INTISARI

Latar Belakang: Osteoartritis merupakan penyakit sendi degeneratif yang menimbulkan nyeri dan kekakuan sendi sehingga dapat menurunkan kemampuan berjalan dan beraktivitas sehari-hari. Kondisi ini akan menyulitkan lansia dalam melakukan kesiapsiagaan terhadap bencana. Pemanfaatan sistem informasi geografis dapat digunakan untuk pemetaan lansia osteoartritis disertai dengan faktor risiko yang mempengaruhi penyakit.
Tujuan Penelitian: Untuk mengidentifikasi faktor risiko perilaku dan persebaran lansia penderita osteoartritis di Desa Umbulharjo, Cangkringan.
Metode: Penelitian survei dengan pendekatan *cross sectional*. Populasi pada penelitian ini sebanyak 136 responden. Sampel yang diambil sesuai kriteria inklusi sebanyak 77 responden. Teknik pengambilan sampel menggunakan total sampling. Analisa data menggunakan uji *chi-square* untuk mengidentifikasi faktor risiko perilaku dan analisis spasial.
Hasil: Prevalensi lansia penderita osteoartritis yang merokok sebanyak 16,9%. Lansia dengan nutrisi kurang sebanyak 76,7%. Prevalensi lansia yang melakukan aktivitas fisik berat sebanyak 67,6%. Lansia dengan status gizi lebih sebanyak 3,9%. Hasil penelitian menunjukkan ada hubungan antara pemenuhan kecukupan nutrisi (p=0,039), dan aktivitas fisik (p=0,003). Serta tidak ada hubungan antara merokok (p=0,885) dan status gizi (p=1,000). Lansia osteoartritis sebanyak 34,56% berada di KRB II. Terdapat 5,2% kasus osteoartritis berada >1000 m dari titik kumpul.
Kesimpulan: Faktor risiko yang mempengaruhi kejadian osteoartritis adalah kurangnya kecukupan nutrisi dan aktivitas fisik berat. Perencanaan kesiapsiagaan bencana pada lansia penderita osteoartritis yang berada di radius >1000 m perlu ditingkatkan.

Kata Kunci: lansia, osteoartritis, sistem informasi geografis

ABSTRACT

Background: Osteoarthritis is a degenerative joint disease causing pain and stiffness which can decline ability to walk and to perform daily activities. This condition will make it difficult for the elderly to do disaster preparedness. The utilization of geographic information systems can be used for mapping the elderly with osteoarthritis and risk factors that affect the disease.
Aim: To identify behavioral risk factors of elderly with osteoarthritis and to identify the distribution of elderly with osteoarthritis in Umbulharjo Village, Cangkringan.
Methods: This study was a survey with cross sectional approach. The population in this study were 136 respondents. Samples were taken appropriate inclusion criteria as much as 77 respondents. The sampling technique was total sampling. Data were analyzed using Chi-Square test to identify behavioral risk factors and spatial analysis.
Result: The prevalence of elderly with OA who smoked was 16,9%. Elderly with low nutritional status was 76,6%. The prevalence of elderly with OA who did heavy physical activity was 67,6%. Elderly with excess nutritional status was 3.9%. The results showed a relationship between the fulfillment of nutrition adequacy (p=0.039) and physical activity (p=0.003). No relationship between smoking (p=0.885) and nutritional status (p=1.000). Distribution of osteoarthritis of the elderly was 34.56% in KRB II. Elderly with OA were 5,2% of osteoarthritis cases are >1000 m from the evacuation point.
Conclusion: Risk factors affecting osteoarthritis incidence were low nutritional adequacy and heavy physical activity. Disaster preparedness planning for the elderly, especially elderly with OA who were in a radius of >1000 m needs to be improved.

Keywords: elderly, osteoarthritis, geographic information systems