penolong persalinan, namun dengan tingkat ketidakmerataan yang berbeda-beda. Tren ketidakmerataan cenderung mengalami penurunan dari tahun 2002 hingga tahun 2017 pada seluruh variabel, kecuali provinsi yang justru menunjukkan ketidakmerataan tertinggi terjadi pada tahun 2017. Praktik pemberian makanan prelakteal menurut provinsi juga menunjukkan ketidakmerataan tertinggi dibandingkan dimensi ketidakmerataan lainnya.

.....Prelacteal feeding practices still be a problem in Indonesia and need to be addressed because it may cause a negative impact on the health of the baby. Even though the percentage of prelacteal feeding practices has decrease time to time, inequality still occurs based on several dimensions of inequality, such as child sex, mother's age, mother's education, mother's working status, economic status, area of residence, province, visits to ANC, early initiation of breastfeeding, and birth attendants. To overcome the inequalities that occur in various health indicators, WHO issued an application called the Health Equity Assessment Toolkit (HEAT) and Health Equity Assessment Toolkit Plus (HEAT Plus). The application can be used to identify inequality through various inequality measures. This study used the Indonesian Demographic and Health Survey (IDHS) in the year of 2002, 2007, 2012, and 2017 as the data sources. The results this study found that there were an inequality of prelacteal feeding practices by the mother's age, mother's education, economic status, area of residence, province, visit ANC, early initiation of breastfeeding, and birth attendants with various degrees of inequality. The trend of inequality tended to decrease from 2002 to 2017 in all variables, except for the province which actually showed the highest inequality in 2017. Prelacteal feeding practices by province also showed the highest inequality compared to other dimensions of inequality that used in this study.