

**PENGEMBANGAN INDIKATOR PENCEGAHAN KECACATAN DAN INGGAT  
KECACATAN PADA PENDERITA KUSTA DI KABUPATEN BANGKALAN  
MADURA**

**NOOR, FRIEDA ANI**

**Pembimbing : Prof. Dr. Chatarina U. W., dr., M.S., M.PH**

**PREVENTION OF DISABILITY; LEPROSY**

**KKB KK-2 TKA 03/11 Noo p**

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**ABSTRACT**

In Indonesia, East Java, was ranked number one by the number of new cases in 2008 was 17 243 and 30% of which came from East Java. Leprosy disease in East Java is still a health problem, especially in 15 districts or cities located on the north coast of Java and Madura because the prevalence is still above 1/10.000 inhabitants. The prevalence rate in 2009 was 1.83 per 10,000 population. In the District / City Bangkalan from 2005 to 2010 continues to increase the number of consecutive cases annually from 14 cases in 2005, 16 cases in 2006, 15 cases in 2007, 27 cases in 2008, the year 2009 experienced an increase significant at 58 cases and 60 cases in 2010. The study design using a case-control study, with group case of disability prevention is all the lepers who have disabilities who underwent level I care, group disability prevention control is all the lepers were recorded within a certain period and the level of disability prevention is the case all the lepers disability level II treatment, prevention control group disability rates are all lepers who have disabilities who underwent level I care. The number of samples is the total sample of 31 samples of disability prevention and the prevention of disability level 45 samples. The analysis used was logistic regression analysis. The results showed that the model prediction of indicators of disability prevention is  $- 3,268 + 2,411$  Swallowing Medication Compliance + 1,357 type of leprosy + 1,818 old Symptoms + 1,629 Self care + 1,522 Knowledge Before Disability. Model prediction and prevention of disability is an indicator  $- 5,310 + 2,368$  Type Leprosy After Disability + 1,701 Old Symptoms Leprosy After Disability + 1,566 Care After Disability + 2,095 Type Reaction After Disability.

*Key words: indicators, prevention of disability, level of disability prevention, leprosy*

## ABSTRAK

Di Indonesia, Jawa Timur menduduki peringkat nomor satu dengan jumlah penderita baru tahun 2008 adalah 17.243 dan 30% darinya berasal dari Jawa Timur. Penyakit Kusta di Jawa Timur masih merupakan masalah kesehatan terutama di 15 kabupaten atau kota yang berada di pantai utara Pulau Jawa dan Madura karena prevalensi masih di atas 1/10.000 penduduk. Prevalensi rate pada 2009 sebesar 1,83 per 10.000 penduduk. Di Kabupaten/ Kota Bangkalan dari tahun 2005 sampai dengan 2010 terus mengalami kenaikan jumlah kasus berturut-turut setiap tahunnya dari 14 kasus di tahun 2005, 16 kasus di tahun 2006, 15 kasus di tahun 2007, 27 kasus di tahun 2008, tahun 2009 mengalami kenaikan yang signifikan yaitu 58 kasus, dan 60 kasus di tahun 2010. Rancangan penelitian menggunakan studi kasus kontrol, dengan kelompok kasus pencegahan kecacatan adalah semua penderita kusta yang mengalami cacat tingkat I yang menjalani perawatan, kelompok control pencegahan kecacatan adalah semua penderita kusta yang tercatat dalam satu periode tertentu dan kelompok kasus pencegahan tingkat cacat adalah semua penderita kusta yang mengalami cacat tingkat II yang menjalani perawatan, kelompok control pencegahan tingkat cacat adalah semua penderita kusta yang mengalami cacat tingkat I yang menjalani perawatan. Jumlah sampel adalah total sampel yaitu pencegahan kecacatan 31 sampel dan pencegahan tingkat cacat 45 sampel. Analisis yang digunakan adalah analisis regresi logistic. Hasil penelitian menunjukkan bahwa Model indikator prediksi pencegahan kecacatan adalah  $- 3,268 + 2,411 \text{ KMO} + 1,357 \text{ Tipe kusta} + 1,818 \text{ Lama gejala} + 1,629 \text{ Perawatan diri} + 1,522 \text{ Pengetahuan}$ . Dan Model indikator prediksi pencegahan kecacatan adalah  $- 5,310 + 2,368 \text{ Tipe kusta setelah cacat} + 1,701 \text{ lama gejala kusta setelah cacat} + 1,566 \text{ Perawatan diri setelah cacat} + 2,095 \text{ Tipe reaksi setelah cacat}$

Kata kunci : indikator, pencegahan kecacatan, pencegahan tingkat cacat, kusta

## SUMMARY

Leprosy is a particular public health problem, because the resulting permanent disability caused social problems in society. In the world, Indonesia is the No. 3 contributor lepers after India and Brazil. In Indonesia, East Java, was ranked number one by the number of new cases in 2008 was 17 243 and 30% of which came from East Java. Leprosy disease in East Java is still a health problem, especially in 15 districts or cities located on the north coast of Java and Madura because the prevalence is still above 1/10.000 inhabitants. The prevalence rate in 2009 was 1.83 per 10,000 population. In the District / City Bangkalan from 2005 to 2010 continues to increase the number of consecutive cases annually from 14 cases in 2005, 16 cases in 2006, 15 cases in 2007, 27 cases in 2008, the year 2009 experienced an increase significant at 58 cases and 60 cases in 2010.

On that basis it is felt necessary to conduct research on the problem of leprosy and disability caused profound stigma to date, and the high number of defects that required level II for the various efforts that people with leprosy do not become disabled or if the patient has been disabled then it does not become worse then researchers to limit the scope of the discussion of this thesis to be more focused and in accordance with existing titles, the writer discusses only about medication adherence factors, type of leprosy, leprosy reaction type, the handling of the reaction, a long illness, and self-care.

Research on leprosy disability is an observational analytic epidemiological studies using case control design study. with the case of disability prevention is all the lepers who have disabilities who underwent level I care, group disability prevention control is all the lepers were recorded within a certain period and the level of disability prevention is the case of all leprosy patients who experience disability level II treatment , control group level of disability prevention is all the lepers who have disabilities who underwent level I care. The sample size is the total sample.

Based on multiple logistic regression test results obtained 5 variables that had p values <0.05 the variable medication adherence that are not obedient, the MB type of leprosy, duration of symptoms experienced during or more than 6 months, self-care variables that do not perform, and less knowledge. Old hospital is a substance that is considered an important variable then considered for entry into the subsequent analysis of the test. The

sixth indicator variable that is the prediction of defect prevention to be used in the preparation of models of disability prevention indicators in Bangkalan. And based on test results of multiple logistic regression found four variables that have p-value  $<0.05$  is the variable type in MB leprosy, duration of symptoms experienced during or more than 6 months, self-care variables that do not, and never had a reaction. The four variables that is the prediction of defect prevention indicators to be used in the preparation of models of disability prevention indicators in Bangkalan.

Intervention can be done to reduce the number of leprosy disability is to improve the quality of education for the community, improving information dissemination to the public and especially low knowledge about the treatment of leprosy in the health center package.

