

Faktor risiko sosiodemografi dan environmental enteric dysfunction pada perawakan pendek usia prasekolah = Sociodemographic risk factors and environmental enteric dysfunction on pre school age children with short stature

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Abstrak

Latar belakang: Perawakan pendek pada usia prasekolah dipengaruhi oleh faktor sosiodemografi, sanitasi dan lingkungan serta environmental enteric dysfunction (EED). Etiologi perawakan pendek sebagian besar adalah varian normal, sedangkan varian patologis hanya 1,3-13,9%.

Tujuan: Mengetahui hubungan faktor sosiodemografi dan environmental enteric dysfunction (EED) terhadap terjadinya perawakan pendek usia prasekolah.

Metode: Penelitian ini berbasis komunitas dengan disain potong lintang pada 70 balita riwayat perawakan pendek studi retrospective cohort yang saat ini usia 4 tahun 10 bulan - 5 tahun 9 bulan di 5 kelurahan wilayah DKI Jakarta. Subjek didapat secara total sampling. Dilakukan anamnesis, pemeriksaan fisis, antropometrik subjek dan orang tua, usia tulang, dan pemeriksaan tinja (parasit, calprotectin dan alfa1 antitripsin) sebagai biomarker EED, sebagai penanda adanya gut integrity. Etiologi perawakan pendek diperoleh dengan pendekatan algoritma diagnosis perawakan pendek.

Hasil: Proporsi perawakan pendek pada anak usia prasekolah dengan riwayat perawakan pendek sebesar 44,3%, (pendek 40,0% dan sangat pendek 4,3%) dan didapatkan lelaki lebih banyak. Faktor risiko yang paling berpengaruh terhadap terjadinya perawakan pendek adalah pendidikan ibu yang rendah. EED positif pada 41,9% dan parasit positif pada 57,1% subjek perawakan pendek serta jenis parasit yang ditemukan adalah Blastocystis hominis. Berdasarkan algoritma diagnosis perawakan pendek didapatkan perawakan pendek terbanyak adalah varian normal 93,6% (perawakan pendek konstitusional 83,9% dan familial 9,7%) dan patologis (malnutrisi dan /infeksi kronis, atau stunting) hanya 6,4%.

Simpulan: Faktor sosiodemografi yang paling berhubungan adalah pendidikan ibu sedangkan EED tidak memengaruhi terjadinya perawakan pendek. Proporsi perawakan pendek usia prasekolah sebesar 44,3% dan terbanyak adalah varian normal

Background: Short stature at preschool age is influenced by sociodemographic factors, sanitation, the surrounding environment and environmental enteric dysfunction (EED). Etiology of short stature is mostly a normal variant, while pathological variants are only 1.3 to 13.9%.

Objective: To determine the influence of sociodemographic factors and environmental enteric dysfunction (EED) on short stature in preschool children and etiological factors of short stature in children.

Methods: A cross-sectional study base on community at 5 urban areas in DKI Jakarta Indonesia, from January 2018 to June 2019. Seventy preschool children of short stature retrospective cohort studies, ranging 4 years 10 months to 5 years 9 months presenting with short stature were studied. Subjects were obtained by total sampling. Data collected from anthropometric measurements of subject and parents, bone age and stool examination are performed; parasites, calprotectin and alpha1 antitrypsin as biomarkers of EED or gut integrity. The etiology of short stature is obtained by the algorithm approach to short stature diagnosis.

Results: The proportion of short stature in preschool children with a history of short stature was 44.3%,

(short stature at 40.0% and very short stature at 4.3%) and were found in more boys. The most influential risk factor for the occurrence of short stature is due to low education mother. EED positive was 41.9%, positive parasites was 57.1%, and the type of parasite found was Blastocystis hominis, respectively. Based on the algorithm of short stature diagnosis, the most short stature found in normal variants was 93.6% which is constitutional delay of growth (83.9%), familial (9.7%) and pathological (stunting) 6.4%, respectively. Conclusion: The most influential sociodemographic factor is low education of mother, while EED does not significant to occurrence of short stature. The proportion of short stature preschool children were 44.3% and most in the normal variant.