

Pengaruh paritas terhadap kematian neonatal, analisis data Survei Demografi Kesehatan Indonesia (SDKI) 2017 = The effect of parity on neonatal mortality in Indonesia, an analysis of Indonesia Demographic Health Survey (IDHS) 2017 / Arianty Siahaan

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Abstrak

ABSTRAK

Angka kematian neonatal di Indonesia masih tergolong tinggi (15 per 1.000 kelahiran hidup), jumlah anak yang dilahirkan oleh seorang wanita (paritas) juga masih tinggi, total fertility rate 2,4 per wanita. Penelitian ini bertujuan untuk mengetahui pengaruh paritas terhadap kematian neonatal di Indonesia. Menggunakan data SDKI 2017 dengan disain cross-sectional mencakup 14,827 kelahiran hidup dalam kurun waktu 2012-2017. Hasil penelitian memperlihatkan bahwa setelah dikontrol oleh variable usia ibu saat melahirkan, bahwa semakin besar paritas akan meningkatkan risiko kematian neonatal. Paritas ke-3 berisiko 1,12 kali lebih tinggi mengalami kematian neonatal dibandingkan paritas 2 (OR_{adj}=1,12;95%CI: 0,55-2,28). Begitu pula dengan paritas 4+, berisiko 1,82 kali lebih tinggi mengalami kematian neonatal dibandingkan paritas 2 (OR_{adj} =1,12;95%CI: 0,86-3,86). Paritas 1 memiliki risiko 36% lebih rendah mengalami kematian neonatal, dibanding dengan paritas 2. Disarankan perlunya peningkatan program keluarga berencana untuk menurunkan paritas agar terhindar dari risiko kematian neonatal.

Kata kunci: paritas, kematian neonatal, program keluarga berencana

ABSTRACT

The neonatal mortality rate in Indonesia is still relatively high (15 per 1,000 live births), the number of children born to a woman (parity) is also still high, the total fertility rate is 2.4 per woman. This study aims to determine the effect of parity on neonatal deaths in Indonesia. Using the 2017 IDHS data with a cross-sectional design includes 14,827 live births in the 2012-2017 period. Data were analyzed using logistic regressions method. The results showed that after being controlled by the variable age of the mother during childbirth, that greater parity would increase the risk of neonatal death. The third parity had a risk of 1.12 times higher neonatal death than parity 2 (OR_{adj} = 1.12; 95% CI: 0.55-2.28). Likewise with parity fourth and more, the risk of 1.82 times higher neonatal death than parity 2 (OR_{adj} = 1.12; 95% CI: 0.86-3.86). First parity has a 36% lower risk of neonatal death, compared with parity 2 (OR_{adj} = 0.64; 95% CI: 0.31-1.34).. It is recommended that an increase in family planning programs be needed to reduce parity to avoid the risk of neonatal death.