

Analisis sistem program UKGS paripurna terhadap status kesehatan gigi di Kota Jambi th.2002

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Abstrak

Guna mewujudkan Indonesia Sehat 2010 sebagai salah satu unsur kesejahteraan umum dari tujuan Nasional, maka salah satu usahanya adalah dengan meningkatkan status kesehatan gigi. Status Kesehatan Gigi anak usia 12 th sebagai usia indikator yang dianiurkan WHO tergolong masih rendah. Hal ini dapat dilihat dari angka DMF-T rata-rata 2,21 dan Prevalensi Karies Gigi 76,9% dan Nilai Performent Treatment Index (PTI) baru mencapai 4,52 % (SKRT, 1995). Sedangkan di Kota Jambi pada tahun 1999 hasil penelitian Irma, dkk rnenginformasikan bahwa pada anak usia 12 th DMF-T rata-rata 2,44 dan Prevalensi karies. 83,9 % serta Nilai PTI I,84%. Sementara target Nasional untuk usia 12 tahun pada tahun 2010 rtanti adaiah DMF-T rata-rata 1,0 dan Prevalensi karies gigi 50% serta Nilai PTI 50%. Program UKGS Paripurna sebagai salah satu program yang ada di Puskesmas merupakan program yang langsung mcnyentuh kepada kebutuhan pelayanan kesehatan gigi khususnya anak usia 12 tahun yang pada umumnya duduk di kelas VI SD. Untuk mengetahui gambaran status keseabatan gigi dan gambaran program UKGS Paripurna di Kota Jambi merupakan tujuan dari penelitian ini. Penilaian kualitas program UKGS Paripurna dengan menggunakan ?pendekatan system? memandang bahwa program UKGS Paripurna merupakan suatu organisasi dengan variabel-variabeinya input, pross dan output serta status kesehatan gigi sebagai outcome. Penelitian ini dilakukan dengan rancangan cross sectional, dengan pengumpulan data menggunakan kuesioner wawancara untuk variabel independen dan menggunakan formulir pemeriksaan kesehatan gli untuk variabel dependen. Responden adalah penanggung jawab program UKGS Paripurna di seluruh Puskesmas di Kota Jambi sebanyak 20 Puskesmas, sedangkan sampel murid kelas VI SD binaau UKGS Paripurna sebanyak 708 orang untuk wilayah Puskesmas dengan kuaitas Program UKGS Paripurna baik dan 708 orang untuk wilayah PLISICCSIIHS dengan kualitas Program UKGS Paripurna kurang baik. Selanjutnya data diolah menggunakan analisis Uji Kai Kuadrat (Chi Square). Hasil penelitian menunjukkan status kesehatan gigi sebagai berikut; DMF-T rata-rata 2,14 Prevalensi Karies Gigi 79,54% dan Nilai PTI 5,78%- Kualitas Program UKGS Paripurna dinilai dengan menggunakan ?pendekatan system? didapatkan hasil sebagai berikut: II (55%) Puskesmas dengan kualitasjprogram UKGS Paripurna baik dan 9 (45%) Puskesmas kurang baik, 10 (50%) Puskesmas dengan input baik dan 10 (50%) Puskesmas kurang baik, II (60%) Puskesmas dengan proses baik dan 8 (40%) Puskesmas kurang baik, II (55%) Puskesmas dengan output baik dan 9 (45%) Puskesmas kurang baik. Begitupula dengan status kesehatan gigi setelah dikategorikan didapat hasil 12 (60%) Puskesmas dengan status kesehatan gigi baik dan 8 (40%) Puskesmas dengan status kesehatan gigi kurang baik. Dari analisis ternyata anftara seluruh variabel independen mempunyai hubungan yang berrnakna dengan variabel dependen (Status kesehatan gigi). Guna lebih meningkatkan kualitas dan cakupan SD UKGS Paripurna disarankan Dinas Kesehatan Kota Jambi meningkatkan variabel input berupa penambahau sarana pelayanan kesehatan gigi, peralatan dan obat-obatan terutama untuk tumpata ART, mengadakan dana operasional dan memberikan pelatihan kepada penaugtmg jawab program UKGS Serta memberikan kebijakan dan pedoman pelaksanaan program UKGS

yang lebih jelas.

In order to establish Healthy Indonesian in 2010, as one of the elements of National objective on general welfare, it is improving the dental health status. The dental health status of children age 12 years as indicator age that suggested by the W.H.O- is still low. It can be seen from the average rate of DMF-T was 2,21, prevalence of caries dental was 76,9%, and value of Performance Treatment Index only reach 4,52% (House Hold Survey, 1995). While in Jambi City in 1999 the result of survey conducted by Imta et al informed that on children age 12 years the average DMF-T was 2,44 and caries prevalence was 83,9%, the value of PTI was 1,84%. Whereas the National target for the children age 12 years in 2010, the average DMF-T is 1,0, caries dental prevalence is 50%, and value of PTI is 50%. Post School Dental Health Program as one of the programs that available at the Health Center is direct program who touches to the need of dental health service, especially for the children age 12 years, whose at VI graders of Primary School. The objective of this may is to determine the description of dental health status and the description on post School Dental Health Program in Jambi City. The assessment to the quality of post School Dental Health Program is using "system approach", considering that post School Dental Health Program is an organization with its variables i.e. input, process, output, and dental health status as outcome. The design of this study was cross-sectional; the data collected by interview using questionnaire for independent variable, and using dental health examining form for dependent variable. Respondent is the undertaker of post School Dental Health Program at entire of Health Centers in Jambi City with the number was 20 Health Centers. The sample were the schoolchildren at VI graders of Primary School who as the model on post School Dental Health Program with the number 708 subjects, where at the area of post School Dental Health Program both good and was not good. The data was analyzing by chi-square Test. The result of this study shows that the dental health status in Jambi City was still low, especially to schoolchildren at the VI graders of Primary School, with the detail as the followings: the average of DMF-T was 2,14, dental caries prevalence was 79,84, and value of PTI was 5,78%. Ten (50%) of Health Centers with sufficient input variable and 10 (50%) of Health Centers was insufficient. Twelve (60%) of Health Centers with good process variable and Eight (40%) of Health Centers was not good. Eleven (55%) of Health Centers with good output variable and nine (45%) was not good. It also with dental health status after grouped, it was obtained result twelve (60%) of Health Centers with dental health status good and eight (40%) of Health Centers was not good. Based on the analysis, the fact among entire of independent variables (input, process, and output) was having significant relationship with dependent variable (dental health status). In order to improve the quality and coverage of the Primary School on post School Dental Health Program, it is recommended to Local Health Office of Jambi City to increase the input variable by adding the facility of dental health service, equipment and medicine especially filling of ART. Conduct operational finding, giving training to the coordinator of School Dental Health Program And giving clear policy and manual of implementation on School Dental Health Program.