

GAMBARAN PRAKTIK PEMBERIAN MPASI DENGAN STATUS GIZI BADUTA (6 BULAN – 24 BULAN) DI WILAYAH KERJA PUSKESMAS WILANGAN KABUPATEN NGANJUK

ABSTRAK

Latar Belakang : Menurut data dinas kesehatan Kabupaten Nganjuk 2019 *stunting* diklasifikasikan menjadi 2 yaitu anak pendek dan sangat pendek. Anak pendek (22,5%) dan anak sangat pendek (21,8%) dari jumlah balita 463.795 usia 0 – 4 tahun (Prasetyanti dkk., 2021). Menurut data Puskesmas Wilangan 2022 angka pravelensi kejadian *stunting* mencapai 13,7% dan ada 4 desa yang menjadi lokus *stunting*, diantaranya Desa Ngadipiro dengan pravelensi 29,3% dan Desa Sukoharjo dengan pravelensi 20,1%. Kedua desa tersebut merupakan dua desa dengan jumlah *stunting* tertinggi. **Tujuan :** Untuk mengetahui gambaran praktik pemberian MPASI baduta *stunting* (6 bulan – 24 bulan) di wilayah kerja Puskesmas Wilangan. **Metode :** Menggunakan metode deskriptif. Pengumpulan data dilakukan dengan cara pengisian kuisisioner dan wawancara dengan sampel sebanyak 28 baduta menggunakan teknik *total sampling*. **Hasil :** Dari 28 sampel sebesar 67,9% baduta *stunting* mendapatkan ASI Eksklusif, 60,7% diberikan MPASI pada saat usia 6 bulan, 35,7% diberikan saat usia > 6 bulan, dan 3,6% diberikan saat usia < 6 bulan, prinsip MPASI sebagian besar tidak tepat terjadi saat usia 12 – 24 bulan (68,2%). **Kesimpulan :** Semakin bertambahnya usia maka ketidaktepatan pemberian MPASI semakin besar maka dapat disimpulkan bahwa ketidaktepatan pemberian MPASI pada baduta dapat mempengaruhi terjadinya perawakan kerdil pada anak (*stunting*). **Saran :** Disarankan pada ibu baduta agar lebih aktif dalam menambah wawasan mengenai pemberian MPASI pada anak sesuai dengan tahapan usianya dibantu dengan kader dan petugas kesehatan sekitar.

Kata kunci : *baduta, stunting, praktik pemberian MPASI*

**DESCRIPTION OF THE PRACTICE OF PROVIDING
COMPLEMENTARY FOOD WITH BADUTA NUTRITIONAL STATUS (6
MONTHS – 24 MONTHS) IN THE WORKING AREA OF THE
WILANGAN HEALTH CENTER, NGANJUK REGENCY**

ABSTRACT

Background: According to 2019 Nganjuk Regency health office data, *stunting* is classified into 2, namely short and very short children. Short children (22.5%) and very short children (21.8%) from the total number of toddlers 463,795 aged 0 – 4 years (Prasetyanti et al., 2021). According to data from the 2022 Wilangan Health Center, the prevalence rate of *stunting* incidence reached 13.7% and there are 4 villages that are the locus of *stunting*, including Ngadipiro Village with 29.3% prevalence and Sukoharjo Village with 20.1% prevalence. These two villages are the two villages with the highest number of *stunting*. **Objective:** To find out the description of the practice of providing MPASI baduta *stunting* (6 months – 24 months) in the working area of the Wilangan Health Center. **Method :** Using descriptive method. Data collection was carried out by filling out questionnaires and interviews with a sample of 28 baduta using *total sampling* techniques. **Results:** From 28 samples of 67.9% of *stunting* baduta received exclusive breastfeeding, 60.7% were given complementary food at the age of 6 months, 35.7% were given at the age of > 6 months, and 3.6% were given at the age of < 6 months, the principle of complementary food was mostly inappropriate at the age of 12-24 months (68.2%). **Conclusion:** The older the inaccuracy of giving complementary food is greater, it can be concluded that the inaccuracy of giving complementary food to baduta can affect the occurrence of stunted stature in children (*stunting*). **Suggestion:** It is recommended for baduta mothers to be more active in adding insight into the provision of complementary foods to children according to their age stages assisted by cadres and surrounding health workers.

Keywords: *baduta, stunting, MPASI giving practices*