

FREQUENCY OF JUNKFOOD AND THE INCIDENCE OF OBESITY IN ELEMENTARY STUDENT OF PUBLIC HEALTH CENTER AUR DURI JAMBI

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O – 05 : FREQUENCY OF JUNKFOOD AND THE INCIDENCE OF OBESITY IN ELEMENTARY STUDENT OF PUBLIC HEALTH CENTER AUR DURI JAMBI

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Background: Obesity in children was increase from 14 milion in 2000 to 18 milion in 2010 in Asia. One of causes obesity was high frequency of consuming junkfood.

Objective: The purpose of this study was to analyze the corelation between frequency of junkfood consumption with the incidence of obesity.

Materials & Methods: This study was analytical survey with case control design. The sample was 84 devide by 42 obesity as case and 42 non obesity as control. The sample was collect by propotional random sampling of 3 elementary school was SDN 120, SDN 220 and MI AI-Munawaroh. The Data collect by FFQ questionnaire. This study was analize by chi-square and man-whitney.

Results: The highes number of junkfood consumption was often category (72,6%), there was significant relationship between the frequency of junkfood consumption with incidence of obesity P Value = 0,048 ($<\alpha 0,05$). defferent between junfood consumption in obesity and non obesity P value = 0,000 ($<\alpha 0,05$).

Conclusions: Children more often consuming junkfood. The most favorite junkfood is fried food.

O – 06 : FACTORS ASSOCIATED WITH HOSPITAL – ACQUIRED MALNUTRITION IN PEDIATRIC PATIENTS

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Background: Malnutrition is still a global problem, including in hospital setting. Hospital-acquired malnutrition (HaM) related to the adverse outcome of pediatric patients so it should be manage well.

Objective: This study aimed to identify factors associated with HaM in pediatric patients. Method and

Material: This cross-sectional study involved health record of pediatric patients during January-December 2017. The inclusion criteria were patients aged 1 month-18 years and had been hospitalized for at least 72 hours. HaM determined based on weight loss $> 2\%$ on the forth day of treatment.

Result: The prevalence of HaM was 13,8%. There is no statistical correlation between HaM and all predictor factors. However, contributing factors related to increasing the incidence of HaM were age, type of disease, weight on admission, nutritional therapy, length of stay, and class of ward.

Conclusion: HaM evidently occurs in younger child, infectious patients, lower body weight on admission, parenteral nutrition therapy, higher length of stay, and lower class of ward. Nurses are expected to monitor patient's condition including measure anthropometry regularly in order to identify early sign of HaM.

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