Analisis Faktor Determinan Kejadian Bayi Berat Lahir Rendah (BBLR) Di UPTD Puskesmas Manggari Kabupaten Kuningan Tahun 2018-2019 (Studi Data DariRegister Kohort Ibu Hamil dan Buku KIA) = Analysis of Determinant Factors for Low Birth Weight Infants (LBW) At the UPTD Puskesmas Manggari Kuningan Regency 2018-2019 (Study of Data from Pregnant Mother Cohort Register and KIA Handbook)

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Abstrak

Bayi berat lahir rendah kurang dari 2500 gram berisiko lebih lambat tumbuh kembangnya dibandingkan bayi yang lahir dengan berat badan normal, dan berisiko terjadinya penyakit Hipertensi, Jantung dan Diabetes di masa dewasa. Beberapa teori dan hasil penelitian menyatakan bahwa BBLR dapat disebabkan oleh berbagai faktor, diantaranya riwayat anemia ibu hamil, status KEK ibu, status IMT ibu, tinggi badan ibu, penambahan berat badan selama hamil, usia ibu, paritas, jarak kehamilan, kuantitas ANC, pekerjaan ibu, dan pendidikan ibu. Prevalensi BBLR di Kabupaten Kuningan tahun 2018 mencapai 5,2%, dengan prevalensi paling tinggi di UPTD Puskesmas Manggari sebesar 11,8%. Tujuan: menganalisis faktor determinan kejadian BBLR di wilayah kerja UPTD Puskesmas Manggari Kabupaten Kuningan tahun 2018-2019. Metode: desain case control dengan total sampel 93 orang, terdiri dari 31 kasus, dan 62 kontrol sesuai kriteria inklusi. Data dari register kohort ibu hamil dan buku KIA, dianalisis univariat, bivariat, dan multivariat. Hasil: analisis bivariat dengan uji Chi-Square diketahui ada hubungan yang signifikan (95% CI) antara BBLR dengan status anemia ibu hamil trimester I (p=0,002, OR=4,962), status anemia ibu hamil trimester III (p=0,000, OR=21,667), status KEK ibu (p=0,001, OR=5,675), penambahan berat badan selama hamil (p=0,001, OR=9,158), jarak kehamilan (p=0,005, OR=3,583), dan tingkat pendidikan ibu (p=0,011, OR=3,214). Analisis multivariat dengan regresi logistik ganda, diketahui faktor-faktor risiko yang secara bersama-sama berpengaruh terhadap kejadian BBLR adalah status anemia ibu hamil trimester III (OR=25,247), status KEK ibu (OR=10,212), status IMT ibu (OR=0,066), dan jarak kehamilan (OR=6,934). Kesimpulan: variabel status anemia ibu hamil trimester III, lebih dominan berpengaruh terhadap kejadian BBLR, karena mempunyai nilai Odds Ratio paling tinggi (OR=25,247 (95% CI: 2,705-235,57), artinya bahwa ibu hamil yang anemia trimester III berpeluang 25,247 kali untuk melahirkan BBLR

.....Low birth weight babies less than 2500 grams are at risk of slower growth and development than babies born with normal weight, and the risk of developing hypertension, heart disease and diabetes in adulthood. Several theories and research results state that LBW can be caused by various factors, including a history of anemia in pregnant women, mother's KEK status, mother's BMI status, maternal height, weight gain during pregnancy, maternal age, parity, pregnancy distance, quantity of ANC, occupation. mother, and mother education. The prevalence of LBW in Kuningan Regency in 2018 reached 5.2%, with the highest prevalence in the UPTD Puskesmas Manggari at 11.8%. Objective: to analyze the determinants of the incidence of LBW in the work area of the Manggari Public Health Center, Kuningan Regency in 2018-2019. Methods: case control design with a total sample of 93 people, consisting of 31 cases and 62 controls according to the inclusion criteria. Data from the cohort register of pregnant women and the KIA handbook were analyzed univariate, bivariate, and multivariate. Results: bivariate analysis with Chi-Square test found that there was a

significant relationship (95% CI) between LBW and anemia status of pregnant women in trimester I (p=0.002, OR=4,962), anemia status of third trimester pregnant women (p=0.000, OR=21.667), mother's KEK status (p=0.001, OR=5.675), weight gain during pregnancy (p=0.001, OR=9.158), pregnancy interval (p=0.005, OR=3.583), and mother's education level (p = 0.011, OR=3,214). Multivariate analysis with multiple logistic regression, it is known that the risk factors that simultaneously affect the incidence of LBW are anemia status of third trimester pregnant women (OR=25.247), maternal KEK status (OR=10.212), maternal BMI status (OR=0.066), and pregnancy interval (OR=6,934). Conclusion: the anemia status variable for pregnant women in the third trimester has a more dominant effect on the incidence of LBW, because it has the highest Odds Ratio value (OR=25,247 (95% CI: 2,705-235,57), meaning that pregnant women who have anemia in the third trimester are likely to be 25,247 times to give birth to LBW