

## **Dampak Kelahiran &ldquo;4 (EMPAT) TERLALU&rdquo; terhadap Pertumbuhan Linier Anak: Analisis Data Indonesia Family Life Survey (IFLS) 2000, 2007 dan 2014**

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### **Abstrak**

Periode seribu hari pertama kehidupan (1000 HPK) merupakan masa yang sangat rentan terjadinya berbagai masalah gizi yang berdampak terhadap pertumbuhan dan perkembangan anak. Salah satu bentuk gangguan pertumbuhan yang sering muncul pada periode ini adalah stunting. Kelahiran risiko tinggi, khususnya kelahiran &ldquo;4 TERLALU&rdquo; (terlalu muda, terlalu tua, terlalu dekat, terlalu banyak) berperan penting dalam meningkatkan risiko morbiditas pada ibu dan anak. Sejumlah studi mengaitkan kelahiran &ldquo;4 TERLALU&rdquo; terhadap stunting, namun demikian temuan mengenai hal ini masih terbatas, tidak konsisten, dan umumnya hanya mencakup anak usia balita. Penelitian ini menggunakan data longitudinal Indonesia Family Life Survey (IFLS) tahun 2000, 2007, dan 2014 di 13 provinsi dengan 1.401 anak usia 0&ndash;59 bulan yang diikuti hingga usia remaja untuk menilai pengaruh kelahiran 4 TERLALU terhadap status stunting dan perubahan status stunting. Status stunting ditentukan dengan z skor PB/U atau TB/U berdasarkan standar WHO 2007, dan perubahan status dikelompokkan menjadi remained normal, height faltering, catch-up growth, dan remained stunted. Analisis dilakukan menggunakan Generalized Estimating Equation (GEE) untuk menilai dampak kelahiran &ldquo;4 TERLALU&rdquo; terhadap status stunting dan multinomial regresi logistik untuk menilai dampak kelahiran &ldquo;4 TERLALU&rdquo; terhadap perubahan status stunting di usia sekolah dan usia remaja. Hasil penelitian menunjukkan prevalensi stunting tertinggi pada usia balita (39%), menurun pada usia sekolah (35%), dan mencapai 25% pada remaja. Proporsi kelahiran terlalu muda sebesar 12,7%, terlalu tua 9,6%, terlalu dekat 6,8%, terlalu banyak 16,2%, dengan kelahiran risiko tinggi &ge;1 sebesar 36,1% dan &ge;2 sebesar 8,7%. Kelahiran terlalu dekat (<24 bulan) secara konsisten meningkatkan risiko stunting sejak balita hingga remaja, sedangkan kelahiran terlalu muda, terlalu tua, dan terlalu banyak tidak menunjukkan hubungan signifikan. Faktor lain yang berpengaruh antara lain usia anak pada saat baseline, berat badan lahir rendah, pendidikan ibu rendah, tinggi badan ibu &le;150 cm, tinggi badan ayah &le;161,9 cm, serta kondisi sosioekonomi dan lingkungan, di mana anak dari keluarga kuintil aset 3 memiliki risiko 21% lebih rendah dibanding kuintil 1. Analisis perubahan status stunting menunjukkan bahwa jarak kelahiran terlalu dekat meningkatkan risiko anak menjadi stunted (height faltering) dan remained stunted. Temuan ini menegaskan bahwa stunting bersifat dinamis dan kelahiran terlalu dekat berkontribusi besar pada gangguan pertumbuhan linier jangka panjang, sehingga diperlukan intervensi gizi, kesehatan reproduksi, dan pemantauan pertumbuhan yang berkesinambungan sejak masa sebelum konsepsi hingga masa remaja.

The first 1,000 days of life (1,000 HPK/Hari Pertama Kehidupan) represents a critical window during which children are highly vulnerable to various nutritional problems that can adversely affect their growth and development. Stunting is one of the most common forms of growth faltering that occurs during this period. Births with high-risk factors, particularly those related to the "4 Too's" (maternal age being too young or too old, a short birth interval, and numerous previous births), greatly increase the likelihood of illness among mothers and their children.

Although several studies have linked the "4 Too's" birth characteristics to stunting, the evidence remains limited, inconsistent, and is generally confined to children under five years of age. This study used longitudinal data from the Indonesia Family Life Survey (IFLS) conducted in 2000, 2007, and 2014 across 13 provinces. A cohort of 1,401 children aged 0-59 months was followed through adolescence to assess the influence of the "4 Too's" birth characteristics on stunting status and its longitudinal changes. Stunting status was determined using height-for-age z-scores (HAZ) based on the 2007 WHO standards. Stunting status changes were classified as normal, height faltering, catch-up growth, and stunted persistence. Generalized Estimating Equations (GEE) were used to examine the impact of the 'Four Too' birth factors on stunting, while multinomial logistic regression was employed to investigate their effect on changes in stunting during school age and adolescence. The findings showed that stunting prevalence was most common among 5-year-olds (39%), decreased to 35% during school age, and dropped to 25% in adolescence. The proportions of high-risk births were as follows: 12.7% to mothers who were too young, 9.6% to mothers who were too old, 6.8% with a short birth interval, and 16.2% with high parity. The prevalence of births with at least one risk factor was 36.1%, while 8.7% had two or more risk factors. A birth interval of less than 24 months was constantly linked to an elevated risk of stunting from early childhood through adolescence, while no noteworthy correlation was found between births to mothers of young or older age and those of high parities. The other significant risk factors were the child's age at baseline, low birth weight, low levels of maternal education, maternal height of 150 cm or less, and paternal height of 161.9 cm or less. Socioeconomic factors also played a role, with children from the third asset quintile having a 21% lower risk of stunting than those from the first quintile. Analysis of the changes in stunting status revealed that short birth intervals increased the risk of a child experiencing height faltering or remaining stunted. These findings affirm the dynamic nature of stunting and highlight that a short birth interval is a major contributor to long-term linear growth faltering. Consequently, sustained nutritional and reproductive health interventions, along with continuous growth monitoring, are imperative from the pre-conception period through adolescence to break the intergenerational cycle of stunting.