

ANALISIS SPASIAL UNTUK PENENTUAN WILAYAH BERISIKO CAMPAK DI KABUPATEN BANTUL

ABSTRAK

Latar Belakang: Tingginya angka *Incidence rate*, KLB yang terus berlangsung dan lemahnya sistem pencatatan dan pelaporan penyakit campak merupakan tantangan yang harus dihadapi untuk dapat mencapai eliminasi campak di Indonesia. Daerah Istimewa Yogyakarta (DIY) merupakan Provinsi dengan *incidence rate* penyakit campak tertinggi di Indonesia yaitu 18/100.000 penduduk. Setiap tahun di Kabupaten Bantul masih ditemukan kasus dan KLB campak yang tersebar di hampir semua wilayah kecamatan. Penelitian ini bertujuan untuk mengetahui wilayah berisiko penyakit campak di Kabupaten Bantul.

Metode: Penelitian *Cross Sectional* dilakukan pada bulan Juni – Agustus 2015. Data mengenai penderita penyakit campak diperoleh dari data kegiatan *Case Based Measles Surveillance* (CBMS) Dinas Kesehatan Kabupaten Bantul. Titik koordinat tempat tinggal penderita didapatkan dengan melakukan kunjungan langsung ke rumah. Untuk informasi terkait wilayah kelurahan/desa diperoleh dari semua kantor kelurahan/desa dan Puskesmas yang ada di Kabupaten Bantul. Data dianalisis dengan analisis *Spatially Weighted Regression*.

Hasil: Terdapat 185 kasus dan 6 KLB campak yang tersebar di 50 (67%) kelurahan/desa. Semua desa telah mencapai cakupan imunisasi >90%, 66% dengan status gizi baik, 51% dengan status pendidikan tinggi, 37% dengan kepadatan penduduk tinggi, dan 24% dengan status ekonomi rendah. Variabel kepadatan penduduk merupakan variabel yang secara spasial berhubungan dengan kejadian penyakit campak ($p=0.00448$), sedangkan cakupan imunisasi, status gizi, tingkat pendidikan, dan status ekonomi secara spasial tidak berhubungan dengan kejadian penyakit campak. Ditemukan adanya pengelompokan kasus campak di wilayah Kecamatan Banguntapan.

Kesimpulan: Perlu dilakukan evaluasi program imunisasi di Kabupaten Bantul mengingat bahwa semua kelurahan/desa telah mencapai cakupan imunisasi $\geq 90\%$ namun masih ditemukan 185 kasus campak dan 6 KLB pada tahun 2014. Selain itu perlu diadakan penguatan sistem pencatatan untuk kegiatan CBMS.

Kata Kunci: Campak, faktor risiko, analisis spasial.

SPATIAL ANALYSIS TO DETERMINE AREAS AT RISK OF MEASLES IN BANTUL DISTRICT

ABSTRACT

Background: The high incidence rate, the ongoing outbreaks, lack of recording and reporting system for measles are challenges to handle to achieve the elimination of measles in Indonesia. Special Region of Yogyakarta (DIY) is the province with the highest incidence rate of measles in Indonesia, i.e. 18/ 100,000 population. Each year, measles cases and outbreaks still can be found in Bantul Districts and its subdistricts. The research is aimed to determine the areas at risk of measles in Bantul Regency.

Methods: Cross-sectional research was performed from June to August 2015. The data on measles patients were obtained from Case-Based Measles Surveillance (CBMS) activities in Health Office of Bantul District. The coordinates locations of patients' home were obtained by direct visits. Meanwhile, the information regarding village/ward areas was derived from all village/ ward offices and Public Health Centers in Bantul Districts. The data were analyzed by Spatially Weighted Regression.

Results: There were 185 measles cases and 6 outbreaks spread in 50 (67%) villages/wards. The entire villages/ wards have achieved immunization coverage of >90%, 66% with good nutritional status, 51% with high education status, 37% with high population density, and 24% with low economic status. The variable of population density is that which is spatially associated with measles incidents ($p=0.00448$), as immunization coverage, nutritional status, education level, and economic status are not spatially associated with measles incidents. Measles case clustering is found in the areas of Banguntapan Sub-district.

Conclusion: The immunization program in Bantul District needs to be evaluated, considering that all villages have reach 90% immunization coverage however 185 measles cases and 6 outbreaks were still found in 2014. In addition, the improvement of recording system needs be conducted for CBMS activities.

Keywords: Measles, risk factors, spatial analysis.