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32. Associated Factors of Stunting among School-Age Children in Bandar Lampung, Indonesia

Nurma Suri^{1,2}, Chiho Yamazaki¹,
Satomi Kameo¹, Dewi M.D. Herawati²,
Ardini Raksanagara² and Hiroshi Koyama¹

(1 Department of Public Health, Gunma University Graduate School of Medicine)

(2 Department of Public Health, Universitas Padjadjaran, Indonesia)

【Background & aim】 Assessment of growth can represent health status of children and indirectly determine the quality of life. However, in Indonesia, literature in this issue for children over five years is limited. This study aimed to clarify growth status and analyzed the association between social factors with stunting status of school-age children in Bandar Lampung, Indonesia. **【Methods】** A cross-sectional study was conducted in two sub-districts in Bandar Lampung; the highest and the lowest prevalence area of stunting under five. From each sub-districts, elementary schools were chosen using purposive sampling until the number of school children reach the sample size; 125 students. Children's height was measured and socio-demographic factors was obtained from children's mother. Stunting was interpreted according to WHO 2007 references. **【Results】** Percentage of mild stunting and stunting were 33.5% and 17.1%, respectively. Father's occupation, father's education, mother's education, Posyandu attendance, mother perception on children height status when children under five and currently had significant associations with stunting. **【Conclusion】** Posyandu participation was not effective improving nutritional status of children. Improving education of parents through Posyandu services may increase children nutritional status if quality of Posyandu services and qualified resources can be promoted.

33. 母親の生活習慣や母体・出生要因が児の発育不全に及ぼす影響

近藤 泰之^{1,2}, 高橋 篤¹, 津久井 智³
亀尾 聡美², 井上 顕², 小山 洋²

(1 群馬県渋川保健福祉事務所)

(2 群馬大院・医・公衆衛生学)

(3 群馬県健康福祉部保健予防課)

【目的】 生活習慣病は高齢化に伴い医療費が増大している等、近年着目されている事項である。胎児期から幼少期にかけての低栄養等による児の発育不全が将来の生活習慣病発症のリスクを高める DOHaD 仮説が提唱されており、胎内での適切な環境が将来の生活習慣病発症予防につながると考えられている。本研究では、母親の生活習慣や母体・出生要因と児の発育不全との関連性を明らかにすることを

目的とした。**【方法】** 群馬県が平成 25 年度に「母親への食に関するアンケート調査」を 1 歳半検診で行い回答のあった 4,478 例 (回答率 57.3%) の数値化されたデータより、出生週数、出生体重、喫煙歴 (ほぼ毎日吸う・時々吸う・やめた・吸わない)、飲酒歴 (ほぼ毎日・週に 3~4 日・週に 1~2 日・月に 1~3 日・禁酒・飲まない)、妊娠前母親体重及び妊娠分娩時の母親体重増加量、出生順位を調べた。その上で、児の発育不全の指標として出生週数から算出される予想体重と実際の出生体重を比較した標準偏差値 (Z 値: 子宮内発育不全を反映し以下 SFD と示す) を算出し、SFD と各出生分娩要因との関連性について統計学的検討を行った。統計解析には一元配置分散分布及び Pearson の相関分析を用いて解析した。**【結果】** ① SFD は喫煙歴・飲酒歴の検討で有意差は認められなかった。② 妊娠前の母親体重と SFD の検討では有意な正の相関であった。③ 妊娠分娩時の体重増加量と SFD の検討では有意な正の相関を示した。④ SFD は出生順位において有意差を認めた。第一子は第二子・第三子と比較し SFD が有意に低値であった。**【結論】** 妊娠前の母親低体重・妊娠分娩時の母親の体重増加量不良群・低出生順位 (初産) では児の発育不全の可能性が本結果から示唆された。今後、生活習慣病発症予防のためにこれらの結果を踏まえた妊娠期の栄養・体重管理が必要であると考えている。

34. Determining Distribution of Health Care Resources in Mongolia Using Lorenz Curve and Gini Coefficient

Oyunchimeg Erdenee¹, Sekar Ayu Paramita^{1,2} and Hiroshi Koyama¹

(1 Department of Public Health, Gunma University Graduate School of Medicine)

(2 Department of Public Health, Universitas Padjadjaran, Indonesia)

【Background】 Ensuring equality in access to health care is a key objective in any viable health policy. In Mongolia, a few studies focused on inequality in health care resources; however, they limited their investigation to either a specific population group and given geographical areas. Therefore, understanding the geographical distribution of health care resources, equal accessibility to such resources and improvement of them may lead to better planning to make health services accessible by all. Since we do not have specific study to measure distribution of health care resources, this study need to be conducted. The aim of this study is to determine the distribution of health care resources in Mongolia. **【Methods】** The Lorenz curve represents distribution of the health care resources. Distribution equality was determined using the Gini coefficient. The Gini coefficient measures the area between the Lorenz curve and a hypothetical line of absolute equality. The Gini coefficient