Hubungan Determinan Sosial Dan Literasi Kesehatan Dengan Tanggung Jawab Kesehatan Individu Pada Penduduk Dewasa Di Pulau Jawa

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Abstrak

Survei Literasi Kesehatan Kementerian Kesehatan Tahun 2024–2025 menunjukkan bahwa pada penduduk dewasa di Pulau Jawa, wilayah yang dihuni 55,58% penduduk Indonesia, proporsi yang tidak pernah mencari konseling kesehatan mencapai 71%, tidak mengikuti edukasi kesehatan 52%, dan tidak melakukan pemeriksaan kesehatan mandiri 44%, mengindikasikan rendahnya tanggung jawab kesehatan. Kondisi ini terjadi meskipun literasi persepsi tergolong memadai (37,5%), sedangkan literasi fungsional masih terbatas (1,6% mencukupi), menunjukkan kesenjangan pemahaman dan penerapan informasi kesehatan. Belum adanya penelitian yang menganalisis keterkaitan determinan sosial,literasi kesehatan dan tanggung jawab kesehatan pada populasi dewasa di Pulau Jawa. Penelitian ini bertujuan menganalisis hubungan determinan sosial dan literasi kesehatan dengan tanggung jawab kesehatan pada penduduk dewasa di Pulau Jawa, menggunakan desain cross-sectional dengan data sekunder Survei Literasi Kesehatan Kemenkes 2024–2025. Sampel terdiri atas 1.419 penduduk dewasa usia 17–65 tahun atau telah menikah di enam provinsi Pulau Jawa. Variabel dependen adalah tanggung jawab kesehatan (subskala HPLP-II, skor 1–4); variabel independen meliputi literasi kesehatan (HLS-EU-Q16, skor 0–4) dan determinan sosial. Analisis menggunakan uji Independent Samples t-Test, korelasi Pearson, dan regresi linear berganda berbobot. Rerata skor tanggung jawab kesehatan 1,83 (SD = 0,53), kategori sedang-rendah; rerata literasi kesehatan 3,01 (SD = 0,44), kategori mencukupi. Literasi kesehatan memiliki hubungan positif terbesar dengan tanggung jawab kesehatan (B = 0,327; 95% CI: 0,264–0,390; p < 0,001). Usia ≥45 tahun (B = 0,140), pendidikan SMA–perguruan tinggi (B = 0,150), dan status menikah (B = 0,088) berhubungan positif; jenis kelamin laki-laki (B = −0,139) dan status bekerja (B = −0,088) berhubungan negatif (semua p < 0,05). Pendapatan tidak signifikan (B = −0,036; p = 0,220) dan bukan confounder. Penguatan literasi kesehatan perlu menjadi prioritas promosi kesehatan, terutama pada laki-laki, usia muda, dan pendidikan rendah di Pulau Jawa. Kata kunci: Determinan sosial, literasi kesehatan, tanggung jawab kesehatan, HPLP-II, HLS-EU-Q16, Pulau Jawa <hr /> The 2024–2025 Ministry of Health Health Literacy Survey showed that among adults in Java, home to 55.58% of Indonesia’s population, 71% had never sought health counselling, 52% had never participated in health education programmes, and 44% had never undertaken self-health examinations, indicating low levels of health responsibility. This occurred despite perception-based health literacy being relatively adequate (37.5%), while functional health literacy remained limited (only 1.6% achieved an adequate level), suggesting a gap between understanding and the application of health information. To date, no study has examined the relationship between social determinants, health literacy, and health responsibility among the adult population in Java. This study aimed to analyse the association between social determinants, health literacy, and health responsibility among adults in Java using a cross-sectional design and secondary data from the 2024–2025 Ministry of Health Health Literacy Survey. The

sample comprised 1,419 adults aged 17–65 years or those who were married, drawn from six provinces in Java. The dependent variable was health responsibility (Health-Promoting Lifestyle Profile II [HPLP-II] subscale, score range 1–4), while the independent variables included health literacy (HLS-EU-Q16, score range 0–4) and social determinants. Data were analysed using independent-samples t-tests, Pearson’s correlation, and weighted multiple linear regression. The mean health responsibility score was 1.83 (SD = 0.53), indicating a moderate-to-low level, whereas the mean health literacy score was 3.01 (SD = 0.44), indicating an adequate level. Health literacy showed the strongest positive association with health responsibility (B = 0.327; 95% CI: 0.264–0.390; p < 0.001). Age ≥45 years (B = 0.140), upper secondary to tertiary education (B = 0.150), and being married (B = 0.088) were positively associated with health responsibility, whereas being male (B = −0.139) and being employed (B = −0.088) were negatively associated (all p < 0.05). Income was not significantly associated with health responsibility (B = −0.036; p = 0.220) and was not identified as a confounding variable. Strengthening health literacy should therefore be prioritised in health promotion initiatives, particularly among men, younger adults, and individuals with lower educational attainment in Java. Keywords: social determinants, health literacy, health responsibility, HPLP-II, HLS-EU-Q16, Java Island