Turnitin Originality Report

Processed on: 29-Feb-2020 21:09 WIB
ID: 1266513458
Word Count: 2541
Submitted: 1

Similarity Index	Similarity by Source	
7%	Internet Sources:	7%
	Publications:	0%
	Student Papers:	0%

THE RELATIONSHIP BETWEEN PARITY AND ANTENATAL CARE IN THE OCCURRENCE OF BBLR IN RSUD DR. MOHAMAD SOEWANDI SURABAYA By Sri Utami

7% match (Internet from 15-Nov-2018)
https://fkm.unair.ac.id/faktor-dominan-yang-berhubungan-dengan-kejadian-bblr-dirsud-dr-mohamad-soewandhie-surabaya/

THE RELATIONSHIP BETWEEN PARITY AND ANTENATAL CARE IN THE OCCURRENCE OF BBLR IN RSUD DR. MOHAMAD SOEWANDI SURABAYA Nolo Sulasmi,RekawatiSusilaningrum, Sri Utami, Sukesi Midwifery Department Health Polytechnic Surabaya Email : - ABSTRACT Background Data from RISKESDAS 2010 shows the increase number of child under five years, 11,1% with BBLR <2500 gram compared with East Java Province only 10,1%. The percentage in RSUD dr. Moh. SoewandhieSurabayathe number of BBLR in 2012 showed at 13,23% and 10,5% in the year 2013. Statistically, it showed a decrease gradually, however in RSUD dr. Moh. Soewandhie Surabaya, BBLR is still on the highest rank for baby borne. The objective of the study was to analyse related parity and ANC with BBLR in RSUD dr. Moh. Soewandhie Surabaya. Method Design used in this study was case control study with cross sectional approach. Population was all mother who deliver her baby with BBLR and normal. 72 sample were parity and ANC. Whereas dependent variables were normal and BBLR infant. Data were analysed by Chi Square and logistic regression. Result. Result showed that there was significant relationship on the variables of parity (p=0, 011, OR=0, 149). ANC (p=0, 339, OR= 1,583), that means not related between ANC and BBLR. Multivariate showed the dominant variables on BBLR incident was craving. Results . Parity there was significant relationship on the BBLR in RSUD dr. Moh. Soewandhie Surabaya. It is recommended that health worker, especially midwife should educate mother about risk factor parity. Keywords: dominant, BBLR, mother INTRODUCTON According to the 2012 Indonesian Health Demography Survey (IHDS), a serious effort is a must to achieve the fourth as well as the fifth goal of United Nation Millennium Development Goals (MDGs). The current number of Child Mortality Rate (CMR) is 40 deaths/1000 live births, the number of Infant Mortality Rate (IMR) is 32deaths/1000 live births and Maternal Mortality Rate is deaths/1000 live births, while the MDGs target of CMR is 32 deaths/1000 live births,CMR 23 deaths/1000 live birthsandMMR 102 deaths/1000 live births. Neonatal death contributes to the biggest proportion of infant and children deaths with the percentage of 59.4% and 47.3%, respectively. Neonatal death rate tends to be stagnant as reflected from the 2002-2003, 2007, and 2012 SDKI results; that is, given the rate of 20 deaths/1000 live births, 19 deaths/1000 live births, 19deaths/1000 live births, respectively. Thus, the intervention focus in

achieving the fourth goal of MDGs is to reduce the neonatal death rate; provided that, the major causes of neonatal death on the first week of life (0-6 days) are, asphyxia (36%), BBLR (32%), as well as sepsis (12%). Whereas, the causes of neonatal death on the second week of life (7-28 days) are sepsis (22%), congenital disorder (19%) and pneumonia (17%). Even so, until today there is no certain data on where the most proportion of neonatal deaths happen; however, 78% of neonatal death happens on the first week of life and half of this happens at the first day. Data from WHO shows that the occurrences of BBLR in developing countries have high rates, which are 17% of 25 million births; as a matter of fact, the average occurrence rate of BBLR in Indonesia is 10.5% which is higher compared to that of Thailand (9.6%) and Vietnam (5.2%) (Maryuani, 2009). Furthermore, statistic shows that 90% of global BBLR occurrences occur in developing countries and the death rate is 35 times higher in comparison to the infants which have more than 2500 gram birth weight. Comparatively, the 2010 RISKESDAS data reveals that he percentage of the Indonesian infants which weight less than 2500 gram in birth is 11.1% of total birth, and specifically 10.1% in East Java. In RSUD Moh. Soewandhie Surabaya, particularly, the percentage of BBLR occurrences are 13.23% in 2012 and 10.5% in 2013. It is showing a decrease in number, albeit BBLR still ranked first for the infants born with high risk. A young mother will have a higher chance of having an underweight newborn, as well as higher death rate than that of delivered from an older mother. The underweight that happens on infant is related to the inherited physical or mental deformity, such as epilepsy, spasm, autism, deafness or blindness (Kartono&Luthfiyati, 2008). According to Setyowati in Suriani (2010), a mother at the age of less than 20 years old will have 1.34 times chance of delivering an infant with BBLR, compared to a mother at the maternal age of 20 – 35 years old. According to Wibowo (1992), birth interval is related to the occurrence of BBLR, given the fact that the shorter the interval, the higher the chance of BBLR to happen to the newborn. A mother with a birth interval within less than 18 months will have a chance of delivering a BBLR baby 2.77 times bigger than that of with a birth interval more than the course of 18 months (Rosemary, 1997 in Suriani; 2010). Based on a 1978 research by Kramer on meta-analysis, the factors that contribute to the occurrence of BBLR are demographic and psychosocial factors, including the maternal age, economic status, education and the income of the mother; in addition, the other factor is the ANC factor, including the first antenatal visit, the frequency of ANC taken, and the ANC quality. RESEARCH METHOD 1. Types of research and research design - Case control study. Picture 1, Conceptual model 2. Timeframe Conducted in RSUD dr. Moh. Soewandhie Surabaya. Data collected over the course of August until September 2014. 3. Sample and Population The population of this research are the mothers that delivered BBLR infants in dr. RSUD Moh. Soewandhie Surabaya. The sample of this research are the partial number of the mothers (population) and the normal infants which are receiving treatments in the Neonatal Intensive Care Unit (NICU) chamber of RSUD dr. Moh. Soewandhie Surabaya. The sample size consists of 78 persons with following details: 1. 38 mothers who deliver infants with the insufficient birth weights. The criteria for the BBLR is the birth weight less than 2500 grams without complication. 2. 38 mothers who deliver infant with the sufficient birth weights (i.e. more than 2500 gram). 4. To determine Consecutive sampling. The sample criteria for this research are: 1. A mother who delivers a normal infant and a BBLR infant in RSUD dr. Moh. Soewandhie Surabaya. 2. Fetal age of less than 37 weeks or more than 37 weeks. 3. The infant has no miscellaneous complication. 4. The mother is willing to participate as a respondent. 5. Research Variable 1.Independent variable: The parity and frequency of pregnancy visits (ANC). 2. Dependent variable: A normal infant

and a BBLR infant. 6. Operational Definition -Independent variable: 1. Parity a. Operational definition:Number of child given birth. b. Indicator: Birth date, Number of children. c. Instrument: Questionnaire. d. Scale: Ordinal. e. Criteria: 1. Primipara: 1 child 2. Multi para: 2-4 children 3. Grand multi: 4 children 2. Health Service Factor a.Operational definition:Mother regular antenatal visits. b. Indicator:Number of visits. c. Instrument: None. d. Scale: None. e. Criteria: 1. Sufficient, if > 8x visits 2. Insufficient, if < 8x visits - Dependent variable: 1. BBLR a. Operational definition:Birth weight history of newborn from medical record. b. Indicator: Birth weight in gram, newly born < 2500 gram. c. Instrument: Data Collection Sheet d. Scale: Nominal. e. Criteria: 1. BBLR, if newborn birth weight < 2500 gram, with a gestation period <37 or ≥ 37 weeks. 2. Normal, if newborn birth weight ≥ 2500 gram. 7.Technique and Data Collection Tools Data collection technique is a method employed by researchers in recording the data (necessary information). Data collection techniques used in this research are: 1. Distributing the questionnaires to the mothers with a normal and a BBLR infant. The questionnaires enlist the information of the number of children given birth and the number of ANC visits. 2. Questionnaires are distributed during mothers' visitation to hospital. 8. Data Analysis Independent variable and dependent variable which have been tabulated and processed are represented in a cross tabulation table, then descriptively analysed. After that, bivariate analysis is conducted in order to understand the relationship among each independent variables and dependent variables. Bivariate analysis is carried out by facilitating Chi Square test (p <0.05). RESULT The following is the result of cross tabulation table and analysis with Chi Square Test of each research variables: Table 1. Distribution of Number of Child and BBLR occurrence in RSUD dr. Moh. Soewandhie Surabaya (September 2014) Variable BBLR Normal Infant Total Amount f % f % ∑ % Primi 10 34,5 19 65,5 29 100 Multi 22 57,9 16 42,1 38 100 Grand 4 80,0 1 20,0 5 100 Total 36 50,0 36 50,0 72 100 - Analysis Result: o p=0,063 with fe<5 as much as 33,3% (2 cells) o Cell is merged into 2x2 table BBLR infant is more likely (80%) to be delivered by a mother who have delivered more than two children, compared to a mother who have only delivered the first and the second children (57.9%). Oppositely, a normal infant is more likely (65.5%) to be delivered as the first child of the mother, compared to that of with the second child (42.1%) and third child (20%). Regarding the analysis result on table 1, fe rate which scores less than five is 33.3%, thus the table should be merged as follows: Variable BBLR Normal Infant Total Amount f % f % ∑ % Number of children Primi 10 34,5 19 65,5 29 100 Multi 26 60,5 17 39,5 43 100 Total 36 50,0 36 50,0 72 100 Total 36 50,0 36 50,0 72 100 - Analysis Result: o P=0,031 and no value of fe<5 o OR = 0,344 Table 2. Distribution of ANC visitsand BBLR occurrence in dr. Moh. Soewandhie Surabaya (September 2014) ANC Visits Less than 8 times 17 56,7 13 43,3 30 100 8 times or more 19 45,2 23 54,8 42 100 Total 36 50,0 36 50,0 72 100 - P=0,339 and no cell with the value of <5 DISCUSSION Parity is an important factor in determining the fate of both the mother and the fetus during pregnancy or delivery. A study in RS CiptoMangunkusumo done by Sorjoenoes in 1998, as quoted by Srimalem (1998), revealed that BBLR occurrence prevalence fluctuates along with the increase of parity, which are 46.7% for primipara, 30.43% for multipara and 37.05% for grand multipara. Based on research by Hanifa (2004), BBLR cases in RS Koja Jakarta Utara occurs frequently in primipara with a percentage of 62.4%, in contrast to that of multipara with a percentage of 37.6%. It is due to the better readiness of organ function in maintaining the pregnancy and expecting the fetus in the womb. Common belief that circulates upon society is that the more experience in giving birth, the easier the delivery process will be. Some researches have proven that the second and the third birth are the safest time of delivery; conversely, at the

fourth or more turn of birth, the chance for a serious complication (e.g. hemorrhage and infection) will increase significantly thus there is a tendency for the newborn with BBLR as well as the death of both the baby and the mother. Other researches show that the infant weight birth is increasing along with the increase of parity status, and it will achieve the maximum birth weight at third degree of parity. Then, at the next parity the average infant birth weight will be reduced. According on the result of the research as shown in table 2, a multipara delivers more infants with BBLR. High parity status can increase the risk of BBLR occurrence and - OR=1,583 Mother who conducts ANC less than eight times during pregnancy (56.7%) is more likely to deliver an infant with BBLR compared to the mother who conducts ANC eight times or more (45.2%). Oppositely, a mother who conducts another visitation from less than eight times (43.3%) is less likely to deliver a normal infant compared to that of with eight times or more (54.8%). infant mortality. It is because the higher the parity status, the less womb capability in providing nutrition for the next delivery will be; hence, the supply of nutrition between the mother and the womb is disrupted and the BBLR will occur. Such a thing is possible because of the reproduction function capability is decreasing along with the aging process. ANC visits have no significant relation, yet should not be taken lightly. ANC which does not meet the standard visit must be well taken care of. The officer must always provide the information of the importance in doing regular ANC visits for pregnancy. A mother shall know that regular visits will enable her to monitor the development of pregnancy, the fitness of the mother and the fetus, and recognizing the abnormality or complication early. Furthermore, ANC variable hypothetically contributes to the occurrence of BBLR; however, the analysis shows no significant value. This condition mostly happens due to the limited sample size as well as the absence of validity and reliability tests on the instrument CONCLUSION AND RECOMMENDATION 1. Conclusion Parity factor significantly contributes and related to the occurrence of BBLR. 2. Health service factor on the pregnant mother (ANC) is not significant in the contribution of BBLR occurrence. Recommendation The complete information upon the risk of multipara is needed as well as the presence of further research on other variables which are related to the risk of BBLR.

REFERENCES Arikunto S. 2010. ProsedurPenelitianSuatuPendekatanP raktik. EdisiRevisi. Jakarta :PTRinekaCipta. Arikunto S. 2007. Manajemen Penelitian. EdisiRevisi. Jakarta :PTRinekaCipta. BukuPanduanManagemenMasalahBayiBaruL ahirUntukDokter, Perawat, Bidan di RumahSakitRujukanDasar. IDAI (UKK Perinatologi) MNH – JHPIEGO. DEPKES. RI Sistiarani,Colti.,Faktor Maternal Dan KualitasPelayanan Antenatal Yang BerisikoTerhadapKejadianBeratBada nLahirRendah (Bblr) StudiPadaIbu Yang PeriksaHamilKeTenagaKesehatandan Melahirkan di RSUD BanyumasTahun2008, http://eprints.undip.ac.id/16901/20 Juli 2014 Depkes, R. I. 2008. ManajemenTerpaduBalitaSakitModul 1 (Pengantar);Depkes, WHO dan USAID: Jakarta Anggarani, DeriRizki., and Subakti, Yazid. 2013. KupasTuntasSeputarKehamilan. Jakarta Selatan :Agro Media Pustaka. http://books.google.co.id/ 14 Nop 2014) Dahlan, M. Sopiyudin. 2008. StatistikUntukKedokterandanKesehat an.Jakarta :PenerbitSalembaMedika. http://repository.usu.ac.id/bitstream/12345678 9/37400/5/Chapter I.pdf (20 Feb 2014) Nelson, 2003, IlmuKedokteranAnakEdisi 15, EGC, Jakarta. Ekayani,NiPutuKarunia,. 2014. FaktorSosiodemografi, Medis Maternal, Status Gizi Dan Pemeriksaan Antenatal Yang RendahMeningkatkanRisikoKejadian BeratBadanLahirRendahDi Kota MataramPropinsi Nusa Tenggara Barat. Media BinaIlmiah. ISSN No. 1978-3787. http://www.lpsdimataram.com/phocad ownload/Juli-2014/4.14 Nop 2014 Notoatmodjo, S, 2003. PendidikandanPerilakuKesehatan.Jak arta :RinekaCipta. Nursalam,.2007. Konsep&PenerapanMetodologiPeneli tianIlmuKeperawatan. Jakarta

:SalembaMedika. Paryanto. 1997.IlmuGizi. Jakarta :EGC. Profil_Kes.Prov.JawaTimur_2012,http://www .depkes.go.id/downloads/PROFIL_K ES_PROVINSI_2012/15_.pdf Sarwono. 2010. IlmuKebidanan. Jakarta :EGC. Sugiyono. 2008. MetodePenelitianKuantitatifKualitatif dan R&D. Bandung :Alfabeta Lestari,Tri Budi.,Arif,YuniSufyanti.,Alit, Ni Ketut,.FaktorPelaksanaan Kangaroo Mother Care PadaBayiBBLR, journal.unair.ac.id 20 juli 2014 Wong. Buku Ajar KeperawatanPediatrikVol I (terjemahandari Wong's Essentials of Pediatric Nursing. Edisi 6. EGC. 2009 284 285 286 287 288