

ABSTRAK

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Analisis Program Taman Pemulihan Gizi (TPG) dalam Upaya Penanggulangan Balita Gizi Buruk dan Gizi Kurang di Kabupaten Jombang Tahun 2012

Prevalensi status gizi balita di Kabupaten Jombang (2008-2011) yang dinilai dari BB/U, TB/U dan BB/TB cenderung turun. Pada tahun 2009 PemKab Jombang membuat suatu kebijakan dalam penanggulangan masalah gizi dengan tema "BERTABUR BINTANG". Salah satunya dibentuk TPG, dalam 2 tahun TPG yang sudah terbentuk 102 TPG. Survey pendahuluan menunjukkan bahwa kurangnya pengetahuan kader terkait TPG sehingga kader kurang aktif, sikap cenderung positif tetapi partisipasi masyarakat masih kurang, dukungan dari keluarga sebagian besar hanya mengingatkan saja, tidak ada anggaran lebih dari desa, supervisi dari puskesmas belum rutin. Tujuan penelitian ini adalah menganalisa bagaimana pelaksanaan TPG yang ditinjau dari variabel pengetahuan, sikap, persepsi tentang supervisi, ketersediaan sumber daya dan dukungan serta dari aspek pelaksana maupun pembina.

Jenis penelitian deskriptif kualitatif. Populasi terbagi menjadi 2 yaitu bidan desa sebagai pembina dan kader kesehatan sebagai pelaksana. Informan utama 8 bidan desa dan 8 kader dari 4 puskesmas terpilih dengan kriteria puskesmas yang mempunyai angka prevalensi gizi kurang yang tinggi dan rendah dan juga berdasarkan wilayah geografis. Informan triangulasi tingkat pembina yaitu 8 perangkat desa, 4 petugas gizi puskesmas dan Kasie Gizi Dinas Kesehatan, sedangkan informan triangulasi tingkat pelaksana yaitu 8 ibu balita. Pengumpulan data melalui wawancara mendalam dan observasi sedangkan analisisnya dengan *content-analysis*.

Hasil penelitian menunjukkan bahwa pengetahuan kader terkait TPG masih kurang karena belum ada pelatihan bagi kader terkait TPG, pelatihan terkait *positif deviance* hanya untuk bidan itupun belum semua bidan dan juga petugas gizi. Sikap kader positif dalam mendukung TPG karena dapat membantu menanggulangi balita dengan masalah gizi, tidak ada juknis dan juklak untuk TPG. Dana untuk program TPG sudah berasal dari swadaya masyarakat yang berupa donatur, jimpitan dan ADD tetapi dalam pelaksanaannya dana masih menjadi kendala utama. Sarana prasarana dari Dinas Kesehatan hanya berupa peralatan masak, makan dan minum serta papan TPG selebihnya memakai peralatan posyandu. Pelaksanaan supervisi selama ini tidak terjadwal begitu juga dengan materi tidak terstruktur serta lebih bersifat insidental, dukungan baik dari keluarga maupun masyarakat lebih berupa informasi verbal dan masyarakat masih kurang berpartisipasi.

Kata kunci : Program TPG, Gizi Buruk, Gizi Kurang, Kader kesehatan

ABSTRACT

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Analysis on Nutrition Replacement Therapy Program for Undernourished Children in Jombang District, 2012

Prevalence of under-five nutritional status in Jombang district (2008-2011), measured by BB/U, TB/U, and BB/TB tended to decrease. In 2009, Jombang district government developed a policy for controlling nutritional problems with the theme: Bertabur Bintang (scattered stars). One of activities for controlling nutritional problems was to build therapeutic feeding center (TPG); in the last two years, 102 TPGs have been established. Preliminary survey indicated that cadres knowledge related to TPG were insufficient; as a consequence, cadres were non active. Attitude of the cadres was positive, however, community participation was low; supports from members of the family were mostly only reminding the people; no village spare funding was available; routine supervision from a primary healthcare center (puskesmas) was not available. Objective of this study was to analyze the implementation of TPG viewed from knowledge, attitude, perception on supervision, availability of resources, support variables; and also viewed from executor and supervisor aspects.

This was a descriptive-qualitative study. Study population was divided into two: village midwives as supervisors and health cadres as executors. Main informants were eight village midwives and eight cadres from four selected puskesmas. These Puskesmas were selected based on selection criteria: puskesmas with high and low prevalence of moderate malnutrition, and based on geographical area. Triangulation informants from supervisor level were eight village government office staffs, four puskesmas nutrition workers, and a head of nutrition section of district health office. Triangulation informants from the executor level were eight mothers of under-five children. Data were collected through in-depth interview and observation. Content analysis was applied for data analysis.

Results of the study showed that cadres knowledge related to TPG were insufficient due to no TPG related trainings for cadres; training related to positive deviance was only for midwives, and not all midwives and nutrition workers received the training. Cadres attitude were positive in supporting TPG, they believed that what they did would help controlling nutritional problems for under-five children. No technical and implementation guidelines for TPG. Funding for TPG program was from the community, it was in the form of donation, 'jimpitan', and ADD. However, in the implementation of TPG funding was still a main problem. Facilities from district health office were in the form of cooking and eating wares and TPG notification board; the rest of facilities for TPG was using posyandu facilities. Supervision was not scheduled or incidental and materials for supervision were not structured. Supports from family members and community were mostly in the form of verbal information; community participation was low.

Key words : TPG program, severe malnutrition, moderate malnutrition, health cadres