

Analisis Faktor Risiko Sindrom Metabolik pada Pegawai ASN Lembaga X di Jakarta Tahun 2026

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Abstrak

Sindrom metabolik merupakan kumpulan faktor risiko kardiometabolik yang meningkatkan risiko penyakit kardiovaskular dan diabetes melitus tipe 2. Pegawai perkantoran, termasuk Aparatur Sipil Negara (ASN), berisiko mengalami sindrom metabolik karena pola kerja sedentary, keterbatasan aktivitas fisik, pola makan tidak sehat, dan perilaku berisiko lainnya. Penelitian ini bertujuan menganalisis faktor risiko sindrom metabolik pada pegawai ASN Lembaga X tahun 2026. Penelitian menggunakan desain mixed methods sequential explanatory. Tahap kuantitatif merupakan penelitian observasional analitik dengan desain cross-sectional pada 340 responden menggunakan data Medical Check-Up tahun 2025 dan kuesioner faktor risiko tahun 2026. Status sindrom metabolik ditentukan berdasarkan kriteria Joint Interim Statement 2009. Analisis meliputi univariat, bivariat, dan regresi logistik multivariat. Tahap kualitatif dilakukan melalui wawancara mendalam dengan informan kunci untuk menjelaskan hasil kuantitatif. Prevalensi sindrom metabolik sebesar 26,2%. Komponen yang paling banyak ditemukan adalah obesitas sentral (58,5%), diikuti trigliserida tinggi (32,4%), glukosa darah puasa tinggi (32,1%), HDL rendah (28,5%), dan hipertensi (18,2%). Model akhir menunjukkan bahwa IMT obesitas merupakan faktor paling dominan (AOR=23,347; 95% CI: 7,863–69,372; $p<0,001$), diikuti merokok (AOR=2,452; 95% CI: 1,235–4,868; $p=0,010$), pola makan tidak sering bergizi seimbang (AOR=2,430; 95% CI: 1,405–4,203; $p=0,001$), riwayat penyakit keluarga (AOR=2,135; 95% CI: 1,181–3,859; $p=0,012$), perilaku sedentary ≥ 6 jam/hari (AOR=2,182; 95% CI: 1,096–4,344; $p=0,026$), dan aktivitas fisik kurang aktif (AOR=1,829; 95% CI: 0,999–3,348; $p=0,050$). Hasil kualitatif menunjukkan bahwa pekerjaan duduk lama, konsumsi saat rapat atau lembur, hambatan aktivitas fisik, kebiasaan merokok, dan belum optimalnya tindak lanjut hasil MCU memperkuat risiko sindrom metabolik. Sindrom metabolik pada pegawai ASN Lembaga X dipengaruhi oleh interaksi faktor biologis, perilaku, dan lingkungan kerja. Diperlukan program kesehatan kerja terintegrasi berbasis hasil MCU yang memprioritaskan pengendalian obesitas, konsumsi sehat, peningkatan aktivitas fisik, pengurangan perilaku sedentary, serta program berhenti merokok.

Metabolic syndrome is a cluster of cardiometabolic risk factors that increases the risk of cardiovascular disease and type 2 diabetes mellitus. Office workers, including civil servants, are at risk because of sedentary work patterns, limited physical activity, unhealthy dietary habits, and other risk behaviors. This study aimed to analyze risk factors for metabolic syndrome among civil servants at Institution X in 2026. A sequential explanatory mixed-methods design was used. The quantitative phase was an analytical observational cross-sectional study involving 340 respondents, using 2025 Medical Check-Up data and a 2026 risk-factor questionnaire. Metabolic syndrome was defined according to the 2009 Joint Interim Statement criteria. Analyses included univariate, bivariate, and multivariable logistic regression. The qualitative phase involved in-depth interviews with key informants to explain the quantitative findings. The prevalence of metabolic syndrome was 26.2%. The most common component was central obesity (58.5%), followed by elevated

triglycerides (32.4%), elevated fasting blood glucose (32.1%), low HDL cholesterol (28.5%), and hypertension (18.2%). In the final model, obesity based on body mass index was the strongest factor (AOR=23.347; 95% CI: 7.863–69.372; $p<0.001$), followed by smoking (AOR=2.452; 95% CI: 1.235–4.868; $p=0.010$), infrequent consumption of a balanced diet (AOR=2.430; 95% CI: 1.405–4.203; $p=0.001$), family history of disease (AOR=2.135; 95% CI: 1.181–3.859; $p=0.012$), sedentary behavior ≥ 6 hours/day (AOR=2.182; 95% CI: 1.096–4.344; $p=0.026$), and insufficient physical activity (AOR=1.829; 95% CI: 0.999–3.348; $p=0.050$). Qualitative findings indicated that prolonged sitting, food consumption during meetings or overtime, barriers to physical activity, smoking habits, and suboptimal follow-up of Medical Check-Up results reinforced metabolic syndrome risk. Metabolic syndrome among civil servants at Institution X is influenced by the interaction of biological, behavioral, and workplace environmental factors. An integrated occupational health program based on Medical Check-Up results is needed, prioritizing obesity control, healthy food policies, promotion of physical activity, reduction of sedentary behavior, and smoking cessation