

## Analisis faktor-faktor yang berhubungan dengan IMT/ U pada balita vegetarian lakto ovo dan non vegetarian di DKI Jakarta tahun 2008

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### Abstrak

<div style="text-align: justify;">Beberapa penelitian tentang status gizi anak vegetarian usia sekolah telah pernah dilakukan di luar negeri, namun hanya sedikit sekali penelitian tentang status gizi anak vegetarian pra sekolah (balita vegetarian). Di Indonesia belum ada penelitian secara resmi tentang status gizi balita vegetarian (pra sekolah) dan anak usia sekolah. Mengingat balita merupakan salah satu kelompok yang rawan kekurangan gizi dan berada dalam masa pertumbuhan yang cepat serta akan mempengaruhi status gizi fase kehidupan selanjutnya, maka secara teoritis balita tidak dianjurkan menjalani diet vegetarian karena dikhawatirkan akan menderita gizi kurang. Penelitian ini bertujuan untuk mengetahui gambaran status gizi (IMT/U) dan faktor-faktor yang berhubungan pada balita vegetarian dan non vegetarian di DKI Jakarta Tahun 2008. Desain penelitian yang digunakan dalam penelitian ini adalah cross-sectional dengan pendekatan kuantitatif. Total sampel berjumlah 148 balita yang terdiri dari 75 balita vegetarian dan 73 balita non vegetarian berumur 0-59 bulan di DKI Jakarta yang dipilih secara purposive sampling dan mempunyai latar belakang etnis yang sama, geografis dan tingkat ekonomi yang semirip mungkin. Data dikumpulkan di DKI Jakarta sejak Februari sampai dengan Maret 2008. Variabel dependen dalam penelitian ini adalah status gizi balita (IMT/U), sedangkan variabel independen yang diteliti adalah asupan energi, protein, pola diet (vegetarian, non vegetarian), penyakit infeksi, jenis kelamin balita, umur balita, pola asuh, pemberian ASI, anal mencuci tangan, ibu mencuci tangan, pemanfaatan pelayanan kesehatan, status gizi ibu, pendidikan ibu, pengetahuan gizi ibu, pekerjaan ibu, penghasilan keluarga dan jumlah balita. Data yang dikumpulkan mencakup berat badan menggunakan timbangan Seca model 872 dengan ketelitian 0,1 kg. panjang/tinggi badan menggunakan length board/microtoice dengan ketelitian 0,1 em, konsumsi makanan menggunakan food recall 1 x 24 jam, karakteristik ibu dan balita. pola asuh dan kesehatan menggunakan kuesioner. Status gizi dihitung berdasarkan indeks IMTIU menurut baku rujukan WHO 2005, sedangkan asupan energi dan protein dihitung dengan metode food recall 1 x 24 jam berdasarkan % AKG (Angka Kecakupan Gizi). Analisis data hasil univariat, bivariat dan multivariat dilakukan dengan menggunakan komputer. Hasil penelitian menunjukkan prevalensi obesitas pada balita vegetarian sebanyak 5,3% dan balita non vegetarian 12,3%. Terdapat 13,3% balita vegetarian dan 8,2% balita non vegetarian yang gemuk. Walaupun lebih dari separuh balita mempunyai status gizi normal (56% balita vegetarian dan 57,5% balita non vegetarian), akan tetapi sudah terdapat 25,3% balita vegetarian dan 21,9% balita non vegetarian yang berisiko gemuk. Masih terdapat balita vegetarian yang pendek sebanyak 4% dan non vegetarian 27%. Hasil uji statistik menunjukkan tidak ada hubungan yang bermakna antara pola diet (vegetarian, non vegetarian) dengan status gizi (IMTIU), artinya tidak ada perbedaan yang bermakna antara status gizi (IMT/U) balita vegetarian lakto ovo dengan non vegetarian. Faktor yang paling dominan hubungannya dengan IMTIU pada balita vegetarian lakto ovo adalah penghasilan keluarga dan penyakit infeksi pada balita non vegetarian. Penyuluhan tentang pengetahuan gizi perlu dilakukan kepada masyarakat terutama ibu balita atau pengasuh balita oleh petugas kesehatan di posyandu, puskesmas, klinik atau rumah sakit karena masih banyak ibu balita non vegetarian

(42,5%) yang pengetahuan gizinya kurang. Perlu dilakukan kerjasama antara institusi pemerintah (Depkes dan Perguruan Tinggi) dengan IVS (Indonesia Vegetarian Society) atau sekolah untuk memberikan penyuluhan gizi kepada masyarakat vegetarian dan non vegetarian guna mencegah dan menanggukangi kejadian obesitas dan gizi lebih di DKI Jakarta.

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There are several studies on the nutritional status of school vegetarian children that have been done in abroad, but only a few ones on the pre school vegetarian children (vegetarian children under five). There is no official study on the status of pre school and school vegetarian children in Indonesia. Considering those children are susceptible to malnutrition, especially under nutrition in their fast growing period, that could influence the nutrition status of their next life phase. So by theory those children are not suggested to have vegetarian diet in order to avoid suffering from under nutrition. The objective of this study is to understand the factors related to nutritional status (BAZ) of vegetarian and non vegetarian children under five in DKI Jakarta. Cross-sectional design is used in this study with quantitative approach. Samples collected by purposive sampling from the vegetarian and non vegetarian children under five (0-59 months) in DKI Jakarta with the same ethnic, similar geographical and economical background. Total samples collected are 148 children under five consisting of 75 vegetarian and 73 non vegetarian. Data were collected from February to March 2008. The dependent variable is children's nutritional status (BAZ) and the independent variables are energy and protein intakes, diet pattern (vegetarian, non vegetarian), infectious disease, child's sex, age, child caring, breast-feeding, child's hand-washing, mother's hand-washing, health service, mother's nutritional status, education, nutritional knowledge, job, family income and number of children under five. Data collected include weight by using Seca balance model 872 recommended by WHO with precision of 0,1 kg, length/height by using length board/microtoice with precision of 0,1 cm, dietary intake by using food recall 1 x 24 hours mother and child characterization, child caring and health by using questionnaire. Nutritional Status is calculated by using anthropometry indices of BAZ standard of WHO 2005. Energy, protein, fat and carbohydrate intakes are calculated by using food recall 1 x 24 hours based on% RDA (Recommended Dietary Allowance). Univariate, bivariate and multivariate data are analyzed by using personal computer data processing. The result shows 5.3% of vegetarian and 12.3% of non vegetarian children under five in DKI Jakarta are obese and 13.3% of vegetarian and 8.2% of non vegetarian children under five are overweight. Although there are 56% of vegetarian and 57.5% of non vegetarian children under five are normal. but there are 25.3% of vegetarian and 21.9% of non vegetarian children under five already at risk of overweight. Finally there are still 4% of vegetarian and 2.7% of non vegetarian children under five are stunted. There is no significant relationship between diet pattern (vegetarian, non vegetarian) and nutritional status (BAZ). It means there is no significant difference in nutritional status (BAZ) between vegetarian and non vegetarian children under five. Family income is the most dominant factor which is related to lacto ovo vegetarian's BAZ and infectious disease is the one for the non vegetarian's BAZ. Promoting on nutritional knowledge is necessary for the community especially the children's mother or care taker and should be conducted by nutritionist or medical doctor from the centre of public health (puskesmas), clinics or government's hospitals and universities. Network among inter governmental institutions are needed {e.g. Ministry of Health and University, etc} and can be extended into co-operation with non profit NGO such as IVS (Indonesia Vegetarian Society) or schools to give lectures on nutrition issues to the vegetarian and non vegetarian communities in order to prevent and overcome to obese and over-nutrition problem in DKI Jakarta.