Hubungan Riwayat Konsumsi Tablet Tambah Darah dan Usia Berisiko pada Ibu Hamil dengan Kejadian Berat Badan Lahir Rendah (Analisis Data Survei Kesehatan Indonesia Tahun 2023)

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ABSTRAK

Latar Belakang: Berat Badan Lahir Rendah (BBLR) tahun 2023 merupakan satu dari tiga kontributor terbesar kematian neonatal di Indonesia. Secara jangka panjang, BBLR dapat memberikan dampak negatif bagi kesehatan anak, seperti peningkatan risiko penyakit kronis di usia lanjut. Penelitian ini berfokus pada faktor maternal penyebab BBLR, termasuk riwayat konsumsi Tablet Tambah Darah (TTD) dan usia berisiko pada ibu hamil.

Tujuan: Menganalisis hubungan riwayat konsumsi Tablet Tambah Darah (TTD) dan usia berisiko pada ibu hamil dengan kejadian BBLR di Indonesia.

Metode: Desain penelitian yang digunakan yaitu *case control* rasio 1:1 menggunakan subset data sekunder Survei Kesehatan Indonesia (SKI) tahun 2023. Subjek merupakan ibu hamil dengan usia gestasi normal (37–42 minggu) tanpa riwayat penyakit yang memiliki data lengkap terkait berat badan anak yang dilahirkan, riwayat konsumsi TTD, usia saat hamil, paritas, pendidikan terakhir, tempat tinggal, dan frekuensi ANC selama kehamilan. Data yang didapat dilakukan analisis univariat, analisis bivariat dengan uji *Chi-Square*, dan analisis multivariat dengan uji regresi logistik.

Hasil: Penelitian ini melibatkan total 1.558 subjek. Berdasarkan analisis multivariat, terdapat pengaruh yang signifikan antara riwayat konsumsi TTD (aOR=1,99; 95%CI: 1,59–2,47; p<0,001), paritas (aOR=2,65; 95%CI: 1,69–4,18; p<0,001), dan pendidikan terakhir (aOR=2,08; 95%CI: 1,64–2,65; p<0,001) dengan kejadian BBLR. Usia ketika hamil, tempat tinggal, dan frekuensi ANC tidak menunjukkan pengaruh yang signifikan dengan kejadian BBLR.

Simpulan: Kejadian BBLR dipengaruhi oleh riwayat konsumsi TTD, paritas, dan pendidikan terakhir ibu. Faktor usia ketika hamil, tempat tinggal, dan frekuensi ANC tidak memiliki pengaruh yang signifikan.

Kata kunci: BBLR, ibu hamil, konsumsi TTD, usia berisiko.

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The Relationship between Iron-Folic Acid Tablet Consumption and Age at Risk in Pregnant Women with the Incidence of Low Birth Weight (Analysis of Indonesian Health Survey Data in 2023)

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ABSTRACT

Background: Low Birth Weight (LBW) remained one of the top three causes of neonatal death in Indonesia 2023. In the long term, LBW can have adverse effects on child's health, including an increased risk of chronic diseases later in life. This study focuses on maternal factors contributing to LBW, particularly the history of Iron-Folic Acid (IFA) Tablet consumption and age at risk in pregnant women.

Objective: To analyze the relationship between history of Iron-Folic Acid (IFA) Tablet consumption and age at risk in pregnant women with the incidence of LBW in Indonesia.

Methods: This study used a case-control design with a 1:1 ratio, utilizing secondary data from the 2023 Indonesian Health Survey (SKI). The subjects were pregnant women with normal gestational age (37–42 weeks), no history of chronic disease, and complete data on the infant birth weight, history of IFA Tablet comsumption, age during pregnancy, parity, education level, residence, and antenatal care (ANC) frequency during pregnancy. Data analysis included univariate analysis, bivariate analysis using the Chi-Square test, and multivariate analysis using logistic regression.

Results: A total of 1.558 subjects were included in the study. Multivariate analysis showed a significant relationship between IFA Tablet consumption history (aOR= 1.99; 95%CI: 1.59–2.47; $p<0.001$), parity (aOR=2.65; 95%CI: 1.69–4.18; $p<0.001$), and education level (aOR=2.08; 95%CI: 1.64–2.65; $p<0.001$) with incidence of LBW. Mother's age during pregnancy, place of residence, and ANC frequency did not show significant relationships with incidence of LBW.

Conclusion: The incidence of LBW is influenced by IFA Tablet consumption history, parity, and education level. Mother's age during pregnancy, place of residence, and ANC frequency were not significantly associated with LBW.

Keywords: LBW, pregnant women, IFA Tablet consumption, age at risk

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