PENGEMBANGAN BASIS DATA UNTUK SISTEM SURVEILANS FAKTOR RISIKO KEJADIAN PNEUMONIA DALAM PROGRAM ISPA DI PUSKESMAS REWARANGGA KABUPATEN ENDE

HAMI , WILHELMUS

Pembimbing : Arief Hargono, drg., M.Kes

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SUMMARY

APPROPRIATE DATABASE DEVELOPMENT FOR RISK FACTOR SURVEILLANCE SYSTEM PNEUMONIA IN ISPA (ACUTE RESPIRATORY INFECTION) PROGRAM IN THE PHC (PUBLIC HEALTH CENTER) REWARANGGA, ENDE REGENCY

Respiratory Tract Infection (ISPA) is acute infection which attack one part or more of respiratory tract from nose into alveoli including the parts (sinus, middle ear cavity, pleura). Pneumonia is respiratory tract acute infection affecting lung tissue (alveoli).

WHO predicted pneumonia incidence in country with infant mortality more than 40 per 1000 living birth was 15% - 20% per year in under five years old group. Pneumonia incidence in under five years old group of Indonesia was predicted between 10%-20% per year. ISPA Disease Eradication Program decided 10% of under five years old per year as finding target for under five years old with pneumonia per year in a working area. Theoretically it is predicted that 10% of those with pneumonia will die if medication is not provided.

Problem of ISPA surveillance in Puskesmas Reawarangga is there is no registration format for people with ISPA including ISPA stamp, there is no risk factor data, many data in registration book have not been filled, there is data difference between ISPA registration and ISPA data recapitulation book based on village, data analysis have not been conducted, there is no information resulted as indicator, there is no feedback, there is no information about risk factor. Therefore database of ISPA risk factor in Puskesmas Reawarangga, Ende Regency needs to be developed. The research aimed to develop surveillance database model of ISPA incidence risk factor in Puskesmas Rewarangga, Ende Regency. The special purpose is to analyze ISPA surveillance system from input, process, and output in Puskesmas Rewarangga Ende Regency, performing database model trial which have been developed and observing the weakness and the strength.

Research method was qualitative research. The research design was action research – research which prioritizes direct problem solving on the work point or on the other actual fact. There are 4 stages in ISPA risk factor database development: pre-analysis, analysis, system design, and data management stages. Research location was Puskesmas Rewarangga, Ende regency on May, 20th 2010 to June, 30th 2010. Data collection technique to develop database was in-depth interview with manager/official of P2 ISPA Program and documentation study. Data which had been collected and prepared then would be analyzed quantitatively and served in frequency tabulation form to obtain general picture about research variable.

In this trial stage data filled into data application in output was original data from individual with ISPA in Puskesmas Rewarangga. Data were filled on patient examination format. The format was ISPA stamp released by Ministry of Health of Indonesian Republic then it was developed by researcher by adding ISPA risk factor.

After the data were prepared following information are obtained: frequency of pneumonia case, severe pneumonia and non-pneumonia chough based on age group; frequency of pneumonia case, severe pneumonia and non-pneumonia chough based on sex; frequency of pneumonia, severe pneumonia and chough non pneumonia based on location/village; frequency of pneumonia case, severe pneumonia and non-pneumonia chough diagnosed with the standard; frequency of pneumonia case, severe pneumonia and non-pneumonia chough managed with standard procedures. Meanwhile information related with risk factor were: frequency of family awareness in seeking aid if children was attacked by ISPA, frequency of pneumonia incidence, severe pneumonia and non-pneumonia chough based on minus nutrition status, frequency of pneumonia incidence, severe pneumonia and non-pneumonia chough based on low immunization status, frequency of pneumonia incidence, severe pneumonia and non-pneumonia chough caused by kitchen smoke pollution, frequency of pneumonia incidence, severe pneumonia and non-pneumonia chough based on over-blanketing children, frequency of pneumonia incidence, severe pneumonia and non-pneumonia chough resulted from residence density, frequency of pneumonia, severe pneumonia and non-pneumonia triggered by member of family smoking in the house, frequency of pneumonia incidence, severe pneumonia and non-pneumonia chough related with vitamin A deficiency, frequency of pneumonia incidence, severe pneumonia and non-pneumonia chough caused by unhealthy house condition in Puskesmas Rewarangga and then they were reported to Health Agency of Ende Regency.

ABSTRACT

APPROPRIATE DATABASE DEVELOPMENT FOR RISK FACTOR SURVEILLANCE SYSTEM PNEUMONIA IN ISPA (ACUTE RESPIRATORY INFECTION) PROGRAM IN THE PHC (PUBLIC HEALTH CENTER) REWARANGGA, ENDE REGENCY

ISPA (respiratory tract infection) problems in Puskesmas Reawarangga were the lack of registration format for people with ISPA, lack of risk factor data, many data in registration book have not been completed, data discrepancy between ISPA registration and ISPA data recapitulation book based on village, data analysis have not been performed, information as indicator have not been resulted, there is no feedback and absence of information about risk factor. Therefore ISPA risk factor database in Puskesmas need to be developed. The research aimed to develop ISPA incidence risk factor surveillance database model in Puskesmas Rewarangga, Ende Regency. Research method was qualitative and the research design was action research. The research was located in Puskesmas Rewarangga, Ende Regency on May 20th 2010 to June, 30th 2010. Data collection technique was indepth interview with P2 ISPA Program manager quantitatively served in frequency tabulation form to obtain general picture about research variable. Database development stages were pre-analysis, analysis, system designing and system management. After the database has been developed trial was performed to identify strength and weakness of the database. Data filled into the trial was primary data that is individual with ISPA who visited Puskesmas and Poskedes (village health post) for medication. Resulted output was indicator stipulated by Ministry of Health and frequency of immunization status, nutritional status, ASI (breast feeding) status, healthy house condition, residence density, and home contact with individual with ISPA.

Keywords: Database, ISPA risk factor