



INTISARI

Latar Belakang: Ketersediaan tenaga kesehatan dan fasilitas kesehatan sudah cukup merata di hampir semua wilayah Kabupaten Banjarnegara. Selain itu pencapaian target kegiatan program KIA selalu meningkat setiap tahunnya. Akan tetapi angka kematian ibu masih menjadi masalah di Kabupaten Banjarnegara. Pada tahun 2011 terdapat 12 kasus (74,3 / 100.000 KH), tahun 2012 terdapat 23 kasus (140,6 / 100.000 KH) dan pada tahun 2013 terdapat 19 kasus (116,48 / 100.000 KH).

Tujuan: Mengetahui gambaran spasial kematian ibu di Kabupaten Banjarnegara dan faktor risiko yang mempengaruhinya khususnya yang terkait dengan aksesibilitas fasilitas kesehatan.

Metode: Jenis penelitian ini analitik dengan menggunakan desain *kasus kontrol*, mempelajari distribusi kasus kematian ibu dengan menggunakan sistem informasi geografis (SIG) di Kabupaten Banjarnegara. Populasi dan sampel penelitian adalah seluruh kasus kematian ibu dan ibu pasca melahirkan yg tidak meninggal di Kabupaten Banjarnegara dari tahun 2011 sampai 2013. Sampel kasus sebanyak 54 dan kontrol 54. Analisis spasial bertujuan untuk melihat pola sebaran lokasi kematian ibu dan fasilitas kesehatan.

Hasil: Kasus kematian ibu menyebar (*dispersed*) hampir di seluruh wilayah Kabupaten Banjarnegara. Fasilitas kesehatan di Kabupaten Banjarnegara memiliki pola sebaran menyebar (*dispersed*). Secara statistik pendapatan memiliki hubungan signifikan (OR=4,587; p=0,000), domisili tidak memiliki hubungan signifikan (p=0,430) dan jarak dekat ke fasilitas kesehatan memiliki hubungan signifikan tetapi sebagai faktor protektif (OR=0,320; p=0,008). Pemanfaatan sistem informasi geografis untuk membantu dalam menentukan fasilitas kesehatan dan rute yang terdekat dari lokasi ibu yang akan dirujuk.

Kesimpulan: Kasus kematian ibu dan fasilitas kesehatan menyebar tidak mengelompok (*dispersed*). Tingkat ekonomi memiliki hubungan dengan kematian ibu. Domisili tidak memiliki hubungan dengan kasus kematian ibu. Jarak fasilitas kesehatan memiliki hubungan dengan kasus kematian ibu tetapi sebagai faktor protektif (pelindung). Rujukan terpusat pada rumah sakit umum daerah. Pemanfaatan Sistem Informasi Geografis dapat digunakan untuk membantu kegiatan program KIA dan sistem rujukan.

Kata Kunci: kematian ibu, analisis spasial, rujukan, sistem informasi geografis



SPATIAL DISTRIBUTION ANALYSIS OF MATERNAL MORTALITY IN BANJARNEGARA REGENCY, 2011-2013

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ABSTRACT

Background: The availability of health workers and health facilities was already distributed evenly in almost all Banjarnegara Regency areas. Other of that, the achievement of the target of Maternal and Child Health (MCH) programs activities have been always increasing annually. But maternal mortality was still be a problem in Banjarnegara Regency. In 2011 there were 12 incidences (74,3 / 100.000 life births), in 2012 there were 23 incidences (140,6 / 100.000 life births) and in 2013 there were 19 incidences (116,48 / 100.000 life births).

Objectives: To knowing the spatial depiction on maternal mortality in Banjarnegara regency and the risk factors that influenced especially related to the accessibility to health facilities.

Methods: This was analytic study by case control design, studied an incidence distribution of maternal mortality by Geographical Information System (GIS) in Banjarnegara Regency. Population and sample was all maternal mortality incidences in Banjarnegara regency as a case and post delivery woman who didn't death as a control since 2011 to 2013. Spatial analysis was aimed to observe a distribution pattern of a location of maternal mortality incidence and health facility. Bivariate and multivariate analysis was performed to seek a correlation between variables.

Results: Maternal mortality incidences dispersed almost in all areas of of Banjarnegara Regency. Health facilities in Banjarnegara were dispersedly distributed. Statistic test showed that income had significant correlation (OR=4,587; p=0.000), residence had no correlation (p=0.430) and close distance to health facility had significant correlation but as protective factor (OR=0,320; p=0,008). Physical accessibility of the health facilities was considered based on time to travel and distance. Utilization of Geographical Information System is to help in determining a health facility and nearest route from the women location who would be referred.

Conclusion: The incidence of maternal mortality was scattered, was not grouped. Health facilities in Banjarnegara were dispersedly distributed Economic level had correlation to maternal mortality. Residence location had no correlation to maternal mortality. Distance to health facility had correlation to maternal mortality but as protective factor. Referral was centered to regional general hospital. Geographical Information System can be used to help activities in Maternal and Child Health (MCH) programs and referral system.

Keywords: Maternal mortality, spatial analysis, referral, geographical information system

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