

Epidemiologi Deskriptif Premature Mortality Penyakit Tidak Menular di Jakarta: Analisis Data Kematian Dinas Kesehatan Provinsi DKI Jakarta Tahun 2020-2024

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Abstrak

Penelitian terkait premature mortality yaitu kematian usia 30-70 tahun akibat PTM di Indonesia masih terbatas. Penelitian bertujuan menganalisis tren premature mortality akibat 4NCD, meliputi kardiovaskular (CVD), kanker, diabetes, dan respirasi kronis (CRD) di DKI Jakarta tahun 2020-2024 menggunakan desain potong lintang berdasarkan data sekunder Dinas Kesehatan DKI Jakarta. Analisis univariat mengkaji tren premature mortality 4NCD berdasarkan distribusi umur, jenis kelamin, wilayah domisili, dan laporan fasilitas kesehatan. Hasil penelitian menyatakan premature mortality 4NCD diakibatkan CVD (78%), diabetes (17%), kanker (14%), dan CRD (9%). Kematian CVD disebabkan blok penyakit jantung lain (47,4%) dan serebrovaskular (19,4%). Kanker ganas primer di lokasi spesifik (88,7%), DM tipe 2 (77%). Kematian CRD didominasi blok penyakit lain pada sistem pernapasan (34%) dan penyakit pernapasan bawah kronis (27,8%). Premature mortality tertinggi terjadi di usia dewasa paruh baya (49%), lansia muda (46%), dan dewasa muda (5%). Kematian laki-laki (58%) lebih tinggi daripada perempuan (42%). Domisili angka kematian tertinggi terjadi di Jakarta Timur (30%), Jakarta Selatan (19%), Jakarta Utara (17%), dengan sumber laporan tertinggi puskesmas (56%). Kasus kematian tidak spesifik menggambarkan tantangan proses surveilans yang akurat. Penelitian ini menitikberatkan vitalitas kualitas data sebagai penunjang intervensi dan kebijakan yang efektif dan tepat sasaran dalam mengurangi morbiditas dan mortalitas PTM.

Research related to premature mortality, deaths aged 30-70 years due to NCDs in Indonesia, is still limited. This study aims to analyze the trend of premature mortality due to 4NCD, including CVD, cancer, diabetes, and CRD in DKI Jakarta in 2020-2024 using a cross-sectional design based on secondary data from DKI Jakarta Health Department. Univariate analysis examined 4NCD premature mortality trends based on age distribution, gender, domicile area, and health facility reports. The results showed 4NCD premature mortality was caused by CVD (78%), diabetes (17%), cancer (14%), and CRD (9%). CVD mortality due to other heart disease (47.4%) and cerebrovascular (19.4%). Site-specific primary malignant cancer (88.7%), type 2 DM (77%). CRD mortality by other respiratory system disease block (34%) and chronic lower respiratory disease (27.8%). Premature mortality was highest in middle-aged adults (49%), young elderly (46%), young adults (5%). Male mortality (58%) was higher than female mortality (42%). Domicile of death was highest in East Jakarta (30%), South Jakarta (19%), North Jakarta (17%), the highest source of report being puskesmas (56%). Unspecified death cases illustrate the challenges of accurate surveillance processes. This study emphasizes the vitality of data quality to support effective and targeted interventions and policies in reducing morbidity.