

ABSTRAK

Hubungan Kehadiran Konseling Gizi dan Konsumsi PMT (Pemberian Makanan Tambahan) Program dengan Pertambahan BB Ibu Hamil KEK (Kekurangan Energi Kronik) di Puskesmas Ngaliyan Kota Semarang Tahun 2017

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Ibu hamil di Indonesia banyak yang mengalami masalah gizi terutama KEK yaitu sebesar 24,2%. Ibu hamil KEK disebabkan oleh penyebab langsung berupa konsumsi gizi yang tidak cukup dan adanya penyakit tertentu yang diderita ibu dan penyebab tidak langsung berupa persediaan makanan yang tidak cukup, pola asuh, kesehatan lingkungan dan pelayanan kesehatan yang tidak memadai. Strategi intervensi gizi pada ibu hamil KEK yaitu penyediaan makanan dengan pemberian makanan tambahan (PMT), konseling/edukasi gizi, kolaborasi & koordinasi tenaga kesehatan dan lintas sektor, serta monitoring - evaluasi yang salah satu indikatornya adalah kenaikan berat badan.

Penelitian ini dilakukan untuk mengetahui hubungan kehadiran konseling gizi dan konsumsi PMT (Pemberian Makanan Tambahan) program dengan pertambahan BB Ibu hamil KEK (Kekurangan Energi Kronik) di Puskesmas Ngaliyan Kota Semarang Tahun 2017 dengan rancangan *cross sectional*. Jumlah sampel 33 ibu hamil KEK yang diambil dengan teknik *purposive sampling*. Uji statistik yang digunakan adalah uji korelasi spearman.

Hasil penelitian menunjukkan bahwa kehadiran konseling gizi rata-rata 2,33 kali \pm 0,816 kali, konsumsi PMT program rata-rata 12.600 gram \pm 4409,082 gram, pertambahan berat badan ibu hamil rata-rata 9,218 kg \pm 4,28 kg. Kehadiran konseling berhubungan positif dan searah dengan pertambahan BB Ibu hamil KEK dengan $p=0,000$ $r=0,901$. Konsumsi PMT juga berhubungan positif dan searah dengan pertambahan BB Ibu hamil KEK dengan $p=0,000$ $r=0,901$. Ada hubungan bermakna antara kehadiran konseling dan konsumsi PMT program dengan pertambahan BB Ibu hamil KEK.

Kata kunci : Konseling, Konsumsi PMT, Pertambahan BB, Hamil KEK

ABSTRACT

Corelations of Presence Nutrition Counseling and Consumption of PMT (Feeding Addition Program) with Accretion Weight of KEK (Chronic Energy Deficiency) Pregnancy at Ngaliyan Public Health Center Semarang City

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Indonesian pregnant woman have a lot of nutrition problem especially chronic energy defecency is at 24,2%. Chronic Energy Defecency of pregnant woman caused by the direct cause is inadequate nutrition consumption and the presence of certain diseases suffered by the mother and indirect causes of inadequate food supply, parenting, environmental health and inadequate health services. Nutrition intervention strategy for pregnant women with chronic energy defecency is food supply with supplementary feeding (PMT), nutrition counseling / education, collaboration & coordination of health workers and cross sector, and monitoring - evaluation which one of indicator is weight gain.

This study was conducted to determine Corelations of Presence Nutrition Counseling and Consumption of feeding addition Program with Accretion Weight of KEK (Chronic Energy Deficiency) Pregnancy at Ngaliyan Public Health Center Semarang City 2017 with cross sectional design. The number of samples of 33 pregnant women KEK taken with purposive sampling technique. The statistical test used is spearman correlation test.

The results showed that the presence of nutritional counseling averaged 2.33 times \pm 0.816 times, the average feeding addition consumption program was 12,600 grams \pm 4409,082 grams, the average maternal weight gain 9.218 kg \pm 4.28 kg. The presence of counseling is positively related with the accretion weight of chronic energy defecency pregnancy with $p = 0,000$ $r = 0.901$. Consumption of feeding addition is also positively associated with accretion weight of chronic energy defecency pregnancy with $p = 0,000$ $r = 0.901$. There is a significant correlation between the presence of counseling and consumption of feeding addition program with accretion weight of chronic energy defecency pregnancy.

Key word : Counseling, Feeding addition Consumption, Accretion Weight, chronic energy defecency pregnancy