DETERMINANT FACTORS OF INFANT MORTALITY BIMA REGENCY IN 2012



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INTRODUCTION

- Infant mortality In Indonesia 2 fold compared with neighboring countries, the army, Thailand, Sri Lanka and China.
- Infant mortality according to Indonesian demographic health survey in 2012 is a 32/1000 live births



- Infant mortality in West Nusa Tenggara still high of 61,2/1000 live births
- The 2015th MDGs in Indonesia is 17/ 1000 live births
- The number of deaths of infants in the Regency of Bima last 5 years is stay & on 2012, 10,17/1000 live births



FORMULATION OF THE PROBLEM

Whether the risk factors:

- 1. The family income
- 2. Maternal age
- 3. Spacing birth
- 4. The frequency of the Ante Natal Care
- 5. Place of birth

- 6. Weight infants born
- 7. Exclusive breastfeeding
- 8 Mother's knowledge about baby care
- 9. Completeness of immunization basics
- 10.Clean source of water
- 11. The frequency of health counseling
- Associated with infant mortality ?



RESEARCH PURPOSES

General Purpose

Knowing the factors determinant of infant mortality in Bima Regency

SPECIAL PURPOSES

Relationship factors

- 1. The family income
- 2. Maternal age
- 3. Spacing birth
- 4. The frequency of the Ante Natal Care
- 5. Place of birth



- 6. Weight infants born
- 7. Exclusive breastfeeding
- 8 Mother's knowledge about baby care
- 9. Completeness of immunization basics
 10.Clean source of water
- 11. The frequency of health counseling

Whether The factors mention above associated with infant mortality in Bima.

RESEARCH METHODS

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RESEARCH METHODS



The LOcation, time, population, and research instruments





RESEARCH RESULT



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Bivariat analysis of risk factors

Risk factors	Case	Control	OR	95% CI	Ρ
Family incomeUnder RMSAbove RMS	46 (90,2%) 5 (9,8%)	68 (66,7%) 34 (33,3%)	4,60	1,67 - 12,63	0,002
Age mother • < 20, > 35 • 20-35 years Birth Spacing	17 (33,3%) 34 (66,7%)	11 (10,8%) 91 (89,2%)	4,13	1,76 - 9,72	0,001
 ≤24 months ≥24 months Frequency of 	20 (39,2%) 31 (60,8%)	11 (10,8%) 91 (89,2%)	5,33	2,30 - 12,37	0,000
the ANC ● < 4 ● > 4	14 (27,5%) 37 (72,5%)	8 (7,8%) 94 (92,2%)	4,44	1,72 - 11,47	0,001

Risk factors	Case	Control	OR	95% CI	Ρ
Knowledge mother about the care of babies					
• good	••••	19 (18,6%)	6,77	3,19 – 14,35	0,000
 less Weight infants born 	20 (39,2%)	83 (81,4%)			
• ≤ 2500 grams	17 (33,3%) 24 (66 7%)	· · /	5,87	2,32 – 14,85	0,000
 ≥ 2500 grams completeness of immunization 	34 (66,7%)	95 (4,9%)			
Incompletely Completely	10 (19,6%)		4,73	1,52 – 14,70	0,004
ASI	41 (80,4%)	97 (95,1%)			
not exclusive Exclusive	14 (27,5%) 37 (72,5%)	7 (6,9%) 95 (93,1%)	5,13	1.92 – 13,73	0,001

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Risk factors	Case	Control	OR	95% CI	Р
Place of birth •Non-health care facilities •Health care facilities	5 (9,8%) 46 (90,2%)	2 (2,0%) 100 (98,0%)	5,43	1,01 – 29,06	0,029
Frequency of health counseling • Rare • Often	35 (68,6%) 16 (31,4%)	22 (21,6%) 80 (78,4%)	7,95	3,73 – 16,95	0,000
Clean water sources sanitationary Non- pipe Pipe	36 (70,6%) 15 (29,4%)	28 (27,5%) 74 (72,5%)	6,34	3,01 – 13,33	0,000

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ANALYSIS OF RISK FACTORS INFANT MORTALITY IN A MULTIVARIATE

Risk Factors	OR adjusted	95% CI	Ρ	R2
Birth Weight <2500 gr.	7,38	2,04 – 26,70	0,002	6,1%
Birth spacing <24 months	6,69	2,11 – 21,16	0,001	12,6%
Maternal Age <20 or >35 years	6,63	1,84 – 23,90	0,004	3,3%
Not exclusively breatsfeeding	6,23	2,10 – 18,46	0,001	6,7%
The frequency of rare health counseling	6,02	2,17 – 16,65	0,001	26,4%
Clean water sources sanitationary non pipe	3,72	1,35 – 10,25	0,011	2,4%

DISCUSSION

Maternal factors

Infant mortality factors that occurred in the regency of Bima is owned by mothers aged <20 or >35 years with odd 6.6 times compared with mother's age 20-35 years. According to the study, Suradi et al (2000) the age of mothers less than 20 years old have the opportunity to give birth to 1.27 times the baby with LOW BIRTH WEIGHT compared with maternal age 20-35 years of age and over 35 years mother have the opportunity to give birth to baby 2.10 times with LOW BIRTH WEIGHT compared with aged 20-35 years old.





The age of the first marriage of a mother dealing with the death of a baby. The younger a mother decided to do weddings, the longer the period of reproduction making it possible to give birth to more than one child. According to Wiknjosastro, (2002), most deaths occurred in the proportion of mothers with parity >3 children and when seen according to the spacing was less than 2 years. Nazrul research et al., (2009), in Bangladesh showed that the spacing effect on infant mortality, if the previous birth intervals are longer, the lower the risk of death.



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The survival of babies who are born in the early neonatal period very closed assosiated with birth weight. The results showed that the weight of the baby born <2500 grams increase of 7.3 times odd infant mortality compared with the weight of a baby born >2500 gr.

Research on Efriza (2007) of RSUD Dr. Achmad Muchtar Bukit Tinggi in the period 2001-2005 infancy with weight <2500 grams. increases the risk of neonatal mortality compared with 58.7 times baby weight > 2500 gr.

Babies with low birth weight increases the risk of death because the babies are very vulnerable to disruption, disorders of body temperature regulation, lung maturity is not yet perfect and circulatory system disorders.



Infant mortality is influenced by factors other than the weight of infants born may also be affected by the grant of exclusive breastfeeding and immunisasi. The results showed that the factors are not exclusive BREASTFEEDING increases the risk of infant death 6,23 times, compared with exclusive breastfeeding with 6.7% leverage.

with the condition of breast-feeding in Bima Regency, there are still many breastfeeding Moms Directly before exit (pralaktal) on day one or day 3 give honey or white water even to the baby milk formula, giving advice is generally done on the advice of my grandmother subjects who assume that babies cry because hungry therefore should be drinking or eating

Factor health services

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The results showed that the frequency of health counseling which rarely raise the odd 6 times against infant mortality compared with the frequency of counseling that often with the greatest leverage is 16.5%.







The problem of death and pain in infants and children are indeed inseparable from sociocultural factors and the environment in the communities where they are located.



Bima Regency in general society/mother will attend in droves following the public health when there is something given by health workers for example supplementary feeding in infants or pregnant women, they are rarely present dueto her awareness of her own based on the need for health.



Environmental Factors

 The results showed a non clean source of water piping system enhances the odd. 3.7 times the infant mortality compared to a source of clean water piping.





According to WHO (2005) lack of public access to clean water and sanitation contribute to the deaths of 1.8 million people per year due to diarrhea, especially in children under five years of age.



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Conclusions and suggestions

Factors that are proven to increase the risk of infant mortality in Bima Regency are: baby born weight<2500 grams. spacing birth <24 months, maternal age <20 or >35 years old, breast-feeding is not exclusive,



the frequency of rare health counseling and clean source of water non piping.

All of factors above contribute of influence of infant mortality 61,1%.







Suggestions,

 improve supervision and monitoring to PHC activities in extension and promotion of the importance of nutrition on pregnant women,







breast-feeding Exclusively until infants aged 6 months, delay the age of marriage and pregnancy spacing with a wide range of innovation and the appropriate methods of the target.



LOCATION OF RESEARCH





Thanks for your attention

