

## ABSTRAK

**Latar Belakang:** Data hasil penjarangan kesehatan oleh Dinas Kesehatan Kota Yogyakarta pada tahun 2022 menyatakan bahwa sebesar 17,81% remaja usia 16-18 tahun mengalami kegemukan dan obesitas.

**Tujuan:** Untuk mengetahui hubungan kebiasaan makan remaja dan peran keluarga (gizi dan aktivitas fisik) dengan status gizi remaja SMA di Kota Yogyakarta.

**Metode:** Penelitian ini termasuk penelitian observasional dengan desain *cross sectional* dan menggunakan *multistage cluster sampling* dengan besar sampel sebesar 223 siswa-siswi SMA di Kota Yogyakarta. Kuesioner yang digunakan yaitu kuesioner kebiasaan makan remaja (*Adolescent Food Habit Checklist*) dan peran keluarga (*Family Health Climate scale*).

**Hasil:** Dari 223 responden, 65,92% berusia  $\leq 16$  tahun, mayoritas perempuan (56,05%) dan memiliki uang saku  $< \text{Rp } 503.750,00/\text{bulan}$ . Sebesar 70,85% orang tua memiliki tingkat pendapatan diatas UMR Kota Yogyakarta tahun 2024 ( $\text{Rp } 2.492.997,00$ ). Tingkat pendidikan ibu dan ayah termasuk tinggi ( $\geq \text{SMA}$ ) dan memilih bekerja. Laki-laki (OR 1,86, 95% CI:1,07-3,24), SMA Swasta (OR 1,89, 95%CI:1,09-3,31), tidak terpengaruh teman dalam membeli makanan (OR 2,07, 95%CI:0,05-4,08), dan pernah mengetahui status gizi (OR 1,74, 95%CI:0,98-3,04) berhubungan dengan status gizi remaja. Kebiasaan makan remaja dan peran keluarga tidak berhubungan secara statistik dengan status gizi remaja. Namun, responden yang tidak membahas tentang jenis makanan yang sehat dan tidak memiliki kecocokan terhadap makanan di dalam keluarganya berisiko 2,81 kali (95%CI:1,23-6,41) dan 2,75 kali (95%CI:1,25-6,06) kali menyebabkan status gizi tidak normal.

**Kesimpulan:** Walaupun tidak terdapat hubungan antara kebiasaan makan dan peran keluarga dengan status gizi remaja, namun keluarga yang tidak membahas jenis makanan sehat dan tidak memiliki kecocokan terhadap makanan yang tersedia di dalam keluarganya berisiko menyebabkan remaja memiliki status gizi yang tidak normal.

Kata kunci : masalah gizi remaja, kebiasaan makan remaja, peran keluarga

## ABSTRACT

**Background:** Health screening data from the Yogyakarta City Health Office in 2022 revealed that 17.81% of adolescents aged 16–18 years were overweight or obese.

**Objective:** To determine the relationship between adolescents' dietary habits and family roles (nutrition and physical activity) with the nutritional status of high school students in Yogyakarta City.

**Methods:** This observational study employed a cross-sectional design and multistage cluster sampling, involving 223 high school students in Yogyakarta City. The study utilized the Adolescent Food Habit Checklist (AFHC) and the Family Health Climate Scale (FHC-Scale) as the primary instruments for data collection.

**Results:** Among the 223 respondents, 65.92% were aged  $\leq 16$  years, the majority were female (56.05%), and had a monthly allowance of less than IDR 503,750. A total of 70.85% of parents had incomes above the 2024 Yogyakarta City minimum wage (IDR 2,492,997). Both mothers and fathers generally had high educational levels ( $\geq$  high school) and were employed. Male students (OR 1.86, 95% CI: 1.07–3.24), students from private high schools (OR 1.89, 95% CI: 1.09–3.31), those not influenced by peers in food purchases (OR 2.07, 95% CI: 1.05–4.08), and those aware of their nutritional status (OR 1.74, 95% CI: 0.98–3.04) were associated with adolescents' nutritional status. However, adolescent dietary habits and family roles were not statistically associated with adolescents' nutritional status. Nonetheless, respondents whose families did not discuss healthy food types and lacked agreement on available food were at 2.81 times (95% CI: 1.23–6.41) and 2.75 times (95% CI: 1.25–6.06) greater risk of having abnormal nutritional status, respectively.

**Conclusion:** Although no statistical association was found between dietary habits and family roles with adolescents' nutritional status, families that did not discuss healthy food types or lacked agreement on available food increased the risk of adolescents having abnormal nutritional status.

**Keywords:** adolescent nutrition issues, adolescent dietary habits, family roles