Tingkat dan determinan kematian neonatal dan postneonatal analisis blok sensus: analisis Supas 2015 dan Podes 2014 = Level and determinants of neonatal and postneonatal mortality-census block analysis: Supas analysis 2015 and Podes 2014

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Abstrak

Angka Kematian Bayi masih menjadi masalah kesehatan yang belum teratasi. Untuk menurunkan Angka Kematian Bayi, SDGs memiliki target pada tahun 2030 mengakhiri kematian bayi yang dapat dicegah, melalui Kematian Neonatal. Angka Kematian Neonatal (AKN) dan Angka Kematian Post Neonatal (AKPN) di Indonesia menurun lambat dan masih relatif tinggi. AKN dan AKPN di Indonesia belum mencapai target prioritas SDGs yaitu 12 kematian per 1000 kelahiran hidup. Belum diketahui faktor determinan strategis kematian neonatal dan postneonatal. Tujuan penelitian ini ialah untuk menilai determinan strategis pada faktor sosial dan lingkungan, faktor program kesehatan, dan faktor maternal dan neonatal terhadap kematian neonatal dan postneonatal di Indonesia. Penelitian ini menggunakan data dari Survei Penduduk Antar Sensus 2015 (SUPAS 2015) dan Potensi Desa 2014 (Podes 2014). Populasi penelitian ialah seluruh blok sensus yang memiliki wanita usia subur (15-54 tahun) dan terdaftar dalam SUPAS 2015 dan PODES 2014. Variabel independen yang digunakan ialah faktor ibu, sosial ekonomi, lingkungan, dan kontrol kesehatan. Variabel dependen yang digunakan AKN dan AKPN. Analisis data yang digunakan ialah Log-Linier Model Multivariat dengan desain Cross-sectional. Determinan strategis kematian neonatal ialah faktor maternal dan neonatal yaitu jarak kelahiran dan proporsi paritas 4+, masing-masing meningkatkan AKN=50% dan 22%. Faktor sosial dan lingkungan yaitu wilayah, pendidikan, status ekonomi, dan sumber air minum, masing-masing meningkatkan AKN=21%; 9%; 8%; dan 6%. Faktor program kesehatan yaitu densitas populasi dukun bayi desa meningkatkan AKN= 5%. Densitas populasi RS kabupaten, dan puskesmas kecamatan dengan masing-masing dapat menurunkan AKN 7% dan 5%. Determinan strategis kematian postneonatal ialah faktor maternal dan neonatal yaitu jarak kelahiran dan proporsi paritas 4+ masing-masing meningkatkan AKPN 32% dan 22%. Faktor sosial dan lingkungan yaitu wilayah Luar Jawa-Bali, sosial ekonomi, dan pendidikan dengan masing-masing meningkatkan AKPN 22%; 10%; dan 9%. Faktor program kesehatan yaitu densitas populasi dukun bayi desa, dokter kecamatan, puskesmas kecamatan, rumah sakit kabupaten, dan bidan desa. Densitas populasi dukun bayi desa meningkatkan AKPN=7%. Densitas populasi dokter kecamatan, puskesmas kecamatan, rumah sakit kabupaten, dan bidan desa dapat menurunkan AKPN masing-masing 8%; 6%; 5%; 4%.Kematian neonatal lebih mempengaruhi terhadap faktor endogen yaitu jarak kelahiran. Sedangkan kematian postneonatal lebih mempengaruhi terhadap faktor eksogen yaitu status ekonomi, pendidikan ibu, densitas populasi dukun desa, densitas populasi dokter kecamatan, densitas populasi puskesmas kecamatan, dan densitas populasi bidan desa. Maka, diharapkan pemerintah dapat meningkatkan program keluarga berencana dengan meningkatkan kebutuhan kontrasepsi dan meningkatkan akses layanan kontrasepsi. Dengan demikian, Indonesia dapat meningkatkan angka prevalensi kontrasepsi yang tujuannya untuk mengatur jarak kelahiran sebelumnya.

.....Infant mortality is still an unsolved health problem. To reduce the Infant Mortality Rate, the SDGs have a target by 2030 to end preventable infant mortality, through Neonatal Mortality. The Neonatal Mortality

Rate (NMR) and Post Neonatal Mortality Rate (PNMR) in Indonesia had declined slowly and were still relatively high. NMR and PNMR in Indonesia have not yet reached the SDGs priority target of 12 deaths per 1000 live births. The strategic determinants of neonatal and postneonatal mortality were unknown. The purpose of this study was to assess strategic determinants of social and environmental factors, health program factors, and maternal and neonatal factors on neonatal and postneonatal mortality in Indonesia. This study used data from the 2015 Inter-Census Population Survey (SUPAS 2015) and 2014 Village Potential (Podes 2014). The study population was all census blocks that had women of childbearing age (15-54 years) and registered in the 2015 SUPAS and 2014 PODES. The independent variables used were maternal, socioeconomic, environmental, and health control factors. The dependent variable used was NMR and PNMR. Analysis of the data used was a Multivariate Log-Linear Model with a cross-sectional design. The strategic determinants of neonatal mortality was maternal and neonatal factors, namely birth distance and the proportion of parity 4+, increasing NMR=50% and 22%, respectively. Social and environmental factors, namely region, education, economic status, and unprotected water sources, each increase the NMR=21%; 9%; 8%; and 6%. The health program factor, namely high village traditional birth attendant density, increases NMR= 5%. The population density of district hospitals and sub-district health centers can reduce NMR by 7% and 5%, respectively. The strategic determinants of postneonatal mortality was maternal and neonatal factors, namely birth spacing and the proportion of parity 4+ which increase PNMR by 32% and 22%, respectively. Social and environmental factors, namely the outside Java-Bali region, socio-economic, and education with each increasing the PNMR 22%; 10%; and 9%. The health program factors are the population density of traditional birth attendants, sub-district doctors, sub-district health centers, district hospitals, and village midwives. The population density of traditional birth attendants increases the PNMR=7%. The population density of sub-district doctors, sub-district health centers, district hospitals, and village midwives can reduce PNMR by 8% each; 6%; 5%; 4%. Neonatal mortality was more influenced by endogenous factors, namely birth spacing. Meanwhile, postneonatal mortality was more influenced by exogenous factors, namely economic status, mother's education, population density of village traditional attendants, population density of sub-district doctors, population density of sub-district health centers, and population density of village midwives. So, it is hoped that the government can improve family planning programs by increasing the need for contraception and increasing access to contraceptive services. Thus, Indonesia can increase the prevalence rate of contraception with the aim of regulating the spacing of previous births.