

Determinan Stunting Balita 6-59 Bulan di Provinsi Banten (Analisis Data Studi Status Gizi Indonesia Tahun 2021) = Determinants of Stunting Toddlers 6-59 Months in Banten Province (Analysis of Indonesian Nutrition Status Study Data in 2021)

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Abstrak

Stunting adalah kondisi kegagalan pertumbuhan disebabkan oleh kekurangan zat gizi kronik dan infeksi berulang yang memiliki dampak jangka panjang. Stunting masih menjadi masalah kesehatan masyarakat di Provinsi Banten karena prevalensinya masih tinggi. Penelitian ini bertujuan untuk mengetahui determinan stunting balita 6-59 bulan di Provinsi Banten. Desain penelitian yang digunakan adalah cross sectional dengan jumlah sampel 1.643 balita yang didapat dari total sampling berdasarkan kriteria inklusi dan eksklusi. Data yang digunakan adalah data SSGI 2021 milik BKPK Kementerian Kesehatan RI. Variabel independen pada penelitian ini adalah faktor anak (umur, jenis kelamin, berat badan lahir, panjang badan lahir, keragaman pangan), faktor ibu (pendidikan ibu dan pekerjaan ibu); faktor kerawanan pangan; faktor kesehatan lingkungan (kepemilikan jamban); faktor penyakit infeksi (ISPA, diare, pneumonia, TBC) dan faktor pelayanan kesehatan (pemberian vitamin A dan pengobatan balita sakit di fasilitas kesehatan). Data dianalisis menggunakan analisis data kompleks. Analisis bivariat menggunakan uji chi-square dan analisis multivariat menggunakan regresi logistik ganda. Hasil penelitian menunjukkan proporsi stunting pada balita 6-59 bulan adalah 22,7%. Berdasarkan analisis multivariat, determinan stunting balita 6-59 bulan di Provinsi Banten adalah jenis kelamin (p-value 0,021; AOR 1,351; CI 95% 1,047 – 1,744); pendidikan ibu (p-value 0,009; AOR 1,484; CI 95% 1,103 – 1,998); panjang badan lahir (p-value 0,001; AOR 2,094; CI 95% 1,512 – 2,899); kerawanan pangan (p-value 0,009; AOR 1,629; CI 95% 1,131 – 2,347). Faktor dominan kejadian stunting balita 6-59 bulan di Provinsi Banten adalah panjang badan lahir pendek (AOR 2,09). Bayi panjang lahir pendek perlu mendapatkan intervensi KIE gizi dan kesehatan untuk ibu balita; mendapat makanan tambahan balita dari Dinas Kesehatan Kabupaten/Kota dan Puskesmas serta pemantauan rutin setiap bulan di Posyandu agar tidak tumbuh menjadi balita stunting.

.....Stunting is a condition of growth failure caused by chronic nutritional deficiencies and repeated infections that have long-term effects. Stunting is still a public health problem in Banten Province because the prevalence is still high. This study aims to determine the determinants of stunting in toddlers aged 6-59 months in Banten Province. The research design used was cross sectional with a total sample of 1,643 toddlers obtained from total sampling based on inclusion and exclusion criteria. The data used is the SSGI 2021 data belonging to the Indonesian Ministry of Health's BKPK. The independent variables in this study were child factors (age, sex, birth weight, birth length, dietary diversity), maternal factors (mother's education and mother's occupation); food insecurity factor; environmental health factors (latrine ownership); infection disease factors (ARI, diarrhea, pneumonia, tuberculosis) and health service factors (giving vitamin A and treating sick toddlers in health facilities). Data were analyzed using complex data analysis. Bivariate analysis used the chi-square test and multivariate analysis used multiple logistic regression. The results showed that the proportion of stunting among toddlers aged 6-59 months was 22.7%. Based on multivariate analysis, the determinant of stunting for children aged 6-59 months in Banten Province is gender (p-value

0.021; AOR 1.351; 95% CI 1.047 – 1.744); mother's education (p-value 0.009; AOR 1.484; 95% CI 1.103 – 1.998); birth length (p-value 0.001; AOR 2.094; 95% CI 1.512 – 2.899); food insecurity (p-value 0.009; AOR 1.629; 95% CI 1.131 – 2.347). The dominant factor in the incidence of stunting in toddlers aged 6-59 months in Banten Province is short birth length (AOR 2.09). Short-born babies need to receive health and nutrition communication, information, education interventions for mothers under five and get supplementary food for toddlers from the District/City Health Office and Community Health Centers as well as routine monitoring every month at the Posyandu so they don't grow into stunted toddlers.