

Determinan Kejadian Kelahiran Prematur di Indonesia (Data Sekunder Riskesdas 2018) = Determinants of Preterm Birth in Indonesia (Data Analysis of Indonesia Basic Health Research 2018)

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Abstrak

Salah satu penyebab utama kematian pada neonatal di Indonesia disebabkan oleh kelahiran prematur. Tujuan penelitian ini adalah untuk mengetahui determinan kejadian kelahiran prematur di Indonesia. Data berasal dari Riset Kesehatan Dasar Indonesia 2018 dengan menggunakan desain studi potong lintang. Sampel terdiri dari 72.602 anggota rumah tangga perempuan berusia 10-54 tahun dengan status kawin/cerai hidup/cerai mati yang pernah bersalin dan memiliki anak hidup. Analisis menggunakan model uji regresi logistik. Hasil penelitian ini menemukan prevalensi kelahiran prematur di Indonesia sebesar 33%. Hasil penelitian juga menemukan terdapat hubungan antara faktor iatrogenik yaitu preeklampsia (aOR: 1,71; 95% CI: 1,22-2,38), perdarahan antepartum (aOR: 1,39; 95% CI: 1,23-1,57), dan plasenta previa (aOR: 1,30; 95% CI: 1,07-1,57), faktor maternal yaitu frekuensi kunjungan antenatal care (aOR: 1,56; 95% CI: 1,50-1,62) dan kehamilan kembar (aOR: 1,56; 95% CI: 1,33-1,82), faktor riwayat reproduksi ibu yaitu paritas (aOR: 1,07; 95% CI: 1,03-1,11), faktor penyakit dan keadaan kehamilan yaitu hipertensi (aOR: 1,26; 95% CI: 1,16-1,37) dan hidromnion (aOR: 1,34; 95% CI: 1,22-1,46), serta faktor sosiodemografi yaitu usia ibu (aOR: 1,04; 95% CI: 1,00-1,08) dan daerah tempat tinggal (aOR: 1,21; 95% CI: 1,17-1,25). Diharapkan pemangku kebijakan dapat mempertimbangkan faktor-faktor tersebut dalam menurunkan prevalensi kejadian kelahiran prematur di Indonesia.

.....One of the main causes of neonatal death in Indonesia is preterm birth. This study aimed to determine the risk factors of preterm birth in Indonesia. Data were obtained from the Indonesia Basic Health Research (Riskesdas) 2018 and a cross-sectional design was used. The sample consisted of 72,602 female household members aged 10-54 years with married/divorced status who had given birth and had living children. The logistic regression model was used in the analysis. This study found that the prevalence of preterm birth in Indonesia was 33%. The results showed that there was a relationship between iatrogenic factors e.g., preeclampsia (aOR: 1,71; 95% CI: 1,22-2,38), antepartum hemorrhage (aOR: 1,39; 95% CI: 1,23-1,57), and placenta previa (aOR: 1,30; 95% CI: 1,07-1,57), maternal factors e.g., frequency of ANC visits (aOR: 1,56; 95% CI: 1,50-1,62) and twin pregnancy (aOR: 1,56; 95% CI: (1,33-1,82), maternal reproductive history factor, namely parity (aOR: 1,07; 95% CI: 1,03-1,11), disease factors and pregnancy conditions, namely hypertension (aOR: 1,26; 95% CI: 1,16-1,37) and hydromnios (aOR: 1,34; 95% CI: 1,22-1,46), as well as sociodemographic factors e.g., maternal age (aOR: 1,04; 95% CI: 1,00-1,08) and area of residence (aOR: 1,21; 95% CI: 1,17-1,25) Therefore, policy makers should consider these factors to reduce the prevalence of premature births in Indonesia.