

Analisis Spasial Kejadian Hipertensi Penduduk Usia 15 Tahun Keatas Di Jawa Timur Tahun 2021

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Abstrak

<div style="text-align: justify;">Di Jawa Timur, terdapat disparitas prevalensi hipertensi antarkabupaten/kota yang disebabkan oleh perbedaan determinan prevalensi hipertensi di setiap wilayah. Sejalan dengan itu, keterikatan sosial dan ekonomi antarwilayah dapat menyebabkan saling pengaruh mekanisme determinan hipertensi. Kondisi ini menimbulkan kendala dalam pelaksanaan program kesehatan dan alokasi sumber daya kesehatan, termasuk pengalokasian Dana Alokasi Khusus (DAK) sebagai salah satu sumber dana program pencegahan dan pengendalian hipertensi. Di Jawa Timur, terdapat lima Badan Koordinasi Wilayah (Bakorwil) yang bertugas membuat rekomendasi usulan DAK untuk kabupaten/kota dalam wilayah kerja masing-masing Bakorwil. Penelitian ini bertujuan untuk melihat keterkaitan spasial prevalensi hipertensi dan variasi determinan prevalensi hipertensi antarkabupaten/kota di Jawa Timur. Analisis spasial dengan menggunakan indeks Moran dan Geographically Weighted Regression (GWR) dilakukan terhadap 38 kabupaten/kota di Jawa Timur. Hasil analisis menunjukkan bahwa prevalensi hipertensi di suatu kabupaten/kota dipengaruhi oleh kabupaten/kota tetangganya. Selain itu, 38 kabupaten/kota tersebut memiliki variasi determinan prevalensi hipertensi berupa proporsi bekerja, proporsi pengeluaran untuk minyak dan lemak, proporsi perokok, serta prevalensi diabetes. Adanya efek kewilayahan pada nilai prevalensi hipertensi dan determinannya menunjukkan bahwa pelaksanaan program pencegahan dan pengendalian hipertensi di tingkat daerah memerlukan koordinasi antardinas kabupaten/kota. Lebih lanjut, rekomendasi usulan DAK bidang kesehatan juga memerlukan koordinasi antar Bakorwil.</div><hr /><div style="text-align: justify;">In East Java, there is a disparity in the prevalence of hypertension among districts/cities caused by differences in the determinants of hypertension prevalence in each region. Moreover, social and economic relationship between regions can lead to the mutual influence of the determinant mechanisms of hypertension. This condition creates obstacles in the implementation of health programs and the allocation of health resources, including the allocation of the Special Allocation Fund (Dana Alokasi Khusus or DAK) as a source of funds for the hypertension prevention and control program. In East Java, there are five Regional Coordinating Bodies (Badan Koordinasi Wilayah or Bakorwil) whose task is to make recommendations on DAK proposals for districts/cities within the working areas of each Bakorwil. This study aims to look at the spatial relationship between the prevalence of hypertension and the variation in the determinants of hypertension prevalence between districts/cities in East Java. Spatial analysis using the Moran index and Geographically Weighted Regression (GWR) was carried out for 38 districts/cities in East Java. The results of the analysis show that the prevalence of hypertension in a district/city is influenced by neighboring districts/cities. In addition, the 38 regencies/cities have variations

in the determinants of the prevalence of hypertension, namely the proportion of working, the proportion of spending on oils and fats, the proportion of smokers, and the prevalence of diabetes. The existence of a spatial effect on the prevalence of hypertension and its determinants indicates that the implementation of hypertension prevention and control programs at the regional level requires coordination between district/city offices. Furthermore, DAK recommendations for the health sector also require coordination between Bakorwil.</div>