

Kontribusi faktor risiko terhadap mortalitas pada jamaah haji Indonesia 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 pada 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 factor resiko yang paling dominan (setelah diadjusted) mempengaruhi mortalitas JHI adalah jamaah yang mempunyai riwayat penyakit system pernafasan berisiko kejadian mortalitas 316 kali lebih tinggi, jamaah yang mempunyai usi >80 tahun berisiko kejadian mortalitas 115 kali lebih tinggi, Jamaah yang mempunyai riwayat penyakit system sirkulasi berisiko kejadian mortalitas 54 kali lebih tinggi, jamaah yang mempunyai riwayat penyakit system 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 sirkulasi mempunyai riwayat penyakit sistem pernafasan, mempunyai riwayat penyakit sistem pencernaan dan berjenis kelamin pria.

Menyatakan 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 sirkulasi, 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, dibutuhkan kebijakan skrining kondisi kesehatan melalui pemeriksaan 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 stii leontinuing 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 Taskforce/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 highnest death at pilgrim having history disease of system circulatory, respiratory, digestion and male; faction 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. Thereforet 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 he placed near to the center of hajj ritual, and there is a need for health screening pelicy at the health examination and those who have risk will he detected in advance.</i>