

Model Pengendalian Penyakit Hepatitis (Interaksi Faktor; Kelembagaan, Sanitasi Lingkungan, Sosial Ekonomi dan Perilaku Sehat Masyarakat) = Model of Hepatitic Disease Control (Interaction Factors; Institutional Support, Environment Sanitation, Socio-Economic and Community Health Behavior).

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Abstrak

ABSTRAK

Hepatitis sampai saat ini menjadi permasalahan kesehatan di dunia, termasuk di Indonesia. Berbagai upaya pengendalian hepatitis sudah dilaksanakan oleh semua pihak; pemerintah, masyarakat, lembaga non pemerintah, bahkan lembaga atau badan internasional. Kenyataan dijumpai prevalensi hepatitis masih belum sesuai harapan. Riset ini mengkaji korelasi/hubungan atau pengaruh faktor-faktor; kelembagaan, sanitasi lingkungan, sosial ekonomi dan perilaku sehat masyarakat terhadap angka prevalensi hepatitis. Riset mengkaji data hasil kegiatan Riset Kesehatan Dasar (Riskesdas) tahun 2018. Kajian ini menggunakan pendekatan kuantitatif dengan korelasi studi ekologi. Analisis pembacaan data level individu hasil survei Riskedas dinaikkan ke tingkat wilayah/kelompok. Ada hubungan prevalensi hepatitis dengan faktor kelembagaan dari sisi dukungan program pengendalian penyakit berkorelasi negatif sangat kuat ($r=0,77$) dengan pengaruh 18%. Pengawasan kesehatan tempat fasilitas umum sebagai faktor sanitasi lingkungan memiliki pengaruh 31,06% dan korelasinya negatif kuat ($r=0,56$). Persentase jumlah penduduk miskin sebagai faktor sosial ekonomi berpengaruh 19,04% berkorelasi yang lemah ($r=0,44$). Proporsi perilaku benar buang air besar penduduk sebagai representasi faktor perilaku sehat masyarakat hanya berpengaruh 18% dengan korelasi negatif yang lemah ($r=0,42$). Secara bersama-sama pengaruh empat faktor tersebut pada prevalensi hepatitis adalah 84,5% signifikansi 0,000. Keempat faktor membentuk model prediktif prevalensi hepatitis = $1,078 - 0,782 * \text{Lembaga} - 0,001 \text{Sanitasi} + 0,003 \text{Miskin} - 0,005 \text{Prilaku}$. Guna kepentingan kebijakan program pengendalian hepatitis yang lebih optimum, maka perlu sinergi penguatan kegiatan kelembagaan, sanitasi tempat fasilitas umum, pemberdayaan sosial ekonomi dan gerakan menuju perilaku hidup sehat.

ABSTRACT

Hepatitis has become a health problem in the world, including in Indonesia. Various efforts to control hepatitis have been carried out by all parties; government, community, non-governmental institutions, even international institutions or bodies. The fact is that the prevalence of hepatitis is still not as expected. This research examines the correlation/relationship or influence of factors; institutional, environmental sanitation, socioeconomic and public health behavior towards hepatitis prevalence. Research examines data on the results of the Basic Health Research (Riskesdas) in 2018. This study uses a quantitative approach with the correlation of ecological studies. Analysis of the reading of individual level data from the Riskedas survey was raised to the regional/group level. There is a correlation between the prevalence of hepatitis and institutional factors in terms of supporting a disease control program with a very strong negative correlation ($r=0,77$) with an effect of 18%. Health supervision in public facilities as a factor of environmental sanitation has an effect of 31.06% and the correlation is strongly negative ($r=0,56$). The percentage of the number of

poor people as a socioeconomic factor influencing 19.04% has a weak correlation ($r = 0.44$). The proportion of the population's correct bowel behavior as a representation of public health behavioral factors only affects 18% with a weak negative correlation ($r = -0.42$). Together the influence of these four factors on the prevalence of hepatitis was 84.5% significance of 0,000. These four factors form a predictive model of hepatitis prevalence = $1,078 - 0,782 * \text{Institution} - 0,001 * \text{Sanitation} + 0.003 * \text{Poor} + 0.005 * \text{Behavior}$. In the interest of more optimal hepatitis control program policies, it is necessary to synergize the strengthening of institutional activities, sanitation of public facilities, socio-economic empowerment and movement towards healthy hibup behavior.