

Kontribusl faktor risiko terhadap mortalitas pada jamaah haji lndonesia Tahun 1428 H/2008 M = contribution of risk factors on mortality of Indonesian hajj pilgrimage of the year 1428 H/2008 M

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Abstrak

Setiap tahun jumlah jamaah haji yang mengalami ibadah haji meningkat jumlahnya dengan proporsi jamaah berumur 60 tahun keatas juga ikut meningkat. Pemerintah terus memperbaiki sistem pelayanan kesehatan bagi jamaah haji guna menekan angka morbidity dan mortality jamaah selama menjalankan ibadah di Tanah Suci.

Penelitian ini bertujuan untuk mengetahui seberapa besar kontribusi faktor risiko terhadap mortalitas peda jamaah haji seluruh Indonesia tahun 1428H/2008M. Rancangan penelitian yang digunakan adalah dengan menggunakan desain penelitian dasar observasional yaitu cross-sectional. Dengan menganalisis data sekunder Siskolat 2008. Siskohatkes 2008, data buku laporan pelaksanaan tugas TKHI kloter tahun 2008, data Profil Kesehatan Haji Ditjen PP dan PL Departemen Kesehatan RI.

Hasil penelitian menunjukkan bahwa faktor resiko yang paling dominan (setelah diadjusted) mempengaruhi moralitas JHI adalah jamaah yang mempunyai riwayat penyakit sistem pernafasan berisiko kejadian moralitas 316 kali lebih tinggi, jamaah yang mempunyai usia >80 tahun berisiko kejadian moralitas 115 kali lebih tinggi, Jemaah yang mempunyai riwayat penyakit sistem sirkulasi berisiko kejadian moralitas 54 kali lebih tinggi, jamaah yang mempunyai riwayat penyakit sistem pencernaan berisiko kejadian mortalitas 8 kali lebih tinggi dan jamaah pria berisiko kejadian mortalitas 2 kali lebih tinggi. Probabilitas mortalitas tertinggi pada jamaah golongan umur >80 tahun, mempunyai riwayat penyakit sistem sirkolas mempunyai riwayat penyaldt sistem pernafusan, mempunyai riwayat penyakit sistem pencernaan dan berjenis kelamin pria.

Menyatangkan kepada calon jamaah agar menunaikan ibadah sebelum berusia 50 tahun, memberikan pelayanan kesehatan yang lebih ekstra kepada jamaah pria, berumur >50 tahun. berpendidikan rendah, aktivitas fisik tidak terlatih, IMf kurus, yang mempunyai riwayat penyakit sistem sirkolasi, pernafasan dan pencernaan, Jamaah faktor risiko tinggi, seperti usia lanjut mempunyai riwayat penyakit, sebaiknya disediakan dokter khusus, jumlah TKHI disesuaikan dengan jumlah jamaah, penempatan pemondokan di Arab Saudi diatur sedemikian rupa sehingga dekat dengan pusat ibadah, dibutuhken kebijakan skrining kondisi kesehatan melalui pemerikaaan kesehatan yang diarahkan pada jamaah, agar jamaah yang mempunyai riwayat penyakit terjaring olehnya.

<hr><i>It is identified that the number of Indonesian hajj pilgrim (IHP) is increasing every year with the proportion of pilgrims age 60 is also increase. Therefore, Indonesia government stiileontinuing to improve the health service system on its hajj management, in order to decrease the morbidity and mortality rate of hajj pilgrims, during the hajj ritual at the Holy Land of Mecca.

The study has a purpose on exploring how high the contribution of risk factors on mortality of nil Indonesian hajj pilgrims of the year 1428H/2008M. The design of the study is using the basic observational study, the cross sectional study design. The study is analyzing the secondary data of Siskobal 2008, Siskobalkes 2008, data of the Report of TKHI (Indonesia Hajj Taskforsei/IHT) task of kloter I 2008, data of

the Hajj Health Profile, and synchronizing with the MS Access format that issued by the Hajj Health Sub directorate of General Directorate of PP and PL of the Indonesia Ministry of Health.

The Study found the most dominant risk factors which influence the mortality of IHP which have certain conditions, namely: those who has the history of respiratory system disorder processing risk to pass away 316 times compare to those who has not have; those who age >80 years old has risk to death 115 times; pilgrimage who has history of circulatory system disorder has risk to death 54 times; those who has history of digestion system process risk to die 8 times; and men tend to have risk 2 times women. All factors above are accounted after adjustment. Probability of highest death at pilgrim having history disease of system circulatory, respiratory, digestion and male; factor age >80 years male, having history disease of circulatory system and have history disease of respiratory system.

It is suggested that hajj pilgrim candidate suppose to do the pilgrimage before age of 50, the hajj management should give an extra services for health towards pilgrims with certain conditions, namely: men, age above 50 years old, has low level I education, less exercise for physical activities, underweight on BMI, has history of circulatory, respiratory, and digestion system disease. Therefore for those pilgrims I that have some above conditions and categorized to be high risk pilgrims, should hajj management provides special flight order, appropriate number on hajj taskforce I officers, residential hajj location at Arab Saudi should be placed near to the center of hajj ritual, and there is a need for health screening policy at the health examination and those who have risk will be detected in advance.</i>