

Analisis Asupan Zat Gizi dan Praktik Pemberian Makan pada Anak dengan Down Syndrome di Rumah Ceria Down Syndrome = Analysis of Dietary Intake and Feeding Practices in Children with Down Syndrome at Rumah Ceria Down Syndrome

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Abstrak

Anak-anak dan remaja dengan down syndrome berisiko mengalami overweight dan obesitas dibandingkan populasi umum. Studi ini bertujuan untuk menggambarkan pola asupan energi dan zat gizi, praktik pemberian makan serta perilaku makan mereka. Sebanyak 25 anak dan remaja dilibatkan dalam pengukuran antropometri dan pencatatan riwayat asupan dengan metode 24-hour food recall untuk menilai status gizi dan asupan zat gizi mereka. Pendekatan kualitatif dilakukan untuk memahami praktik pemberian makan orang tua dan perilaku makan anak. Focus Group Discussion (FGD) dilakukan terhadap sekelompok orang tua anak down syndrome berstatus gizi normal berdasarkan indeks IMT/U. Wawancara mendalam juga dilakukan dengan ahli gizi dan dokter spesialis anak. Ditemukan bahwa walaupun sebagian besar (80%) anak dan remaja berstatus gizi normal, rerata asupan energi, protein, karbohidrat, dan lemak lebih rendah dari rekomendasi AKG yang berpotensi disebabkan oleh upaya orang tua untuk mengontrol asupan kalori anak mereka secara dominan. Hal ini diperkuat dengan temuan kekhawatiran serius terhadap pertumbuhan anak, laporan rendahnya kontrol anak terhadap sinyal kenyang, serta sensitivitas tekstur. Penilaian pemberian makanan pada setiap kunjungan harus dilakukan, dengan mempertimbangkan aspek karakteristik down syndrome yang dapat mempengaruhi penerimaan makanan mereka.

.....Children and adolescents with down syndrome are at risk of being overweight and obese than the general population. This study aims to assess their energy and nutrient intake, feeding practices and eating behaviour. A total of 25 children and adolescents were included in anthropometric measurements and 24-hour food recall to assess their nutritional status and dietary intake. To understand parents' feeding practices and their child's eating behaviour, a qualitative approach was taken. A focus group discussion (FGD) was conducted with a group of parents of a child with down syndrome and had normal growth status based on BMI-for-age. In-depth interviews were also conducted with a registered dietician and paediatrician. Although the majority (80%) of children and adolescents had normal nutritional status, their average intake of energy, protein, carbohydrates, and fat were lower than the AKG recommendation, which were potentially caused by parents' predominant control of child's calorie intake. This is later confirmed by parents' great concerns about child's growth, reports of child's low satiety responsiveness, and texture sensitivity. Feeding assessment at any visit should be addressed, taking into account down syndrome's characteristics that may influence their food acceptance.