

Praktik Pemberian Makan Bayi dan Anak (PMBA) antara Baduta *Stunted* dan *Non-stunted* pada Keluarga Miskin

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ABSTRAK

Latar Belakang: *Stunting* sulit diperbaiki setelah 1000 Hari Pertama Kehidupan (HPK). Kemiskinan merupakan penyebab *stunting* tetapi masih dapat ditemukan anak *non-stunting* pada keluarga miskin. Praktik pemberian makan diperkirakan dapat memengaruhi kejadian *stunted* pada keluarga miskin.

Tujuan: Mengetahui perbedaan praktik Pemberian Makan Bayi dan Anak (PMBA) antara baduta *stunted* dan *non-stunted* pada keluarga miskin.

Metode: Penelitian berdesain kasus-kontrol ini melibatkan 60 pasangan ibu dan baduta usia 6-23 bulan. Data yang dikumpulkan meliputi karakteristik baduta, ibu, dan rumah tangga, serta praktik pemberian ASI (riwayat Inisiasi Menyusu Dini (IMD), prelakteal, ASI eksklusif, dan ASI lanjutan) dan MP-ASI (Pengenalan MP-ASI, *Minimum Dietary Diversity* (MDD), *Minimum Meal Frequency* (MMF), *Minimum Acceptable Diet* (MAD), konsumsi telur dan/atau daging, dan konsumsi makanan tidak sehat), juga pola asuh pemberian makan. Data didapatkan dari wawancara menggunakan kuesioner modifikasi WHO, *food recall* 1x24 jam, dan *Caregiver's Feeding Styles Questionnaire* (CFSQ).

Hasil: Riwayat ASI eksklusif, MMF, MAD, dan konsumsi makanan tidak sehat ($p=0,009$; $0,029$; $0,024$; $0,039$ dan $OR=7,1$; $8,5$; $7,2$; $4,6$) berbeda pada kedua kelompok. Sebagian besar anak diberikan ASI lanjutan, MP-ASI tepat waktu, serta telur dan/atau daging. Tidak terlihat perbedaan pada pola asuh pemberian makan.

Simpulan: Terdapat perbedaan signifikan pada riwayat ASI eksklusif, MMF, MAD, dan konsumsi makanan tidak sehat antara kedua kelompok.

Kata Kunci: baduta, keluarga miskin, pemberian makan bayi dan anak, pola asuh pemberian makan, *stunted*

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Infant and Young Child Feeding (IYCF) Practices between Stunted and Non-stunted Toddlers in Poor Families

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ABSTRACT

Background: Stunting tends to be irreversible after the First 1000 Days of Life. Poverty is basic causes of stunting yet we can still find non-stunting toddlers in poor families. Feeding practices are thought to influence the incidence of stunted in poor families.

Objective: Knowing the differences in Infant and Young Child Feeding (IYCF) practices between stunted and non-stunted toddlers in poor families.

Methods: This case-control study involving 60 toddlers aged 6-23 months and their mother. Data collected includes toddler, maternal, and household characteristics, breastfeeding practices (history of Early Initiation of Breastfeeding (EIBF), prelacteal intake, Exclusive Breastfeeding (EBF), continued breastfeeding) and complementary feeding practices (Introduction of complementary food, Minimum Dietary Diversity (MDD), Minimum Meal Frequency (MMF), Minimum Acceptable Diet (MAD), eggs and/or meat consumption, unhealthy foods consumption), also parental feeding styles. Data were obtained from interview using WHO's modified questionnaire, 1x24 hours food recall, and Caregiver's Feeding Styles Questionnaire (CFSQ).

Results: History of EBF, MMF, MAD, and unhealthy food consumption ($p=0.009$; 0.029 ; 0.024 ; 0.039 and $OR=7.1$; 8.5 ; 7.2 ; 4.6) were distinct between two groups. Most children are given continued breastfeeding, timely complementary food, also as eggs and/or meat. There were no significant differences in parental feeding styles.

Conclusion: There were significant differences in history of EBF, MMF, MAD, and unhealthy food consumption between the two groups.

Keywords: infant and young child (iyc), poor families, infant and young child feeding (iyfc), parental feeding styles, stunted

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