Determinan Kejadian Komplikasi Persalinan pada Wanita Multipara yang Tinggal di Daerah Urban dan Rural Indonesia (Analisis Data SDKI 2017)

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Abstrak

<div style="text-align: justify;">Latar Belakang: Angka MMR Indonesia masih tinggi bahkan di antara negara Asia Tenggara, dengan disparitas urban dan rural menjadi tantangan dalam pelayanan kesehatan ibu untuk mengurangi AKI. Program safe motherhood mengidentifikasi penyebab kematian ibu melalui empat pilar penting. Data SDKI 2017 menunjukkan hampir 70% kelahiran hidup mengalami komplikasi saat persalinan dan wanita multipara tercata dua kali lebih banyak mengalami komplikasi tersebut daripada bukan multipara. Penelitian ini bertujuan mengidentifikasi faktor-faktor yang mempengaruhi komplikasi persalinan pada wanita multipara di urban dan rural Indonesia. Metode: Desain cross sectional diaplikasikan pada subjek wanita usia 15 – 49 tahun yang memiliki riwayat kelahiran lebih dari dua kali data sekunder SDKI 2017 dengan analisis regresi logistik multivariat. Hasil: Sebanyak 4.822 wanita di urban dan 5.011 wanita di rural terdapat perbedaan determinan komplikasi persalinan. Pada wanita urban, risiko komplikasi signifikan lebih tinggi pada pendidikan rendah, memiliki komplikasi kehamilan, usia persalinan </div><hr /><div style="text-align: justify;">Background: Indonesia's maternal mortality rate (MMR) remains high, even among Southeast Asian countries, with urban and rural disparities posing challenges in maternal healthcare to reduce maternal mortality. The Safe Motherhood program identifies causes of maternal death through four key pillars. The IDHS 2017 data shows that nearly 70% of live births experienced complications during delivery, with multiparous women being twice as likely to experience such complications compared to non-multiparous women. This study aims to identify the factors influencing childbirth complications in multiparous women in urban and rural Indonesia. Methods: A cross-sectional design was used to study women aged 15-49 years with a history of more than two births. Based on secondary data from IDHS 2017, the study utilized chi-square and logistic regression analysis. Results: The study examined 4,822 urban women and 5,011 rural women, revealing differences in the determinants of childbirth complications between urban and rural multiparous women. For urban women, significant risks were associated with low education, pregnancy complications, childbirth age under 20 years/between 20-35 years, birth spacing of less than 2 years, issues accessing healthcare facilities, having birth preparation, and not using contraception. For rural women, significant risks were linked to autonomy in maternal healthcare services, pregnancy complications, childbirth age under 20 years, birth spacing of less than 2 years, issues accessing healthcare facilities, inadequate ANC not meeting the 5T standard, having birth preparation, and childbirth not occurring in healthcare facilities. Conclusion: The most dominant factors influencing delivery complications in multiparous women differ between the two areas. Optimizing family planning programs for multiparous women in urban areas needs attention, while improving the quality of emergency care is crucial for women in rural areas.</div>