



INTISARI

Latar Belakang : *Underweight* merupakan manifestasi awal dari permasalahan kekurangan gizi kronis pada balita. Perhatian terhadap kejadian *underweight* pada balita tidak semasif program penurunan *stunting*, padahal *underweight* merupakan manifestasi awal dari permasalahan kekurangan gizi yang dapat menimbulkan risiko *stunted*, *wasted*, atau bahkan kedua kondisi sekaligus. Peningkatan bblr terjadi di kabupaten sleman dalam 3 tahun terakhir. Penelitian ini untuk mengetahui hubungan riwayat BBLR dengan kejadian *underweight* pada balita usia 13-59 bulan di Kabupaten Sleman. **Metode :** Penelitian *nested case control* menggunakan data HDSS Sleman siklus 3 hingga 8, dengan kelompok kasus 59 balita *underweight* dan kelompok kontrol 118 balita normal. Pemilihan sampel menggunakan teknik *simple random samplin*. Analisis penelitian menggunakan uji *chi2* dan *multiple regression logistic* dengan nilai kepercayaan 95%. **Hasil :** Analisis bivariat menunjukkan berat badan lahir tidak memiliki hubungan dengan kejadian *underweight* (*p-value*: 0,191; OR: 1,72; 95% CI: 0,75-3,95). Setelah mempertimbangkan variabel luar pada analisis multivariabel balita yang memiliki riwayat BBLR secara signifikan memiliki hubungan dengan kejadian *underweight* dan berpeluang lebih besar mengalami *underweight* (AOR: 3,58; 95% CI: 1,10- 10,61) dibandingkan dengan balita BBLN. Balita dari ibu yang bekerja berpeluang lebih besar mengalami *underweight* (AOR : 3,34; 95% CI: 1,27- 8,76), asupan makanan (Energi) < 80% AKG dan imunisasi dasar yang tidak lengkap berpeluang lebih besar mengalami *underweight* pada balita di Kabupaten Sleman (AOR : 2,34; 95% CI: 1,07- 5,13), (AOR: 3,73; 95% CI : 1,50- 9,28). **Kesimpulan :** Terdapat hubungan antara balita dengan riwayat BBLR terhadap kejadian *underweight*. Balita dengan riwayat BBLR berpeluang 4 kali lebih besar mengalami *underweight* selama masa balitanya dibandingkan balita dengan BBLN.

Kata Kunci : *Underweight*, BBLR, Balita, Kesehatan Anak, *Nested Case Control*



ABSTRACT

Background: Underweight is an early manifestation of chronic malnutrition problems in children under five. Attention to underweight cases in children under five is not as extensive as stunting reduction programs, even though underweight represents an initial indicator of malnutrition that poses risks for stunting, wasting, or both conditions simultaneously. The prevalence of low birth weight (LBW) has increased in Sleman Regency over the past three years. This study aims to determine the association between a history of LBW and the incidence of underweight among children aged 13–59 months in Sleman Regency. **Methods:** This nested case-control study used data from the Sleman HDSS (Health and Demographic Surveillance System) from cycles 3 to 8, with 59 underweight children as the case group and 118 normal-weight children as the control group. The sample was selected using simple random sampling. Data were analyzed using the chi-square test and multiple logistic regression with a 95% confidence level. **Results:** Bivariate analysis showed that birth weight was not associated with the incidence of underweight (p -value: 0.191; OR: 1.72; 95% CI: 0.75–3.95). However, after adjusting for external variables in multivariable analysis, children with a history of LBW were significantly associated with an increased risk of underweight (AOR: 3.58; 95% CI: 1.10–10.61) compared to children with normal birth weight (NBW). Children of employed mothers were more likely to experience underweight (AOR : 3.34; 95% CI: 1,27- 8,76,). Meanwhile, children with dietary energy intake <80% of the recommended daily allowance (RDA) and incomplete immunization were more likely to be underweight (AOR: 2.34; 95% CI: 1.07–5.13; AOR: 3.73; 95% CI: 1.50–9.28). **Conclusion:** There is a significant association between a history of LBW and the incidence of underweight. Children with a history of LBW are four times more likely to experience underweight during their early childhood compared to children with NBW.

Keywords: Underweight, LBW, Children Under Five, Child Health, Nested Case-Control Study