Masalah Kesehatan Prioritas

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Health Policy Unit (HPU) Kemkes
Gedung Adhyatma Lantai 2 Ruang 216
Jl HR Rasuna Said Jakata

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VISI DAN MISI PRESIDEN

TRISAKTI:
Mandiri di bidang ekonomi; Berdaulat di bidang politik; Berkepribadian dlm budaya

9 AGENDA PRIORITAS (NAWA CITA)

Agenda ke 5: Meningkatkan kualitas Hidup Manusia Indonesia

PROGRAM INDONESIA PINTAR	PROGRAM INDONESIA SEHAT	PROGRAM INDONESIA KERJA PROGRAM INDONESIA SEJAHTERA

RENSTRA 2015-2019

PARADIGMA SEHAT	PENGUATAN YANKES	JKN

KELUARGA SEHAT

D T P K

Nusantara Sehat

3 DIMENSI PEMBANGUNAN: PEMBANGUNAN MANUSIA, SEKTOR UNGGULAN, PEMERATAAN DAN KEWILAYAHAN

NORMA PEMBANGUNAN KABINET KERJA

4 Program Prioritas

1. Penurunan AKI & AKB (Kesehatan Ibu & Anak termasuk Imunisasi)
2. Perbaikan Gizi khususnya stunting
3. Pengendalian Penyakit Menular (ATM: HIV/AIDS, Tuberkulosis dan Malaria)
4. Pengendalian Penyakit Tidak Menular (Hipertensi, Diabetes Melitus, Obesitas dan Kanker)

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Angka Kematian Ibu
Di Indonesia

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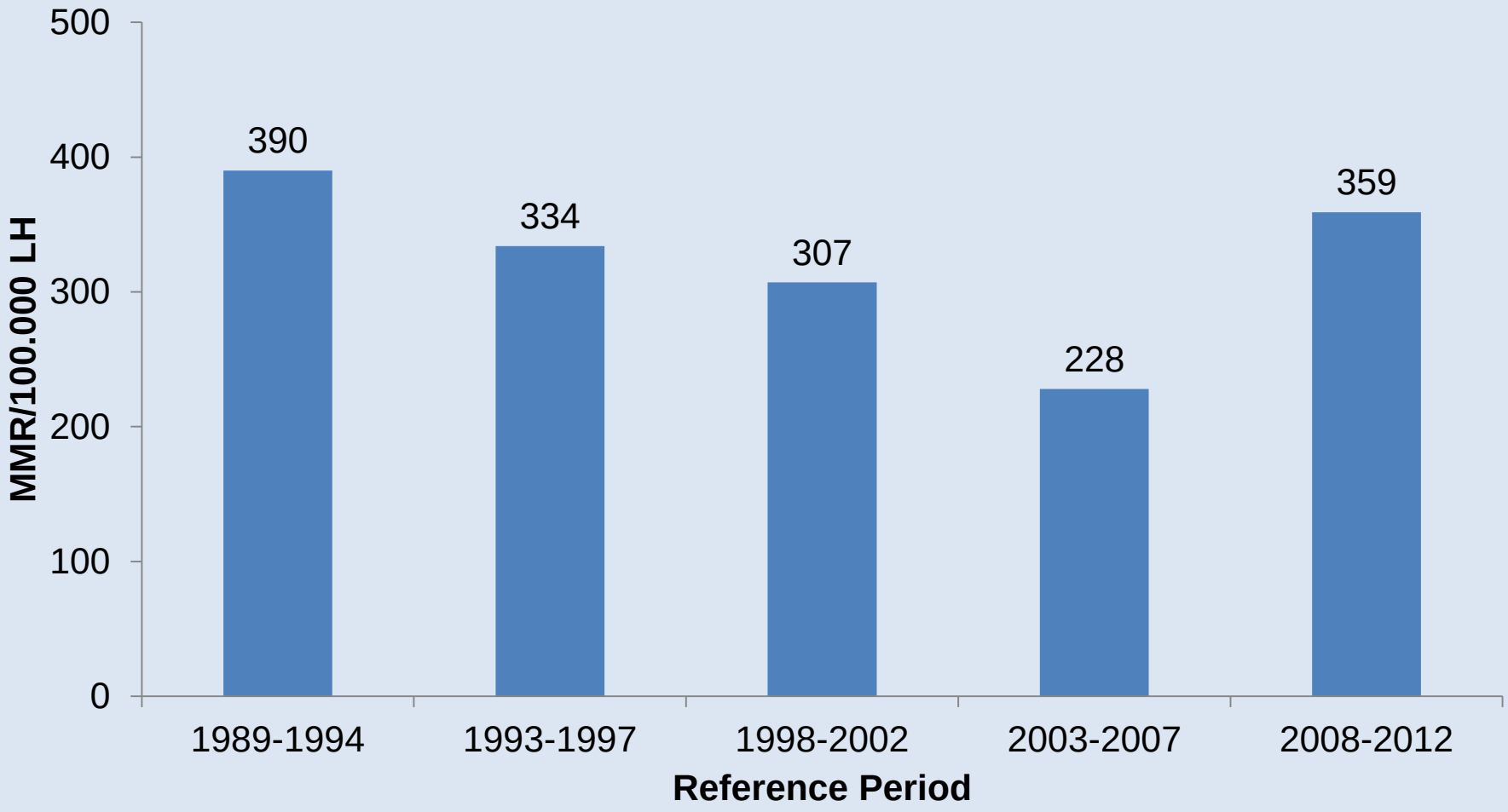
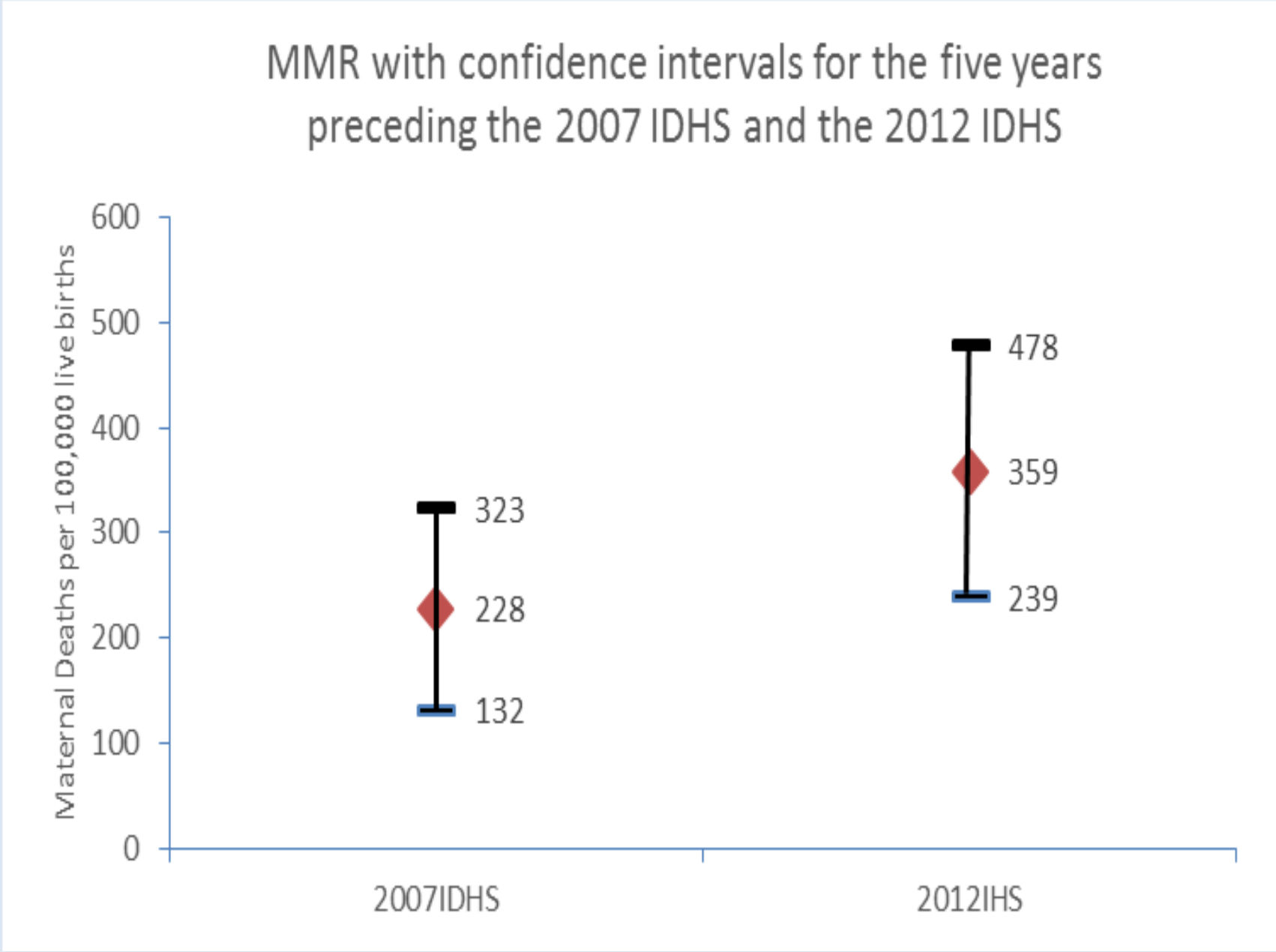
Angka Kematian Ibu: SDKI 1991-2012



trihonor2014@gmail.com



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Karakteristik kematian ibu di Indonesia

Cause of death:

- Edema, proteinuria, & hypertensive dis. (32,4%)
- Postpartum hemorrhage (20.3%)

Period:

- Post partum (61.6%)

Age:

- <20 years (6.9%)
- >35 years (25.6%)

Place

- At home (29.4%)

Source: Teti Tejayanti, Kajian Pelayanan Kesehatan Ibu, 2014

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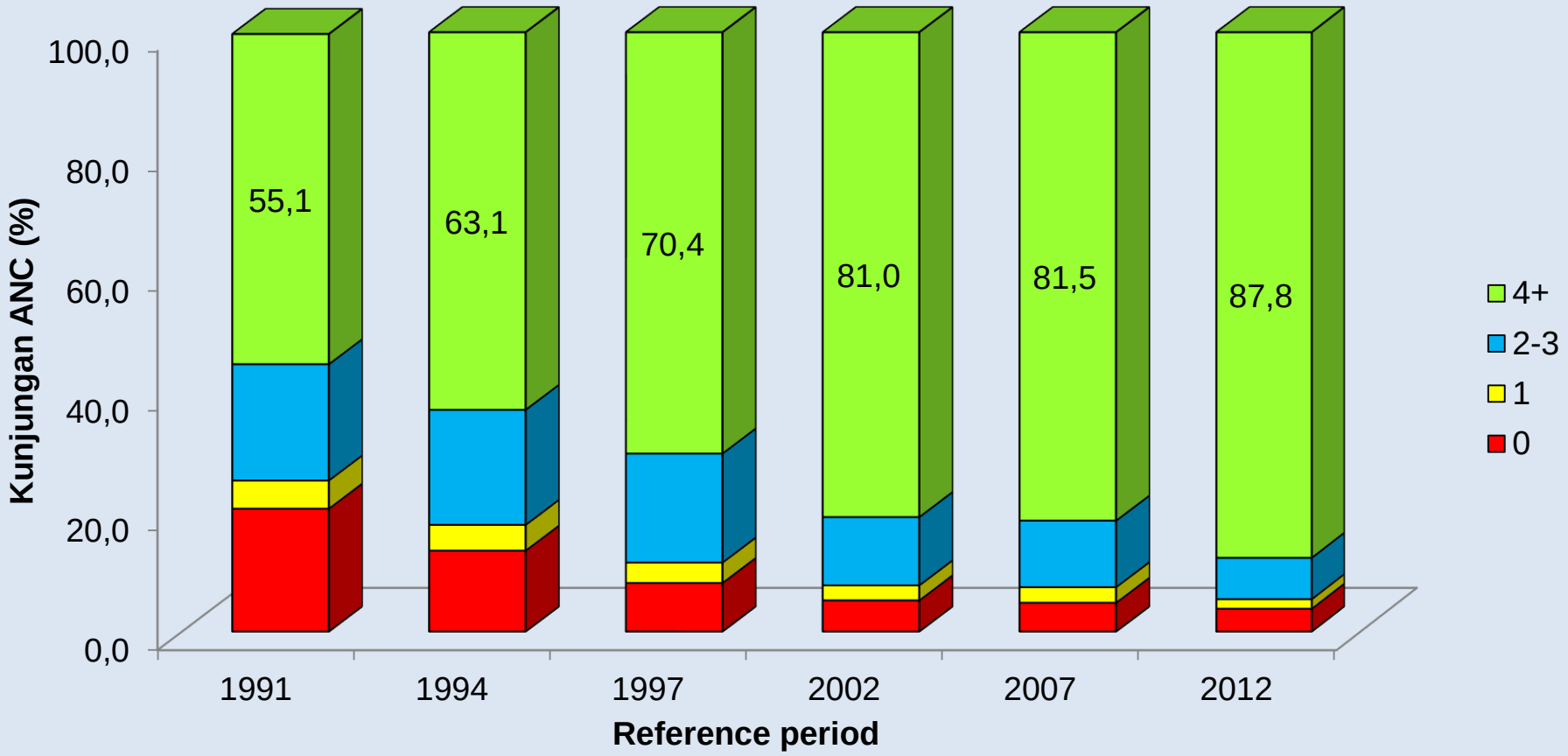
ANC: SDKI 1991-2012



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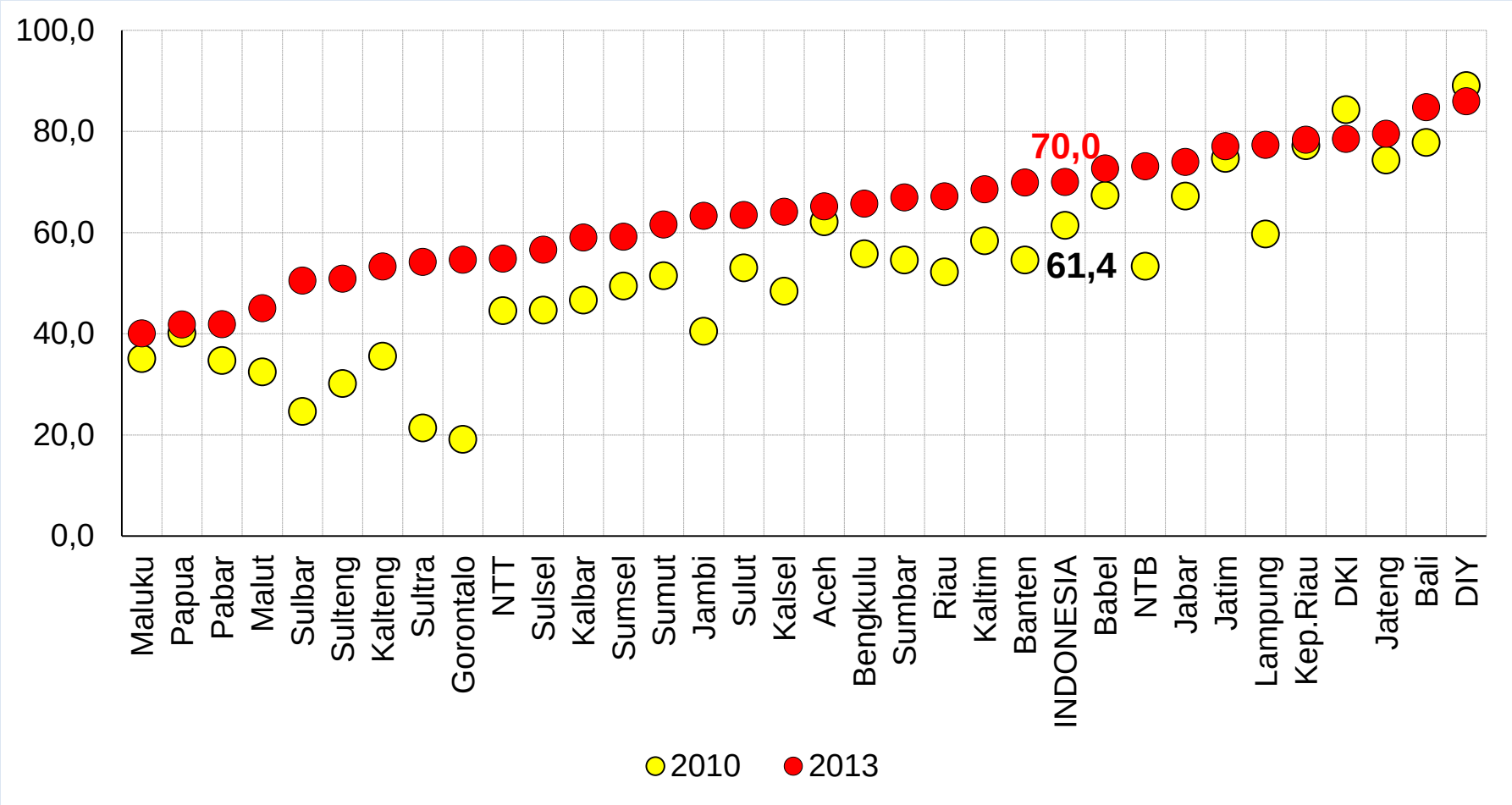
Cakupan ANC-4, 2010-2013*



* Riskesdas 2010, 2013

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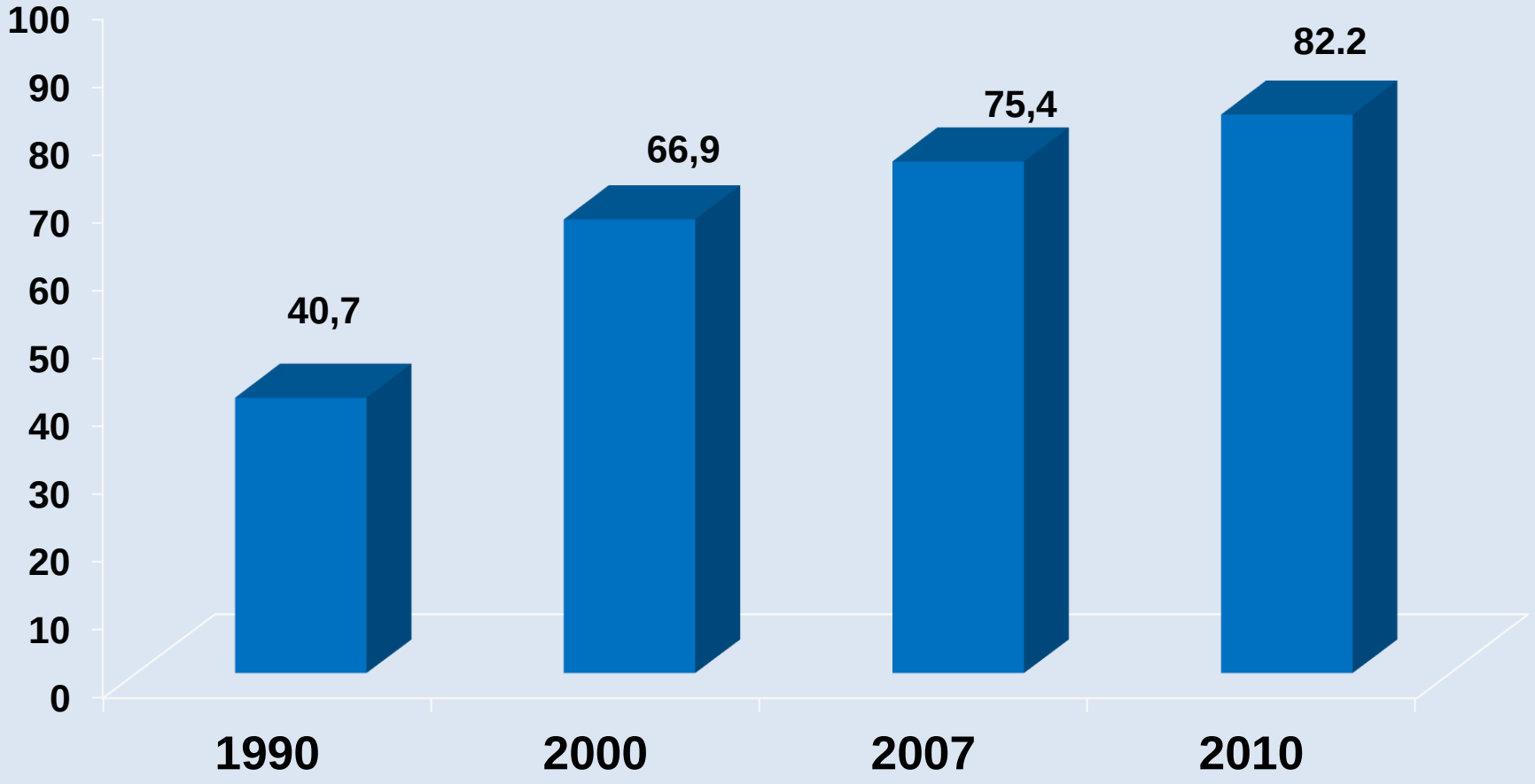
Cakupna Linakes: 1990 - 2010



Source: 1990-2007 (Susenas), 2010 (Riskesdas)

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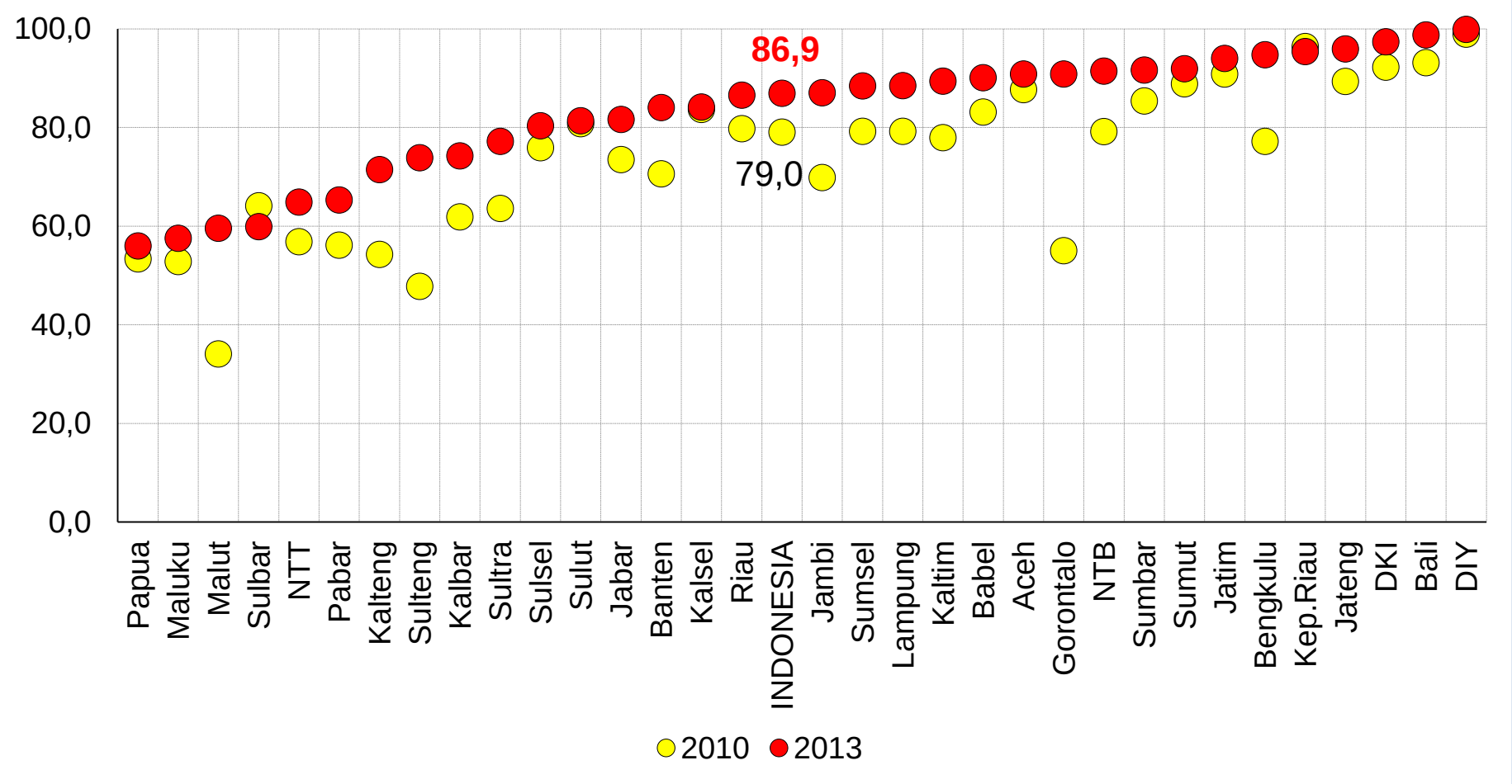
Cakupan Linakes, 2010-2013



Source: Riskesdas 2010, 2013

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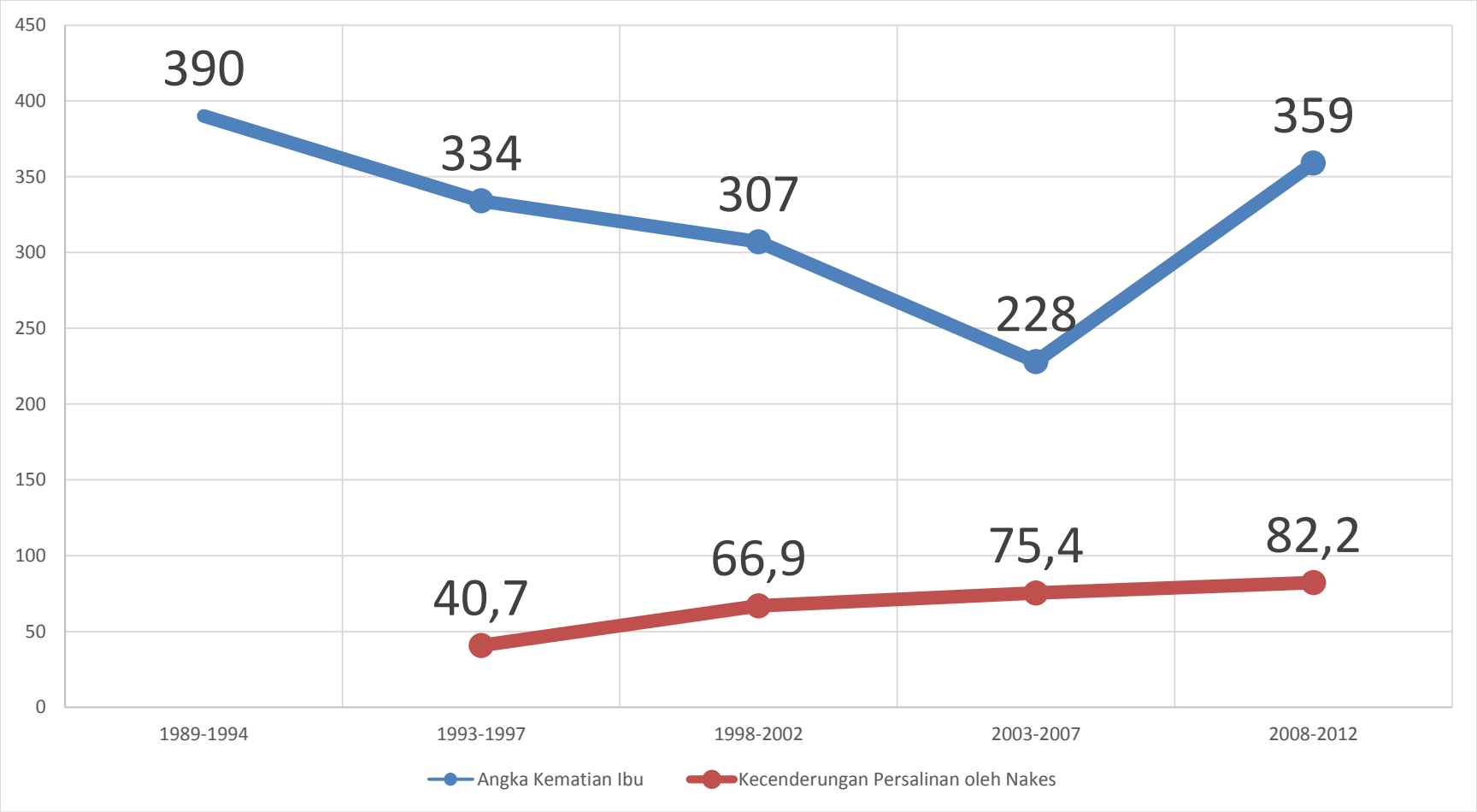
AKI dan Linakes, sama2 naik?



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Kondisi yang terbalik

- Cakupan pelayanan kesehatan maternal membaik, tetapi kenapa AKI meningkat?
- Kemungkinan sebabnya:
  1. Kualitas pelayanan yang belum baik
  2. Kondisi ibu hamil yang tidak optimal
  3. Faktor di luar kesehatan (termasuk pendidikan, kesejahteraan, norma keluarga, keluarga berencana, dll)

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Kualitas Pelayanan Kesehatan Maternal

Proportion of Government hospitals vs Comprehensive Emergency Obstetric & Neonatal Care

NO	Iindicator	(%)
1	17 criteria of CEONC	7,6
2	9 criteria of CEONC	21,0
3	Availability of doctor - trained CEONC	52,7
4	Availability of midwife - trained CEONC	50,4
5	Availability of nurse - trained CEONC	53,3
6	SOP of CEONC	34,0

Source: Teti Tejayanti: Kajian pelayanan kesehatan ibu, 2014

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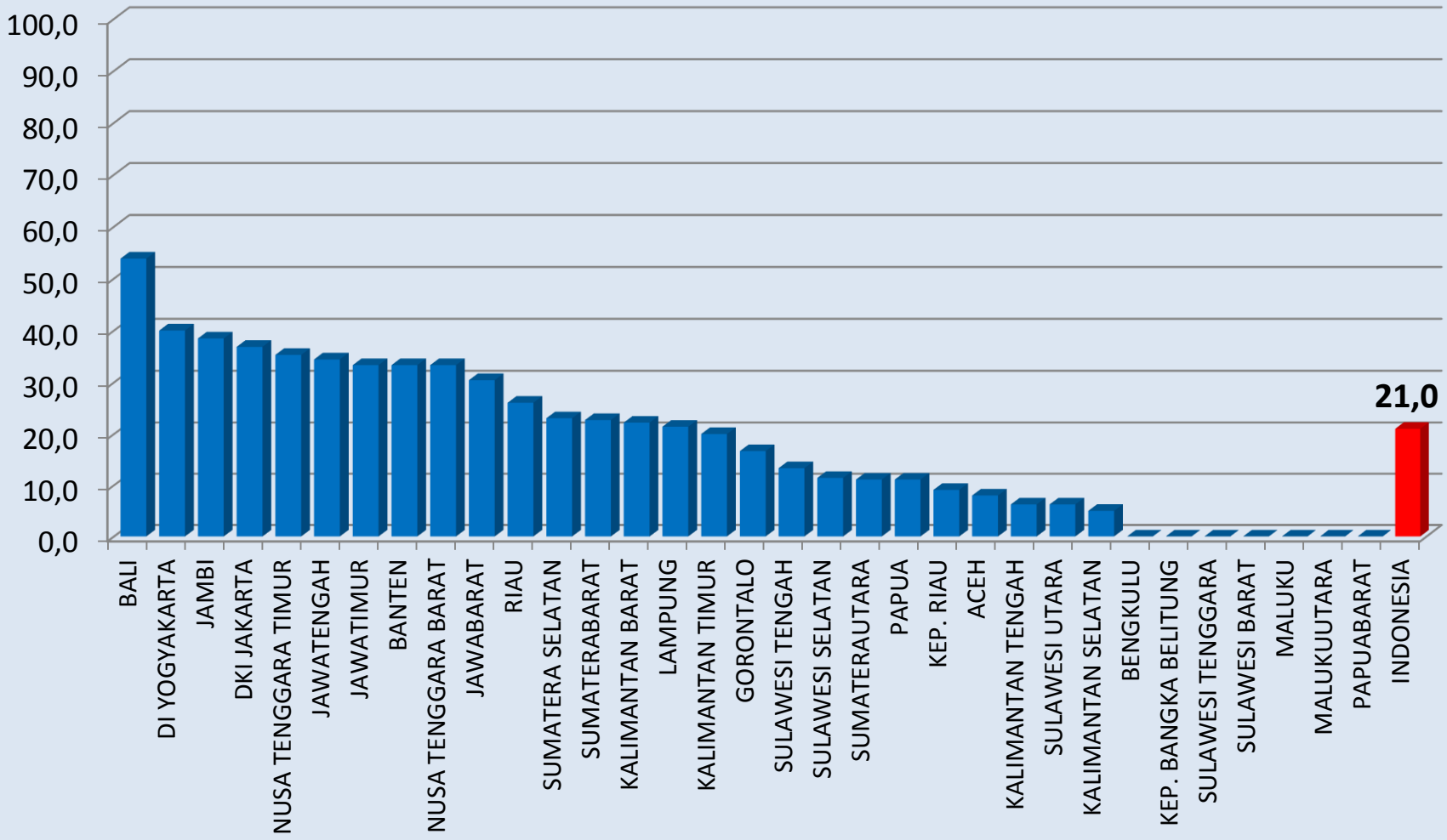
Proportion of Government Hospital based on 9 CEONC criterias



Source: Riset Fasilitas Kesehatan 2011

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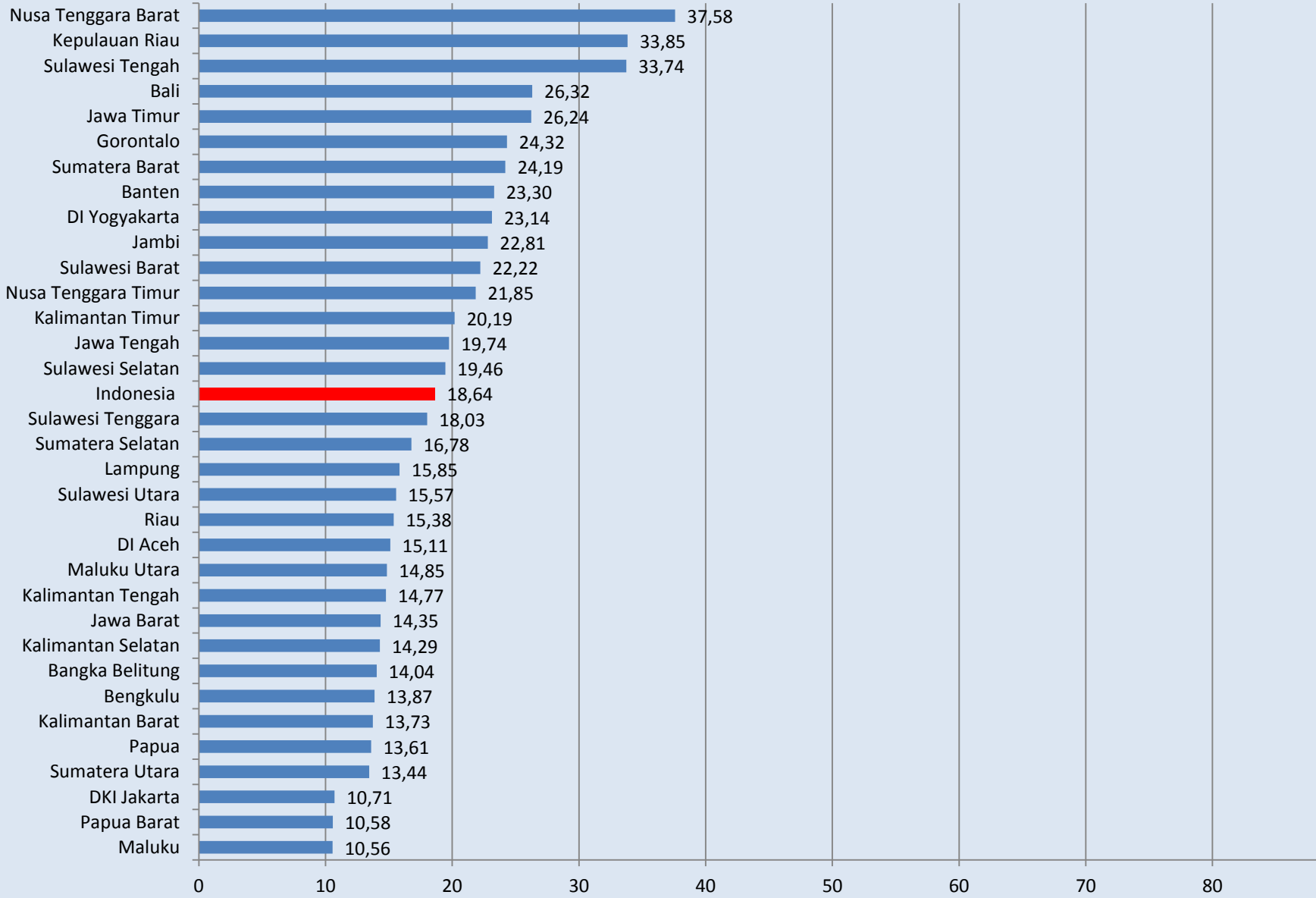
Proprotion of BEONC Health Center



Source: Riset Fasilitas Kesehatan 2011

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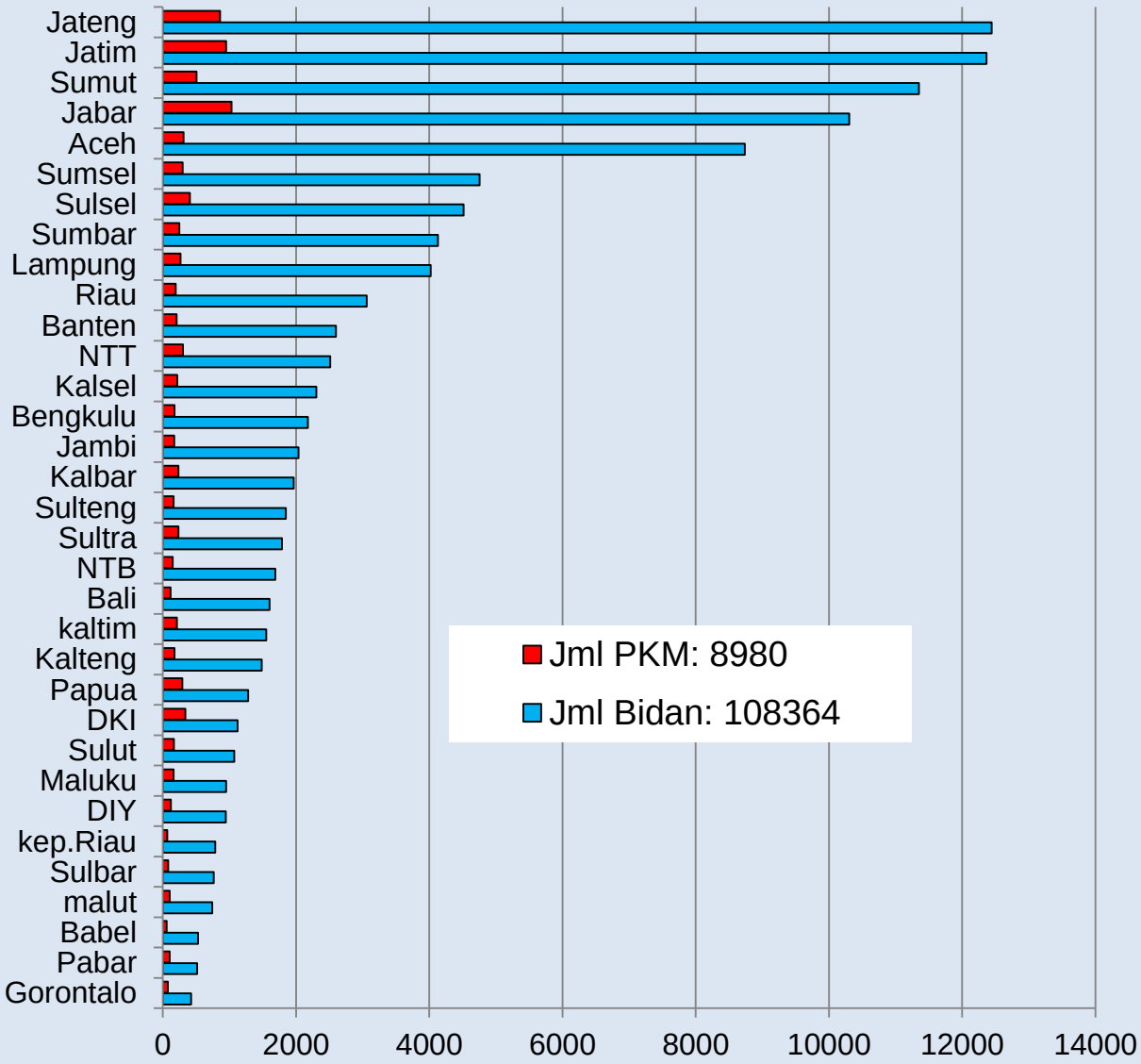
Distribution of Midwife in Health Center

Rata2/PKM
14.45
13.03
22.48
9.99
28.10
15.95
11.12
16.66
15.17
15.89
12.61
8.31
10.61
12.58
11.91
8.43
11.33
7.67
11.33
14.07
7.30
8.43
4.35
3.34
6.43
5.89
7.81
12.09
9.44
7.35
9.28
4.96
5.76



Source: Riset Fasilitas Kesehatan 2011

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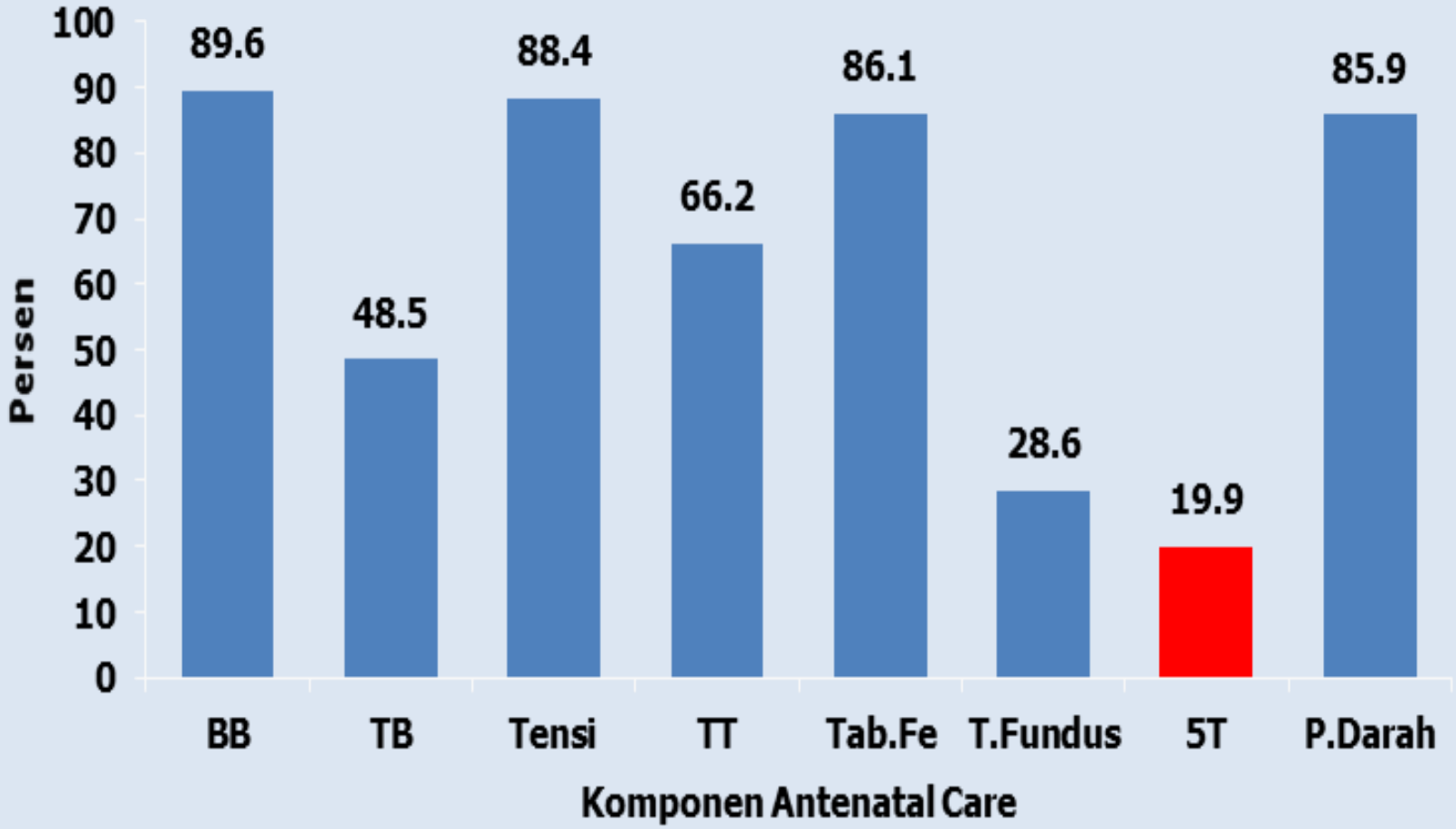
Hasil Uji Kompetensi Bidan, 2013

Deskripsi	D III Kebidanan
Jumlah soal	180
Nilai rata-rata	41,08
Standar deviasi	9,35
Nilai tertinggi	72,20
Nilai terendah	7,78
Range	64,42
Nilai Batas Lulus	40,14
Jumlah peserta lulus	3.582 (53,5%)
Jumlah peserta belum lulus	3.114 (46,5%)
Pengumuman	2 Desember

Source: MTKI 2015

Kualitas ANC



Source: Riskesdas 2010

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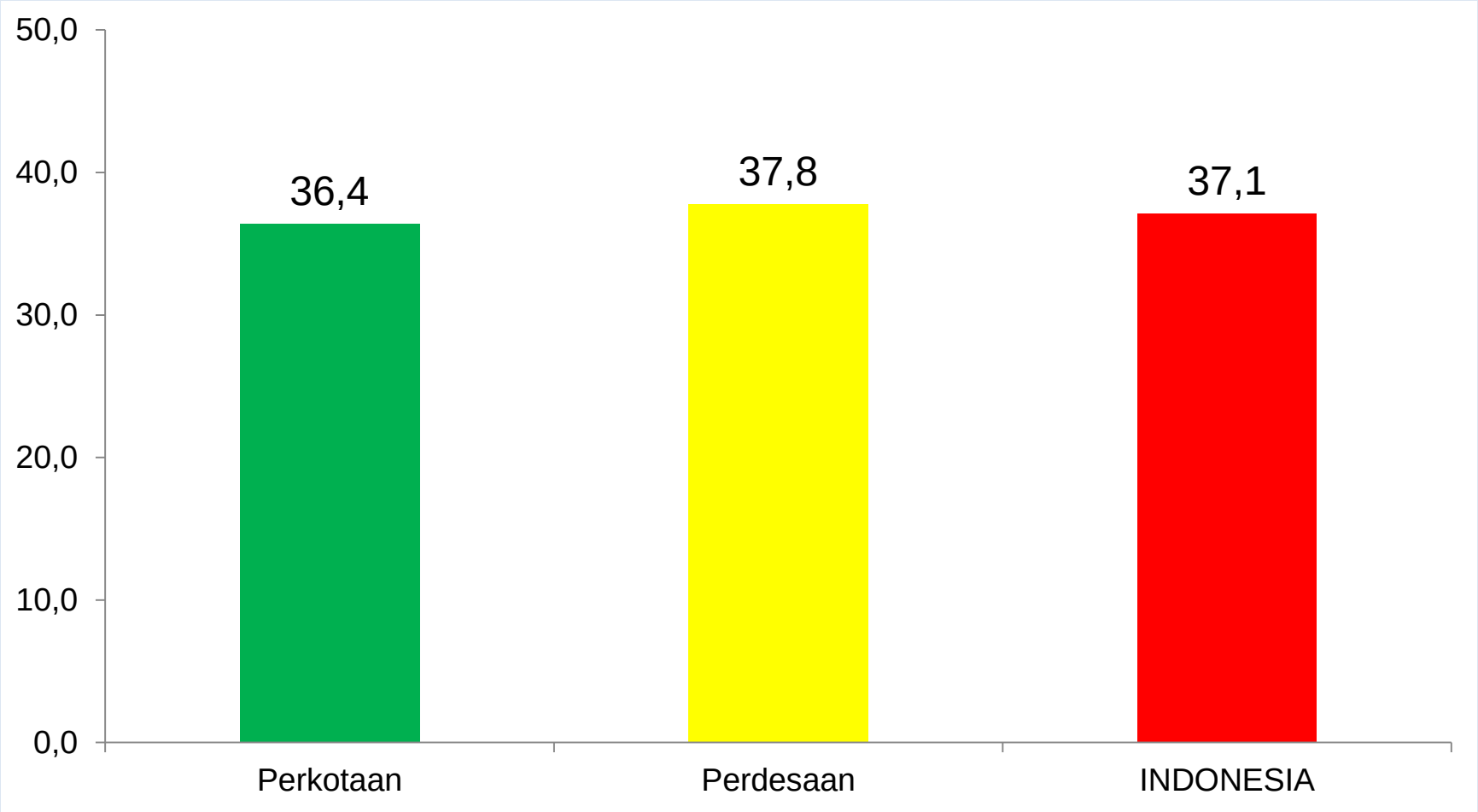
Kondisi
Ibu Hamil

Proportion of Anemia in pregnant women vs urban/rural area, 2013



*) Nilai rujukan menurut WHO/MNH/NHD/MNN/11.1,2011 dan Kemenkes,1999

**) C*ut off* points anemia Ibu Hamil, Hb < 11,0 g/dl

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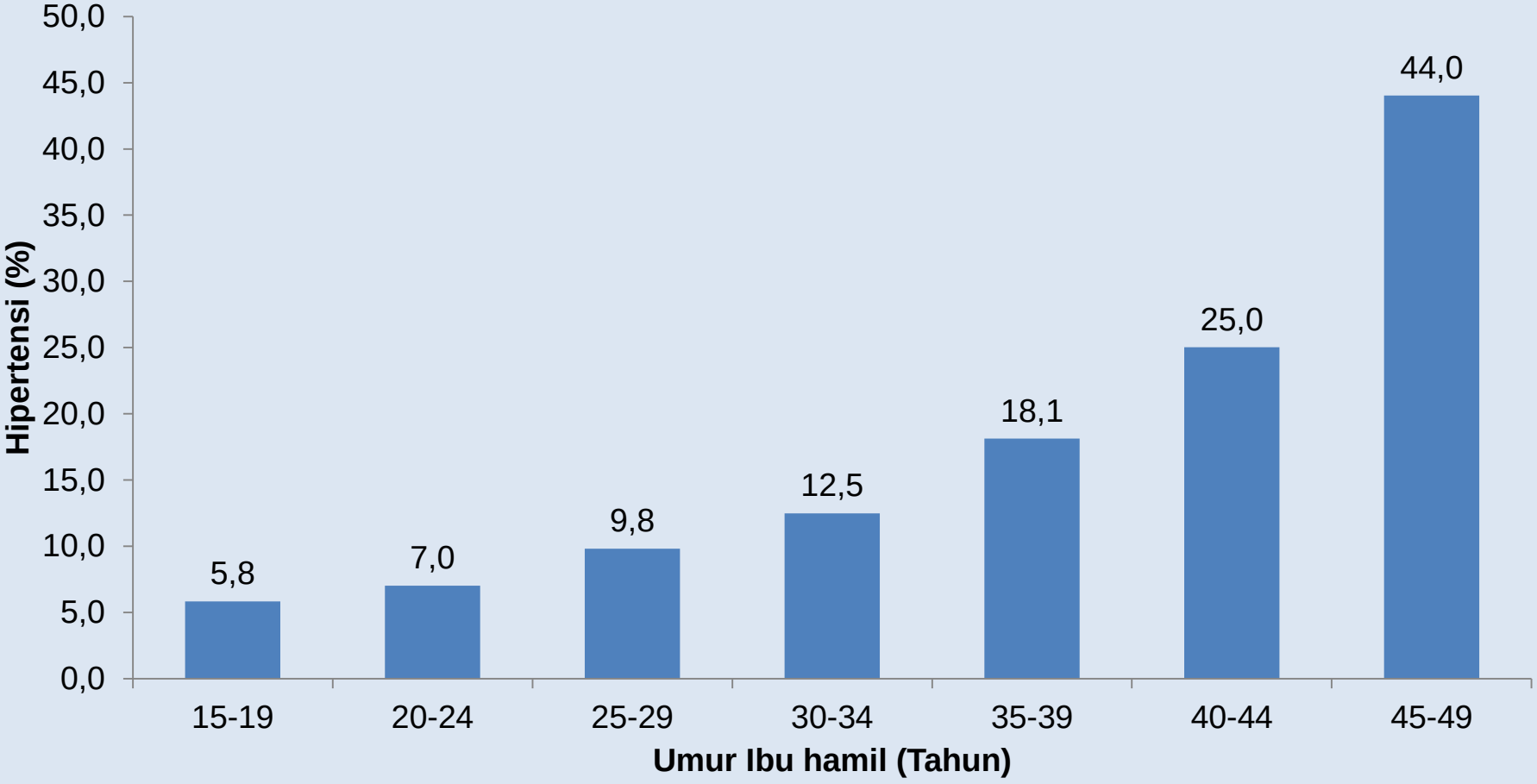
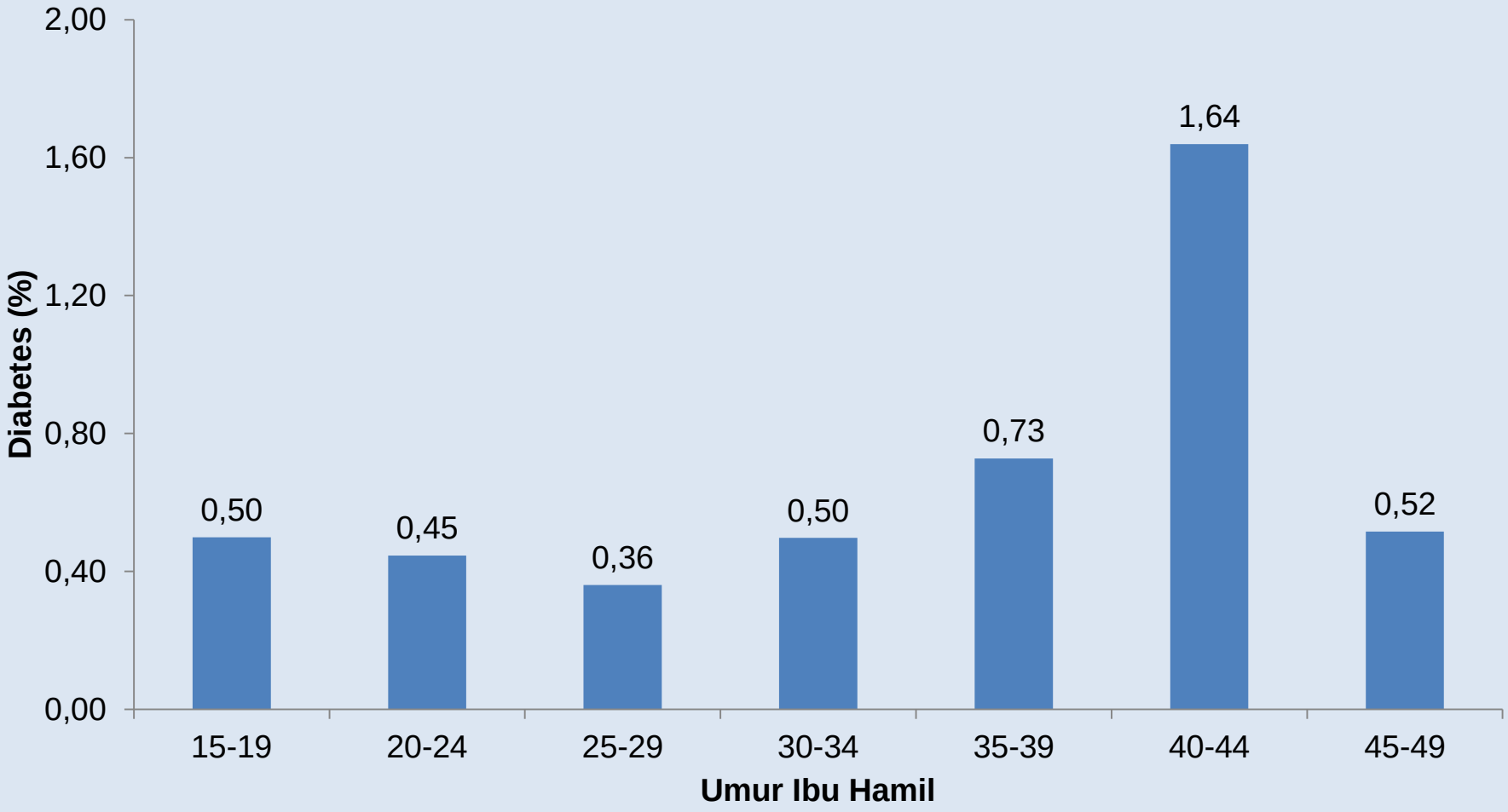
Hypertension: Pregnant women, 2007



Source: Riskesdas 2007

trihonor2014@gmail.com

Diabetes: Pregnant women, 2007



Source: Riskesdas 2007

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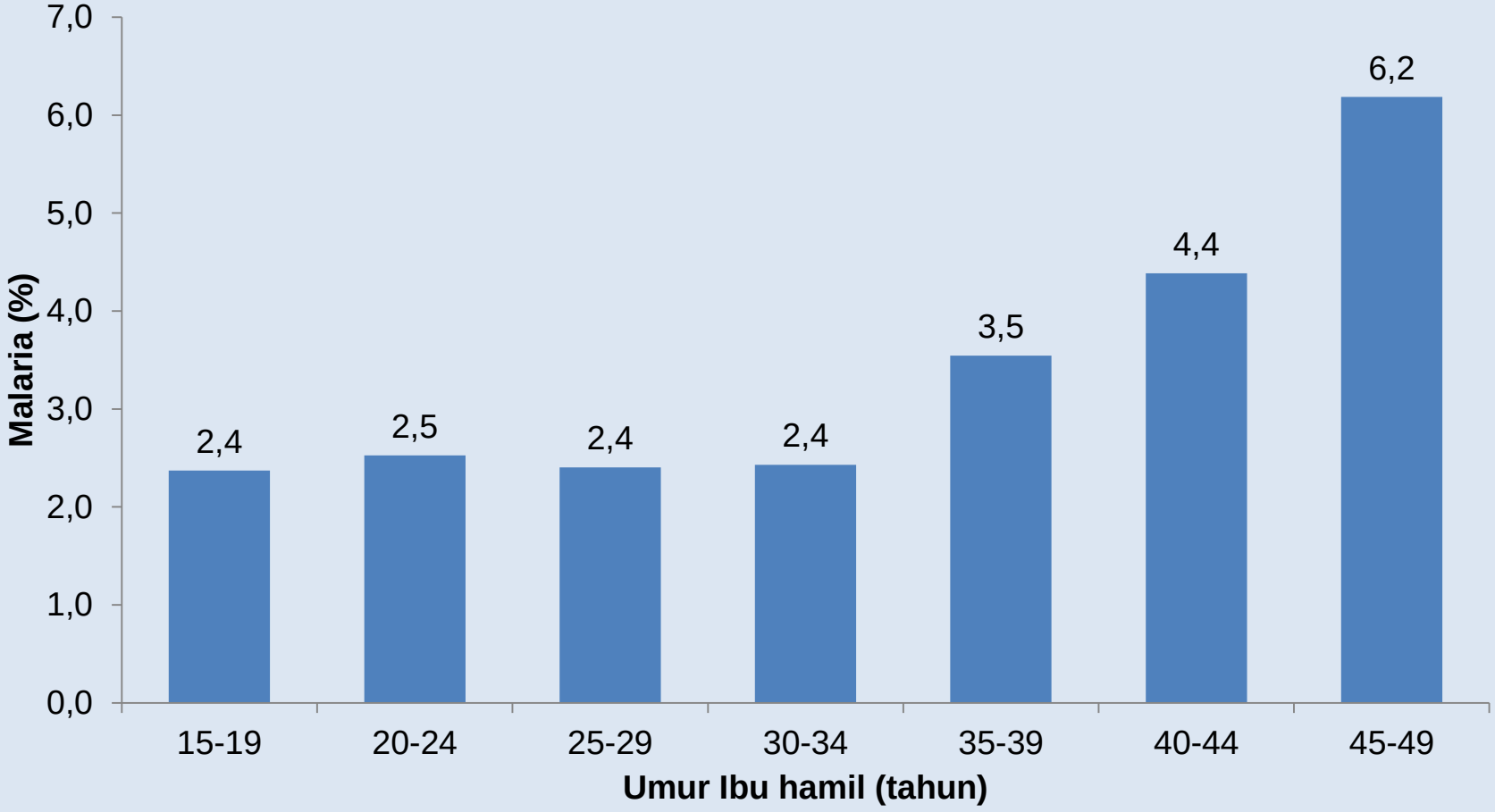
Malaria: Pregnant women, 2007



Source: Riskesdas 2010

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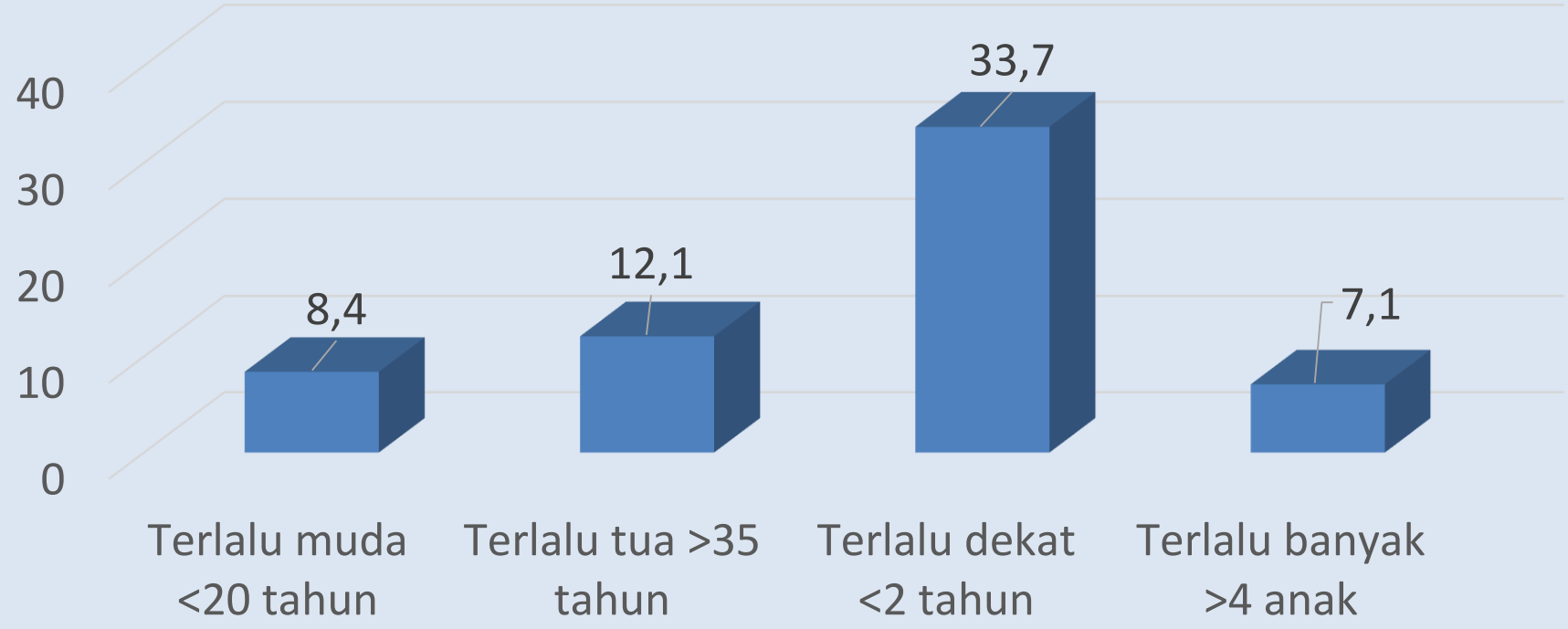
Proporsi ibu hamil dengan risiko 4 terlalu, 2013



Source: Riskesdas 2010

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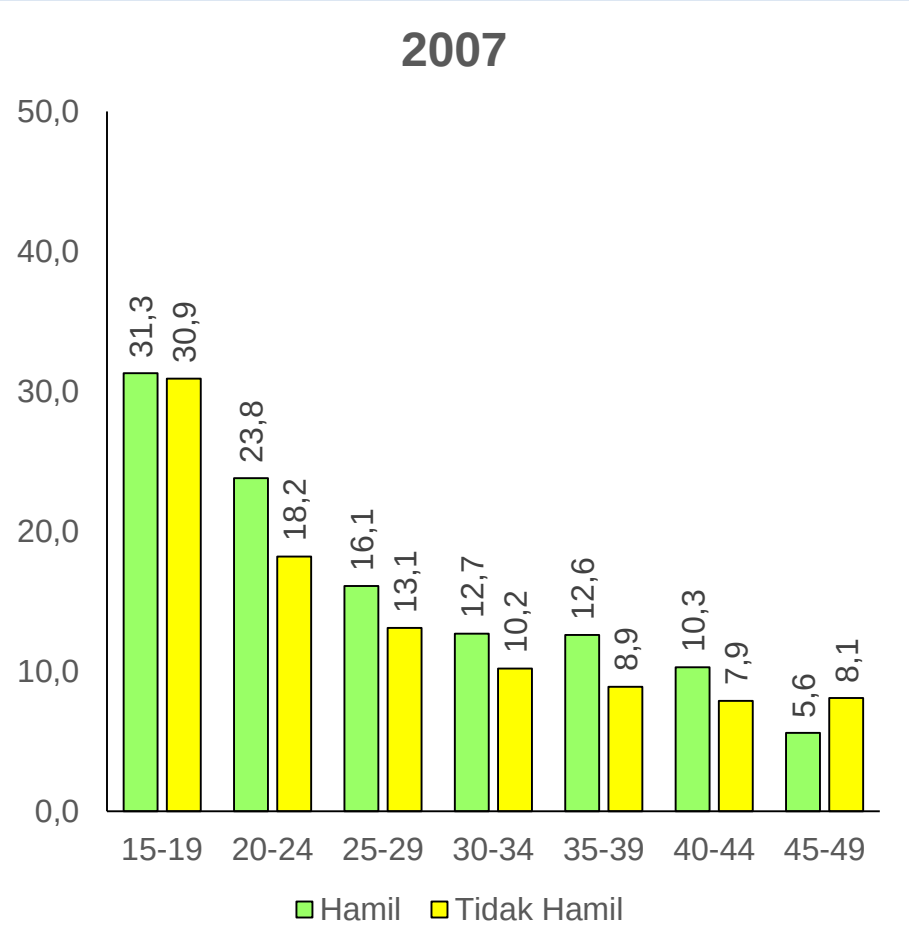
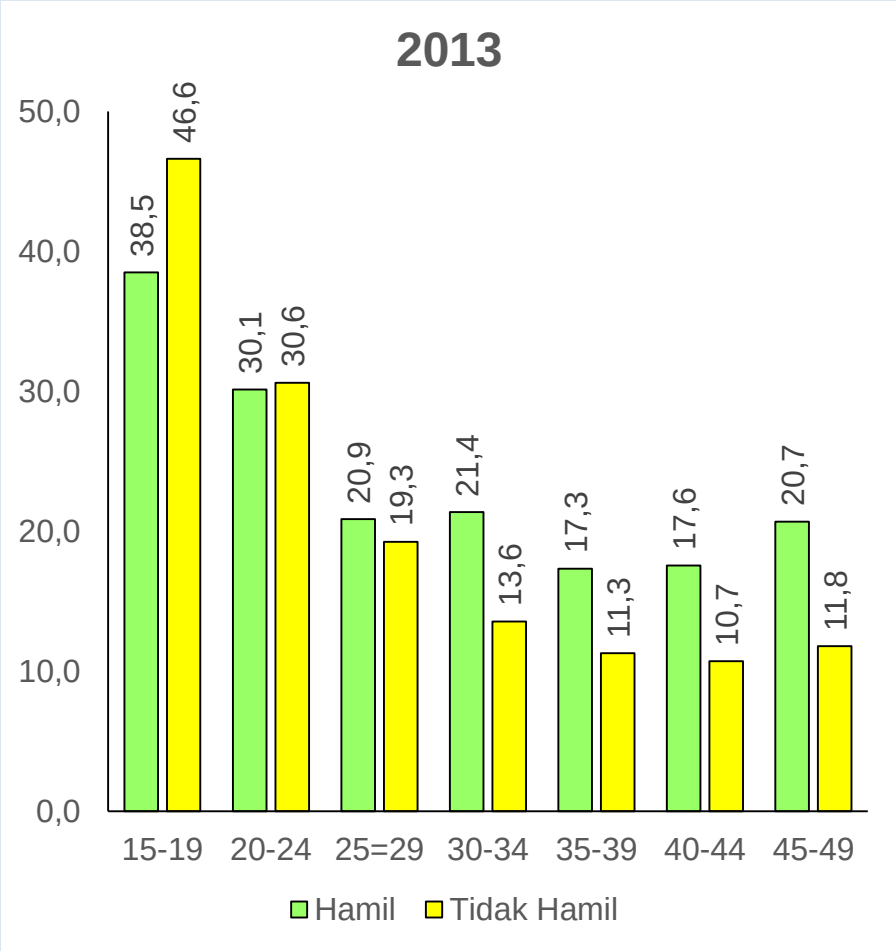
Proportion of women reproductive age with chronic energy malnutrition: 2007 & 2013





*) Risiko KEK – jika Lingkar lengan atas (LILA)<23,5 cm

Source: Riskesdas 2007, 2013

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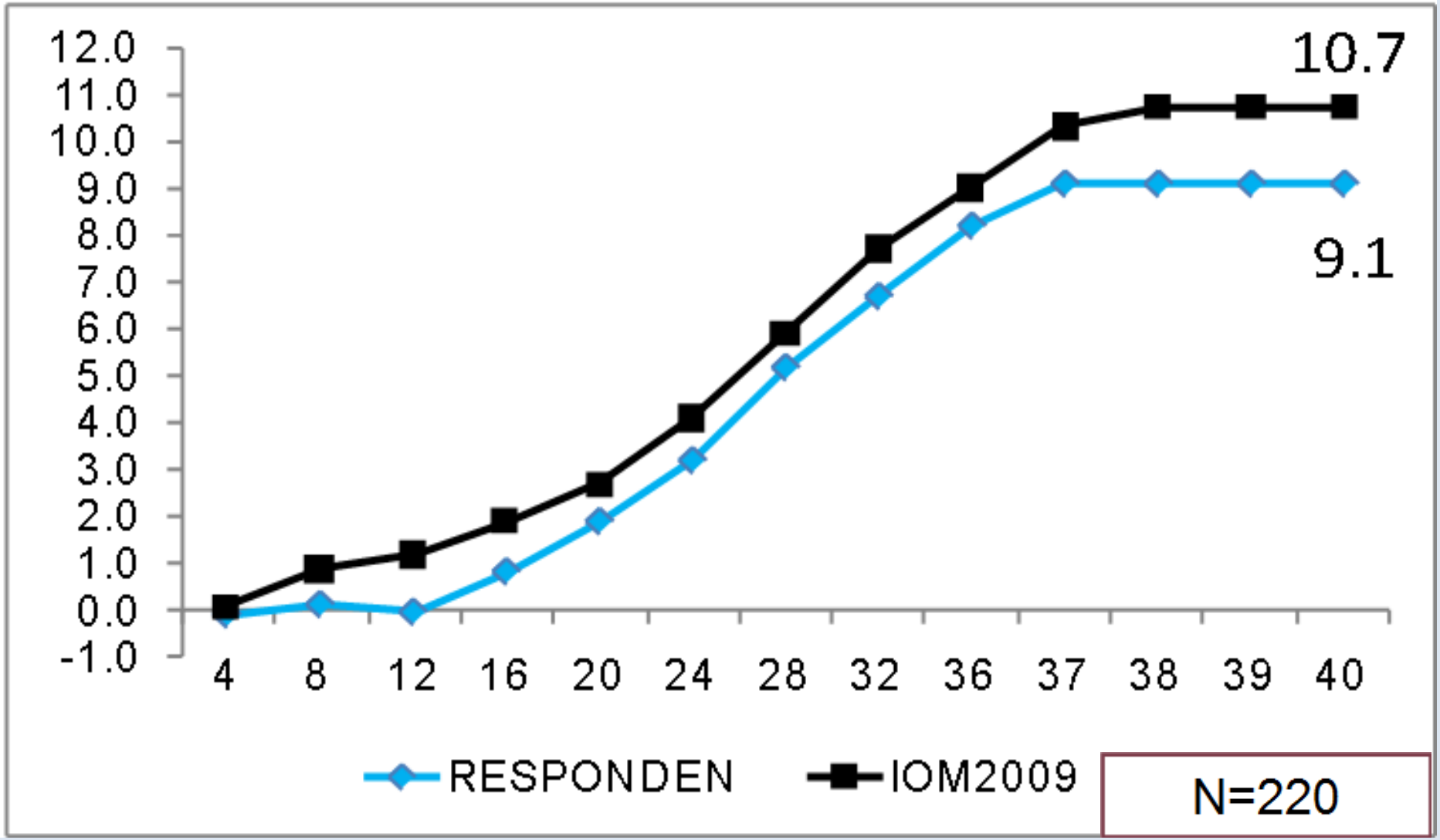
Nutrition atatus of pregnant women: Weight gain (kg) during pregnancy, 2013



Source: Studi Kohort Tumbuh Kembang Anak, 2013

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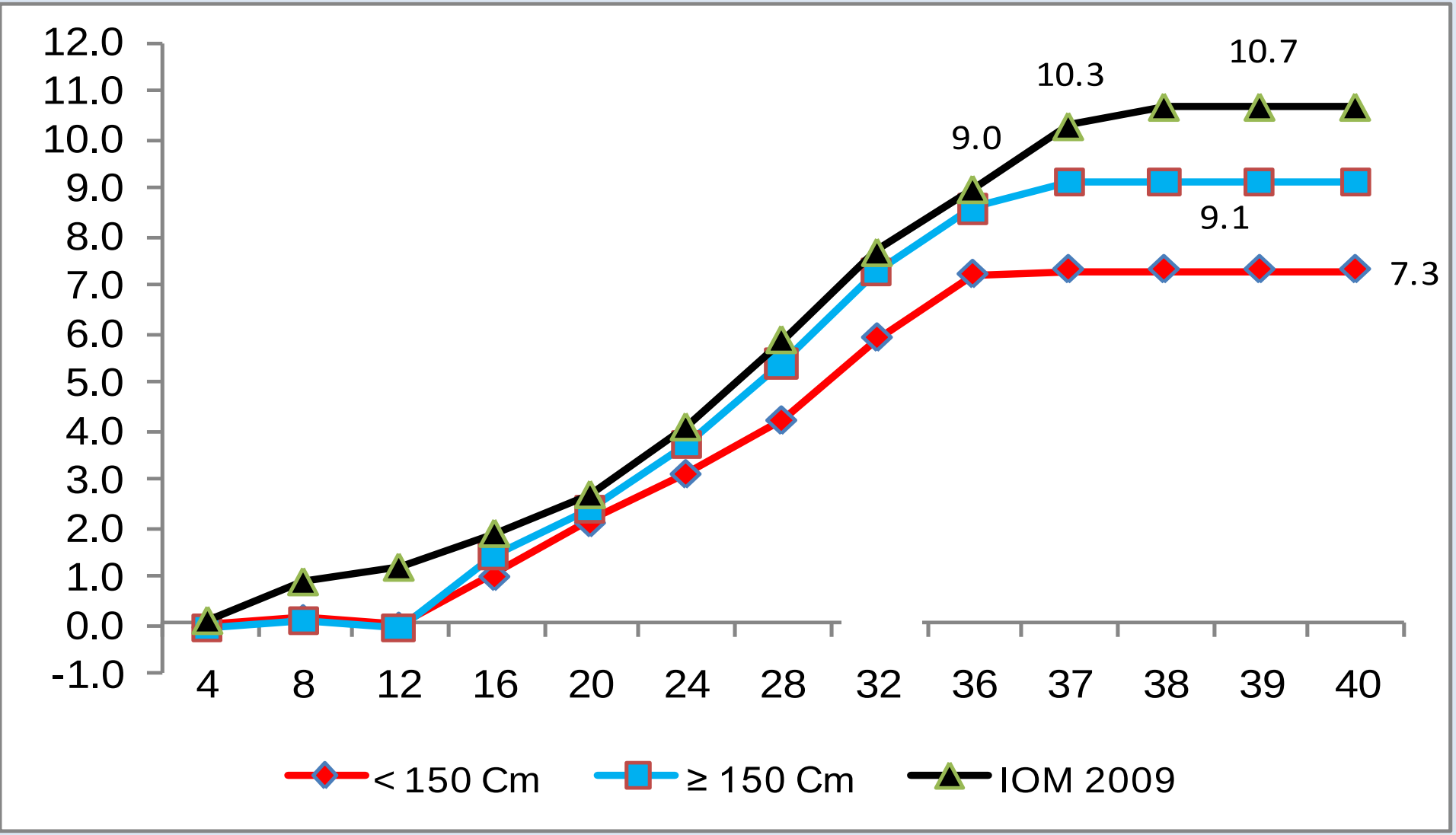
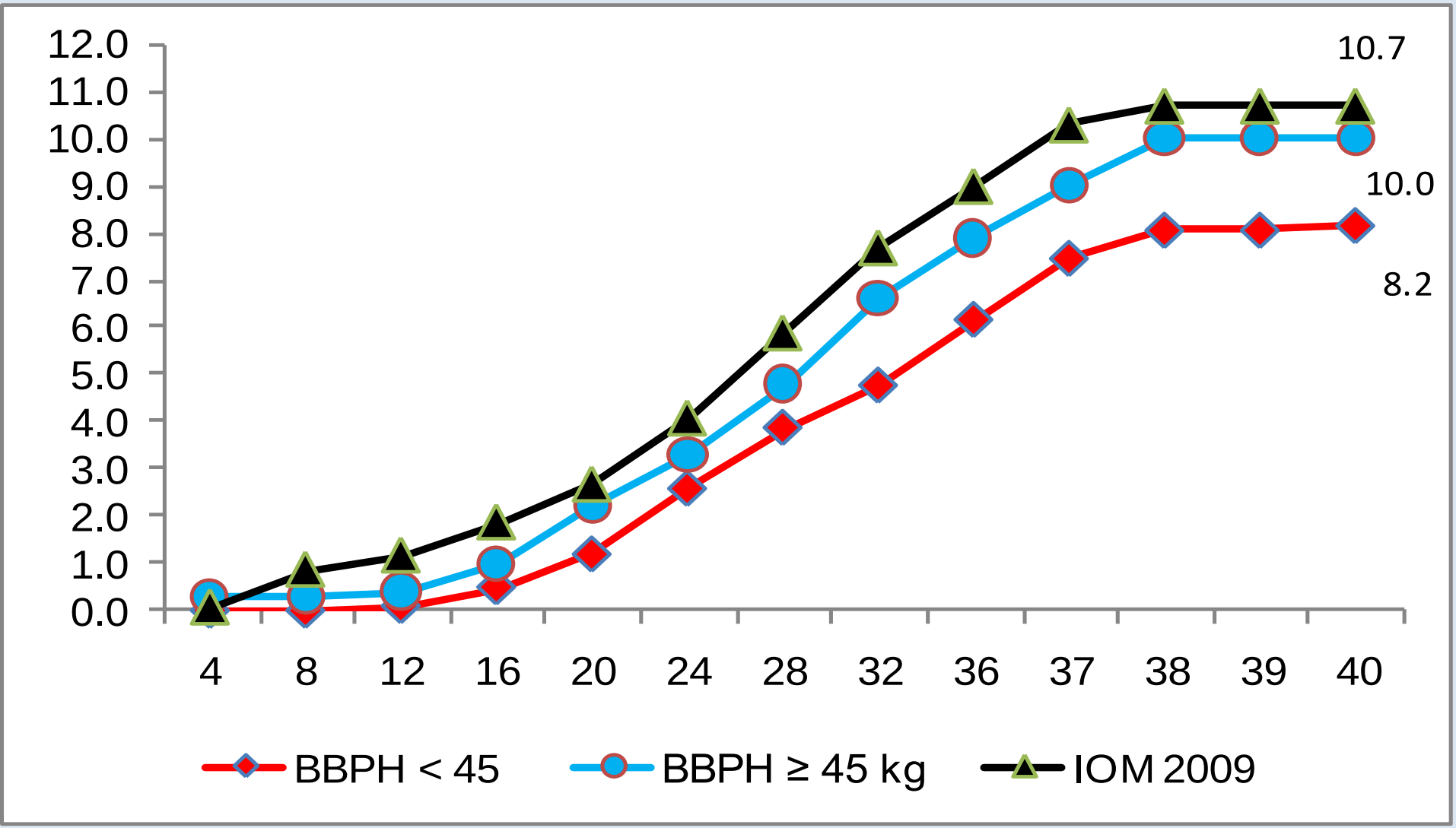
Weight gain (kg) during pregnancy vs mother's height (N=220)



Source: Studi Kohort Tumbuh Kembang Anak, 2013

trihonor2014@gmail.com

Weight gain during pregnancy (kg) vs mother's weight before pregnant



Source: Studi Kohort Tumbuh Kembang Anak, 2013

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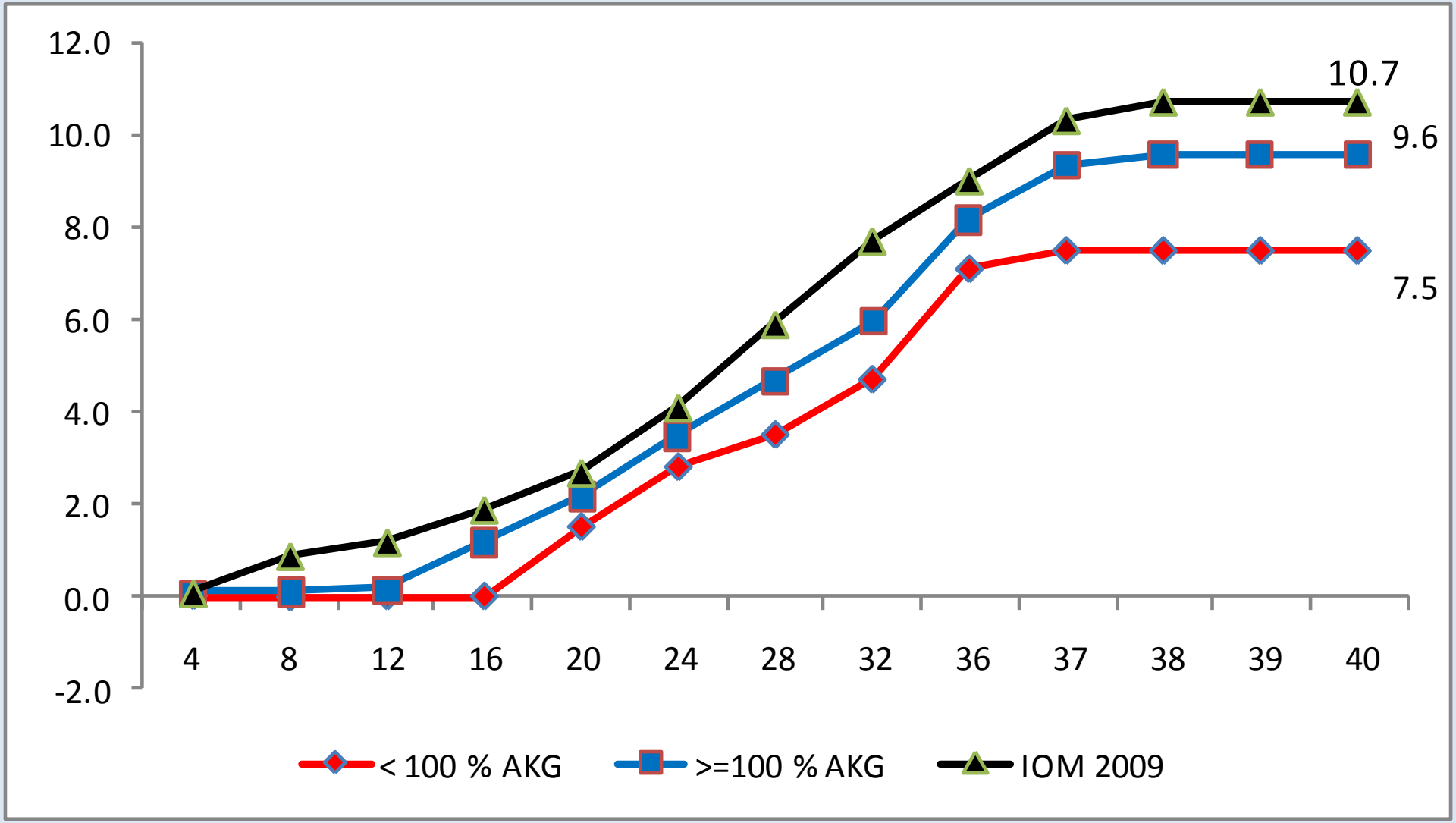
Weight gain during pregnancy (kg) vs energy consumption



Source: Studi Kohort Tumbuh Kembang Anak, 2013

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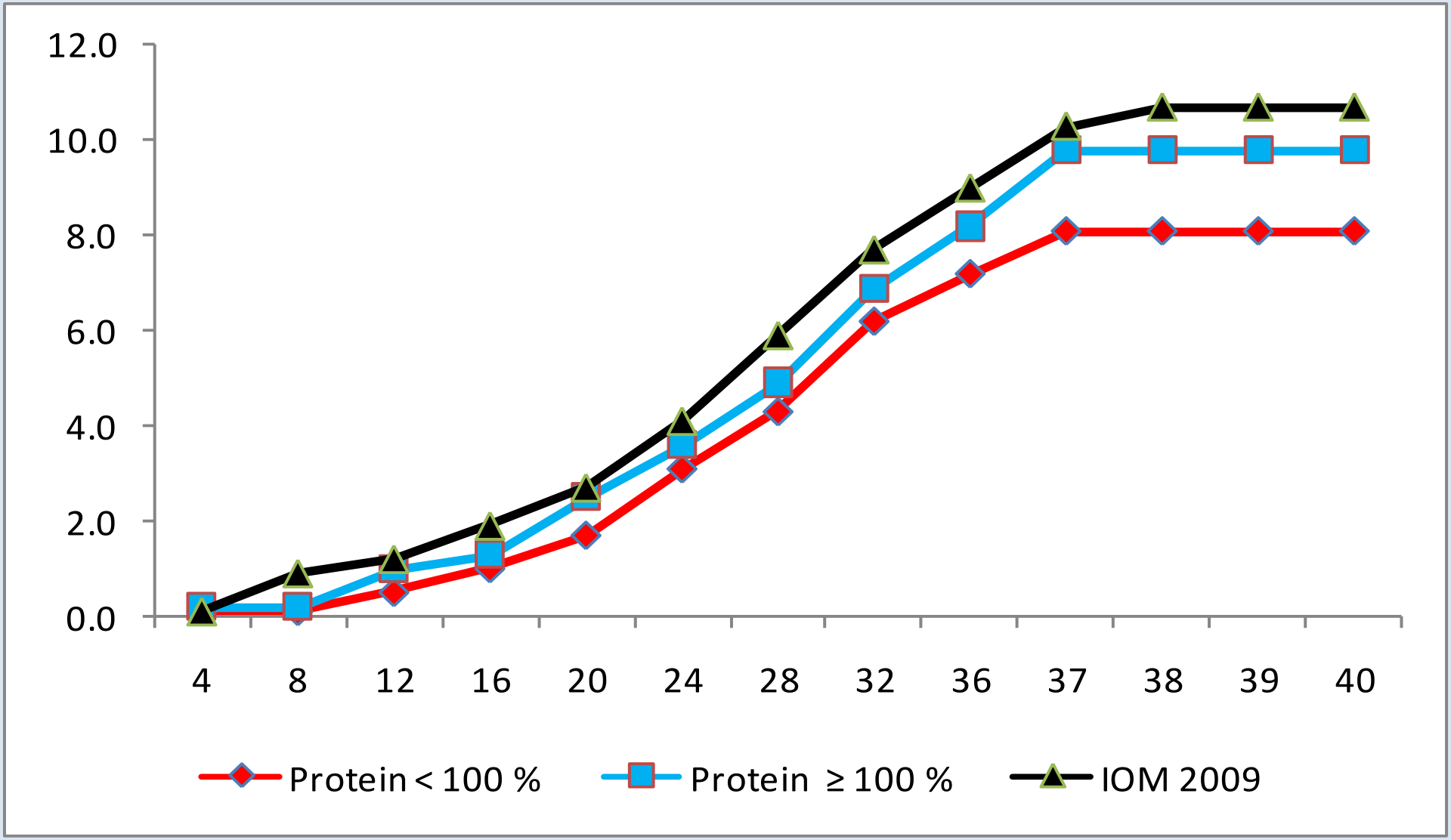
Weight gain during pregnancy (kg) vs protein consumption



Source: Studi Kohort Tumbuh Kembang Anak, 2013

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Proporsi ibu hamil menurut klasifikasi kecukupan asupan energi & protein, 2014

Karakteristik	Tingkat kecukupan energi			Tingkat kecukupan protein		
	<70%	70-<100%	≥100%	<80%	80-<100%	≥100 %
Tempat Tinggal						
Perkotaan	51,5	34,5	14,0	49,6	19,0	31,5
Perdesaan	52,9	33,1	14,0	55,7	17,5	26,9
Kuntil Kepemilikan						
Kuintil 1	67,9	22,6	9,5	67,1	16,5	16,5
Kunitil 2	60,4	28,8	10,8	60,0	10,9	29,1
Kuintil 3	42,1	43,4	14,5	46,5	23,6	29,9
Kuintil 4	50,0	36,0	14,0	52,8	20,2	27,0
Kuin til 5	48,9	31,9	19,1	44,0	17,0	39,0

Sumber: Studi Diet Total 2014, Balitbangkes

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Social determinant factors

Age groups vs energy consumption, 2014

Karakteristik	Tingkat kecukupan kalori			
	< 70% AKK	70-<100 % AKK	≥100-<130% AKK	≥130% AKK
0-59 bln	6,8	48,9	27,1	17,1
5-12 thn	29,7	40,1	19,9	10,2
13 – 18 thn	52,5	30,3	12,2	5,0
19 – 55 thn	50,0	32,5	12,9	4,6
>55 thn	44,6	33,5	15,5	6,3

Sumber: Studi Diet Total 2014

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Age groups vs protein consumption, 2014

Karakteristik	Tingkat kecukupan protein			
	< 80% AKP	80%-<100% AKP	≥100-<120% AKP	≥120% AKP
Kelompok Umur				
0 - 59 bln	23,6	10,6	11,5	54,2
5 - 12 thn	29,3	16,1	14,7	39,9
13-18 thn	48,1	18,1	13,4	20,1
19-55 thn	33,8	17,9	15,1	33,3
>55 thn	45,8	17,4	13,1	23,7

Source: Studi Diet Total 2014

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Age groups, stunting & energy – protein consumption

	Stunting	Asupan kalori <100% AKK	Asupan protein <100% AKP
< 5 tahun	37,2	55,7	34,2
5 – 12 tahun	30.7	69,8	45,4
13 – 18 tahun	31,4	82,8	66,2
19 – 55 tahun	39,5	82,5	51,7
> 55 tahun		78,1	64,2
Ibu hamil	24,2	85,0	68,6

Source: Riskesdas 2013 & Studi Diet Total 2014

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Mother's education vs Maternal heath services, Indonesia DHS 2012

Pendidikan Ibu	Periksa Hamil dengan Nakes	Mendapat Pil Zat Besi	Persalinan di Faskes	Penolong persalinan dg Nakes	Kunjungan Nifas (1-2 hari)
Tidak Sekolah	64.0	36.7	21.1	31.8	38.8
Tidak tamat SD	88.5	61.5	38.0	61.1	66.5
Tamat SD	94.0	70.4	47.1	72.8	75.9
Tidak Tamat SLTP	97.4	77.6	61.0	85.7	78.5
Tamat SLTP	98.4	80.0	79.8	94.3	86.9
SMTA+	99.1	86.3	86.4	96.8	89.5

Sumber: Atmarita, 2013

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Economic status vs maternal health services, Indonesia DHS 2012

Status Ekonomi	Periksa Hamil dengan Nakes	Mendapat Pil Zat Besi	Persalinan di Faskes	Penolong persalinan dg Nakes	Kunjungan Nifas (1-2 hari)
Terbawah	86.9	61.6	29.7	57.5	59.3
Menengah Bawah	95.8	74.8	57.2	81.8	82.4
Menengah	97.7	77.5	66.2	89.7	83.5
Menengah Atas	99.0	79.5	79.1	93.2	85.3
Teratas	99.4	84.6	88.1	96.6	91.1

Source: Atmarita, 2013

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Proportion of School participation by age and gender, Susenas 2012

Age (in years)	Boys			Girls		
	Never/Have not attended school	Currently attended School	Not attending school anymore	Never/Have not attended school	Currently attended School	Not attending school anymore
7	4.4	95.3	0.3	3.4	96.4	0.1
8	1.1	98.7	0.2	1.0	98.8	0.2
9	1.0	98.7	0.3	0.7	99.0	0.3
10	0.8	98.8	0.4	0.8	98.9	0.3
11	0.6	98.4	1.0	0.6	98.7	0.7
12	0.6	96.8	2.6	0.7	97.2	2.2
13	0.8	94.2	5.1	0.8	95.6	3.6
14	0.8	89.2	10.1	0.7	92.0	7.3
15	0.8	82.2	17.0	0.8	84.5	14.6
16	0.7	78.0	21.3	0.6	80.7	18.7
17	0.9	63.2	35.9	0.9	63.3	35.8
18	0.9	38.6	60.5	0.9	37.0	62.0

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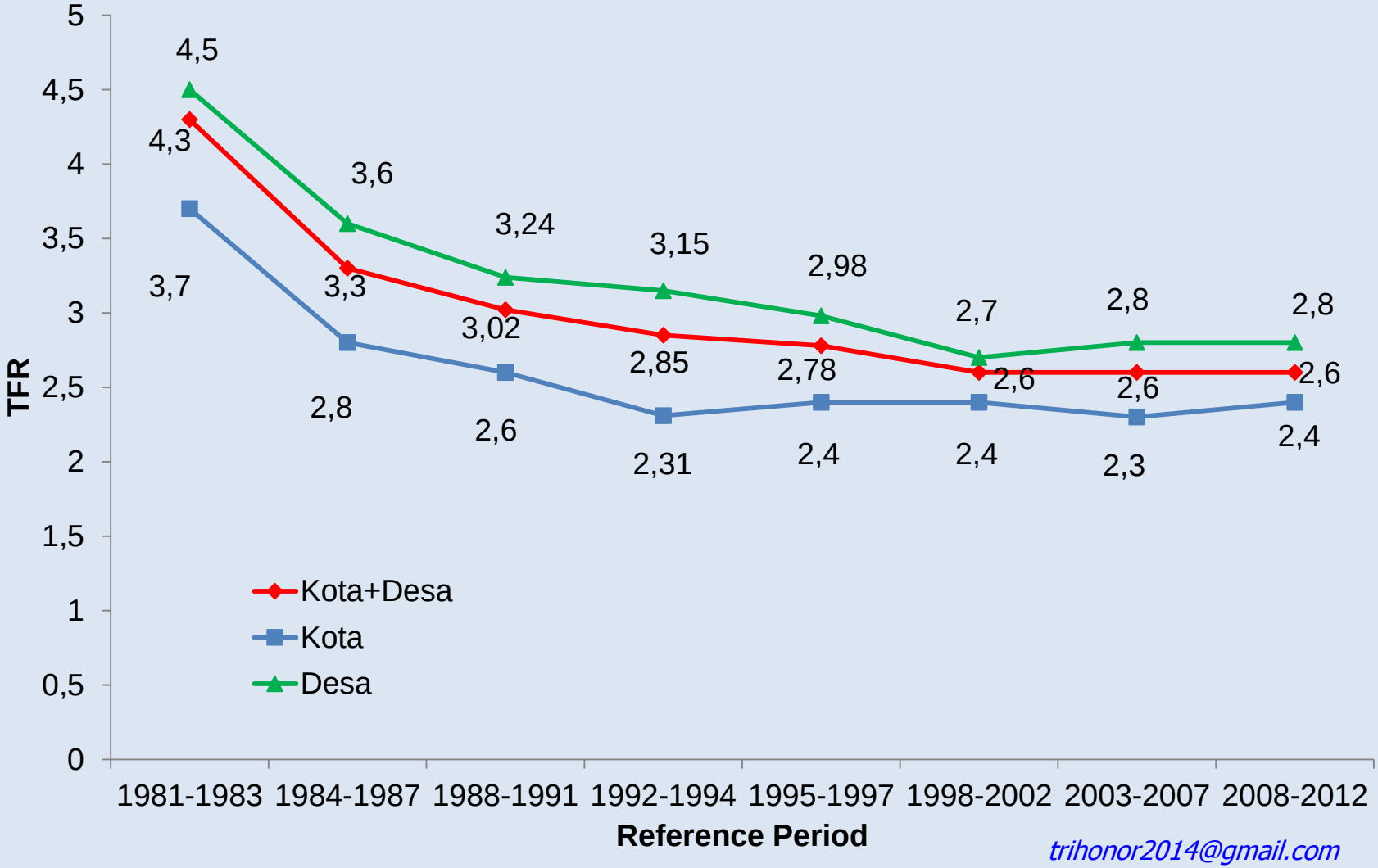
Total Fertility Rate: IDHS 1981-2012



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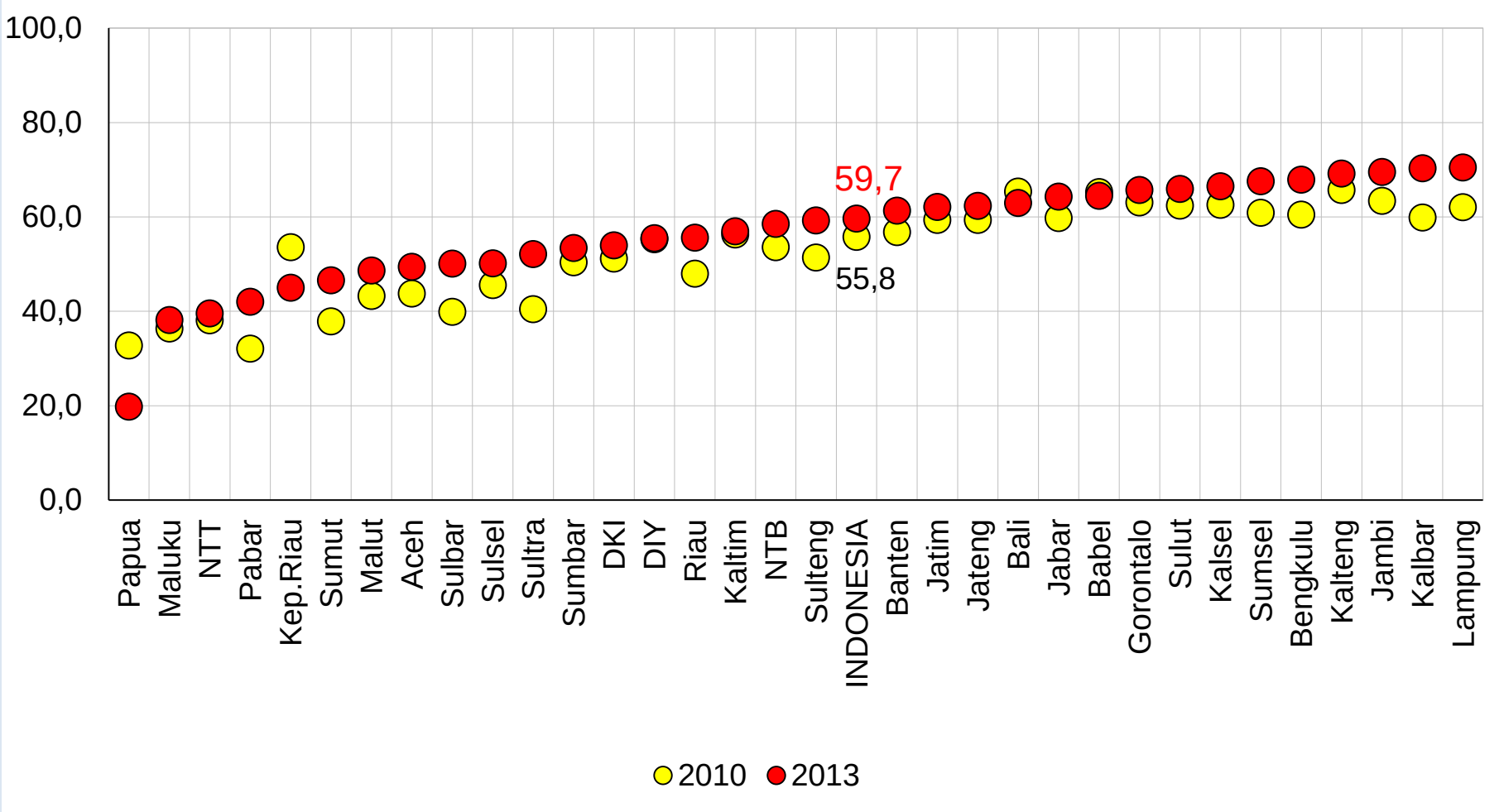
Contraception prevalence rate (CPR), 2010-2013



Source: Riskesdas 2010, 2013

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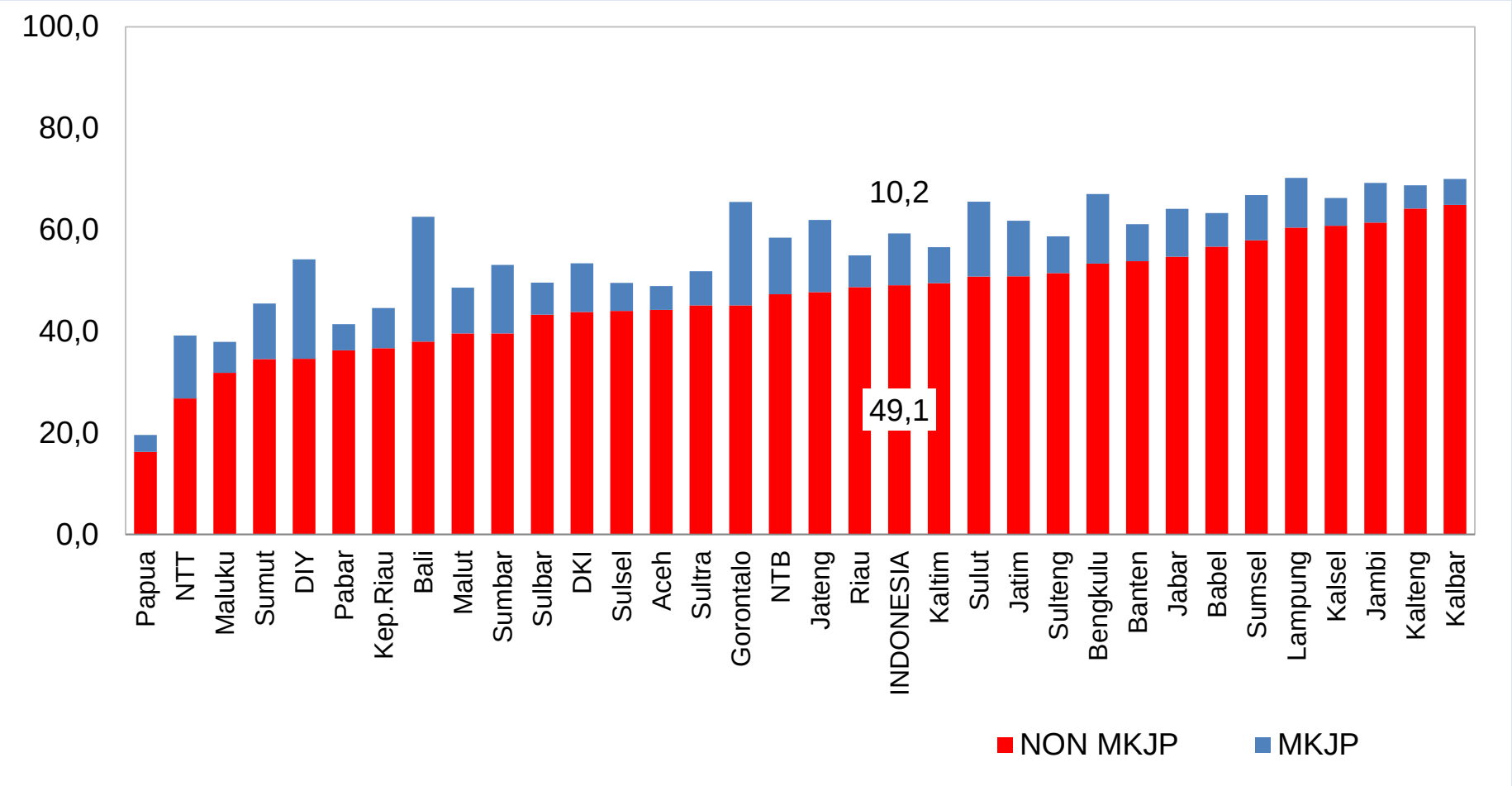
Prevalence of long-term contraception vs short term contraception, 2013



1) MKJP =Metode Kontrasepsi Jangka Panjang (susuk, sterilisasi pria dan wanita, spiral/IUD) diantara cara modern (59,3%)

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Proportion of marriage by age, 2010

Proporsi Remaja/Dewasa Muda Menurut
Tempat Tinggal dan Status Kawin, Riskesdas 2010

Jenis Kelamin	Kelompok Umur (Tahun)	Kota		Desa	
		Belum Kawin	Kawin	Belum Kawin	Kawin
Laki-laki	10-14	99,9	0,1	99,9	0,1
	15-19	98,7	1,3	97,8	2,2
	20-24	82,9	17,1	71,7	28,3
Perempuan	10-14	99,9	0,1	99,7	0,3
	15-19	92,8	7,2	82,5	17,5
	20-24	46,9	53,1	14,4	85,6

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Thank you

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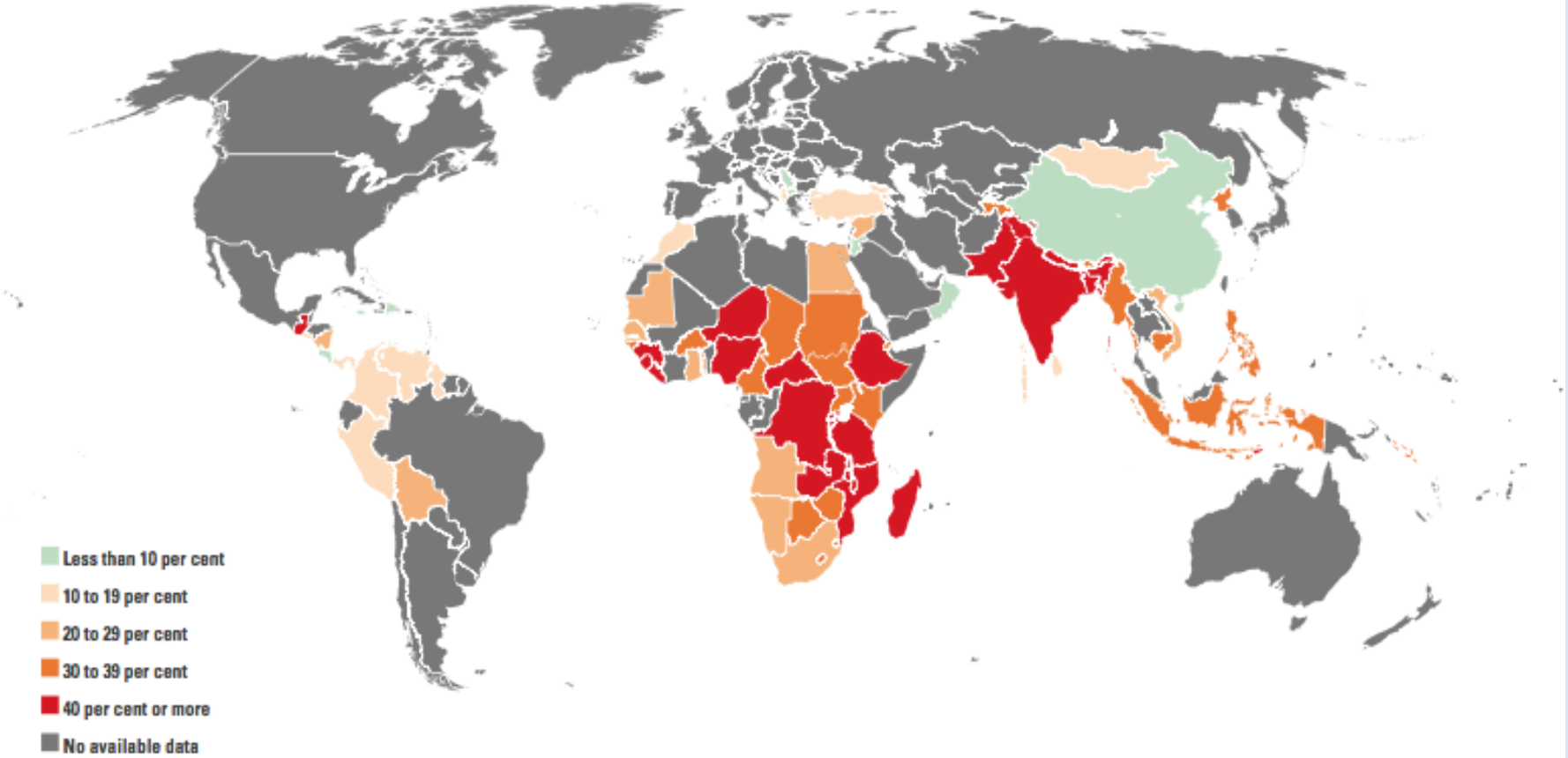
Stunting (Pendek), Masalah dan Solusinya

Trihono
Health Policy Unit

Madiun, 29 September 2015

Peta pendek di dunia, 2007 - 2011



Note: Data are from 2007 to 2011, except for India.

This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The dotted line between Jammu and Kashmir represents approximately the Line of Control agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the Parties. The final boundary between the Republic of the Sudan and the Republic of South Sudan has not yet been determined.

Source: UNICEF Global Nutrition Database, 2012, based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other national surveys.

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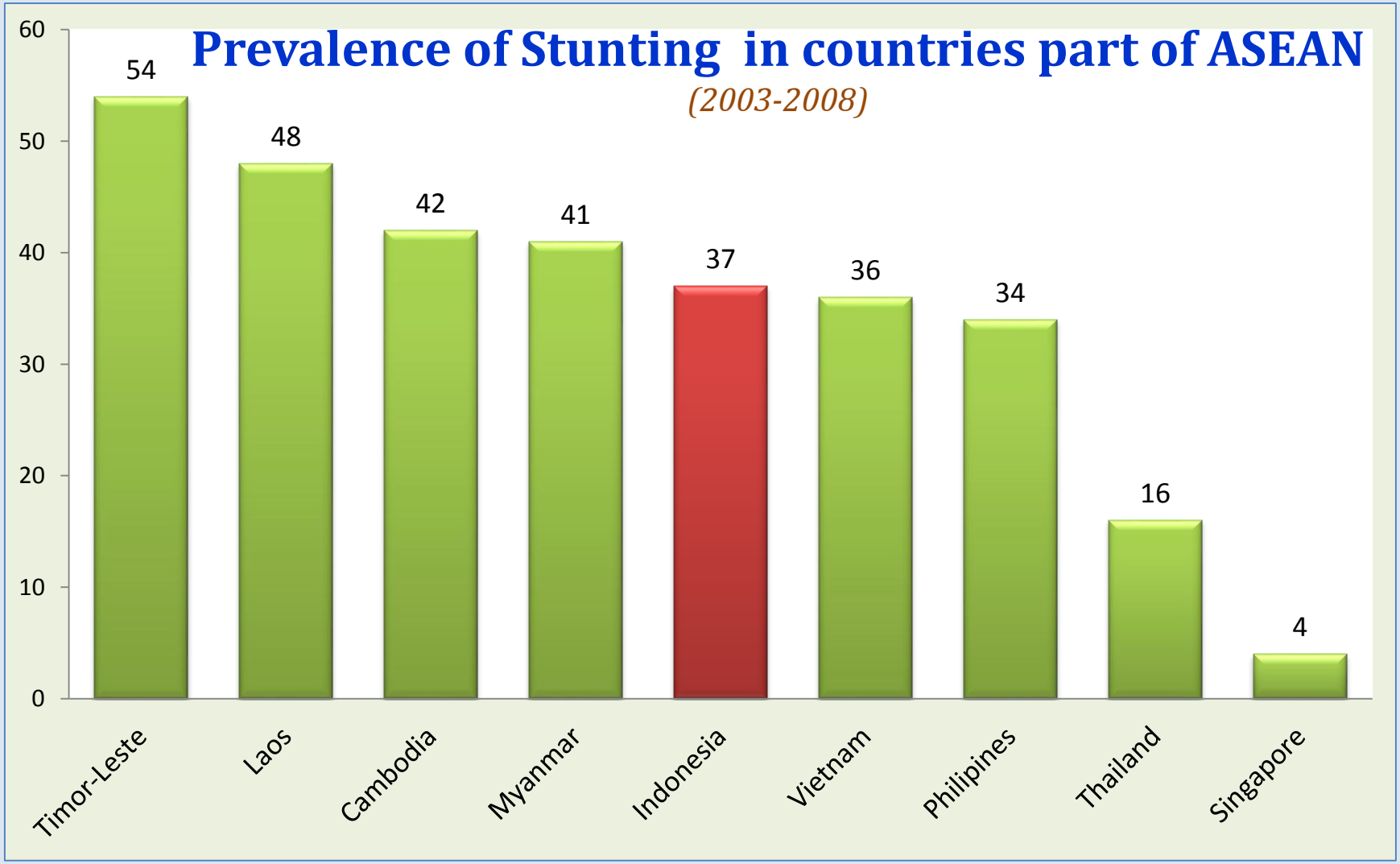
Prevalence of Stunting : Indonesia's position



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Kerangka pembahasan pendek di Indonesia

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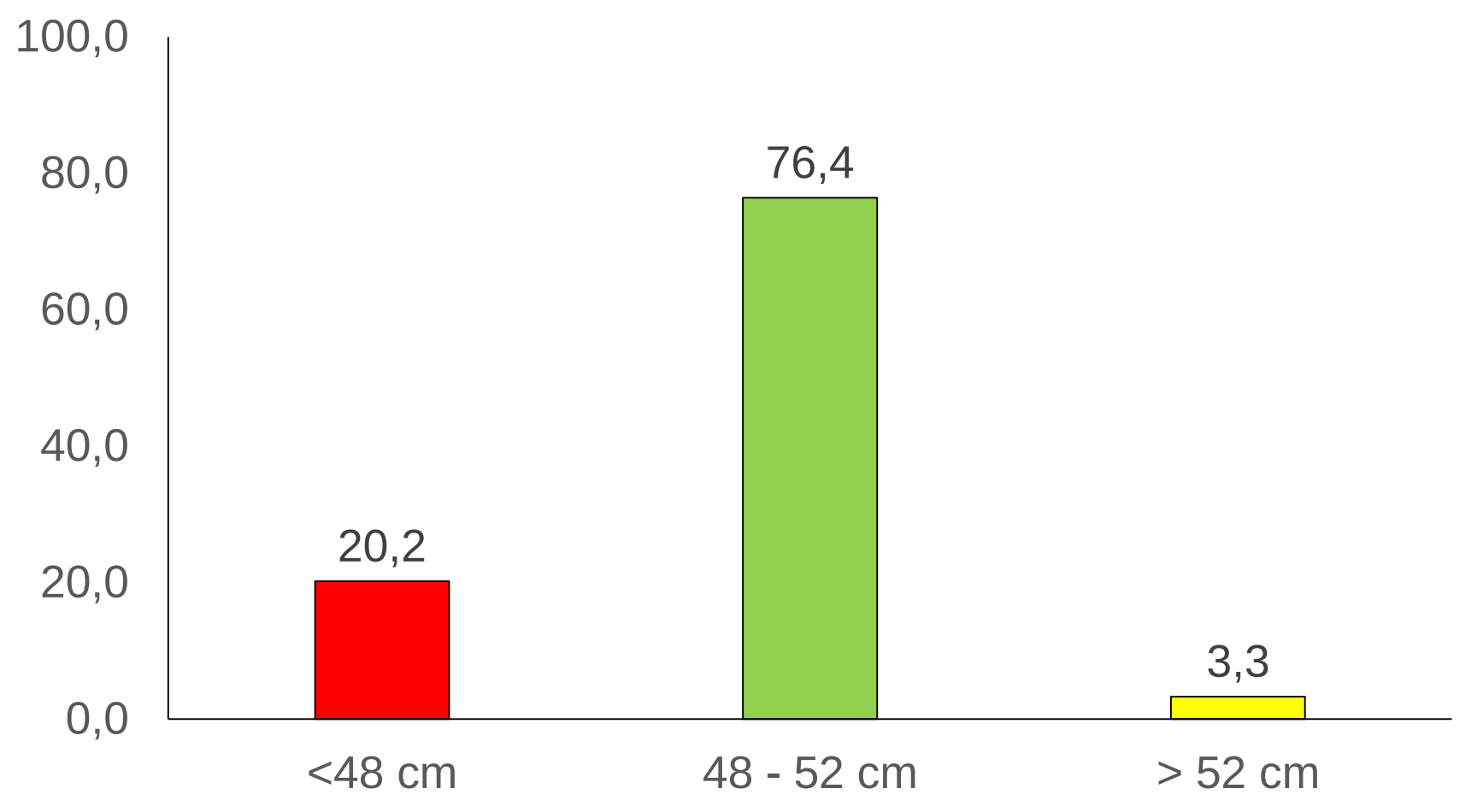
Proporsi Panjang Badan Lahir: 2013*)



*) Berdasarkan 45% sampel balita yang punya catatan

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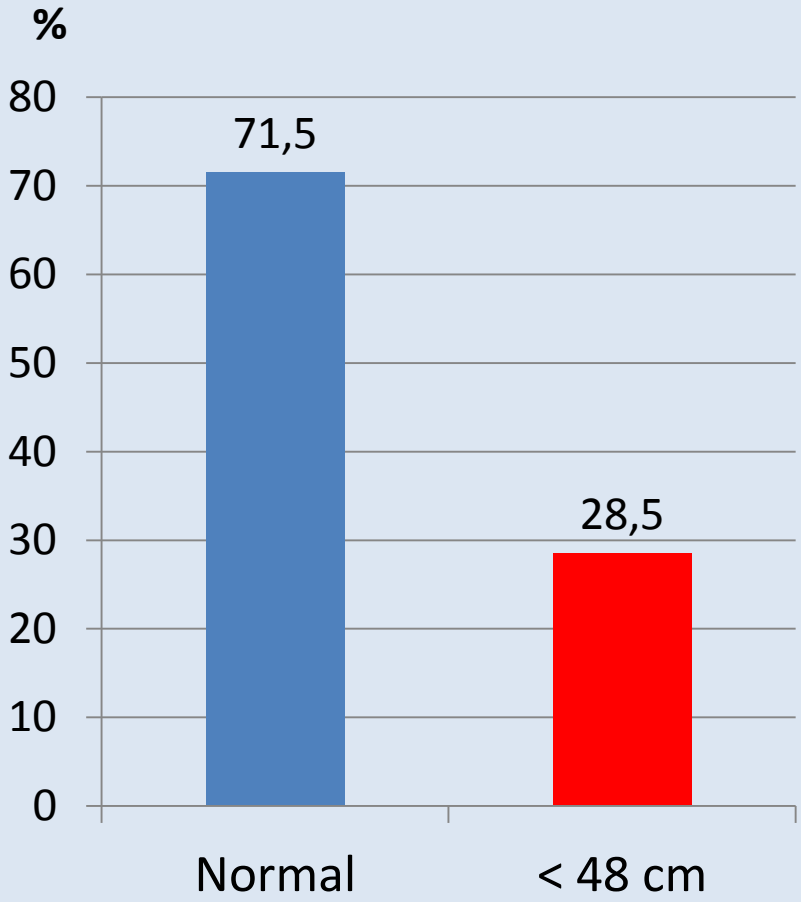
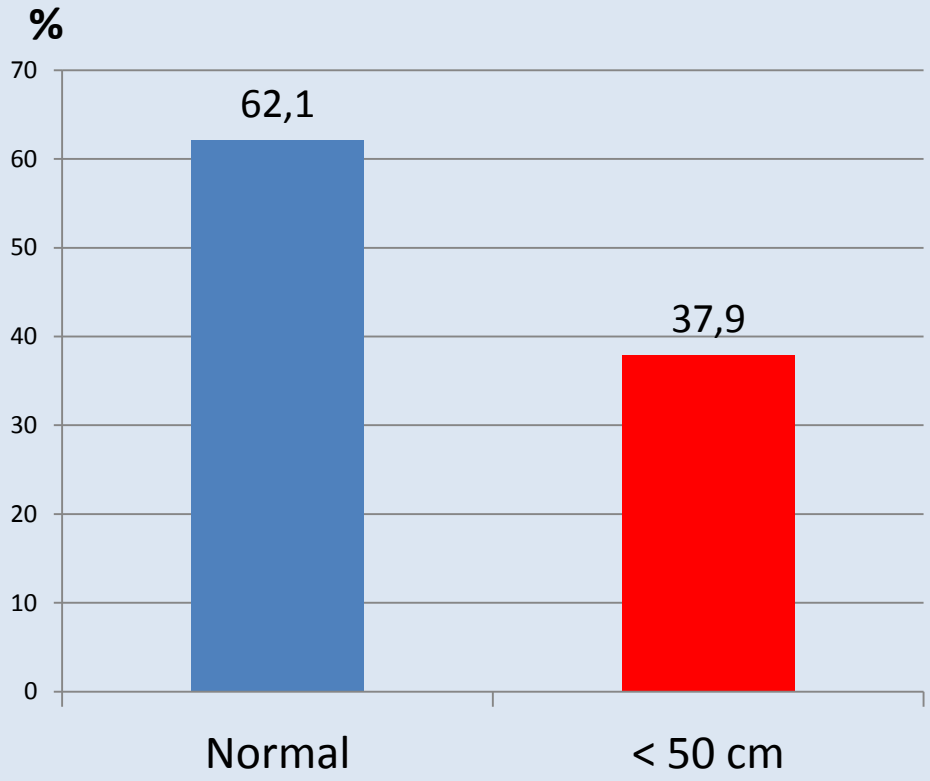
Cohort : Bogor City – 5 Kelurahan
Length Birth





MOH	: 48 cm
WHO 2005	: 50 cm

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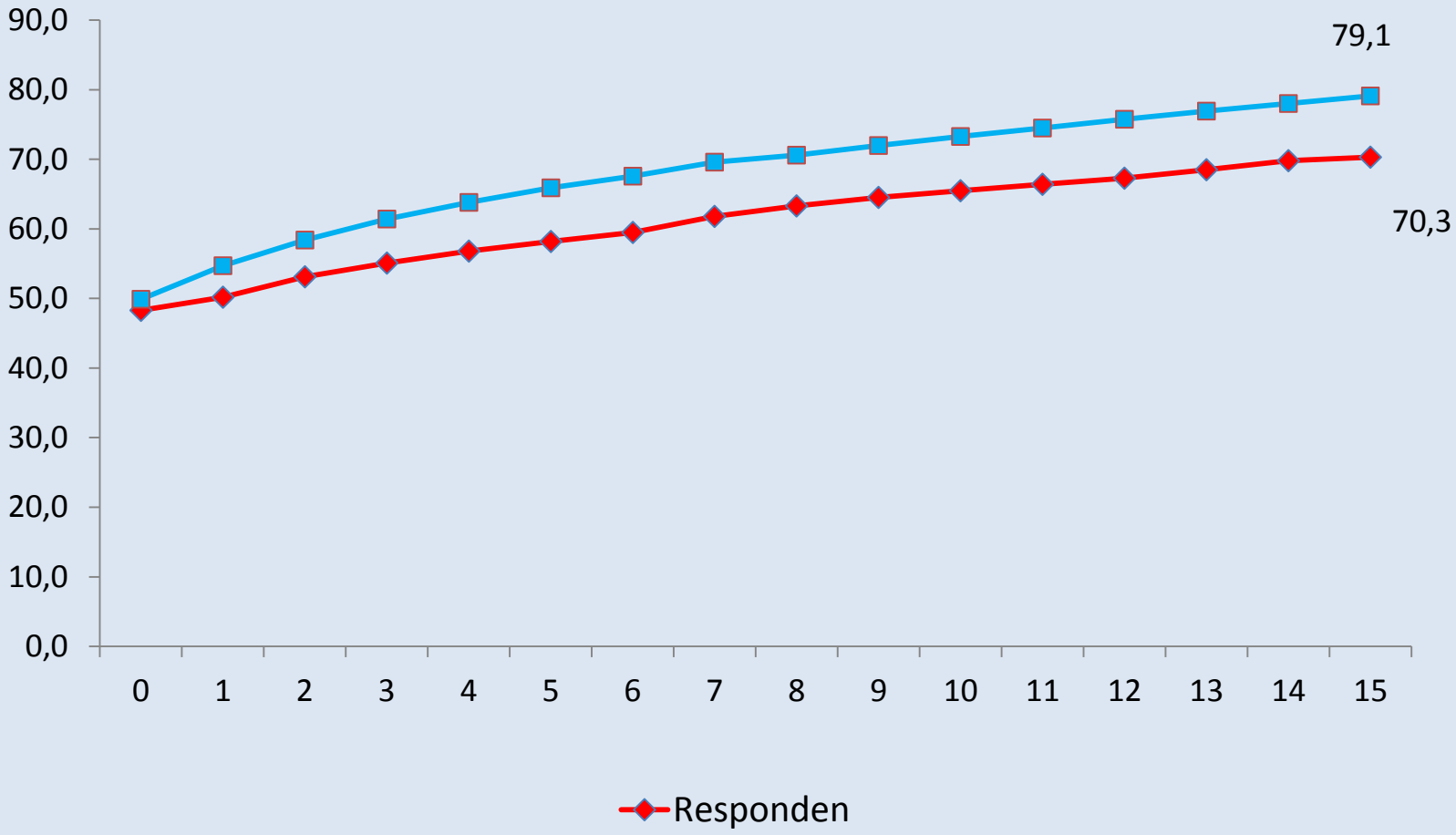
Pertumbuhan panjang badan bayi



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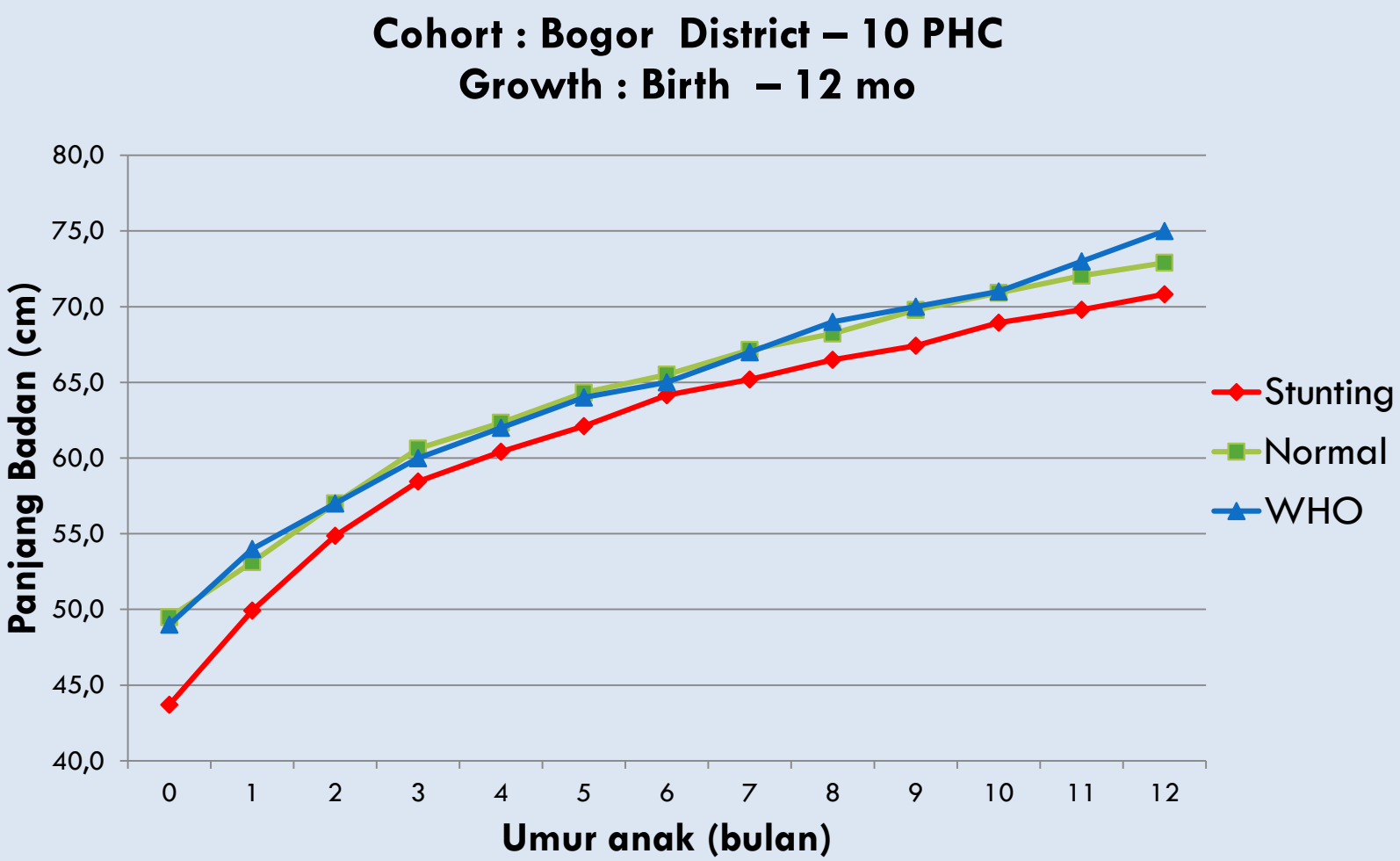
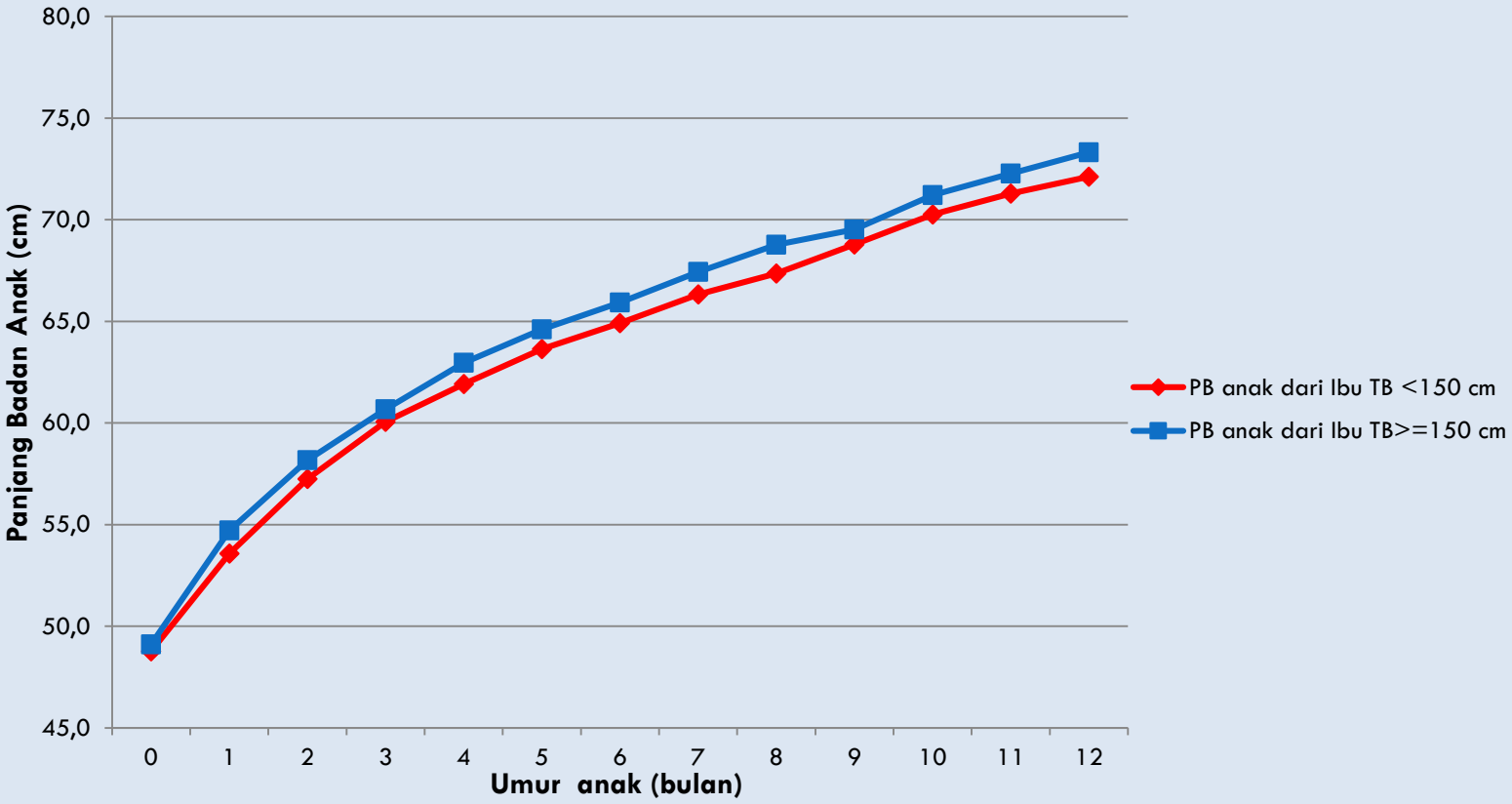


Stunting	43.7	49.9	54.9	58.5	60.4	62.1	64.2	65.2	66.5	67.4	69	69.8	70.8
Normal	49.5	53.1	57	60.6	62.3	64.3	65.5	67.2	68.2	69.8	70.9	72	72.9
WHO	49	54	57	60	62	64	65	67	69	70	71	73	75

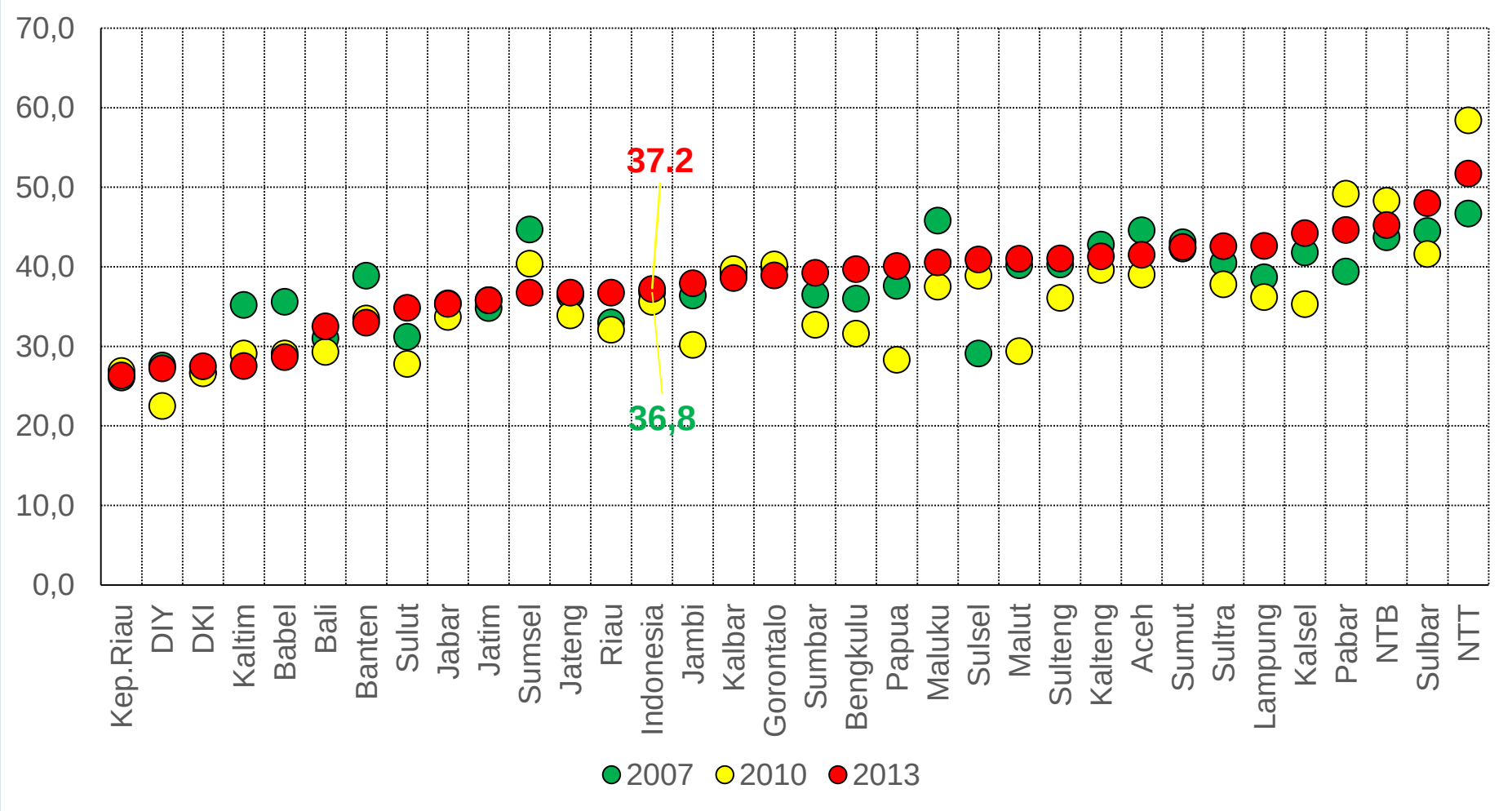
Source : Ernawati,etal. 2012

Cohort : Bogor District – 10 PHC
Length Growth by Maternal Height



Source : Ernawati,etal. 2012

Kecenderungan prevalensi balita pendek menurut provinsi, 2007-2013



Sumber: Riskesdas 2007, 2010, 2013

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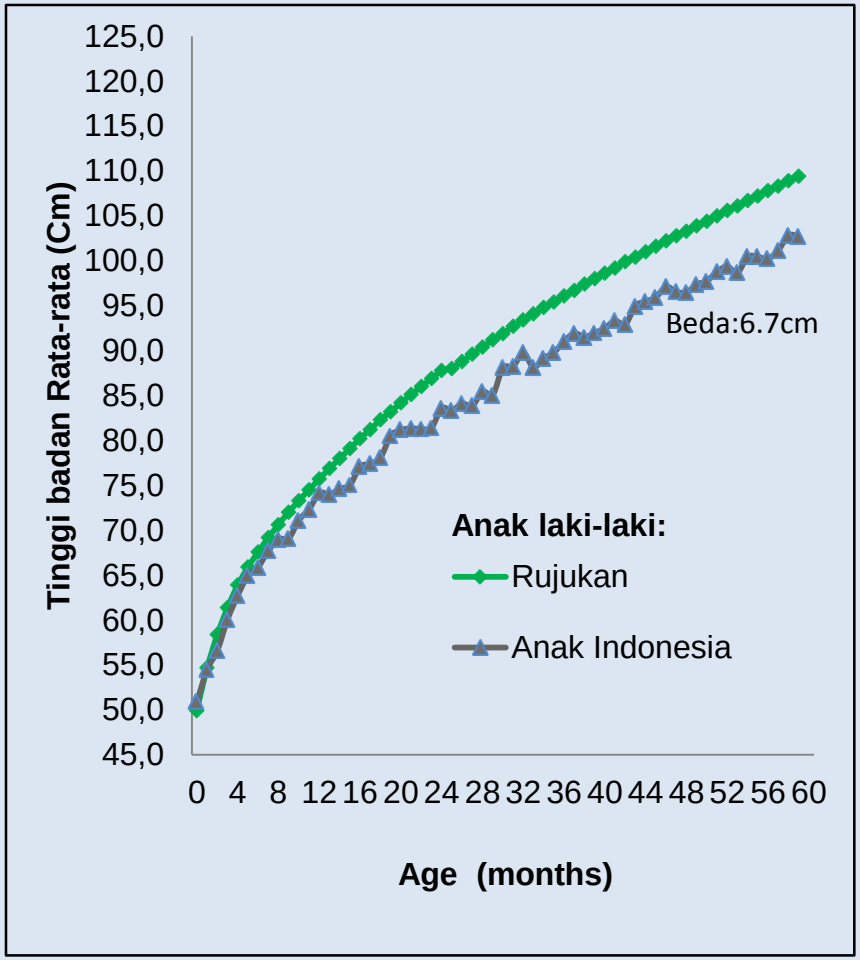
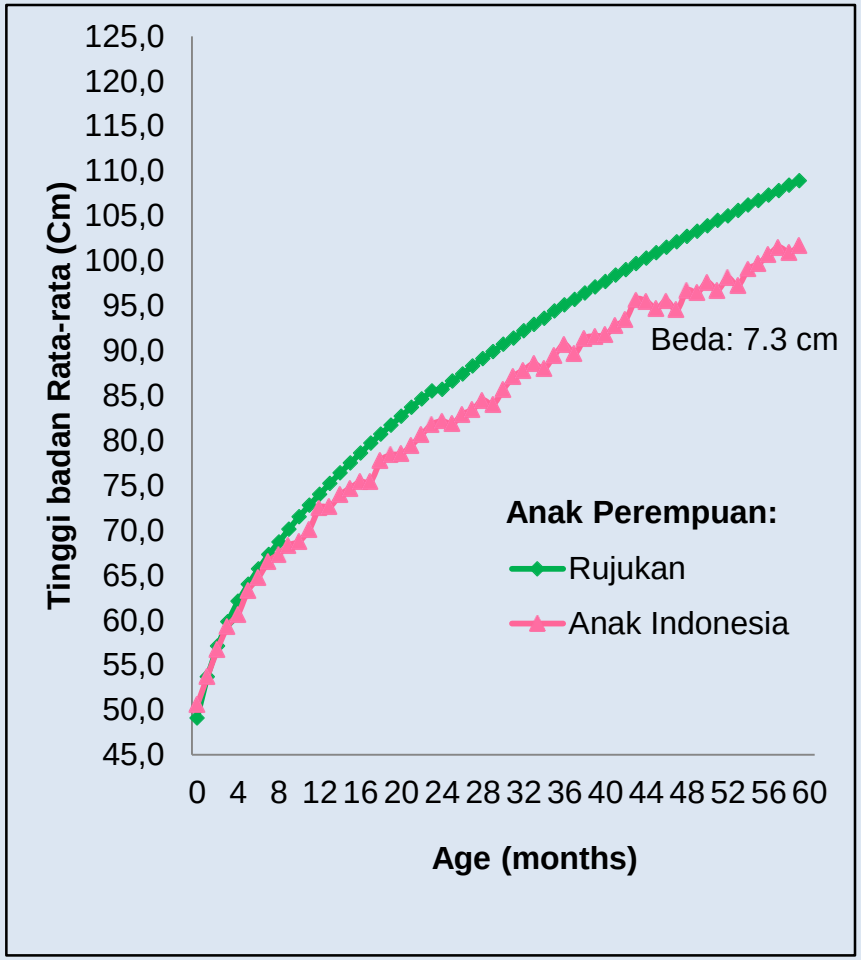
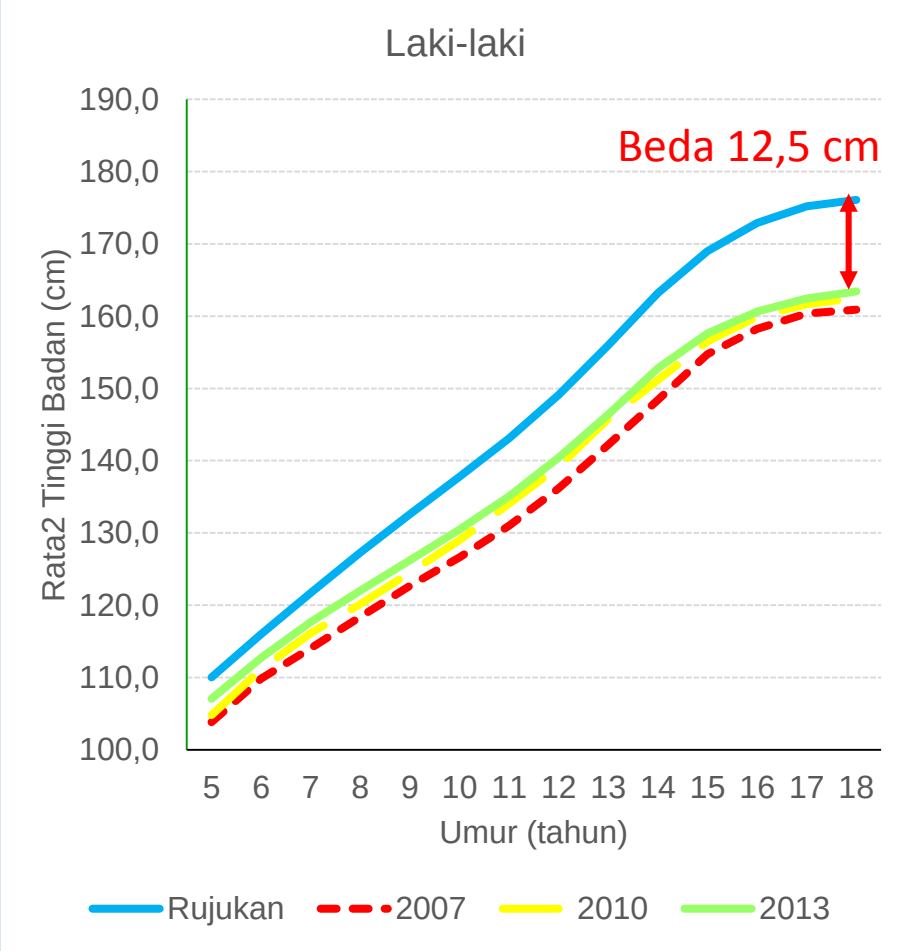
Height of Under Fived Children Indonesia vs Standard WHO 2005

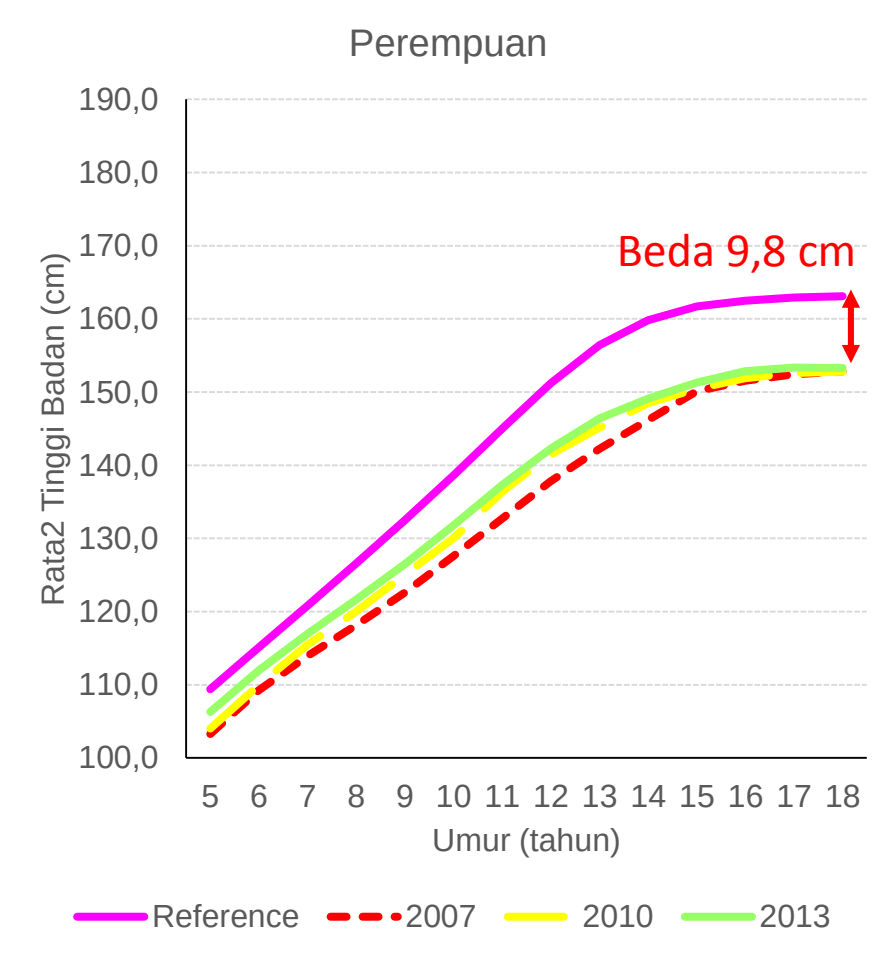




Source : Riskesdas 2010

Rata-rata Tinggi Badan Anak Umur 5-18 tahun dibanding Rujukan (WHO 2007) : 2007-2013





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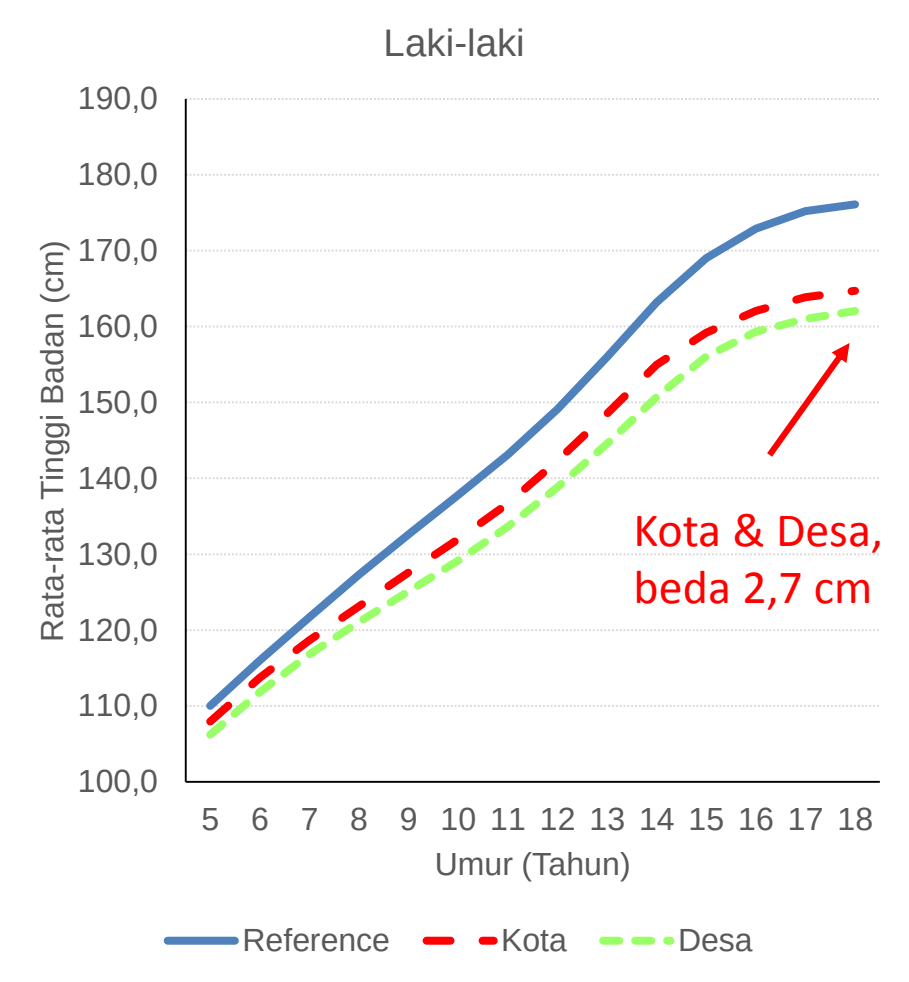
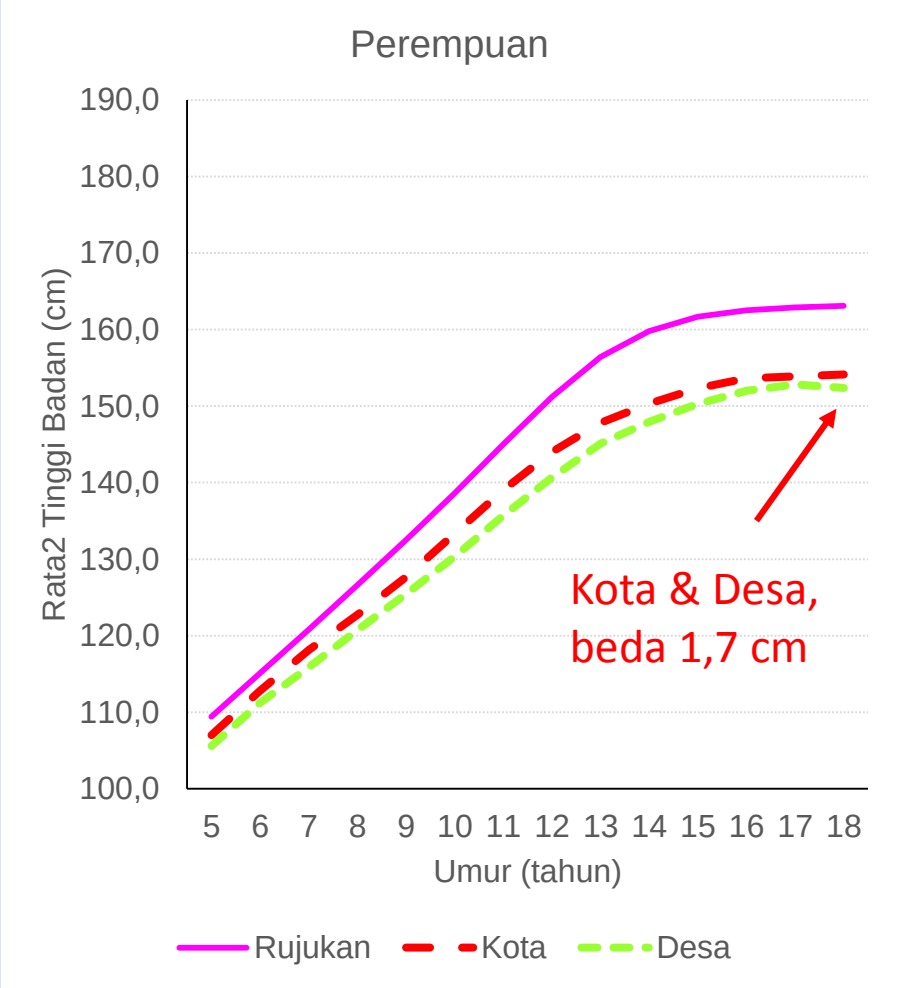
Rata-rata Tinggi Badan Anak Umur 5-18 tahun dibanding Rujukan (WHO 2007) menurut Tempat tinggal, 2013





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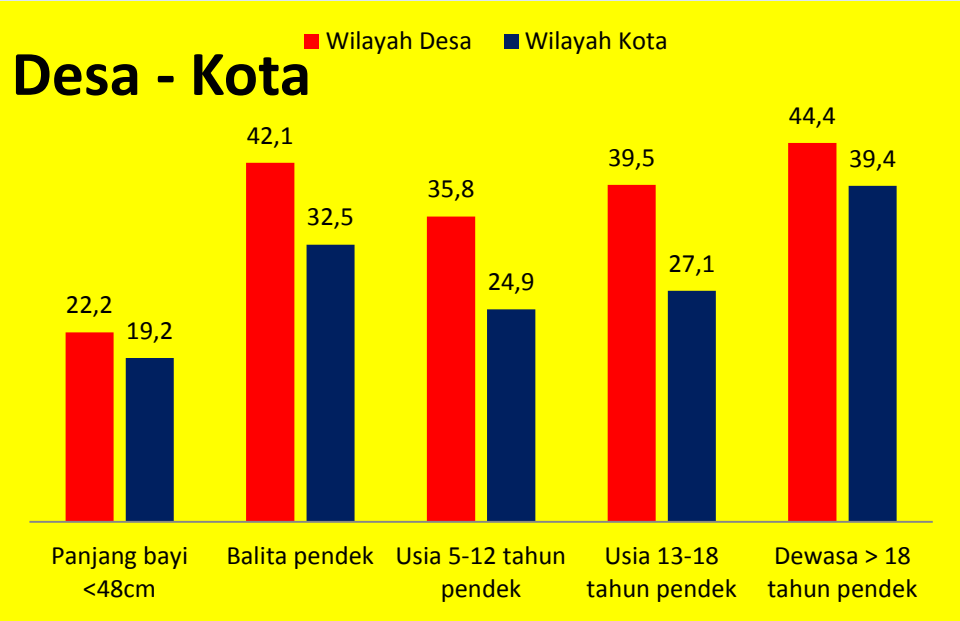
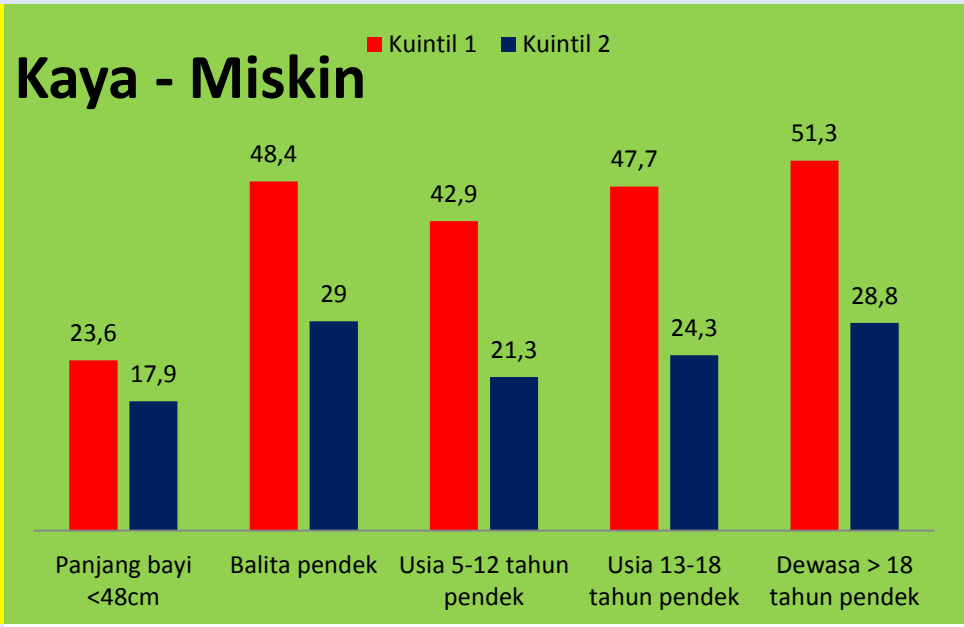
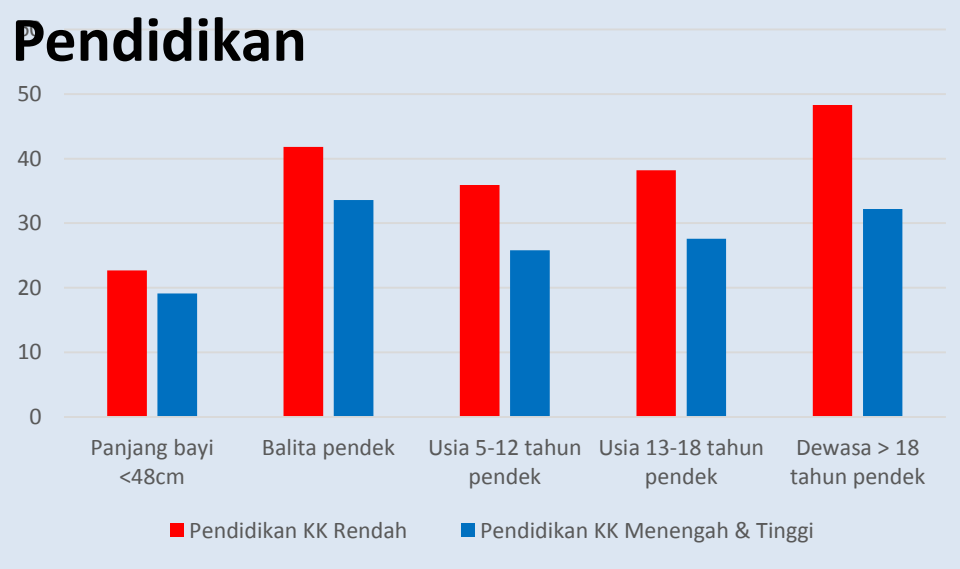
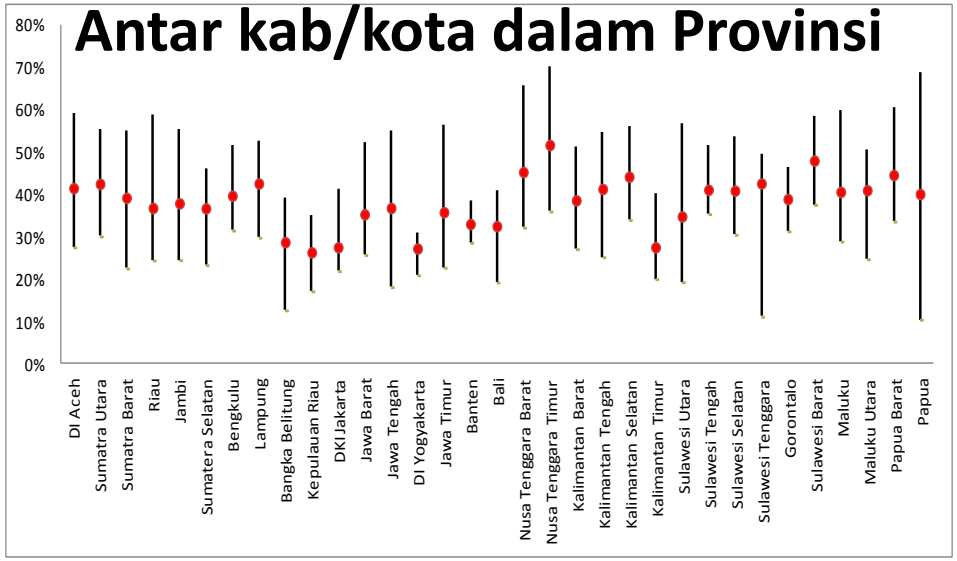
Kesenjangan stunting

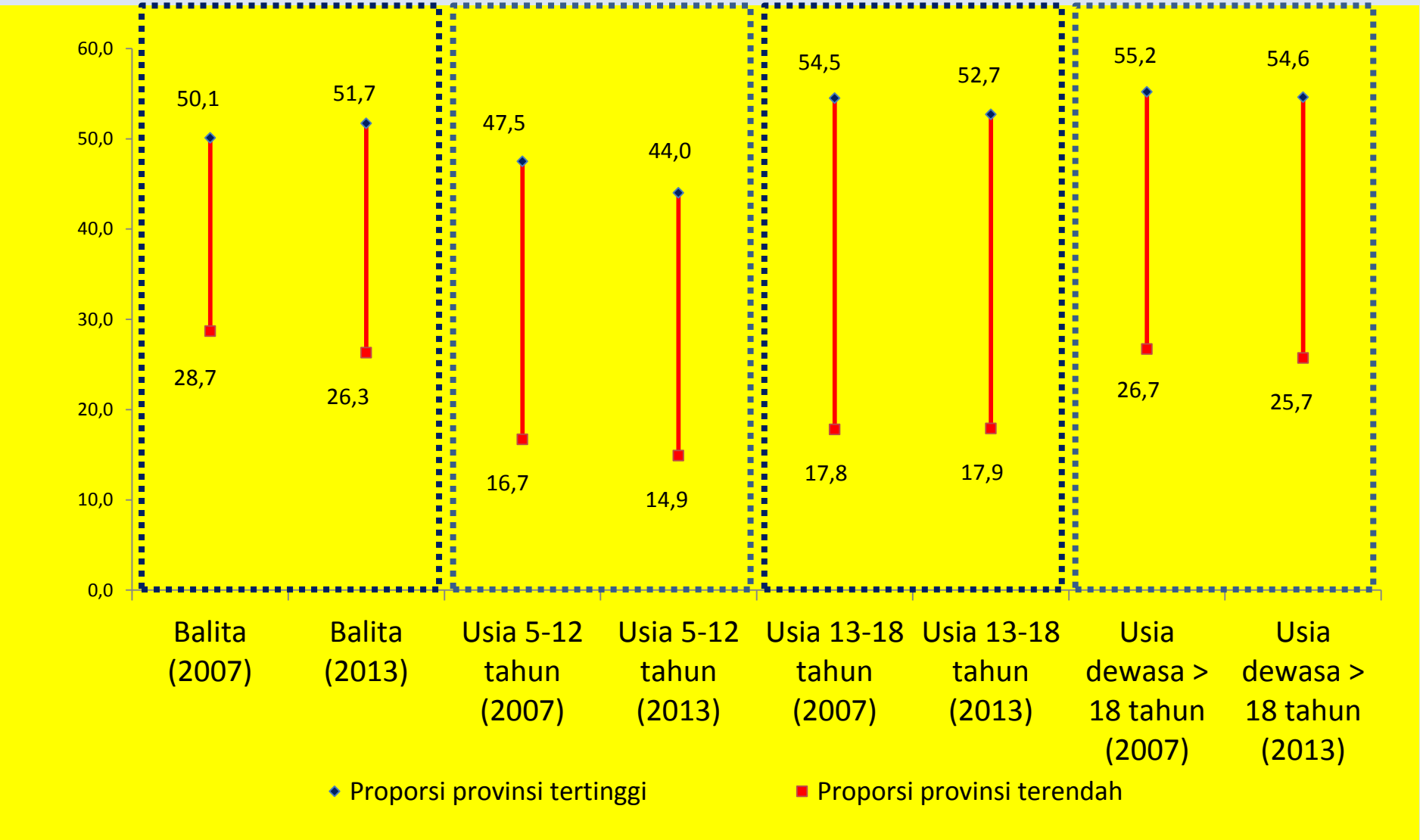




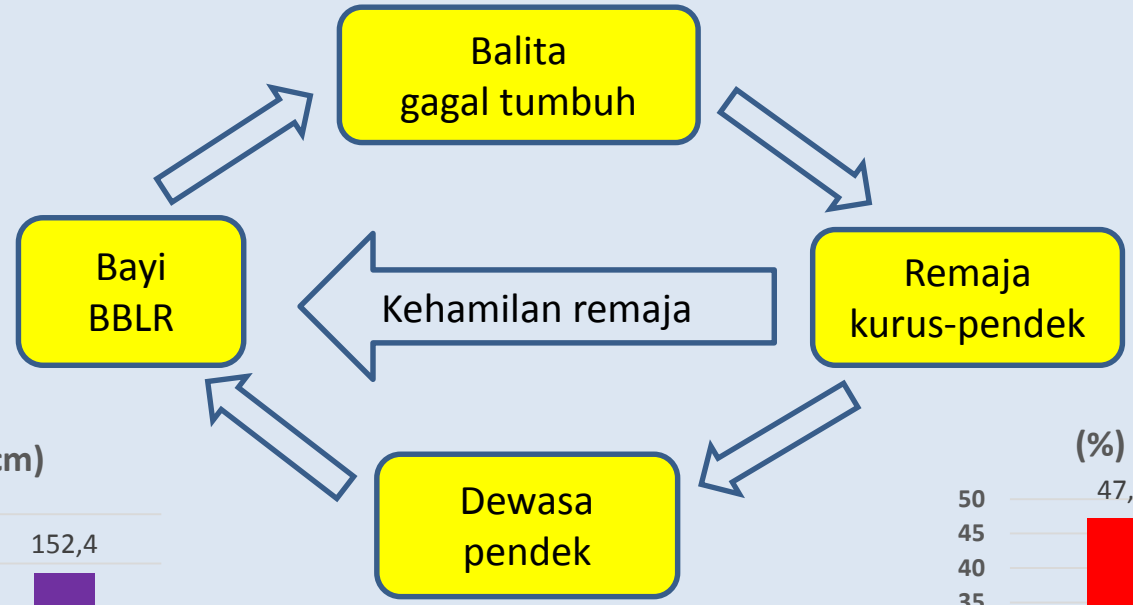


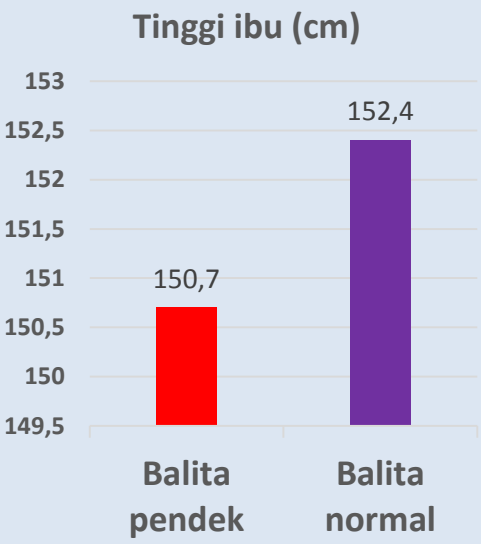


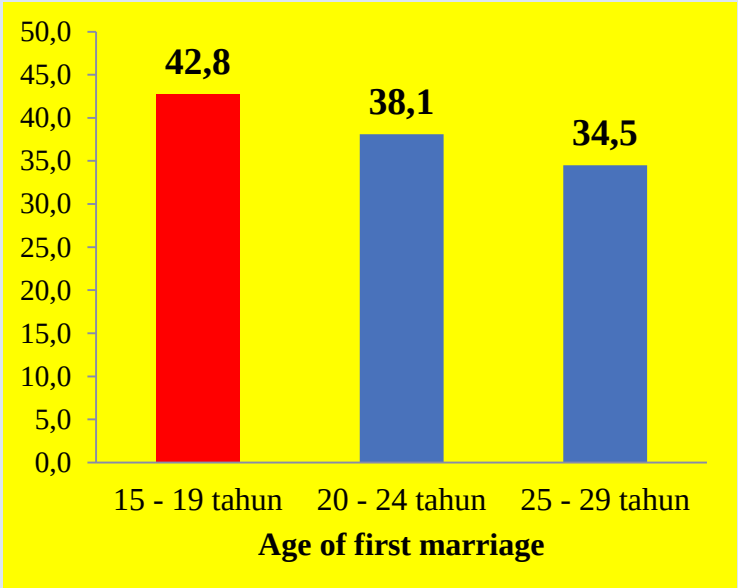
Kecenderungan kesenjangan stunting semua kelompok umur tahun 2007 - 2013

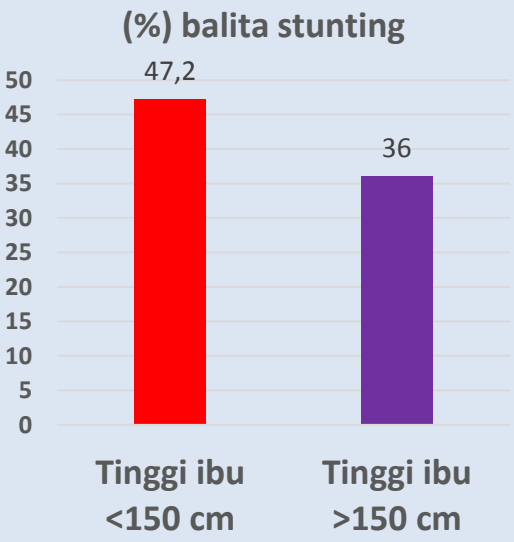


Stunting lintas generasi









Sumber: ACC/SCN (1992)

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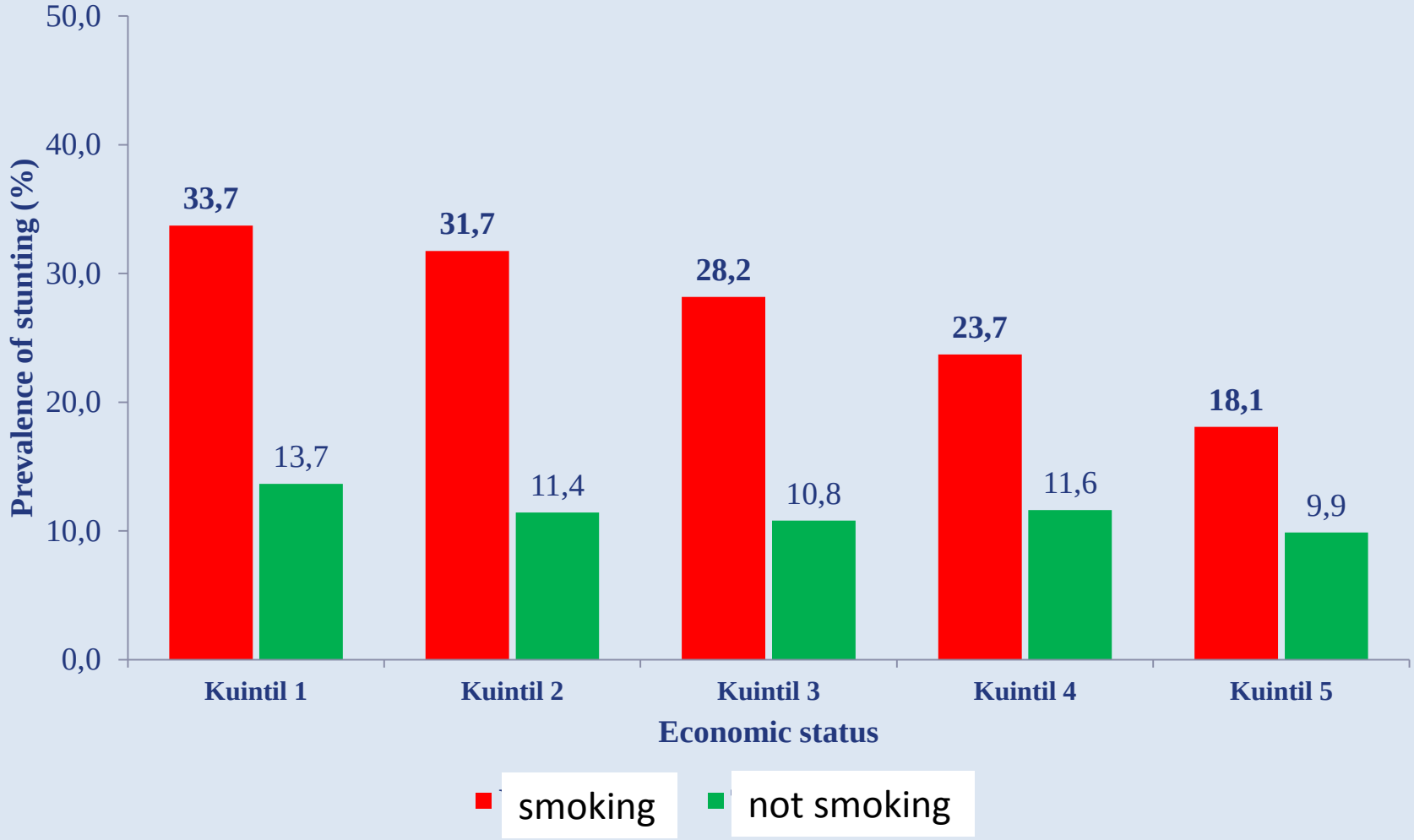
Association between prevalence of stunting and habits smoking of head householod by Expenditure, Riskesdas 2010



Source :Riskesdas 2010

Dinamika perubahan stunting

Perkembangan st. gizi (0-2) – (4-6) tahun	Status gizi usia (7-9) tahun		
	Normal (%)	Pendek (%)	Jumlah
Normal → normal	89,9	10,1	138
Normal → pendek	40,5	59,5	42
Pendek → normal	84,3	15,7	51
Pendek → pendek	22,9	77,1	70
Jumlah	66,4	33,6	301

Sumber: Aryastami, 2014

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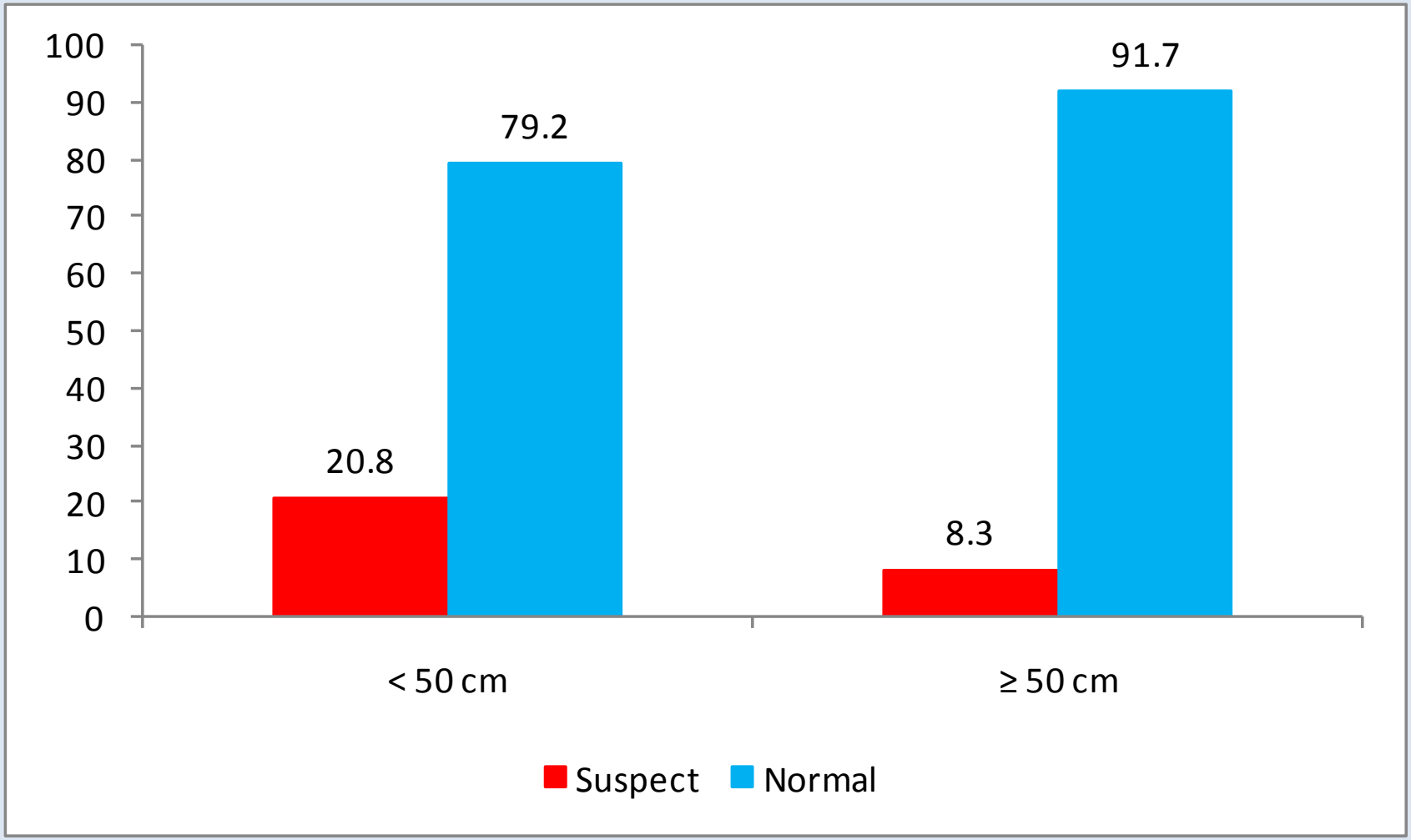
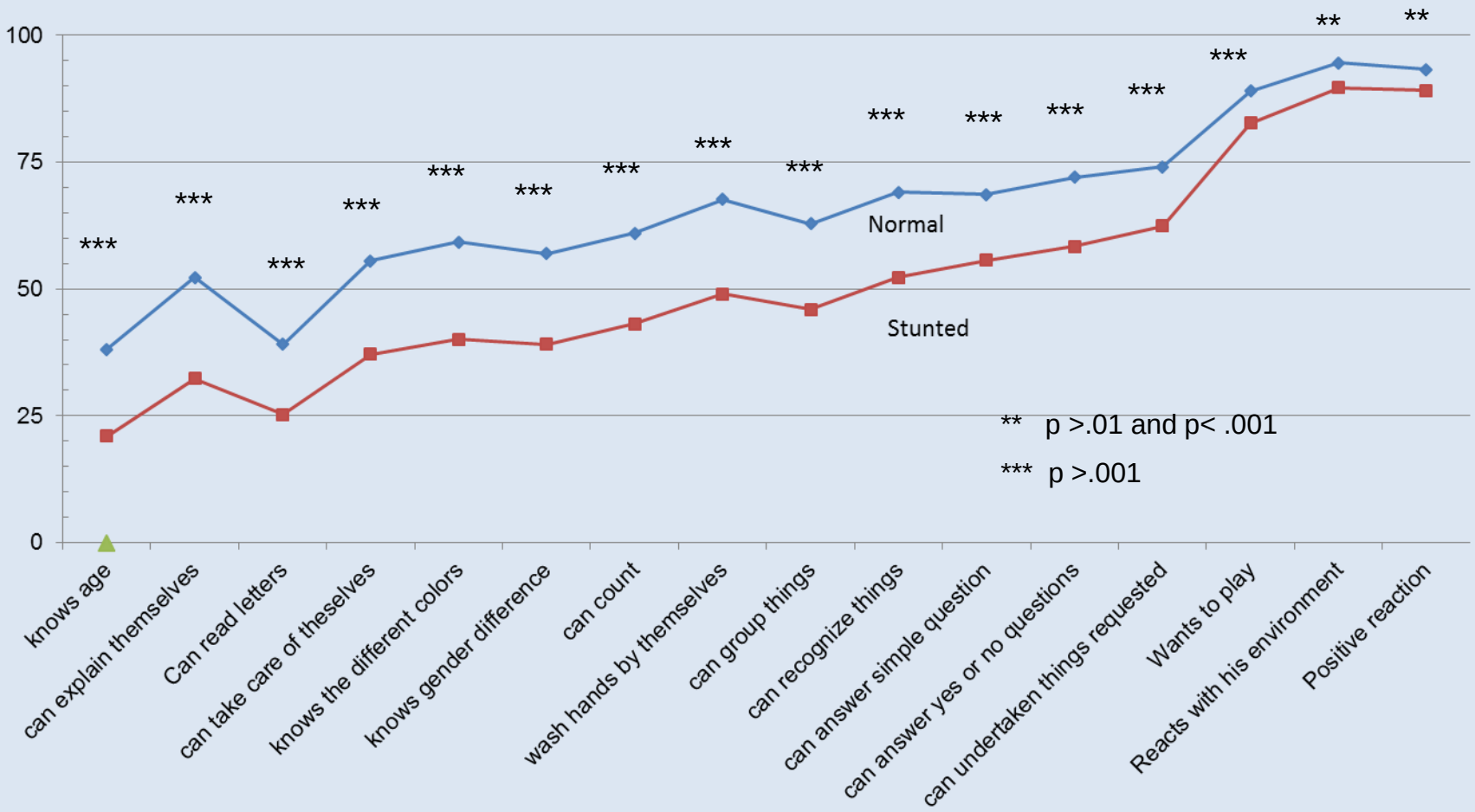
Perkembangan bayi menurut panjang lahir bayi



Sumber: Studi Kohor Tumbuh Kembang Anak, Balitbangkes, 2013

trihonor2014@gmail.com

Difference between stunted and normal children on various indicators of cognitive development



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Scores by year of Age for stunted and normal children

Age	Domain1: Communication skill and general knowledge			Domain2: Emotional Maturity			Domain 3: Maturity			Domain 4: Language and Cogntive Development			Domain 5: Social Competence		
	Normal	Stunted	Sig*1	Normal	Stunted	Sig*1	Normal	Stunted	Sig*1	Normal	Stunted	Sig*1	Normal	Stunted	Sig*1
lt 12 mon	2.0%	0.5%	0.452	7.8%	6.1%	0.684	13.4%	11.2%	0.142	1.1%	0.0%	0.297	37.1%	22.9%	0.000
13-24 mon	24.2%	16.3%	0.103	21.4%	19.8%	0.531	34.9%	28.0%	0.024	9.8%	6.2%	0.107	66.9%	61.5%	0.026
25-36 mon	51.2%	42.1%	0.087	20.4%	25.0%	0.38	67.9%	55.5%	0.011	39.7%	26.7%	0.024	79.7%	73.8%	0.067
37-48 mon	66.5%	44.1%	0.000	18.3%	16.2%	0.438	81.7%	59.2%	0.000	66.5%	34.8%	0.000	81.2%	76.3%	0.027
49-60 mon	77.0%	62.7%	0.001	15.7%	11.9%	0.272	86.8%	74.1%	0.000	74.8%	65.1%	0.069	82.3%	79.5%	0.008
61-72 mon	84.7%	71.0%	0.000	14.9%	10.6%	0.193	88.2%	85.9%	0.762	87.0%	72.6%	0.002	79.2%	78.9%	0.996
73+ mon	89.0%	70.8%	0.066	12.0%	2.8%	0.327	95.4%	86.9%	0.109	95.0%	75.0%	0.124	86.9%	83.3%	0.327
Total	56.6%	41.8%	0.000	15.9%	14.6%	0.337	67.6%	54.7%	0.000	53.7%	37.1%	0.000	72.9%	67.4%	0.000
Number	988	404		988	404		988	404		988	404		988	404	

*1 Significance Between Stunted and normal within Domains by F statistic from Anova analysis of means, Significance by Age within Domains using Mann Whitney Non-parametric analysis

p < .1 & > .05

p < .05

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Faktor yang berpengaruh pada berat dan panjang lahir

Faktor	Berat Lahir		Panjang Lahir	
	RR	95% CI	RR	95 % CI
Tinggi Badan Ibu < 150 cm	2,4[a]	2,1-3,2	3,7[a]	2,2-4,5
IMT ibu Pra Hamil < 18,5	3,9[a]	1,2-4,1	3,1[a]	1,5-3,7
Umur Ibu <20 th dan >35 th	1,3[a]	1,0-2,5	1,1[a]	1,0-1,36
Paritas (≤ 2 kali)	1,1[a]	1,0-1,7	1,2[a]	1,0-1,6
Pertambah BB Hml < 9,1 kg	3,1[a]	1,2-3,7	2,3[a]	1,4-3,7
Jenis Kelamin (L=1)	1,2	0,9-1,4	1,2	0,9-1,5
Diare (≥1 kali/trimester)	1,2	0,6-1,9	1,9	0,6-2,7
Konsumsi energi (<100%AKG)	2,1[a]	1,9-3,5	2,3	0,8-2,1
Konsumsi protein (<100%AKG)	2,3[a]	1,7-2,2	2,2[a]	1,1-2,7
Konstanta	46,789		39.357	

[a] Bermakna P<0,05

Sumber: Studi Kohor Tumbuh Kembang Anak, Balitbangkes, 2013

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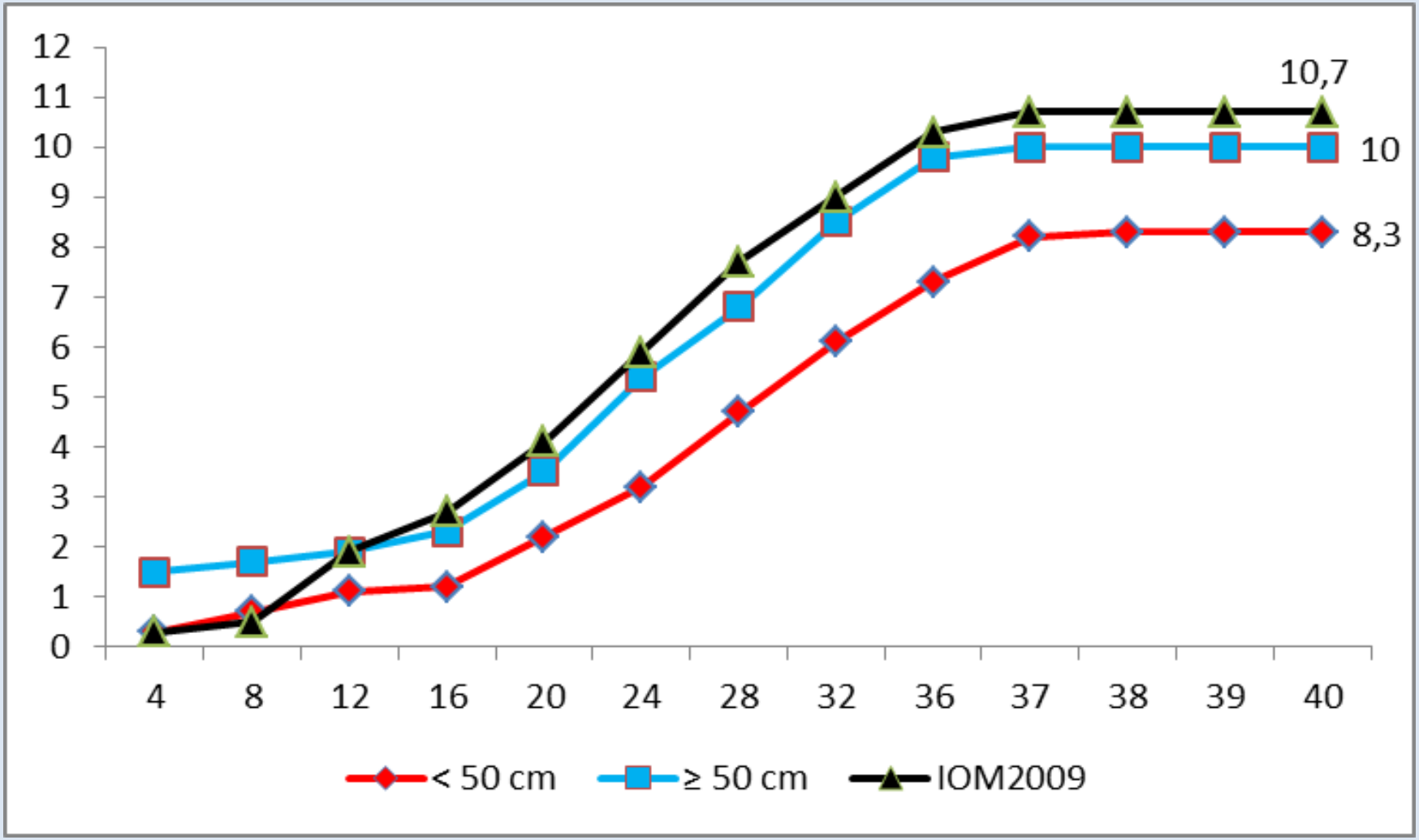
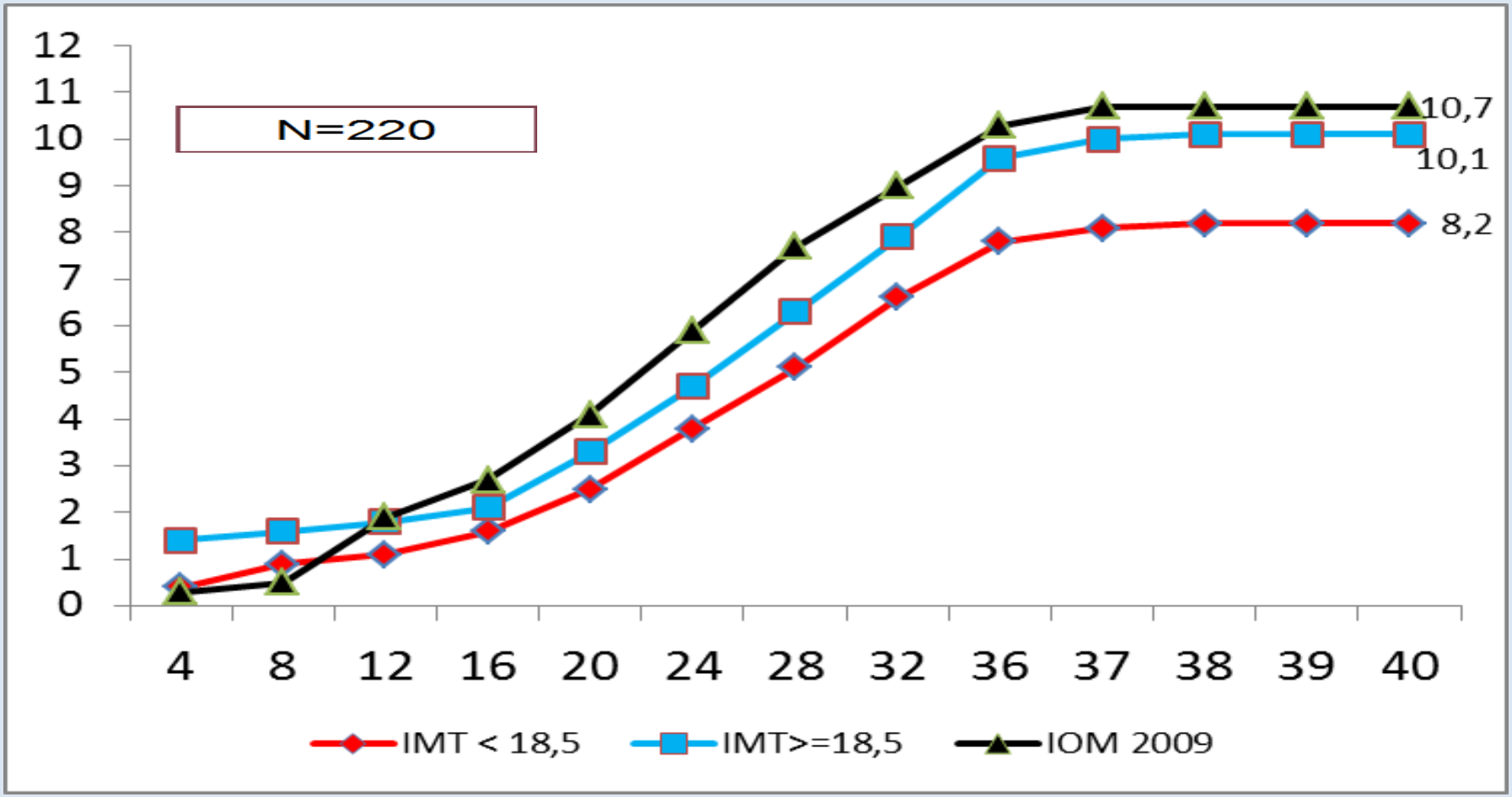
Pertambahan Berat Badan Selama Kehamilan dan Panjang Lahir Bayi



STUDI KOHOR TUMBUH KEMBANG ANAK, KEMENKES , 2013

trihonor2014@gmail.com

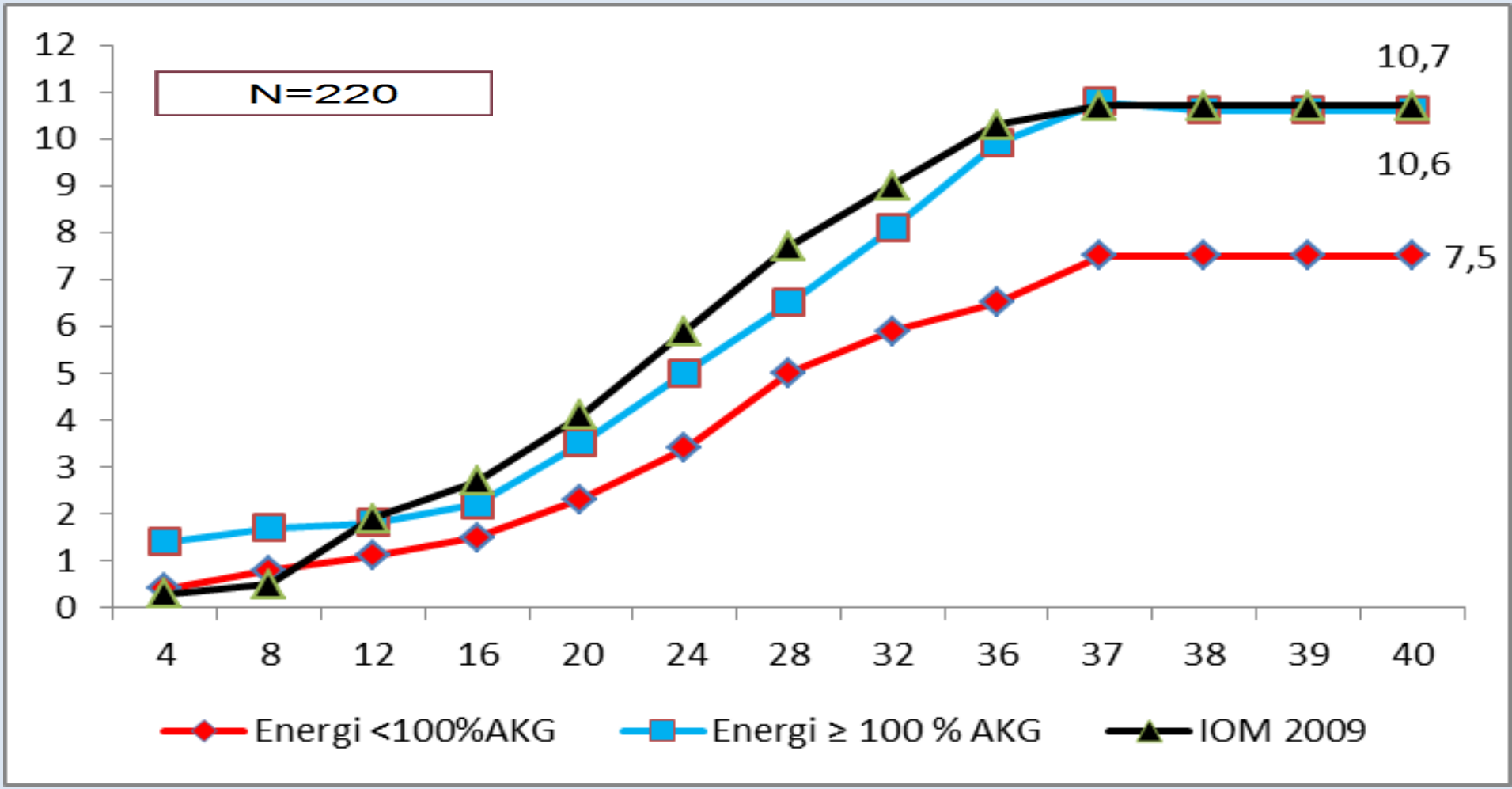
Pertambahan berat badan selama kehamilan pd ibu dg IMT Pra Hamil < 18,5 kg/m2 dan ≥ 18,5 kg/m2



STUDI KOHOR TUMBUH KEMBANG ANAK, KEMENKES RI 2013

trihonor2014@gmail.com

Pertambahan Berat Badan (kg) Ibu Hamil yg mengkonsumsi energi < 100 % AKG lebih rendah dan ≥ 100% AKG *



*AKG 2004

STUDI KOHOR TUMBUH KEMBANG ANAK, KEMENKES , 2013

trihonor2014@gmail.com

Proporsi ibu hamil menurut klasifikasi kecukupan asupan energi & protein, 2014

Karakteristik	Tingkat kecukupan energi			Tingkat kecukupan protein		
	<70%	70-<100%	≥100%	<80%	80-<100%	≥100 %
Tempat Tinggal						
Perkotaan	51,5	34,5	14,0	49,6	19,0	31,5
Perdesaan	52,9	33,1	14,0	55,7	17,5	26,9
Kuntil Kepemilikan						
Kuintil 1	67,9	22,6	9,5	67,1	16,5	16,5
Kunitil 2	60,4	28,8	10,8	60,0	10,9	29,1
Kuintil 3	42,1	43,4	14,5	46,5	23,6	29,9
Kuintil 4	50,0	36,0	14,0	52,8	20,2	27,0
Kuin til 5	48,9	31,9	19,1	44,0	17,0	39,0

Sumber: Studi Diet Total 2014, Balitbangkes

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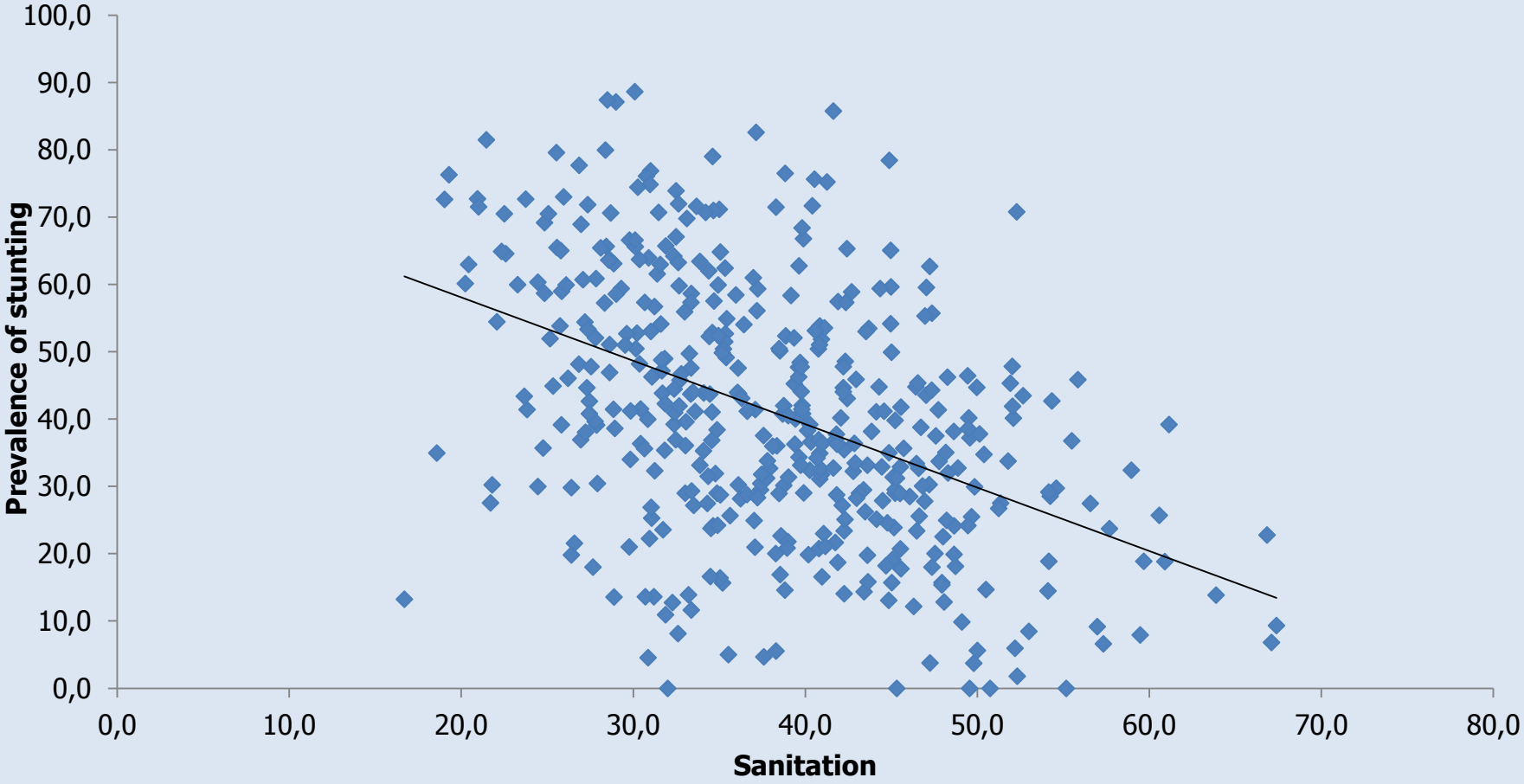
Correlation between prevalence of stunting and & Sanitation : 440 District, Riskesdas 2007



Nilai Korelasi (r): -0.5 (sign. 0.01)

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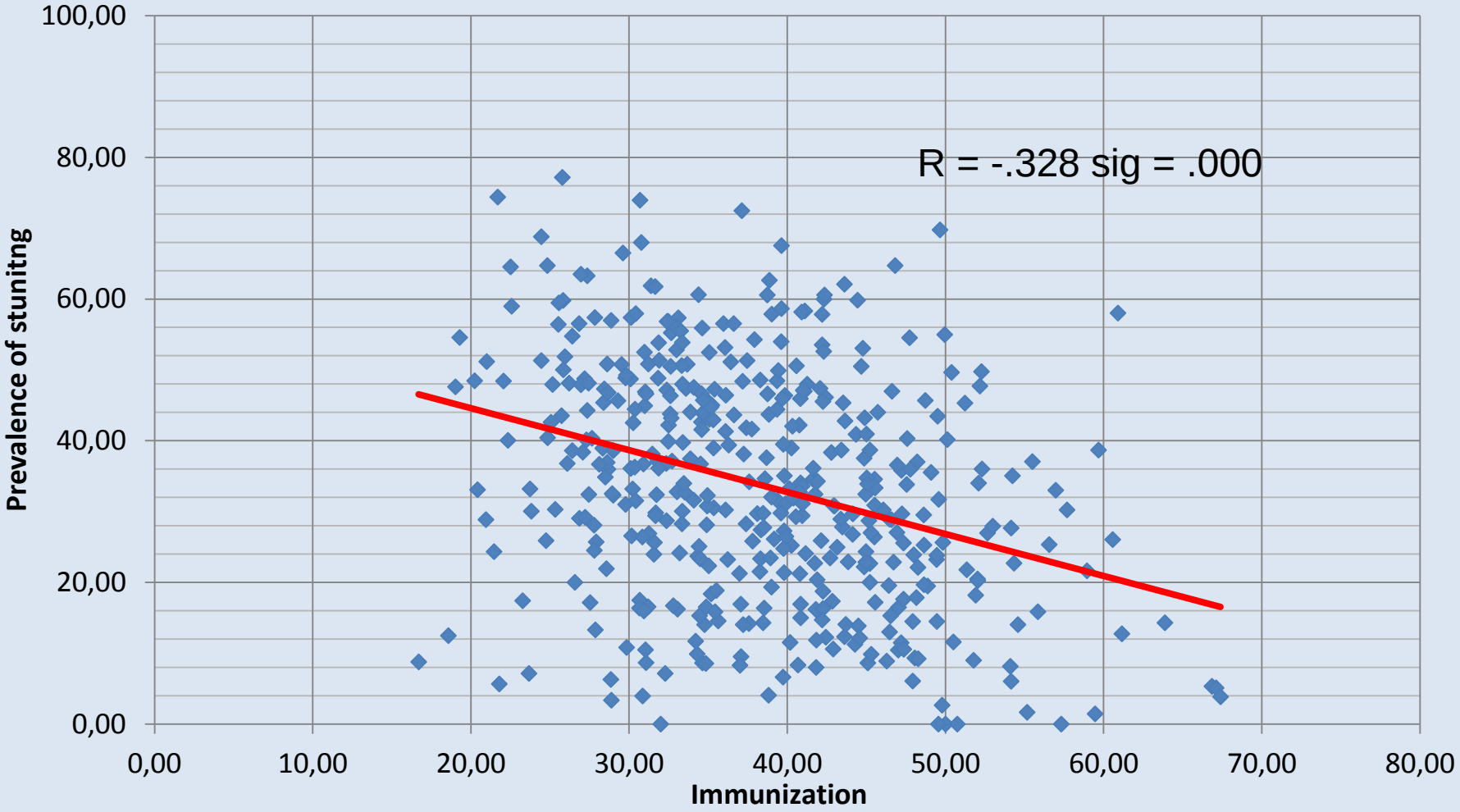
Correlation between prevalence of stunting and & Immunization: 440 District, Riskesdas 2007



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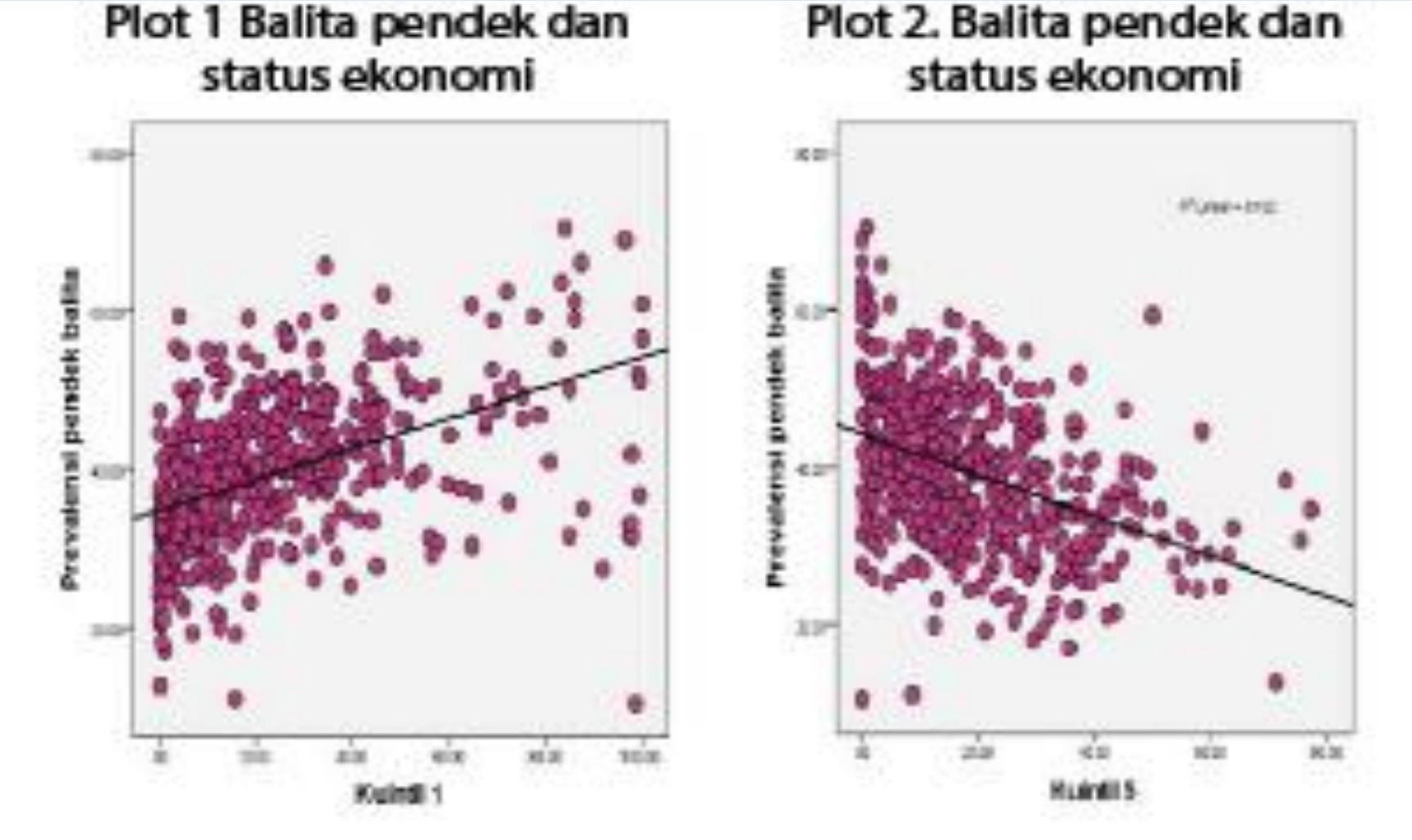
Kemiskinan dan stunting



Usulan intervensi

Progran spesifik:

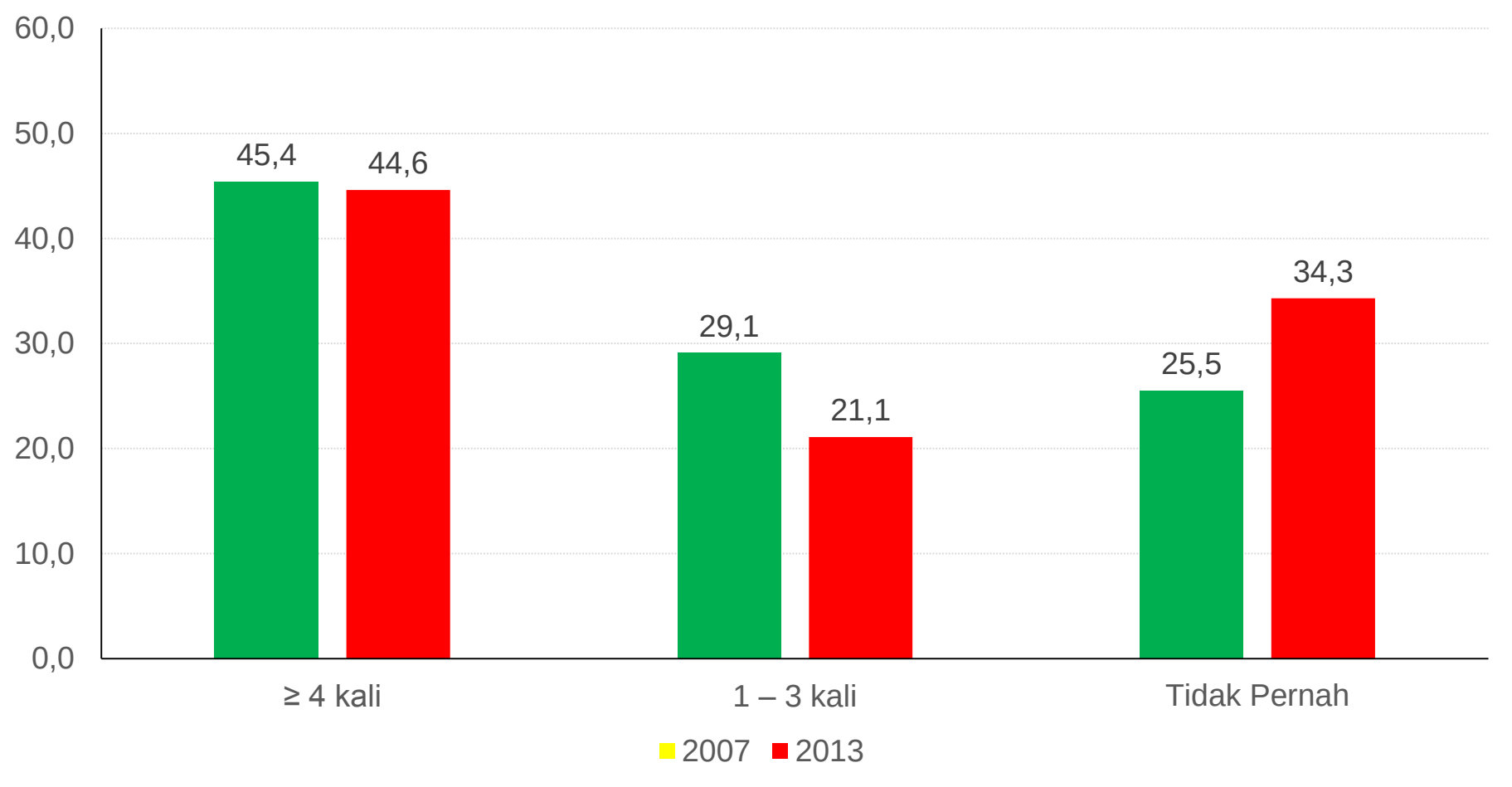
- Lanjutkan yang telah dikerjakan
- Pemberian makanan tambahan TKPM (tinggi kalori, protein & mikronutrien) untuk seluruh ibu hamil

Program sensitif:

- Revisi UU Perkawinan
- Mantapkan wajib belajar 12 tahun
- Pengentasan kemiskinan
- Perkuat UKS di seluruh sekolah dengan pendidikan gizi, kespro dan PHBS

trihonor2014@gmail.com

Kecenderungan Frekuensi Pemantauan Pertumbuhan Balita dalam 6 bulan Terakhir: 2007-2013



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Terima kasih

TERIMA KASIH

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Jl HR Rasuna Said Jakata

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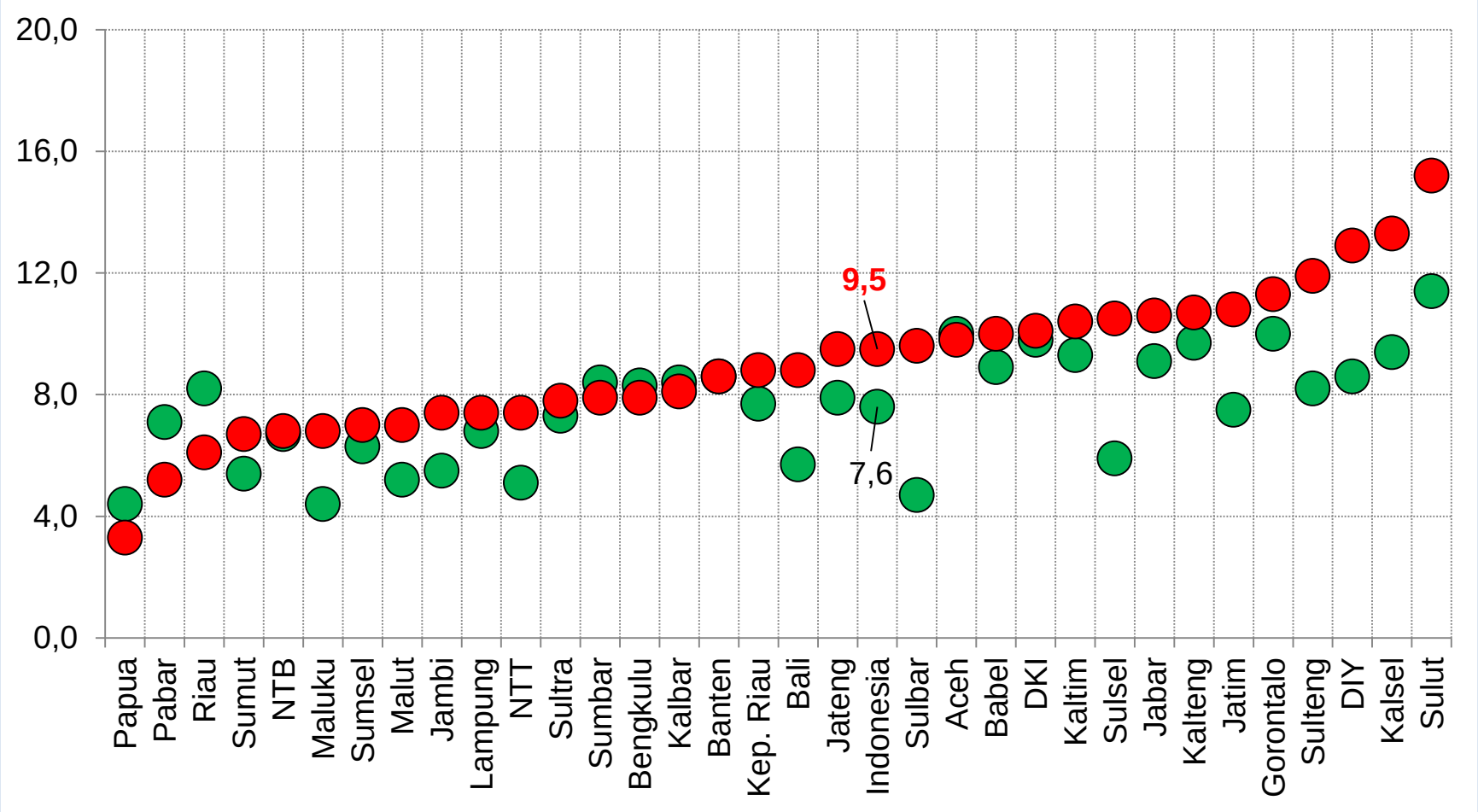
Penyakit Tidak Menular, Besaran Masalah & Solusinya

Trihono
Health Policy Unit

Madiun, 29 September 2015

trihonor2014@gmail.com

Kecenderungan Prevalensi Hipertensi berdasarkan Wawancara*) menurut Provinsi, 2007 - 2013



*) Diagnosis Nakes dan obat

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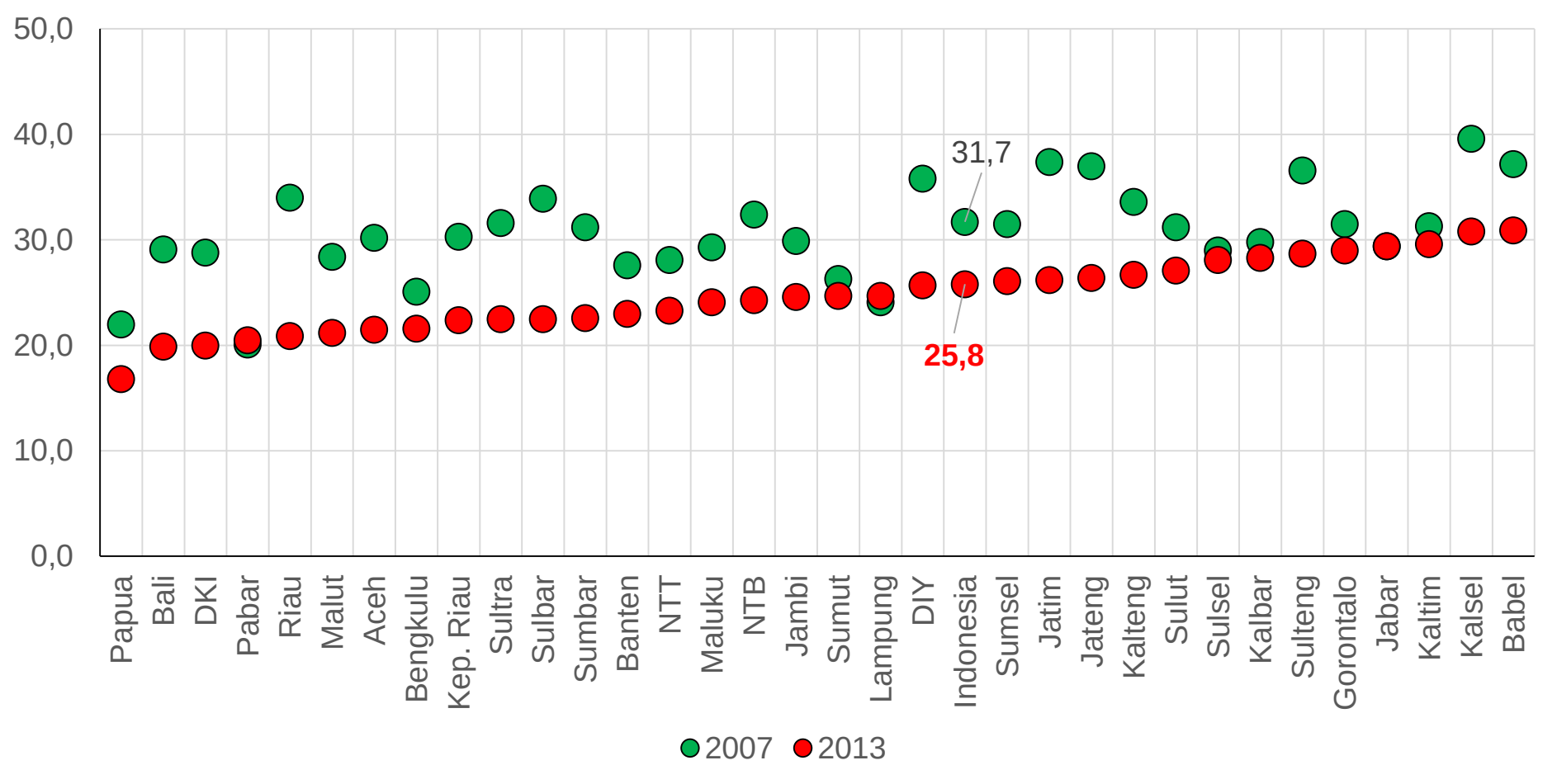
Prevalensi Hipertensi berdasarkan Pengukuran 2007-2013*)



*) Batas ambang systole ≥140 mmHg, diastole ≥ 90mmHg:
Perubahan Prevalensi diasumsikan karena beda alat ukur 2007 (IA2)→discontinue, 2013 (IA1);

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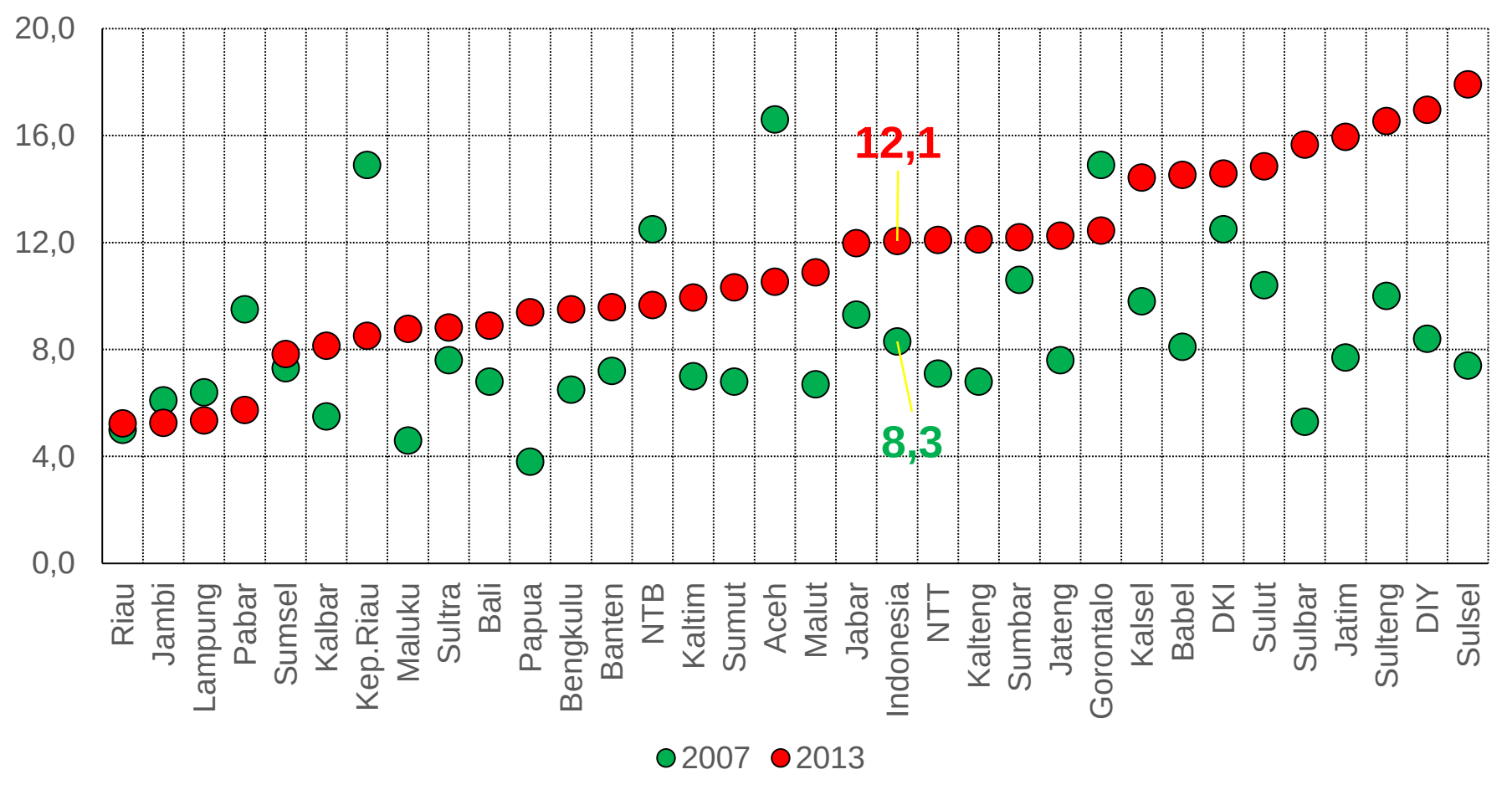
Kecenderungan Prevalensi Stroke per 1000*) menurut Provinsi 2007-2013



*) Ditentukan menurut jawaban responden yang pernah didiagnosis oleh nakes dan gejala

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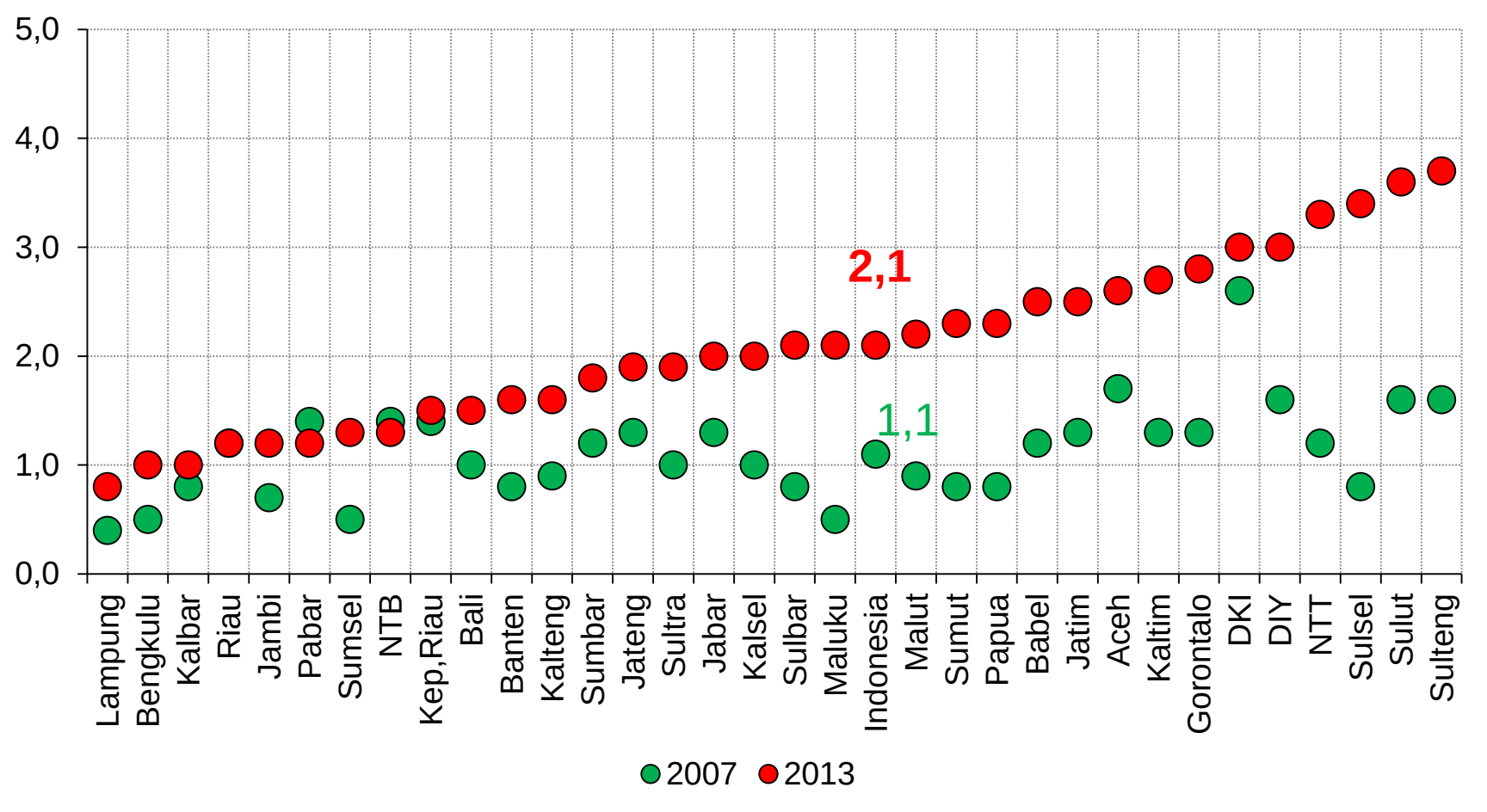
Kecenderungan Prevalensi DM*) menurut Provinsi, 2007-2013



*) Diabetes Melitus (DM) responden 15+ berdasarkan wawancara menurut diagnosis dokter dan gejala

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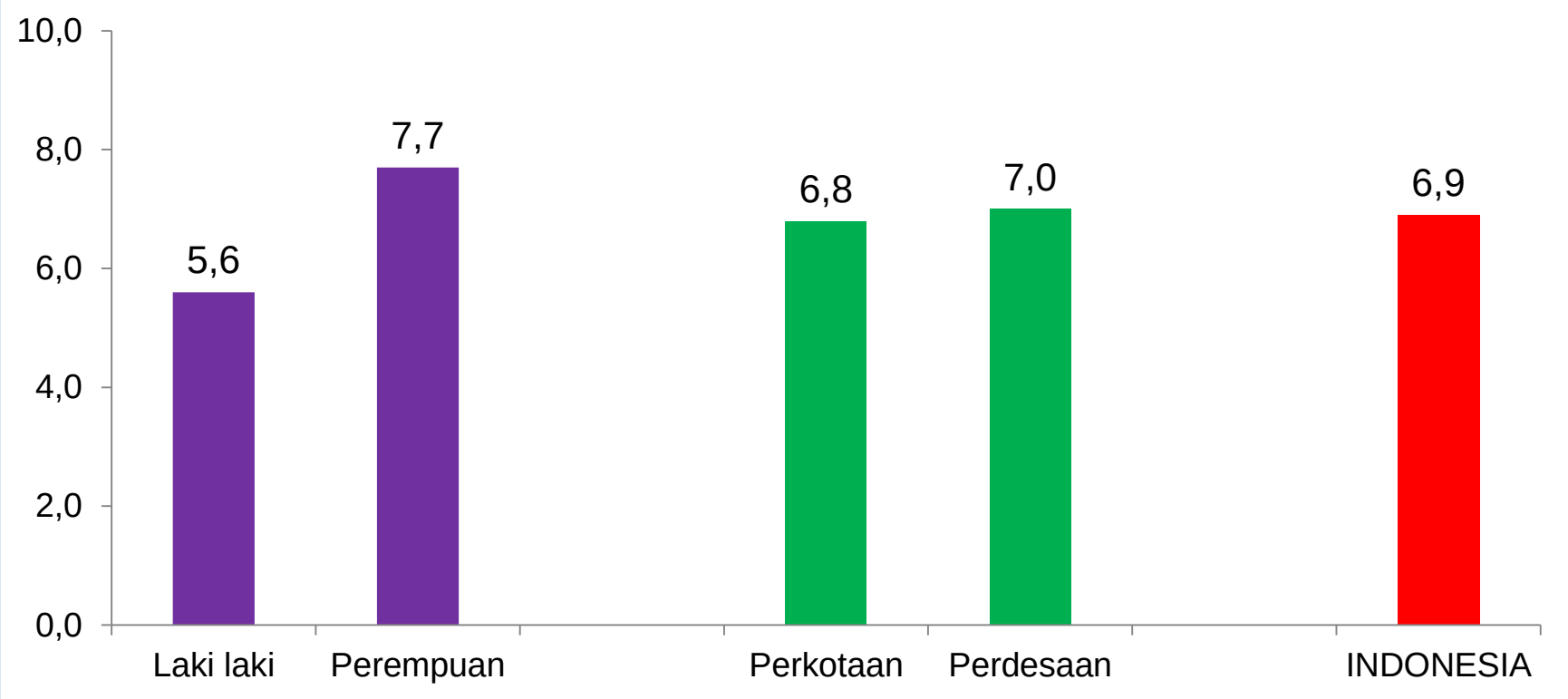
Proporsi DM pada Umur ≥ 15 Tahun Menurut Jenis Kelamin & Tempat Tinggal, 2013



*) DM : Diabetes Mellitus menurut hasil lab dan gejala
**) Nilai rujukan menurut American Diabetes Association (ADA) 2011;
***) Gula Darah Sewaktu ≥200 mg/dL dengan gejala khas DM;
****) Gula Darah Puasa ≥126 mg/dL dengan gejala khas DM
****) Gula Darah 2 jam pasca pembebanan ≥200 mg/dL

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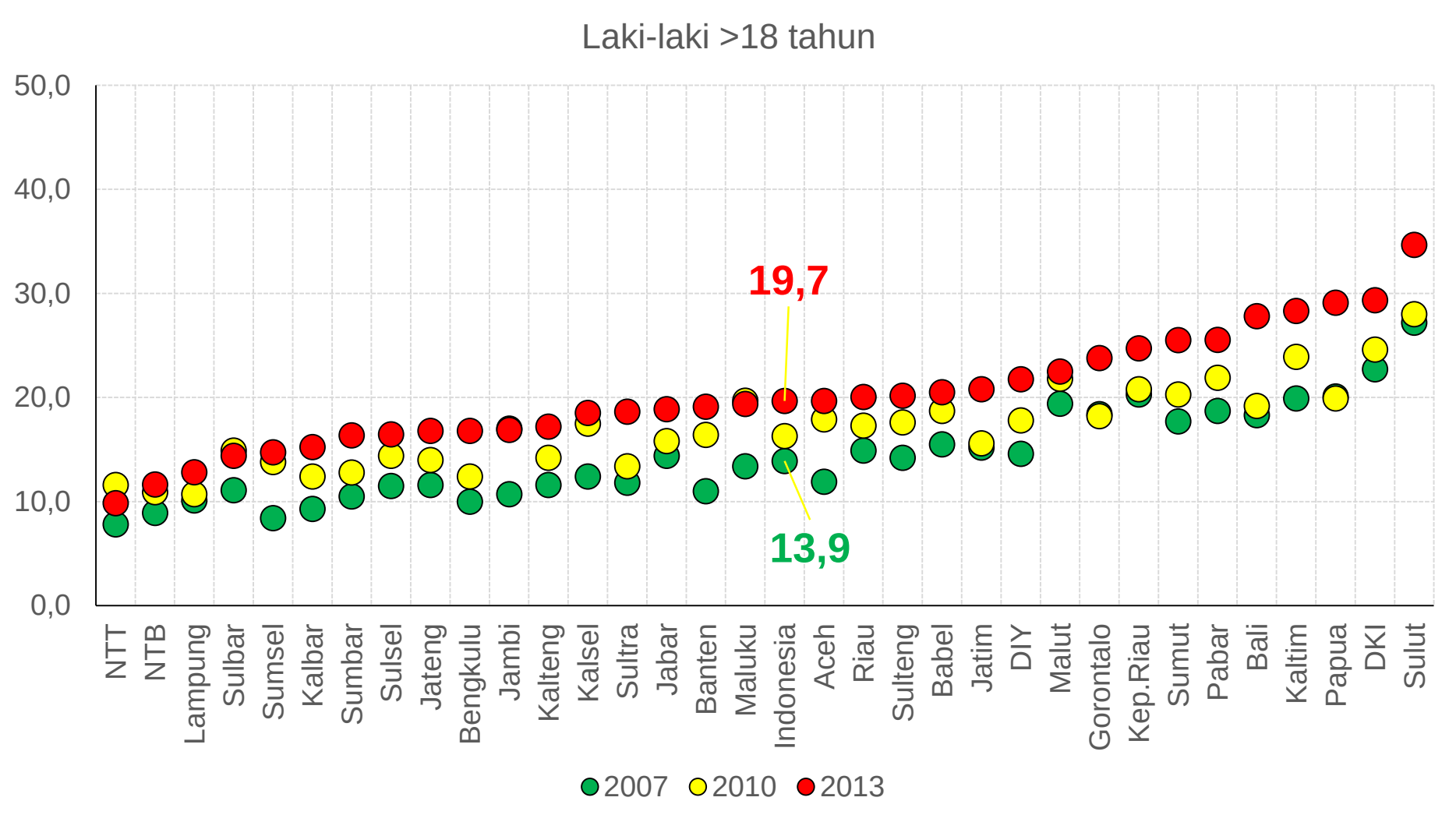
Proporsi Laki-laki *Obese* (IMT>25) Umur >18 tahun: 2007-2013



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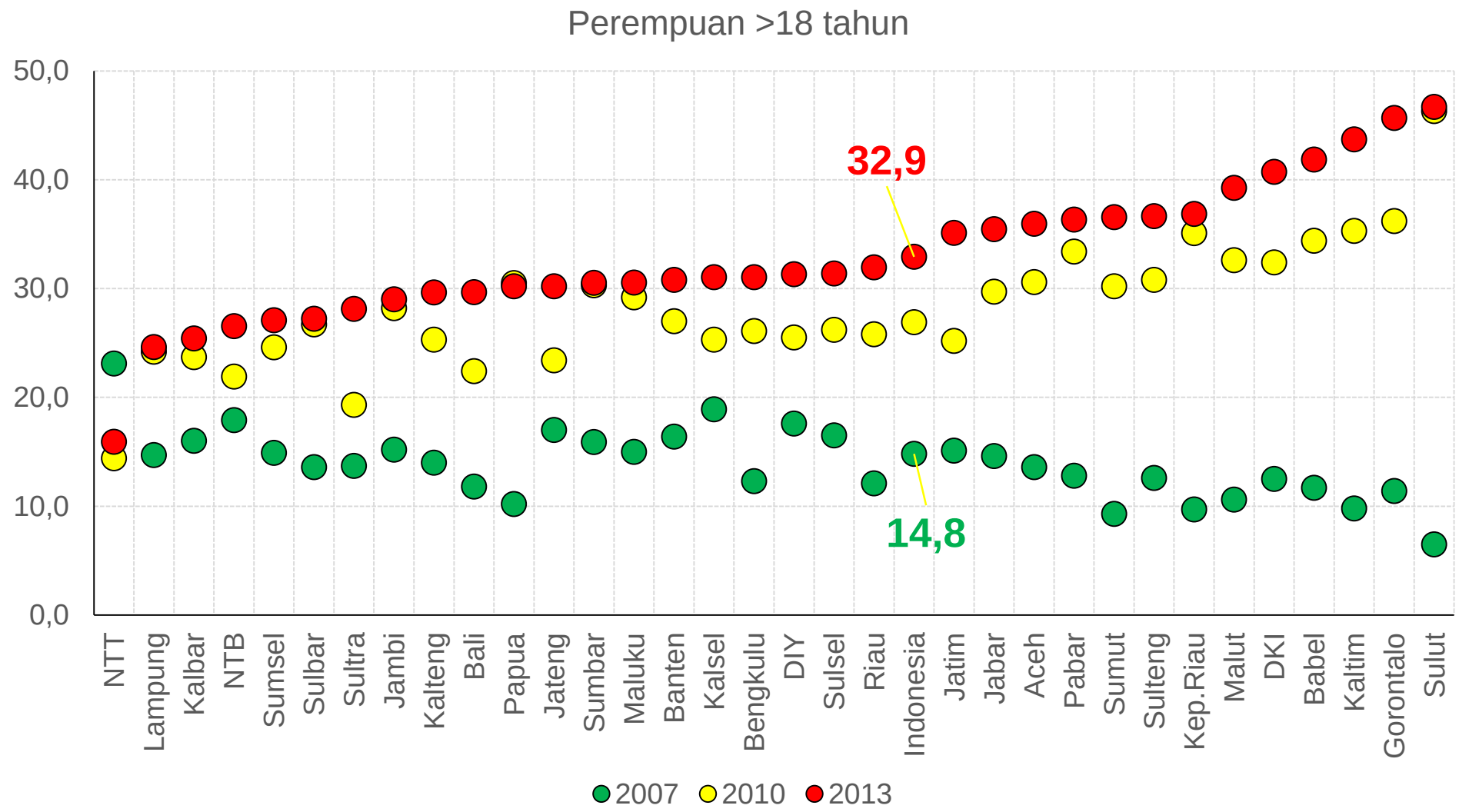
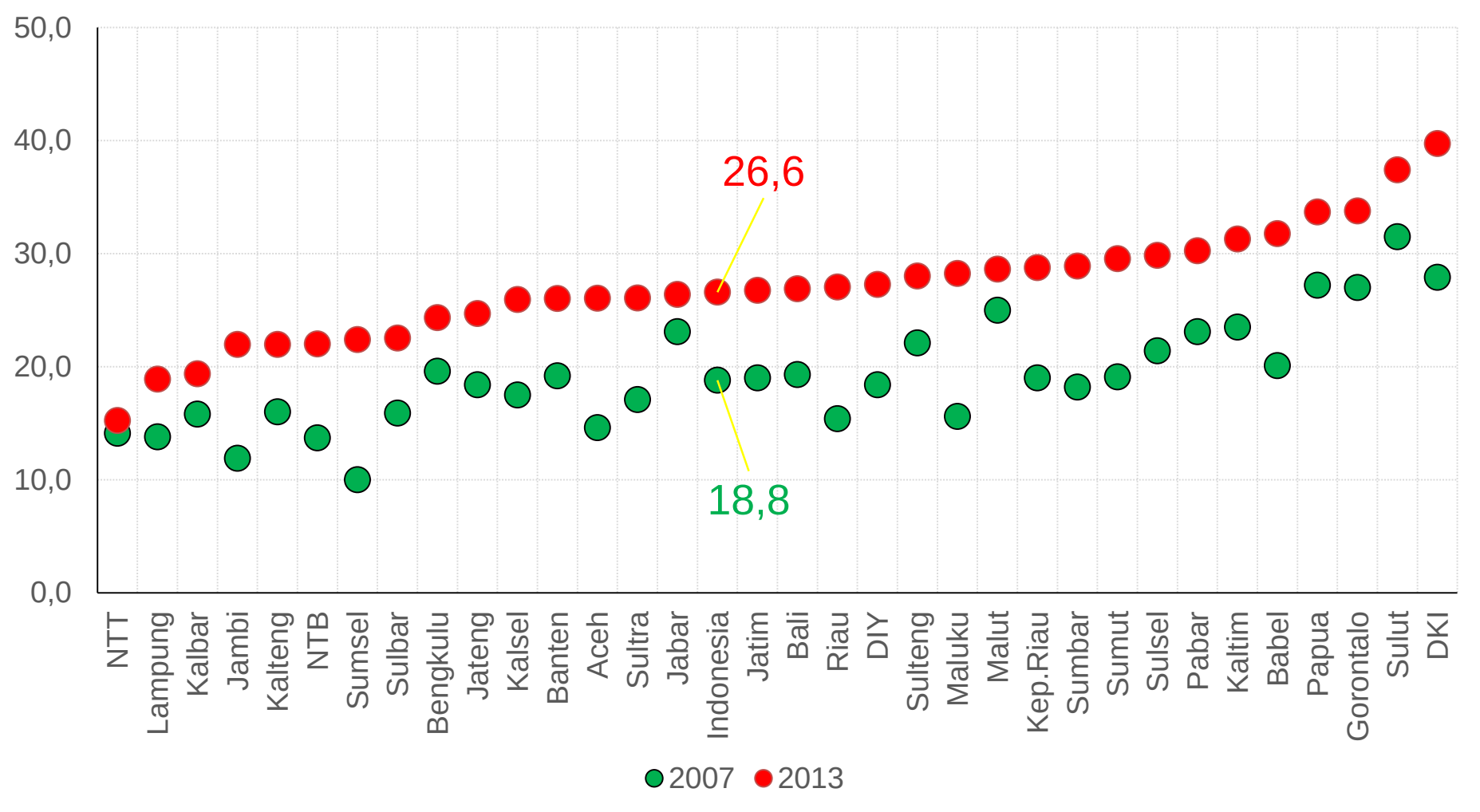
Proporsi Perempuan *Obese* (IMT>25) Umur >18 tahun: 2007-2013



Proporsi Obesitas Sentral: 2007-2013
(Lingkar Perut: Lk>90 cm, Prp>80cm)



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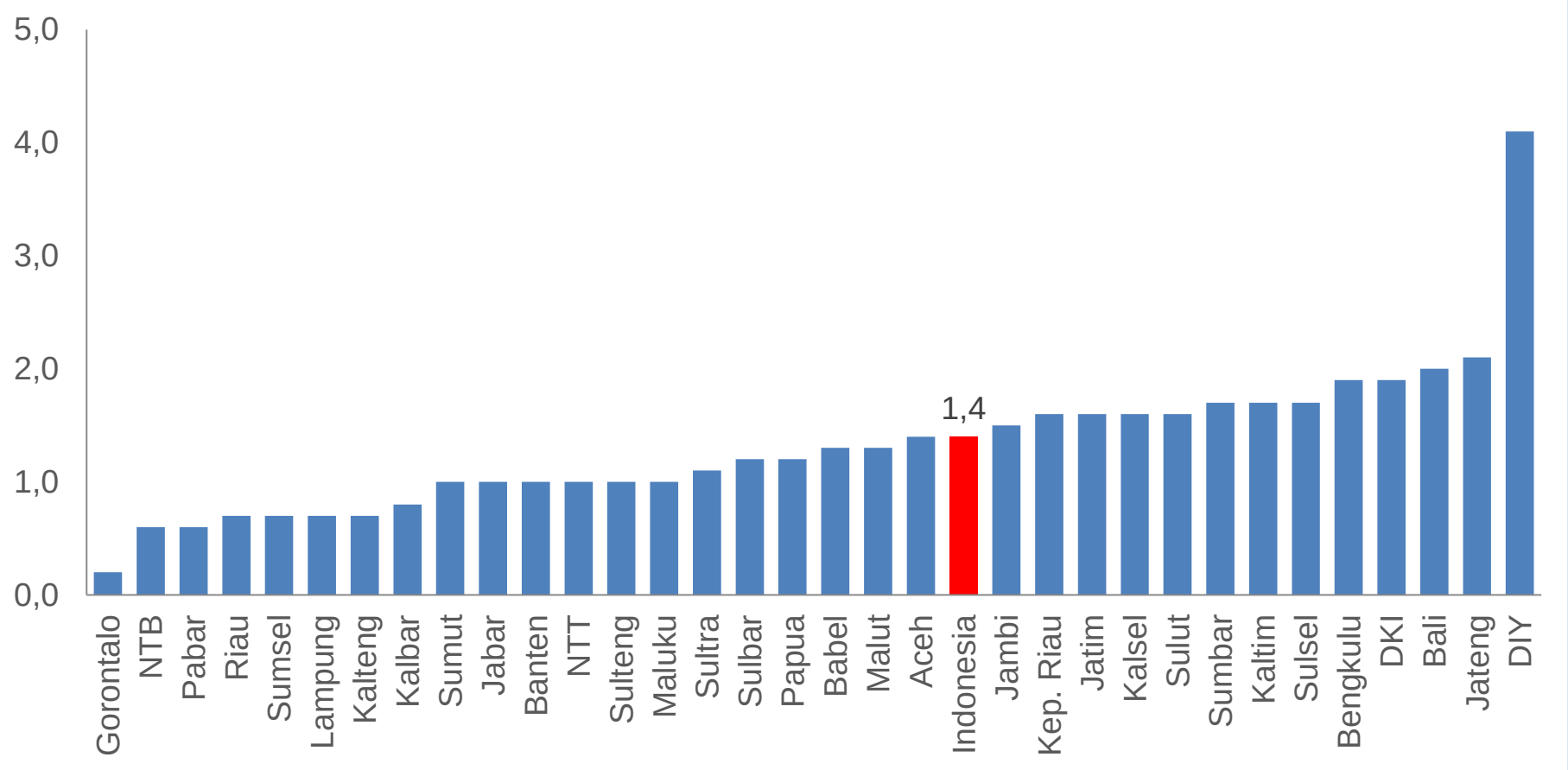
Prevalensi Kanker per 1000*) menurut Provinsi, 2013



*) Prevalensi kanker untuk semua umur berdasarkan diagnosis dokter

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Penyebab Kematian Usia Kerja

Usia	Penyebab Utama Kematian	%
35-44 Tahun (Laki-laki)	1. Ischaemic heart diseases	9,7
	2. Respiratory Tuberculosis	8,2
	3. Other heart diseases	7,8
35-44 Tahun (Perempuan)	1. Cerebrovascular	10,8
	2. Other heart diseases	7,0
	3. Respiratory Tuberculosis	6,1
45-54 Tahun (Laki-laki)	1. Cerebrovascular diseases	16,3
	2. Ischaemic heart diseases	11,3
	3. Diabetes mellitus	8,6
45-54 Tahun (Perempuan)	1. Cerebrovascular diseases	18,0
	2. Diabetes mellitus	9,9
	3. Ischaemic heart diseases	7,9

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Prevalensi Penyakit Tidak Menular Utama pada Usia 15 s/d 64 tahun Berdasarkan Diagnosis Tenaga Kesehatan

Penyakit	Prevalensi (%)				
	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64
Stroke	1.1	1.6	2.9	8.1	15.5
Diabetes Mellitus *	0.6	1.8	5.0	10.5	13.5
Tumor	2.4	4.2	7.1	8.7	8.8
Penyakit Jantung	0.3	0.5	1.0	1.9	2.5
Hipertensi	0.9	2.5	6.3	11.9	17.2

* Populasi perkotaan (melalui pembuluh darah vena dan 2 jam pembebanan glukosa)

Sumber: RISKESDAS 2007

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Beban PTM, penduduk usia >15 tahun

Penyakit	(%)	(#)
Stroke	1.21	1,2 juta
Hipertensi	25.8	42,1 juta
Obesitas sentral	26.6	44,3 juta
Diabetes Mellitus	6.9	8,9 juta

Note:

- Cakupan hipertensi oleh nakes → 36.8%
- Cakupan diabetes mellitus oleh nakes → 30.4%
- Sekitar **2/3** penderita tidak tahu bahwa dirinya menderita PTM

Source: Riskesdas 2013

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Hasil Laboratorium Penduduk

Hasil Pemeriksaan Laboratorium	(%)
Proporsi penderita DM	6,9%
Proporsi Kholesterol tidak normal	35,9%
Proporsi HDL tidak normal	22,9%
Proporsi LDL tidak normal	76,1%
Proporsi Trrgliserida tidak normal	24,9%
Proporsi Kreatinin tidak normal	6,0%

Source: Riskesdas 2013

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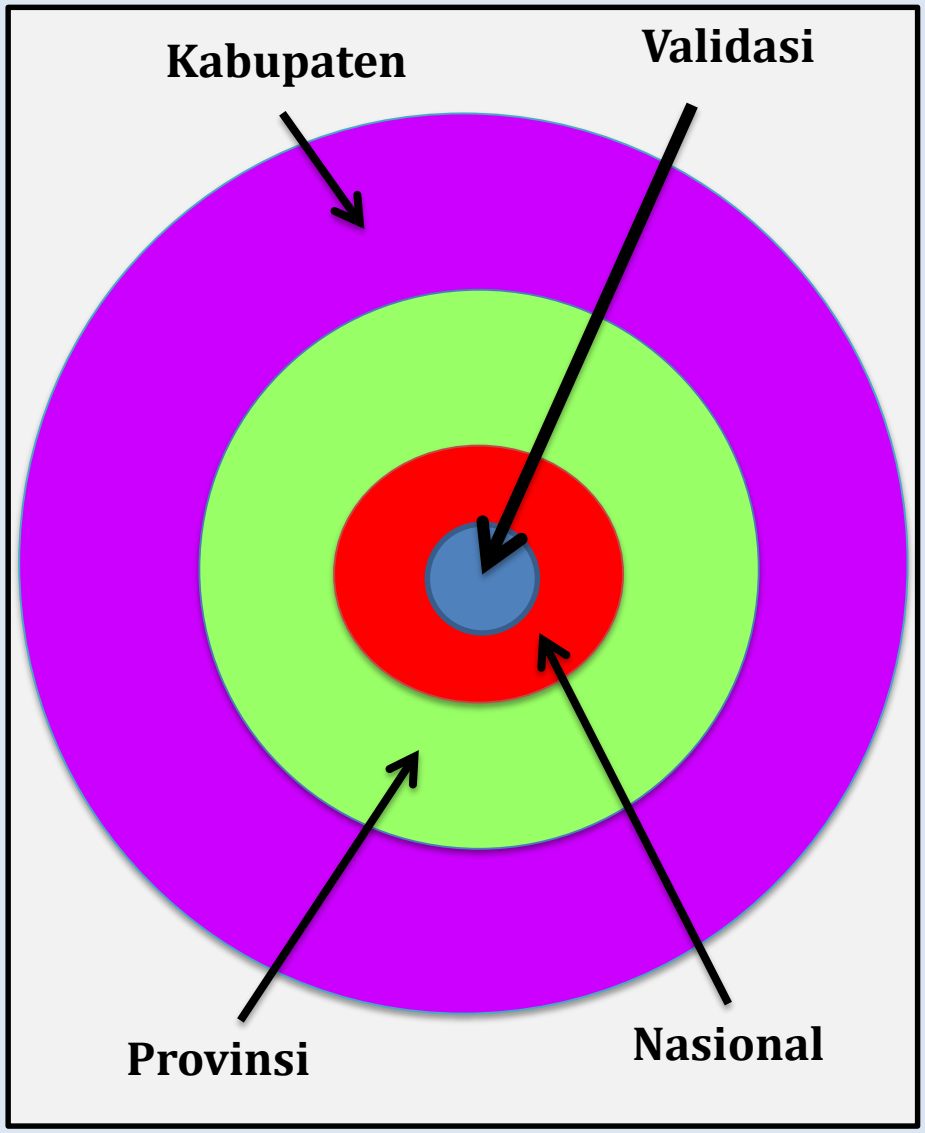
Sampel Riskesdas 2013 (oleh BPS)



- **Kabupaten - 12.000 BS**

  →penyajian sampai domain kabupaten/kota.

- **Provinsi - 3000 BS**

  →penyajian sampai domain provinsi.

- **Nasional – 1000 BS**

  →penyajian level nasional

- **Validasi - 150 BS**

Penderita PTM yang belum terjangkau

No.	Penyakit	Hiper-tensi	DM
1.	Prevalensi penyakit dgn pengukuran/ pemeriksaan laboratorium (%)	25.8	6.9
2.	Proporsi penyakit atas dasar diagnosa oleh nakes (%)	9.5	2.1
3.	Cakupan pemeriksaan oleh nakes (b/a: %)	36.8	30.4
4.	Penderita PTM yang periksa ke nakes dan terkontrol penyakitnya (%)	22.8	NA

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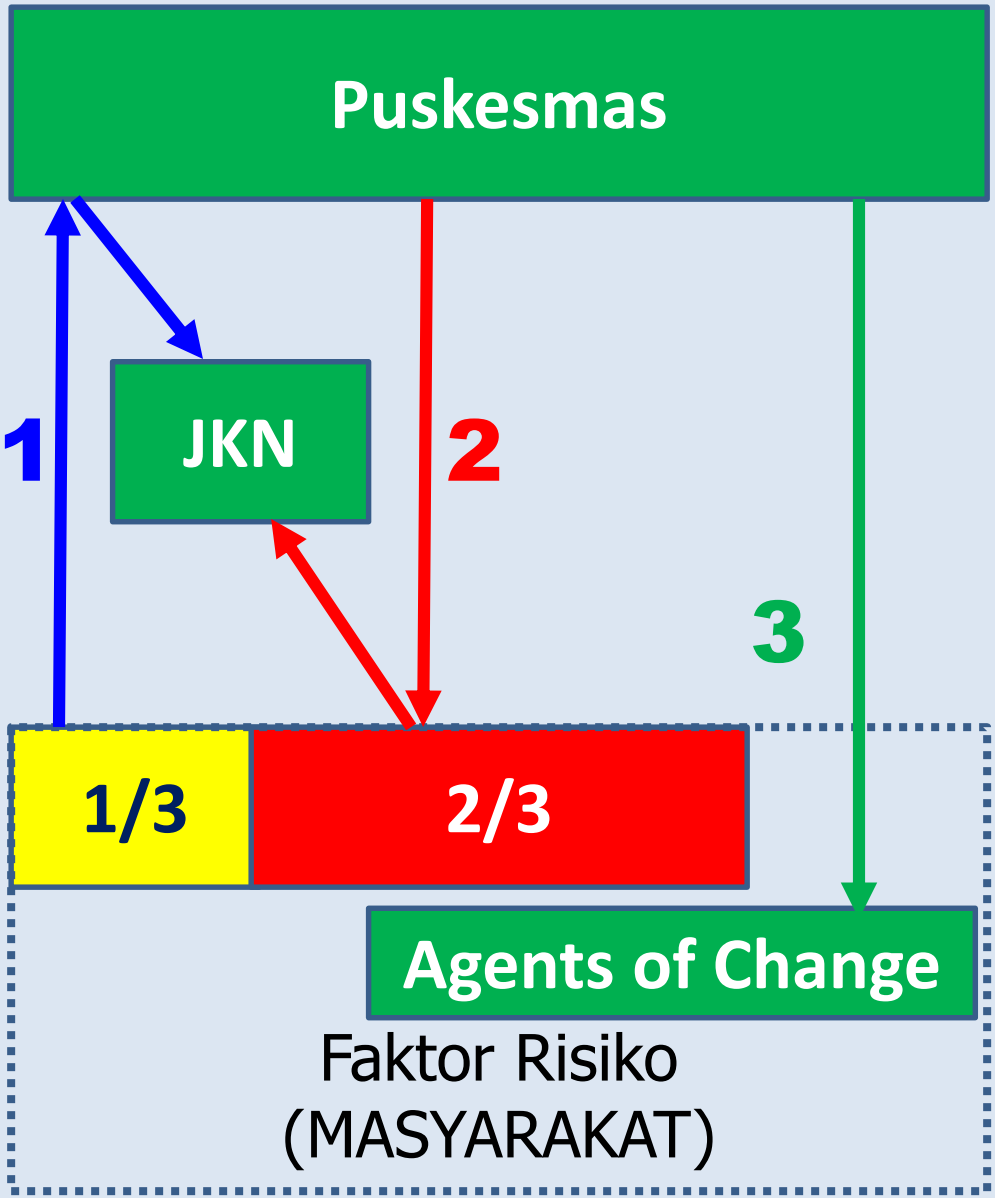
Intervensi untuk Penangulangan PTM

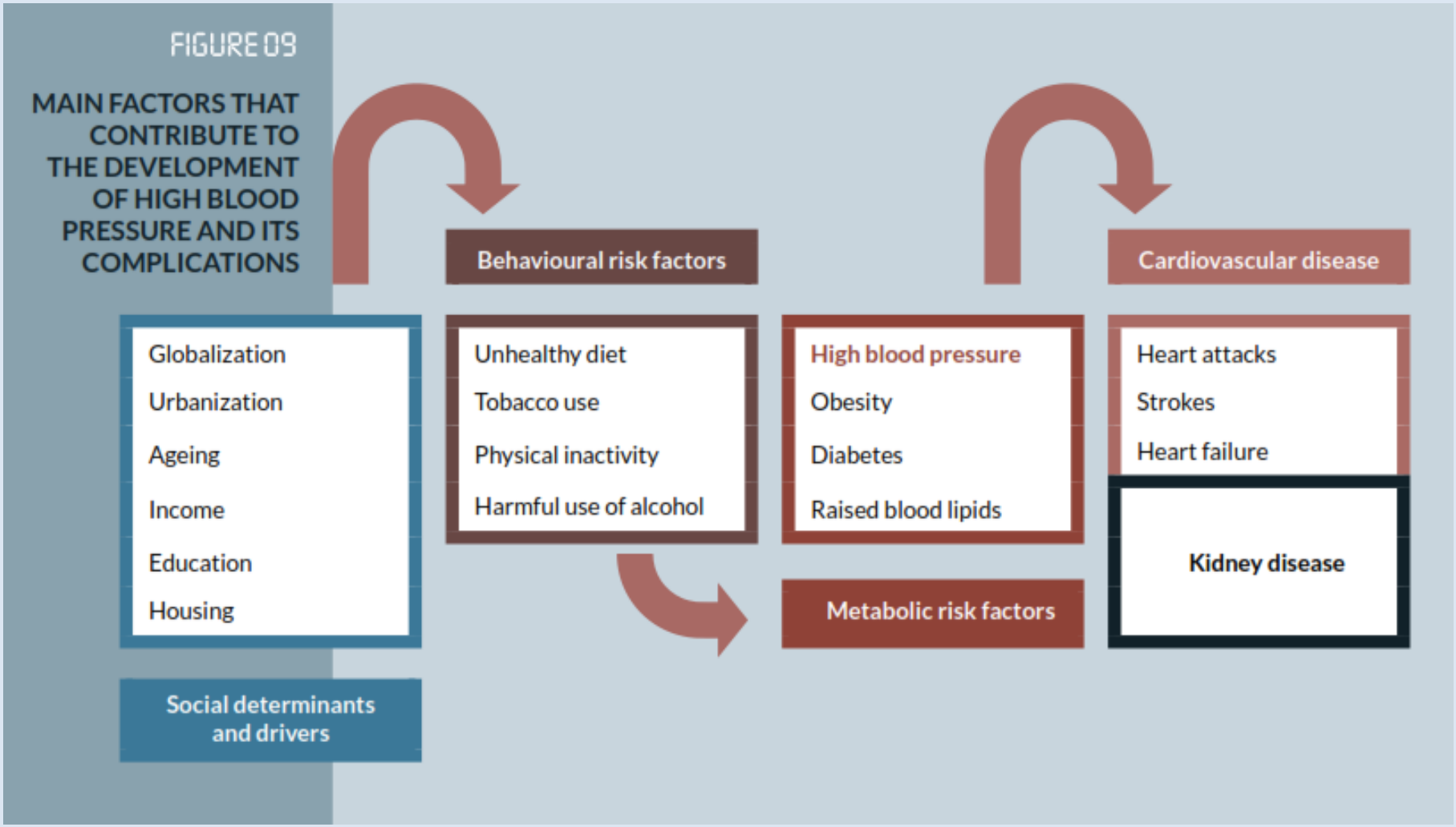


1. **Meningkatkan kualitas leyanan primer dikaitkan dengan JKN**

2. **Pro-aktif menjangkau sasaran (UKK, UKBM), yang menderita PTM diminta jadi peserta JKN**

3. **Menanggulangi faktor risiko melalui pemicuan tokoh masyarakat atau kader**

Faktor yang berpengaruh terhadap Hipertensi dan Diabetes Melitus



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Unhealthy diet

Sweet food

Gorengan

Fatty food

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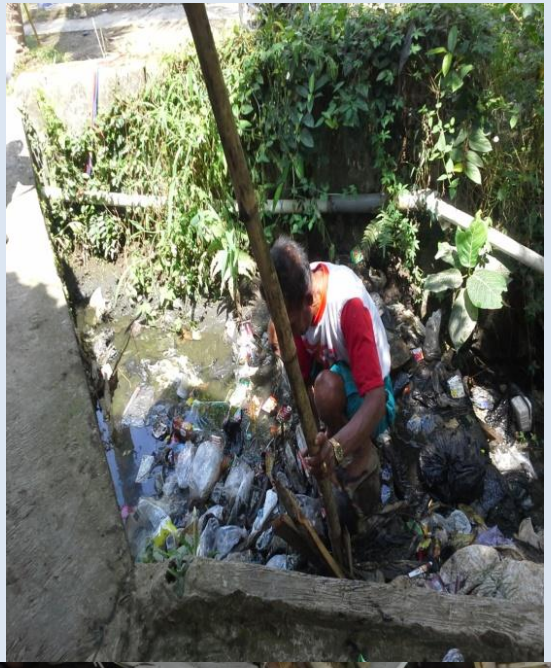
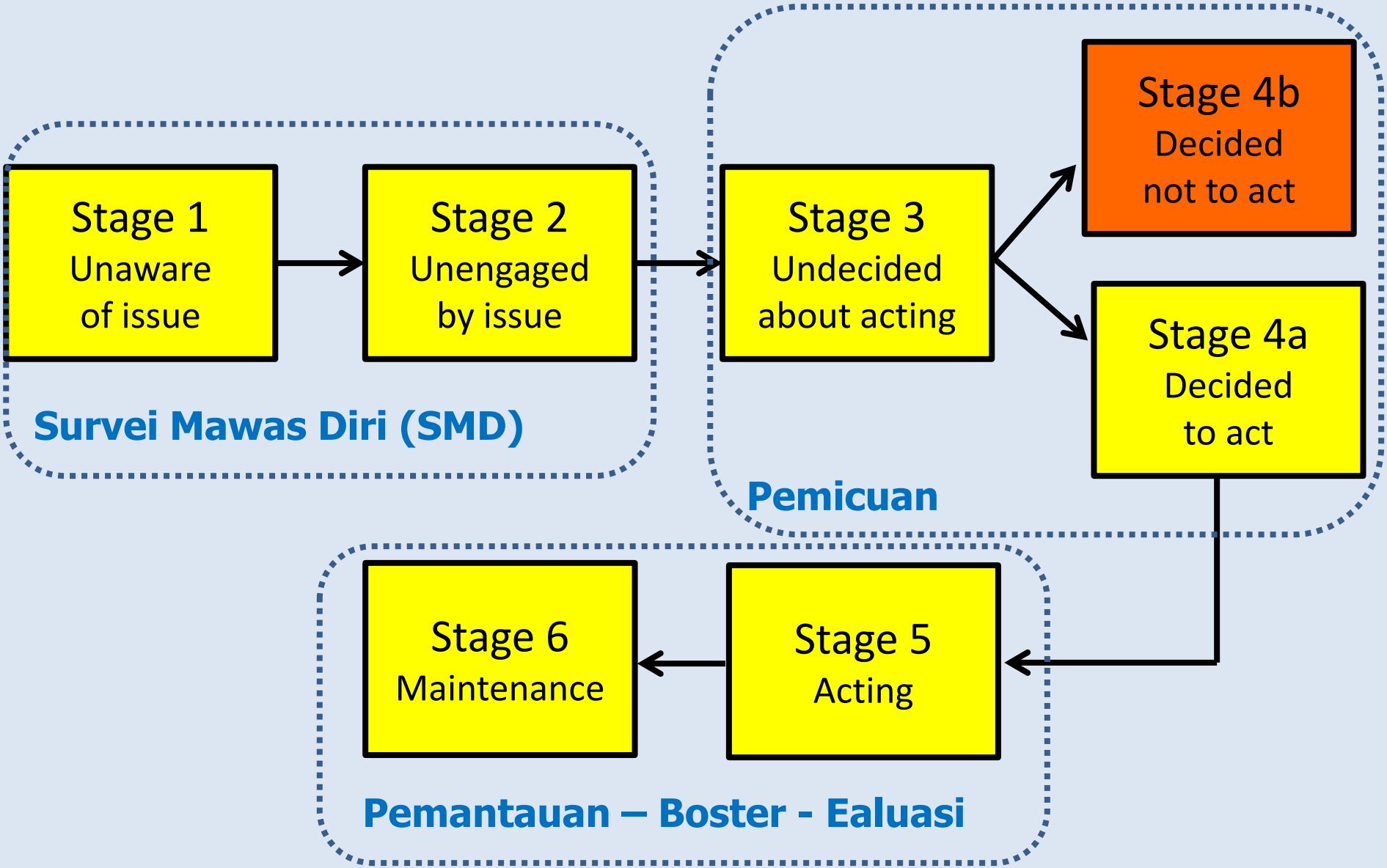
Smoking behavior

Physical activities



Proses Pemicuan untuk Agent Of Cahnges



Survei Mawas Diri: Stroke

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Pemetaan factor risiko:
Hasil dari Survei Mawas Diri

Pemicuan

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Pemeriksaan laboratorium darah

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Hasil yang menjanjikan

- Pengetahuan AoC meningkat
- Rencana Kerja Individu: Banyak AoC yang merubah perilaku bagi dirinya (berhenti merokok, pola makan diperbaiki, dll) dan menularkannya kepada lingkungan sekitar.
- Rencana Kerja Kelompok: kegiatan sangat bergantung pada latar belakang anggota kelompok AoC setempat.

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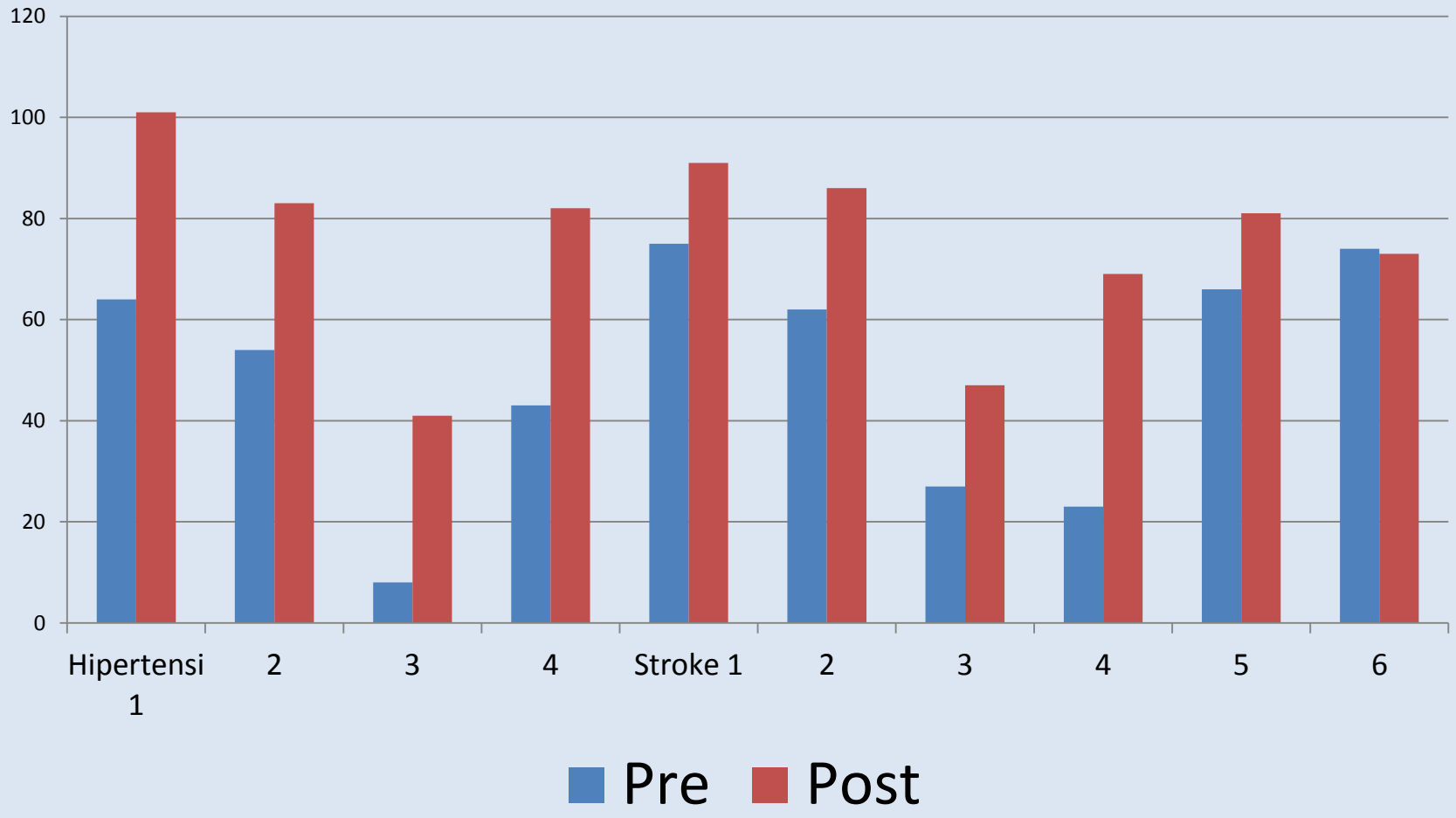
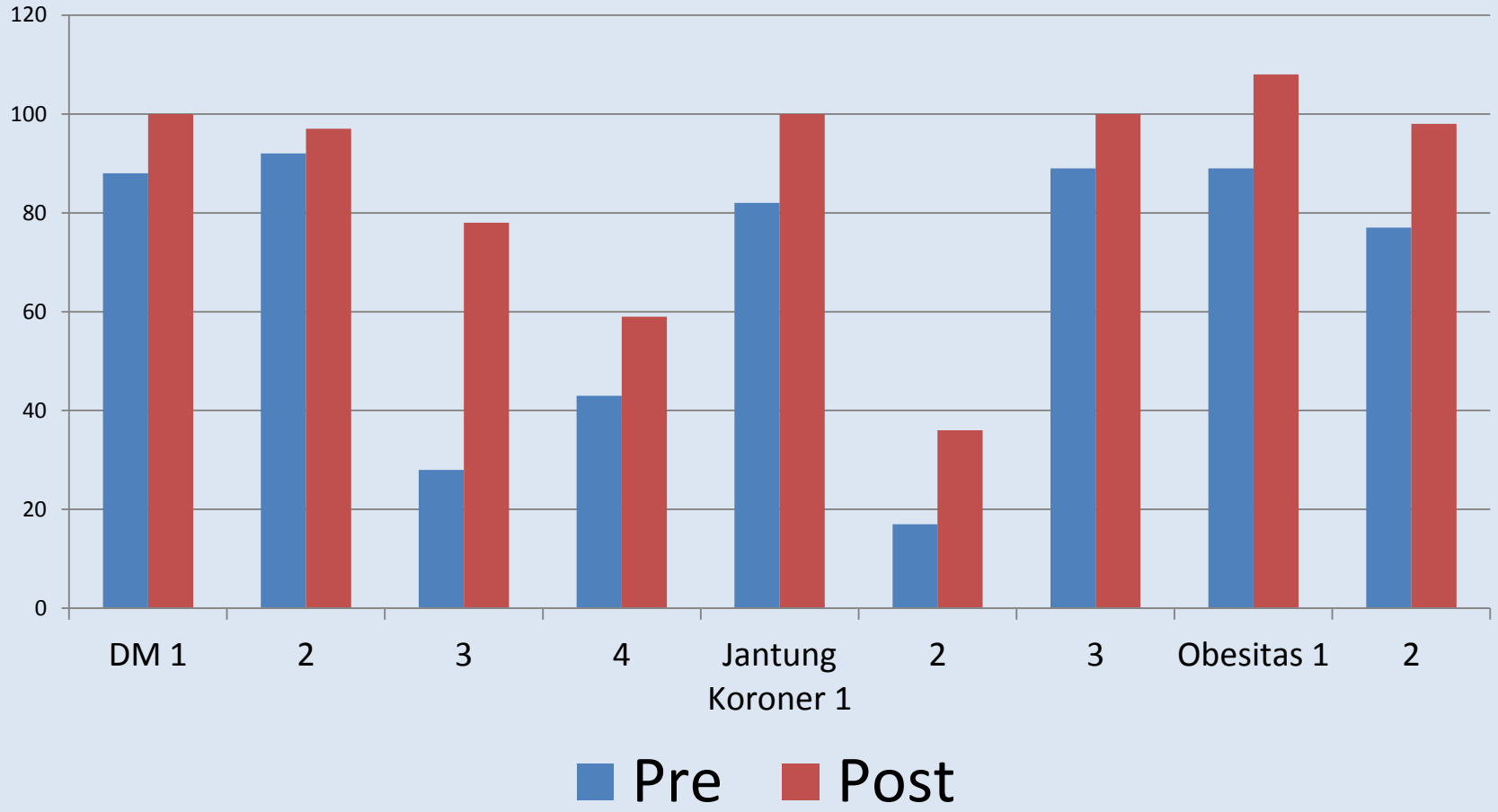
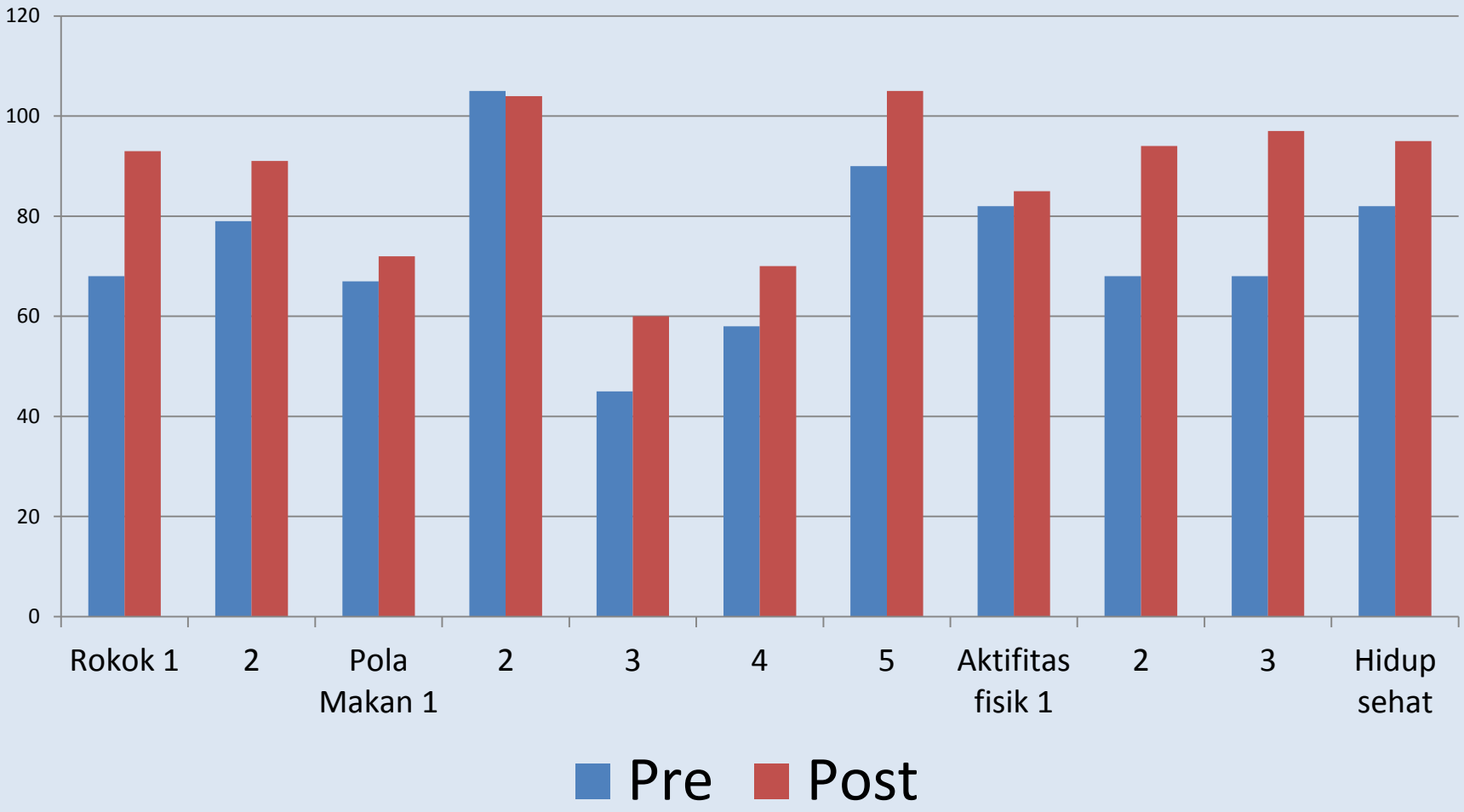
Hasil pre – post test AoC



Hasil pre – post test AoC



Hasil pre – post test AoC



Perubahan perilaku individu

Pak Imam,

Staf Kelurahan Kebonagung
Kab. Blitar, Jatim

Perokok berat

↓

Berhenti merokpk total

trihonor2014@gmail.com

Perubahan perilaku individu

Pak Zaenal

Kepala Desa Kebonagung,
Kab. Blitar, Jatim

Perokok berat

- Menurunkan jumlah rokok 50%
- Menyetujui kantor kelurahan sebagae wilayah bebas rokok

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Kegiatan individual AoC

Pak Mochtar (pensiunan), Desa Nyangkowek, Kab Sukabumi, Jabar → mengadakan promosi kesehatan untuk buruh Pabrik Aqua

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Kegiatan individual AoC

Pak Atik

Desa Sirnagalih, Kab. Tasikmalaya, Jawa Barat

→ Promosi kesehatan tentang PTM kepada para guru

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Kegiatan individual AoC

Bu Lela

Desa Sukamaju, Kab. Tasikmalaya, Jawa Barat

→ Penyuluhan tentang hipertensi di posyandu lansia

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Rekomendasi

- Penderita PTK segeran diminta menjadi anggota JKN
- Kembangan deteksi dini dengan memperbanyak Posbindu PTM, Upaya Kesehatan Masjid/Gereja, Pemeriksaan gratis PTM di Mall dan Tempat2 Umum
- Kembangkan pemicuan terhadap AoC untuk mengendalikan faktor risiko PTM

trihonor2014@gmail.com

TERIMA KASIH

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Health Policy Unit (HPU) Kemkes
Gedung Adhyatma Lantai 2 Ruang 229
Jl HR Rasuna Said Jakata

HP: 08119904414
Emial: trihonor2014@gmail.com