

Analisis Kejadian Diare pada Balita di Propinsi Daerah Istimewa Yogyakarta, Sulawesi Selatan, dan Maluku (Analisis lanjut SDKI 2012) = Analysis of Diarrhea Evidence among Under-five Children in Special Region of Yogyakarta, South Sulawesi, and Maluku (Advanced Analysis of SDKI 2012)

Agrina Cintya Lestari, author

Deskripsi Lengkap: <http://lib.ui.ac.id/detail?id=20462590&lokasi=lokal>

---

Abstrak

<b>ABSTRAK</b><br>

Diare pada balita masih menjadi salah satu masalah kesehatan masyarakat yang ada di Indonesia. Daerah Istimewa Yogyakarta, Sulawesi Selatan, dan Maluku merupakan tiga provinsi dari beberapa provinsi di Indonesia yang mengalami peningkatan kejadian diare dari tahun 2007 hingga 2013 dan balita menjadi populasi yang paling berisiko untuk mengalami diare. Fasilitas jamban, sumber air minum, pengolahan air minum, dan fasilitas cuci tangan diketahui menjadi faktor risiko kejadian diare.

Studi ini menggunakan desain potong lintang dengan menggunakan data sekunder yang bersumber dari Survei Demografi dan Kesehatan Indonesia (SDKI) 2012 untuk mengetahui hubungan antara fasilitas jamban, sumber air minum, pengolahan air minum, dan fasilitas cuci tangan dengan kejadian diare pada balita. Sampel penelitian adalah balita berusia 0-59 bulan di Daerah Istimewa Yogyakarta, Sulawesi Selatan, dan Maluku yang menjadi sampel SDKI 2012.

Hasil penelitian menunjukkan bahwa prevalensi diare tertinggi ditemukan di Sulawesi Selatan (20,5%) dan terendah di Daerah Istimewa Yogyakarta (6,4%). Selain itu, ditemukan hubungan yang signifikan antara fasilitas cuci tangan dengan kejadian diare pada balita di Daerah Istimewa Yogyakarta (nilai  $P=0,026$ ). Sumber air minum juga ditemukan berhubungan secara signifikan dengan kejadian diare pada balita di Sulawesi Selatan (nilai  $P=0,007$ ). Fasilitas cuci tangan pun berhubungan dengan signifikan dengan kejadian diare pada balita di Maluku (nilai  $P=0,010$ ). Walaupun beberapa variabel tidak berhubungan dengan signifikan, variabel-variabel tersebut dapat meningkatkan risiko balita untuk mengalami diare. Oleh karena itu, pencegahan terhadap faktor risiko perlu dilakukan seperti menggunakan jamban yang memenuhi syarat, menggunakan sumber air minum yang layak, mengolah air minum sebelum dikonsumsi, dan memiliki fasilitas cuci tangan yang memadai

<hr>

<b>ABSTRAK</b><br>

Diarrhea in under-five children is still one of the public health problems in Indonesia. The Special Region of Yogyakarta, South Sulawesi, and Maluku are the three provinces of several provinces in Indonesia which experienced an increase in the incidence of diarrhea from 2007 to 2013 and under-five children became the most at-risk population for diarrhea. The latrine facility, drinking water source, drinking water treatment and hand washing facilities are known to be risk factors for diarrhea.

This study used a cross-sectional design using secondary data from the Indonesian Demographic and Health

Survey (IDHS) 2012 to determine the association between latrine facilities, drinking water sources, drinking water treatment and hand washing facilities with diarrhea occurrences among under-five children. The sample of the study was 0-59 months old children in Yogyakarta, South Sulawesi and Maluku which were samples of the IDHS 2012.

The results showed that the highest prevalence of diarrhea was found in South Sulawesi (20.5%) and the lowest was found in Yogyakarta Special Region (6.4%). In addition, there was a significant association between hand-washing facilities and the incidence of diarrhea among under-five children in the Special Region of Yogyakarta (P value=0.026). Drinking water sources were also found to be significantly related to the incidence of diarrhea among under-five children in South Sulawesi (P value=0.007). Hand washing facilities were significantly associated with the incidence of diarrhea among under-five children in Maluku (P value=0.010). Although some variables do not have significant association, these variables may increase the risk of under-five children suffering from diarrhea. Therefore, prevention of risk factors needs to be done such as using improved latrines, using improved drinking water sources, treating drinking water before consumption, and having adequate handwashing facilities.