Analisis Kejadian Bayi Berat Lahir Rendah di Daerah Perkotaan dan Pedesaan di Indonesia Berdasarkan Data SDKI Tahun 2017

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Abstrak

Prevalensi kejadian BBLR di Indonesia berdasarkan Riset Kesehatan Dasar tahun 2013 sebesar 10.2% dengan proporsi BBLR di daerah perkotaan dan perdesaan sebesar 9.4% dan 11.2%. Penelitian ini bertujuan untuk menganalisis faktor dominan terhadap kejadian BBLR di daerah perkotaan dan perdesaan di Indonesia. Penelitian ini merupakan penelitian cross-sectional dengan menggunakan data sekunder Survei Demografi dan Kesehatan (SDKI) tahun 2017. Responden dalam penelitian ini sebanyak 11.188 WUS yang terbagi menjadi 5.852 di daerah perkotaan dan 5.336 di daerah perdesaan. Hasil penelitian di Indonesia menunjukkan ada hubungan yang bermakna antara tingkat pendidikan responden (p = 0.000; OR = 1.471; 95% CI = 1.252-1.730), frekuensi pemeriksaan kehamilan (p = 0.000; OR = 1.713; 95% CI = 1.317-2.229), usia kehamilan saat pertama kali pemeriksaan (p = 0.026; OR = 1.246; 95% CI = 1.031-1.505), dan jumlah konsumsi TTD (p = 0.000; OR = 1.312; 95% CI = 1.131-1.621) dengan BBLR. Sedangkan di perkotaan, faktor yang berhubungan dengan BBLR adalah paritas (p = 0.039; OR = 1.258; 95% CI = 1.018-1.555), tingkat pendidikan responden (p = 0.001; OR = 1.542; 95% CI = 1.199-1.983) dan jumlah konsumsi TTD (p = 0.020; OR = 1.283; 95% CI = 1.044-1.576), dan di perdesaan adalah tingkat pendidikan responden (p = 0.002; OR = 1.423; 95% CI = 1.145-1.769), frekuensi pemeriksaan kehamilan (p = 0.000; OR = 1.878; 95% CI = 1.345-2.622), tempat pemeriksaan kehamilan (p = 0.037; OR = 0.781; 95% CI = 0.622-0.980), dan jumlah konsumsi TTD (p = 0.010; OR = 1.336; 95% CI = 1.075-1.660). Faktor yang paling dominan terhadap kejadian BBLR di Indonesia dan perdesaan adalah frekuensi pemeriksaan kehamilan, sedangkan di perkotaan adalah tingkat pendidikan responden. Berdasarkan hasil penelitian ini, diharapkan dilakukan sosialisasi dan edukasi terkait kehamilan seperti pemeriksaan kehamilan secara teratur, meningkatkan tingkat pendidikan formal WUS, dan konsumsi TTD secara teratur.
<hr />The prevalence of LBW in Indonesia based on the 2013 Basic Health Research was 10.2% with the proportion of LBW in urban and rural areas 9.4% and 11.2%. This study aims to analyze the dominant factors on LBW occurrence in urban and rural areas in Indonesia. This study is a cross-sectional study using secondary data from the Demographic and Health Survey (IDHS) in 2017. Respondents in this study were 11,188 woman of childbearing age divided into 5,852 in urban areas and 5,336 in rural areas. The results of research in Indonesia showed a significant relationship between respondent’s education level (p = 0,000; OR = 1,471; 95% CI = 1,252-1,730), the frequency of antenatal care (p = 0,000; OR = 1,713; 95% CI = 1,317-2,229), gestational age at first examination (p = 0.026; OR = 1,246; 95% CI = 1,031-1,505), and total iron tablet consumption (p = 0,000; OR = 1,312; 95% CI = 1,131-1,621) with LBW. While in urban areas, factors related to LBW are parity (p = 0.039; OR = 1,258; 95% CI = 1,018-1,555), respondent’s education level (p = 0.001; OR = 1,542; 95% CI = 1,199-1,983) and total iron tablet consumption (p = 0.020; OR = 1,283; 95% CI = 1,044-1,576), and in rural areas is respondent’s education level (p = 0.002; OR = 1,423; 95% CI = 1,145-1,769), the frequency of antenatal care (p = 0,000; OR = 1,878; 95% CI = 1,345-2,622), place of antenatal care (p = 0.037; OR = 0.781; 95% CI = 0.622-0.980), and total iron

tablet consumption (p = 0.010; OR = 1.336 95% CI = 1,075-1,660). The most dominant factor for LBW occurrence in Indonesia and rural areas is the frequency of antenatal care, while in urban areas is the education level of respondents. Based on the results of this study, it is expected that socialization and education related to pregnancy such as regular pregnancy checks, increasing formal education level of woman of childbearing age, and regular consumption of TTD.