

Faktor-faktor yang berhubungan dengan kematangan seksual anak perempuan di daerah endemik defisiensi iodium Kecamatan Tanjungsari Kabupaten Sumedang Jawa Barat pada tahun 2003

Wiwi Winarti, author

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Abstrak

Studi tentang pertumbuhan fisik telah menunjukkan bahwa pertumbuhan anak usia 13 -15 tahun merupakan pertumbuhan fisik yang cepat. Pada anak perempuan, hal tersebut berhubungan dengan kematangan seksual yang merupakan ciri-ciri pubertas, ditandai haid pertama dan berkaitan dengan keadaan gizi dan psikisnya. Studi pengantar di Tanjungsari mengenai kematangan seksual, ditemukan data Cohort WHO, dari 3500 anak terdapat 1550 anak perempuan dengan tingkat maturasi seksual 28 anak (1,8%). Usia menarchenya 12 tahun, dan ditemukan 11 responden (0,70 %) atau (39,28%) data kematangan seksual, telah menikah.

Tujuan penelitian ini adalah untuk mengetahui faktor-faktor yang berhubungan dan faktor apa yang dominan berhubungan dengan kematangan seksual. Desain penelitian merupakan survey dengan pendekatan Cross Sectional, lokasi di Kecamatan Tanjungsari Kabupaten Sumedang Jawa Barat, dilaksanakan pada bulan April sampai bulan Juni tahun 2003.

Jumlah sampel 150 anak perempuan usia 13 sampai 15 tahun. Variabel bebas yang diduga berhubungan adalah Indeks Masa Tubuh, Status anemia, Kadar lemak tubuh, Perilaku sosial, Umur, Pendidikan, Pendidikan Ayah, Pendapatan Orangtua dan Kebiasaan keluarga.

Data merupakan data primer yang dikumpulkan dari anak perempuan dengan menghitung Indeks Masa Tubuh dari pengukuran berat badan dalam kilogram dibagi ukuran tinggi badan dalam meter kuadrat dan Status Anemia. Analisis pengambilan sampel darah anak kemudian dianalisa hasilnya dalam ukuran gram %.

Prosentase lemak tubuh, dilakukan setelah diketahui ukuran tinggi badan, berat badan, umur dan jenis kelamin, dimasukkan dalam BIA, hasilnya berupa prosentase. Data kematangan seksual diperoleh dari pemeriksaan fisik tanda kematangan seksual sekunder, sedangkan data mengenai perilaku sosial, umur, pendidikan, pendidikan ayah, pendapatan orangtua, serta kebiasaan keluarga diperoleh melalui kuesioner.

Pengolahan data dilakukan manual, dan bantuan komputer, data yang terkumpul dimasukan pada program. Hasil analisa Univariat dari 150 Responder, melalui pengukuran Indeks Masa Tubuh, diperoleh status gizi kurang sebanyak 35 responden (23,3%), 15 responden (10%) mengalami Anemia, melalui lemak tubuh didapatkan data Gizi kurang 78 responden (52,0%). Sebanyak 33 responden (22,0%) mengalami kematangan seksual lambat, 117 responden (78,0 %) mengalami kematangan seksual cepat.

Hasil analisa Bivariat menggunakan Chi-Square ditemukan 2 variabel yang berhubungan dengan kematangan seksual yaitu Lemak tubuh dengan p value = 0,005, dan kebiasaan keluarga p value = 0,004. Faktor-faktor lainnya yaitu, Indeks Masa Tubuh, Status Anemia, umur, Sikap perilaku sosial, pendidikan

anak, pendidikan ayah dan pendapatan orangtua tidak berhubungan dengan kematangan seksual. Analisa multivariat yang mempunyai p value terkecil adalah kebiasaan keluarga dengan p Value = 0,004, dan ini merupakan faktor yang paling dominan berhubungan dengan kematangan seksual secara bermakna.

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A study about physical growth has found that the children's growth spurt is occur at the age of 13 to 15 year old. On a girl, this episode is related to her sexual maturity, which usually called as puberty. It is usually characterized by the onset of menarche, her first menstruation, and related to her state of nutrition and of psychology. An introductory study at Tanjungsari on sexual maturity, using WHO's cohort data, has found that among 3,500 children there are 1,550 girls. And among those girls there were 28 (1.8%) girls who already have their sexual maturation, with details information that their age of menarche are 12 years old, and found that 11 of them (39.28%) were married.

Study will be carried out, and have a purpose on finding out what factors related and which factor that have a greatest role in determining the sexual maturity. The design of the study is a survey with a cross-sectional approach, will be held in Kecamatan Tanjungsari Kabupaten Sumedang, West Java, on April to June 2003.

The number of the sample is 150 young girls with have an age range. between 13 to 15 years old. The independent variables assumed to have relationship with sexual maturity are: body mass index, the state of anemia, percentage of body fat, social behavior, age, education, father's education, parent's income and family's customs.

A primary data will be collected from young girls by calculating the body mass index, which measured the body weight in kilograms divided by the height in Meter Square and the state of anemia is also observed by examining the blood sample and analyzed those samples to obtain the measurement for the state of anemia in gram-percent. The percentage of body fat can be calculated after data on height, weight, age and sex have been accomplished to Hand Bio Electric Impedance Analyzer. Meanwhile, data on sexual maturity were obtained from performing the physical examination on secondary sexual maturity signs, and data on social behavior, age, education, parents' education and income, and family customs are gathered using a questionnaire.

Data were being organized manually, followed by using the computer when data are being entered to a statistical program. From the univariate analysis upon 150 respondents, it can be known from calculation on body mass index that 35 respondents or 23.3% have a poor nutrition status and 15 respondents or 10% have anemia. From the percent of body fat, it has found that respondents with mild of poor nutrition state are 78 people (52,0%). Severe poor of nutrition state are 33 respondents (22%). As little as 33 girls (22,0%) have found in the state of late (slow) sexual maturity, 117 girls (78,0%) are in the state of fast sexual maturity.

Result from bivariate analysis, using chi-square, has found that 2 variables are related to the sexual maturity,

which are: percentage of body fat with p-value 0.05, and family customs (p-value 0.004). Other factors that are: Body Mass Index, anemia, age, social attitude and behavior, education, father's education and family income, are not related with sexual maturity. When those variables are analyzed by multivariate analysis, it is found that variable which has the least p-value is family customs (p-value 0.004). This represent that family customs is significantly to be the most dominant factor related to sexual maturity. Based on those findings, it is suggested that Community Health Center (Puskesmas) and other central institution should be concern to the problem of health reproduction on a young girls, and should evaluate every matters related to adolescent in this region. For the other researchers it is suggested to explore a research on other issues on Adolescent Health reproduction, especially to those girls who will be engaged in a marriage in a little while.