

Faktor-faktor yang Berhubungan dengan Kematian Perinatal di Indonesia (Analisis Data Survei Demografi dan Kesehatan Indonesia 2017)

Komalasari, Dini Putri

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Abstrak

Penurunan kematian perinatal perlu terus dipertahankan untuk meraih target Sustainable Development Goals 2030 sebagai bentuk dukungan terhadap target penurunan angka KIA yang masih menjadi masalah kesehatan masyarakat. Penelitian ini dilakukan untuk mengetahui faktor yang berpengaruh terhadap kematian perinatal. Penelitian dilakukan di Indonesia menggunakan data sekunder SDKI 2017. Desain studi yang digunakan adalah cross-sectional dengan analisis bivariat. Terdapat hubungan yang signifikan secara statistik antara berat bayi saat dilahirkan (PR 4,27; 95% CI 2,92-6,25), tipe gestasi (PR 5,88; 95% CI 2,96-11,70), ukuran bayi saat lahir (PR 4,84; 95% CI 3,41-6,87), pendidikan ibu (PR 4,30; 95% CI 1,94-9,50), usia ibu saat melahirkan (PR 1,92; 95% CI 1,42-2,60), paritas (PR 1,76; 95% CI 1,32-2,35), komplikasi kehamilan (PR 2,01; 95% CI 1,40-2,88), komplikasi persalinan (PR 1,62; 95% CI 1,08-2,45), pekerjaan ibu (PR 1,39; 95% CI 1,03-1,87), penggunaan tembakau (PR 2,12; 95% CI 1,09-4,11), antenatal care (PR 4,10; 95% CI 2,99-5,63), vaksinasi tetanus toxoid (PR 1,91; 95% CI 1,31-2,77), suplementasi zat besi (PR 1,93; 95% CI 1,31-2,86), akses toilet (PR 1,48; 95% CI 1,10-2,00), dan terpapar internet (PR 1,51; 95% CI 1,10-2,10) dengan kematian perinatal. Pengetahuan mengenai faktor-faktor yang berhubungan ini bisa menjadi informasi dasar terkini dalam kejadian kematian perinatal di Indonesia.

The decline of perinatal mortality in Indonesia needs to be preserved to achieve Sustainable Development Goals 2030 as an underpinning process of reducing maternal and child death numbers that has been a public health issue. The objective of this research is to determine associated factors of perinatal mortality. This research is conducted with a cross-sectional design and bivariate analysis. Results shown that there are statistically-significant association between birth weight (PR 4,27; 95% CI 2,92-6,25), gestational type (PR 5,88; 95% CI 2,96-11,70), size at birth (PR 4,84; 95% CI 3,41-6,87), mother's education (PR 4,30; 95% CI 1,94-9,50), mother's age on labor (PR 1,92; 95% CI 1,42-2,60), parity (PR 1,76; 95% CI 1,32-2,35), pregnancy complication (PR 2,01; 95% CI 1,40-2,88), complications during labor (PR 1,62; 95% CI 1,08-2,45), mother's occupation (PR 1,39; 95% CI 1,03-1,87), tobacco usage (PR 2,12; 95% CI 1,09-4,11), antenatal care (PR 4,10; 95% CI 2,99-5,63), tetanus toxoid vaccination (PR 1,91; 95% CI 1,31-2,77), iron supplementation (PR 1,93; 95% CI 1,31-2,86), toilet access (PR 1,48; 95% CI 1,10-2,00), and internet exposure (PR 1,51; 95% CI 1,10-2,10) to perinatal death. This additional knowledge is an updated version of basic information in perinatal death occurrence in Indonesia.