



## INTISARI

**Latar Belakang** : Malnutrisi masih merupakan permasalahan di Indonesia termasuk di Daerah Istimewa Yogyakarta. Prevalensi status gizi balita berdasarkan Berat Badan per Tinggi Badan (BB/TB) di Daerah Istimewa Yogyakarta menunjukkan prevalensi status gizi balita sangat kurus 2,6% dan kurus 6,5%. Beberapa dekade terakhir, terjadi perubahan paradigma dalam manajemen malnutrisi akut dari pendekatan institusi kesehatan ke pendekatan masyarakat.

**Tujuan Penelitian** : Menganalisis pengaruh intervensi *home care* untuk meningkatkan skor z dan status gizi balita malnutrisi akut berat di Yogyakarta.

**Metode Penelitian** : Penelitian menggunakan desain *mixed-method* dengan pendekatan *explanatory design*. Penelitian tahap pertama yaitu penelitian kuantitatif berupa intervensi *home care* yang dilakukan selama 3 bulan. Penelitian ini menggunakan desain penelitian *quasi-experimental non-randomized pre post test with non equivalent control group design*. Penelitian dilakukan di 32 wilayah puskesmas di Yogyakarta. Kelompok intervensi adalah semua balita malnutrisi akut berat di Kota Yogyakarta (n=33) dan kelompok kontrol adalah semua balita malnutrisi akut berat di Kabupaten Sleman (n=23) yang dipilih melalui teknik *purposive sampling*. *Home care* dilakukan dengan tiga proses pendampingan (intensif, penguatan dan mandiri) dimana perawat memberikan edukasi pada keluarga sehingga keluarga dapat mandiri dalam memberikan asuhan pada balita malnutrisi. Analisis yang digunakan adalah Uji *linier mixed effect model*, uji t, Uji Kai-Kuadrat, OR, dan uji *Mann-Whitney test* dengan bantuan perangkat lunak R dan SPSS. Penelitian tahap kedua adalah penelitian kualitatif dengan pendekatan deskriptif untuk mengetahui hambatan, saran dan masukan untuk pelaksanaan *home care*.

**Hasil penelitian** : setelah program *home care* selama tiga bulan terjadi peningkatan skor-z BB/TB dan status gizi dengan  $p < 0,05$ . Pada evaluasi akhir, proporsi balita sangat kurus menurun secara signifikan dari 100% menjadi 56,7% ( $p=0,0001$ ) dan nilai skor z pada kelompok intervensi meningkat sebesar 0,39. Hasil analisis juga menunjukkan terjadi penurunan episode penyakit infeksi dan peningkatan angka kecukupan gizi setelah diberikan intervensi *home care* selama 3 bulan. Program *home care* juga efektif dari segi biaya. Hambatan pelaksanaan *home care* meliputi hambatan waktu, kompetensi, keluarga, lingkungan dan kebijakan.

**Simpulan** : Pendidikan kesehatan yang dilakukan perawat pada keluarga balita malnutrisi melalui program *home care* dapat meningkatkan skor-z dan status gizi balita malnutrisi di Kota Yogyakarta.

Kata Kunci : status gizi, skor z, malnutrisi akut berat, *home care*, PMT-P, balita



## ABSTRACT

**Background :** *Malnutrition is still issue in Indonesia, including in the Special Region of Yogyakarta. The prevalence of children nutritional status based on weight for height shows 2,6% children experience severe acute malnutrition and 6,5% experience moderate acute malnutrition. In the last few decades, there has been a paradigm shift in the management of acute malnutrition from a facility-based to community-centered approach.*

**Objective :** *To analyze the effect of home care intervention in improving nutritional status and z score of severe acute malnutrition children aged 6-60 months.*

**Methods :** *Mixed method with explanatory approach design was conducted in this study. The first phase is quantitative research in the form of home care interventions for 3 months. Quasi-experimental with pretest-posttest non equivalent control group design was conducted in this study. The study was done in two districts with 32 primary health centers of Yogyakarta province. Intervention group were all children with severe acute malnutrition in Yogyakarta (n=33) and for control group were all children with severe acute malnutrition in Sleman (n=23), that selected using purposive sampling. Home care was done in three phases of mentoring (intensive, strengthening and independent) in which nurses provide education to the family so they can provide care independently in malnourished children. Data analysis used linier mixed effect model, t-test, chi square, OR, Mann-Whitney test, logistic regression and was done by R and SPSS software. Qualitative research with descriptive approach was used in second phase to know the barriers, suggestions and input for the implementation of home care.*

**Results :** *Findings show during the three months intervention of home care, there were significant increases in nutritional status and z score of Weight for Height with p value < 0,05. At end line evaluation, the proportion of wasting in the experimental groups reduced significantly from 100% to 56,7% (p=0,0001) and z score in experimental groups increase 0,39. The analysis also showed a decreased in infectious disease episodes and increased nutritional adequacy rate after home care implementation for 3 months. Home care program was also cost-effective. Time constraints, competence of nurse, family, environment and policy were identified as barriers of home care implementation.*

**Conclusion :** *Health education by nurses through home care program for three months had a significant effect on improving the nutritional status and z score of malnourished children.*

**Keywords :** *Nutritional status, z score, severe acute malnutrition, home care, children*