DESCRIPTION OF INFANT FOOD INTAKE AND NUTRITION STATUS AT POOR FAMILY IN THE KAJOANGIN VILLAGE, LEMBANG SUB DISTRICT PINRANG DISTRICT

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ABSTRAK

Latar Belakang : Jumlah keluarga miskin di Indonesia masih tinggi meskipun ada kecenderungan penurunan yaitu 49,5 juta (24.3%) menjadi 37,3 juta (18.96%) pada tahun 1998-2002. Kemiskinan merupakan akar terjadinya masalah gizi, karena dapat menurunkan daya beli keluarga terutama untuk memenuhi kebutuhan dasar seperti kebutuhan makanan.


Metode : Jenis penelitian yang digunakan adalah survei deskriptif, menggunakan sampel balita umur 24-59 bulan di keluarga miskin di Desa Kajoangin, Lembang Subdistrict, Kabupaten Pinrang, dari keluarga miskin penerima JPS-BK, Raskin dan atau KBBM yang berjumlah 60 orang.

Hasil : Jumlah sampel yang mempunyai asupan energi kurang sebanyak 53,7%, asupan protein kurang sebanyak 38,3%.. asupan lemak kurang sebanyak 15,0% dan.asupan karbohidrat kurang sebanyak 28,7%. Balita keluarga miskin yang mengalami status gizi kurang sebanyak 43,1% dan status gizi buruk sebanyak 5,8%.

Recomendasion : Dalam rangka upaya untuk memperbaiki status gizi anak maka sangat diperlukan untuk memperbanyak jumlah dan jenis bantuan untuk keluarga miskin.

Kata Kunci: Gakin, asupan dan status gizi anak

INTRODUCTION

Infant is one of resident group that gristle to nutrition problem. They experience of growth that fast at this span of time so it's require food supply and nutrition in number that enough and acceptable (Almatzeir 2002).

Nutrition problem intrinsically is community health problem, never-the-less coping with this problem can not be conducted with medical approach and health service only. Cause incidence of nutrition problem is multifactors, in consequence, approach and its tackling must involve various of sectors that related (Irianto, 2004).

Less nutrition at a period of infant can generate growth problem in physical, mental, social, and intellect-tual that in character stay and conti-ued brought till child into an adult (Arisman, 2004).

Till now Indonesia has been experienced of malnutrition problem that very high, specially at infant. This age is very vunerable to various of diseases like infection, tar-bother growth so it's causes Lost Generation (generation unable to competes in the future). Dystrophy arises in the event of substance disproportion nutrition that required by body with
substance amount nutrition that is available in body. (Entjiang, Indah, 2000).

One of cause less nutrition is lack of protein energy, situation that caused by low of energy consumption and protein in daily food. Energy Insuf-fi-incy protein is the biggest deficiency nutrition, especially at infant (Anonim, 2005).

Various of efforts that was done by government both for have the character of direct like nutrition elementary service, health and educa-tion, whereas indirectly such as gua-rrantee of food resilience, so every family and impecunious people fulfilled basic rights for getting the square meal, economy repair by gave oppor-tunity was at Gakin in improved earnings pass by effort of goods production and service. But till now malnutrition at infant still have not handled yet matching with the one which expected (Soekirman 2000)

Gakin very limited in nutritious food consumption so food that enter infant body was very less nutrition. Food intake one of direct cause nutrition status, if food that consumed less can cause infant with less nutrition, government role in overcame energy insuffiency was at infant pass by (PMT). This program Target is focused at all of child Gakin age 6-59 month (Karyadi and Muhilal, 2005).

Subsidizing of oil fuel (KBBM) affect indirectly to impecunious family, increase of price BBM will lessen subsidy burden as high as Rp.11,5 trillion from Rp 41,5 trillions down wards become Rp 30 trilions. Increase of price BBM is very felt by impe-cunious society, government strategy was in problem is referred as pass by basic needs Gakin with card gift/giving BBM, JPS-BK and give cheap rice for Gakin (Gibney ,2004).

In Sulawesi South East was found prevalensi malnutrition acute (wasting 12.6%) and malnutrition cronic (stunting 40.6%), infant was experienced dystrophy 49.35%, with nutrition status less 29.69% malnutrition 13.90 % (Dinkes Sultra 2005). In Sulawesi South East was found prevalensi malnutrition acute (wasting 12.6%) and malnutrition cronic (stunting 40.6%), infant was experienced dystrophy 49.35%, with nutrition status less 29.69% malnutrition 13.90 %.

From data that obtained/got in the countryside Kajoangin in 2006 are got number resident Gakin that accept KKB (card of oil fuel compensation) 216 Kks with amount infant 24-59 month (123 childs). The average of income society Gakin in Kajoangin about/around Rp.40.000/day of average staple food expenditure as high as Rp. 10.000, this condition has an effect to consume food infant age 24-59 month, because age is referred has consumed family food. Sufficiency number nutrition infant is energy 1000 kkals and protein 25 grams. Base on that, has been conducted research about food consumption and status nutrition Infant age 24-59 month at impecunious family.

General Target of study are To determine food intake and description of infant nutrition status Gakin age 24-59 month in Kajoangin village, Lembang sub-district, Pinrang district.

RESEARCH METHOD

Research Type that was used is descriptive survey to know the picture of food intake and status of infant nutrition age 24 – 59 month at impecunious family in Kajoangin village, Lembang sub-district, Pinrang district.

Population in this research is all Infants age 24-59 month at poor family in Kajoangin village, Lembang sub-district, Pinrang district.

Population Amount are 123 people infant that its old fellow is one of aid receiver JPS-BK, JPKM, Raskin and or KBBM. Population Amount are 123 people infant that its old fellow is one of aid receiver JPS-BK, JPKM, Raskin and or KBBM. Population Amount are 123 people infant that its old fellow is one of aid receiver JPS-BK, JPKM, Raskin and or KBBM. Sample is infant that selected as 60 infants. Sample determination in this research conducted with used random sampling that is sampling at systematically random. Respondent in this research is the household mothers or nursemaid from infant who choosen become a sample. Data collecting Method pass Respondent Characteristic is recei ver of aid JPS-BK, JPKM, Raskin, and or KBBM, education, worker and, obtained/got from make serial number (kuesioner) that alloted to sample chosen. Intake food to know quality food that obtained/got pass by interview with using food recall 24 hour make serial number (kuesioner). Nutrition Status is conducted by using method Antropometri pass by measurement indeks BB/U. Processing and analisis data from make
serial number (quesioner) processed by using SPSS for windows and data food recall 24 hour in entri by using program w-food. Data that obtained/got presented in tabular, distribution frekuensi is accompanied its interpretation.

RESULT

Base result data that executed on 16 – 26 February 2007 in the countryside Kajoangin village Lembang sub-district Pinrang district with big sample 60 childs infant, then obtained/got result as follows:

- Base responder distribution above child that experiences of status malnutrition 3 people (5,8 %), that experiences of nutrition less 26 people (43,1 %), and a large part of childs that experiences of status nutrition good 31 people (51,1 %).

- Base tables 1. indicate that some of childs that consume energy in category less 32 people (53,7%) on the other hand, 28 people (46,3%) enough energy consumption.

- Base distribution of tables responder 1. indicate that some of childs that protein consumption in category enough 37 people (61,7%), whereas 23 people (38,3%) consumption of my rank protein.

- Base distribution of tables responder 1. some of childs that consumptioni fat in category enough 51 people (85,0%), whereas 9 people (15,0%) fat consumption less.

- Base on distribution of tables responder 1. indicate child that consumption carbohydrate in category enough 43 people (71,3%), whereas 17 people (28,7%) consume less carbohydrate.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>%</th>
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<tr>
<td>Status Nutrition:</td>
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<td></td>
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<tr>
<td>Good Nutrition</td>
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<td>51,1</td>
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<tr>
<td>Less Nutrition</td>
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<td>43,1</td>
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<tr>
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<td>5,8</td>
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<td>Energy intake:</td>
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<td>Less</td>
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<td>53,7</td>
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<td>Protein Intake:</td>
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<td>Enough</td>
<td>37</td>
<td>61,7</td>
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<td>Fat Intake:</td>
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<td>Carbohydrate intake:</td>
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<td>28,7</td>
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<td>Amount</td>
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DISCUSSION

Infant who is a child that have the age below/under five year, need substance nutrition that more. Evaluated from age facet, children that are growing group most gristle to PIECE (Arisman, 2004). From result of respondent, amount of infant sample was 60 child that consist of 36 girl infants (59,9%), boy is 24 balitas (40,1%). Base on type of job, then generally father’s job is farmer/fishponds 49 people
(81.7%), whereas the other worker ojek 11 people (18.3%), also a large part of mother jobs as the housewife. Job will depict situation family from job that expected will purchasing power, election, type and food amount that consumed so infant haves good nutrition status (Karyadi and Muhilal, 2005).

Primary school at most level of respondent father’s education that was 26 people (43.3%), meanwhile mother education also at most till level primary school 27 people (45.3%). Level of housewife education plays important role in determining food variation that consumed infant and family member according to family acceptance liability. Much foods nutrition can be presented old fellow without expense that more. With knowledge hit food that contain nutrition well-balanced, then number of substance sufficiency nutrition required just for growth infant was reached (Karyadi and Muhilal 2005).

Impecunious resident amount in Indonesia in 1998 -2000 experiences of a few/little degradation from 49.5 million 24.3% become 37.3 million 18.96% (BPS,2002). Based on Secretary JPS-BK Depkes RI ex-periences of degradation 3.2% propor tion Gakin employment 63% farming/ fishpond, 6.4 % activity industry, 27% at service activity (Sekertariat PK 2001 in BPS 2002). Impecunious Family is according to poorness criterion that specified Badan Pusat Statistik (BPS) where anth viewed as disability from side noodles to fulfill food need and also non food that have the character of. Indicator as used in value Gakin is group community that accept JPSBK, Raskin, card compen tation (BBM).

One of determination Garis Kemiskinan (GKM) that is sufficiency boundary food reckoned from amount of money that released for food that fulfill need of energy minimum 2100 calories/capita/day. This directive refers to result Widyaakarya Pangan and Nutrition 1978. Research Result shown that family that accept aid as a whole consist of several category, can conclude that Raskin and KBBM is entered aid just gyrates (moon 2-9) so its impact was to nutrition status have not yet too effect on and chronic time required (Thabrany, Rubi 2005). Whereas family that get two at most aids from KBBM and Raskin. This condition indicates that KBBM and Raskin directly relate to intake food.

Poorness can be viewed as one of key for minimalized dystrophy problems. Concurrently, less understanding old fellow to give appropriate food for its child also must continue to be corrected. Successfully Thailand in made free for malnutrition was floged last year time has inspired for policy owner in this country. It meant time nutrition status is one of poorness indicator.

Program for poorness have not yet had program that totally rice impecunious (Raskin) and direct sir-yre cash (BLT) even also raised with indicator that different each other. This condition can be seen from criterion rightful claimant aid receiver is referred as had not yet too touching to all impecunious family. Since it cannot hope case malnutrition as the problems can be handled fully without solution from the governmet. For that, coordination between various of related departments even also must be continued tightened because health and nation society is state respon-sebility..

In other hand, indirectly malnut-rition also can happen consequence of insufficient food supply in household, pattern takes care of less acceptable, and health sanitation/ unfavourable environment, and limited health care accesses. Root problem is referred as interconnected sliver with low education, level income, and poorness family. Food household availability is determining child nutrition status, that not got out of food availability mount society that is foodstuff supply in the market. Research that conducted nutritionist child of Universitas Andalas (Unad) Padang expresses, around 54.000 baby and infant experiences of less nutrition and menaced malnut-rition and happened lost generation otherwise have to be handled immediately (Mira Suprayatmi, 2005).

CONCLUSION

1. Intake energy with enough criterion was 28 childs (46.3 %) whereas intake energy with less criterion was 32 childs (53.7 %).

2. Intake protein with enough criterion was 37 childs (61.7 %) whereas intake protein with less criterion was 23 childs (38.3 %).
3. Intake fat with enough criterion was 51 childs (85.0 %) whereas intake fat with less criterion was 9 childs (15.0 %).
4. Intake carbohydrate with enough criterion was 43 childs (71.3 %) whereas intake carbohydrate with less criterion was 17 childs (28.7 %).
5. Nutrition status with good criterion was 31 childs (51.1 %), nutrition status with less criterion was 26 childs (43.1 %) and malnutrition status was 3 childs (5.8 %).

RECOMMENDATIONS

1. To repair infant nutrition status then very needed to multiply amount and aid type to impecunious family.
2. Improvement of food quality that given to infant so sufficiency nutrition substance that required for growth is fulfilled according to AKG.
3. It was required nutrition assistance for infant who have less energy of protein.
4. It was required a further research to know the cause of malnutrition status to be enough food intake.
5. Cooperation all parties in overcoming and prevent caused of malnutrition problem is required.

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