

KECUKUPAN ENERGI DAN PROTEIN BALITA GIZI KURANG DI DESA ADIWERNA, KECAMATAN ADIWERNA, KABUPATEN TEGAL.

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Gizi kurang masih menjadi masalah gizi utama di Indonesia terutama pada balita, yang merupakan salah satu kelompok usia rentan mengalami masalah gizi. Salah satu penyebab langsung gizi kurang adalah asupan energi protein yang kurang. Tujuan penelitian untuk mendeskripsikan kecukupan energi protein balita gizi kurang di Desa Adiwerna.

Penelitian deskriptif dengan pendekatan studi kasus dilakukan terhadap 5 balita gizi kurang, yang dipilih secara purposive dari 9 balita gizi kurang . Kecukupan energi protein diukur dengan recall 5x24 jam, kemudian dibandingkan dengan AKG Individual. Status gizi balita ditetapkan berdasarkan indicator BB/U.

Hasil penelitian menemukan 9 balita (14,06 %) di Desa Adiwerna menderita gizi kurang. Seluruh balita gizi kurang yang diteliti sedang menderita sakit. Empat keluarga balita (80%) yang diteliti, berpendapatan dan berpendidikan kurang. 80 % keluarga balita gizi kurang memiliki sanitasi serta kebersihan rumah dan lingkungan yang kurang Rerata kecukupan energi balita gizi kurang adalah \pm 56,14 % AKG dengan Standar Deviasi Kategori Defisit Berat. Kecukupan energi terendah 39,4 % AKG dan tertinggi 70,5 % AKG. Seluruh balita gizi kurang masih mengalami deficit energi. Rerata kecukupan protein balita gizi kurang adalah \pm 93,66 % AKG dengan standar deviasi Kategori Cukup. AKG Kecukupan Protein terendah 73,8 % AKG dan tertinggi 146,8 % AKG. Hanya 2 orang (40 %) balita gizi kurang yang mengalami deficit protein.

Kata kunci : Balita Gizi Kurang, Kecukupan Energi, Kecukupan Protein,

ENERGY ADEQUACY AND PROTEIN OF NUTRITIONAL CHILDREN IN ADIWERNA VILLAGE, ADIWERNA DISTRICT, TEGAL DISTRICT.

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Poor nutrition is still a major nutritional problem in Indonesia especially in children under five, which is one of the vulnerable age groups to experience nutritional problems. One direct cause of malnutrition is a lack of protein energy intake. The purpose of the study was to describe the adequacy of underfive nutritional protein energy of under-fives in Adiwerna Village.

Descriptive research with a case study approach was conducted on 5 malnourished children under five, who were selected purposively from 9 malnourished children under five. The adequacy of protein energy is measured by a 5x24 hour recall, then compared to the Individual RDA. Toddler nutritional status is determined based on the indicator BB / U.

The results found 9 toddlers (14.06%) in Adiwerna Village suffering from malnutrition. All undernourished infants studied were suffering from illness. Four toddler families (80%) who were studied, income and less educated. 80% of children under five with malnutrition lack sanitation as well as household hygiene and lack of environment. The average energy adequacy of undernourished children under five is \pm 56.14% RDA with the Standard Deviation of the Severe Deficit Category. The lowest energy adequacy is 39.4% RDA and the highest is 70.5% RDA. All undernourished children under five still suffer energy deficits. The mean adequacy of undernourished toddler protein is \pm 93.66% RDA with the standard deviation category Fair. RDA Protein Adequacy is the lowest 73.8% RDA and the highest 146.8% RDA. Only 2 people (40%) of undernourished children under five suffer from protein deficit.

Keywords: Underweight Nutrition Toddler, Energy Adequacy, Protein Adequacy,