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Community Mapping and Health Seeking Practices Among Residents of an Indonesian Village

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A B S T R A C T

The purpose of the study was to do community mapping and know the health- seeking practices among residents of an Indonesian village. Health-seeking practices is an important modifiable behavior which can be enhanced through knowledge by describing the most common causes of mortality and morbidity among the residents of an Indonesian village. The study utilized descriptive survey design to investigate the health beliefs, healthy eating culture, and health seeking practices among residents of Lampung Province. Based on the data, the community health belief value of Lampung Province is 2.750 with the category of moderate. The value of health eating culture is 2.945 (moderate). Based on this data the people have a healthy-eating culture which is categorized as moderate. The value of health-seeking practices was 2.95 (moderate), meaning that people in Lampung have health seeking practices that is categorized as average. Coverage of clean and healthy lifestyle in Lampung Province in the year 2022 has resulted to 59.2%. A positive local outlook on life is essential to wellness and each fulfilled the indicators. A "well" person is satisfied in his work, is spiritually fulfilled, enjoy leisure time, physically fit, socially involved and has a positive emotional and mental outlook.

INTRODUCTION

Health is one aspect of community and quality of life is an individual perception overall about happiness and satisfaction in life and the environment in which he lives. Public health status of a country is influenced by of health status of its citizens. Health's facilities reviewed in this study are health care services and health education institutions owned by the government and private state. Health service facilities that are being discussed in this section consist of: health centers, Hospitals, and Community Based Health services.

The researcher conducted this study to come up with community mapping of the health status and health-seeking practices among the residents of Lampung, Indonesia. the status of the following demographic data regarding Lampung Province as illustrated in a community mapping initiative , A geographical condition, Population, Territory and population size, Crude birth rate, Trend net death rate, and Trend gross death rate

The area of Lampung Province covers an area of 35288.35 km² of plains and islands located in the northern part of the southeastern most tip of Sumatra Island. Topographic areas are hilly. The mountainous area of Lampung Province consists of slope - steep slopes and steep with a slope of about 250 with an average altitude of 300 m above the surface of the sea. The area includes the Bukit Barisan with protrusions and the peak of Mount Tanggamus, Mount Pasawaran and Mount Rajabasa. It is highlighted by another peak Pugung Bukit, Bukit Pesagi and Sekincau. Based on the data from the Central Bureau of Statistics of Lampung Province, the total District of Lampung Province is consist of 194 divisions in 2006. This increased to 225 districts in 2014. Similarly, the number of villages also experienced expansion

from 2,576 villages in 2012 and rose to 2,632 villages in 2014.

The Population of Lampung Province in 2013 based on the data processed by the Central Bureau of Statistics (BPS) Lampung Province was 8,026,191 people. It is made up of 4,117,479 males and 3,908,712 females. The population know 2007-2015 has likely increased.

Estimates calculated by the Central Bureau of Statistics (CBS) showed that Crude Birth Rate (CBR) in Lampung Province has dropped from 29.5 per 1000 population for the period 1990-1995 to 26.6 per 1000 population for the period 1995-2000.

Net Death Rate (NDR) is the mortality rate of more than 48 hours of inpatients per 1,000 discharges (life and death). This indicator is an assessment of the quality of hospital services. Where NDR Figures had a maximum of 25:1,000 outpatients. The NDR in hospitals (public and private) in 2014 was 12.49 per 1000 outpatient.

Gross Death Rate (GDR) is the total death rate of hospitalized patients per 1,000 patients. As with NDR, this indicator does not adequately provide quality assessment of hospital services in general, although the GDR is affected by the mortality rate less than 48 hours in general cases of emergency or acute. Lower GDR means better quality hospital services, but these figures can assess the quality of service when the mortality rate is less than 48 hours. Gross Death Rate (GDR) in Lampung Province in 2014 amounted to 30.86 per 1000 outpatient. This number is below the target of less than 45 patients death in less than 48 hours per 1000 outpatient.

METHODS

The literature suggested that Community Mapping and Health Seeking Practices among Residents of an Indonesian Village was an important data that described the most common causes of diseases and common causes of death among in resident of an Indonesian village. In this study, the researcher seeks to discover whether this was also true for the Lampung population. Community mapping and health seeking practices was of great interest because the data can be used to determine the ten most common causes of morbidity and mortality based on health belief, eating culture, and seeking practices the resident of the village. This study used the approach testing this theory. It also describes the theoretical approach and the methods employed. The researcher used also a self-made questionnaire, to get data about health belief, health eating culture, and health seeking practices among the residents of Pringsewu city. Random sampling was done. Validity and reliability test was conducted on twenty respondents. The correlation technique used to test product moment correlation for validity and test and Kuder Richardson formula 21 to test the reliability.

The research design used in this study was descriptive survey design; detailed survey is devoted to gathering of information about prevailing conditions or situations for the purpose of description and interpretation. This type of research method is not just amassing and tabulating facts but includes proper analyses, interpretation, comparisons, identification of trends and relationships.

Significance of the descriptive survey method concerned not only with the characteristics of individuals but with the features of the whole sample thereof. It provides information useful to the solutions of local issues (problems).

In this study, the researcher utilized descriptive survey design. The participants in the study are chosen by random sampling. The dependent variable is geographic most common cause morbidity and natural mortality alongside with health belief, healthy eating culture, and health seeking practices (http://www.Studymode.com/essay/descriptive-method)

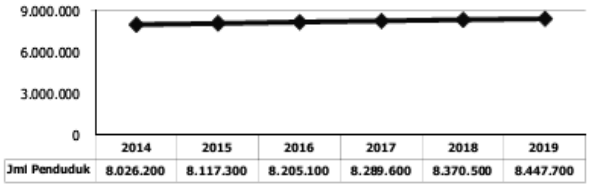
The research sample size is influenced an important factor such us homogeneity of the target population, the type of sample methodology, and the level of precision desired when sampling from a small and finite population of N individuals, the sample size may be obtained from the Slovin formula. The researcher used 100 sample for this study.

RESULTS AND DISCUSSION

The area of Lampung Province, covering an area 35288.35 km ² plains and islands located in the northern part southeastern most tip of Sumatra island, bounded by:

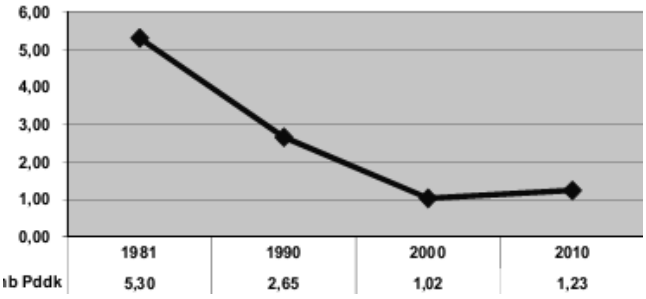
- Northern Province in South Sumatra and Bengkulu
- Southside with the Sunda Strait
- East of Java Sea
- West of the Indonesian Ocean

Lampung province is geographically located at the position of Lampung Province: East - West located between 103,040 'BT to 105,050' East and North - South 6,045 'till 3,045 LS' LS. Projected Population of Lampung Province Year 2014 – 2019



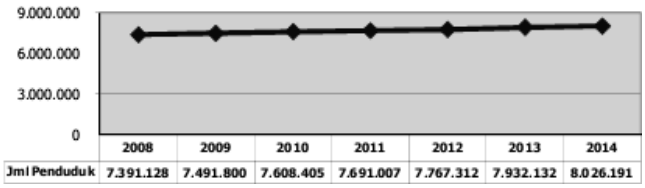
Source: Indonesia Population Projection 2010-2035 Books

Figure 5. Lampung Province Population Growth Rate Year 1981 – 2010

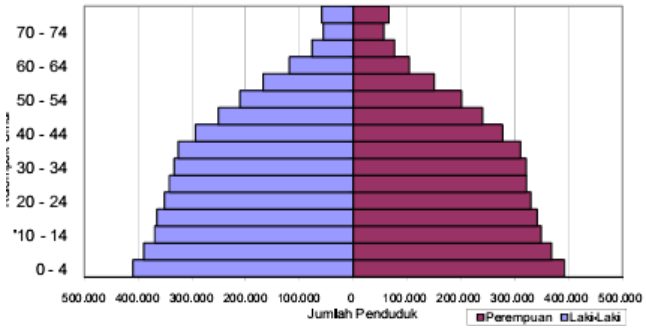


Source: BPS Lampung Province

Figure 6. Population Trend of Lampung Province

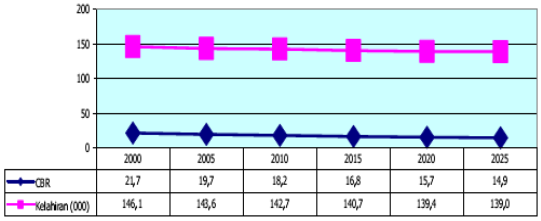


Population Pyramid of Lampung Province by Gender and Age Group 2015



Source: Badan Pusat Statistik (BPS) Lampung Province

Figure 8. Estimated CBR, Lampung Province Year 2000-2025



Ten Most Common Diseases in Lampung Province in 2021

No	Disease	Total	%
1	Hypertension	519620	35.00
2	Upper Respiratory Tract Infection	259811	19.8
3	Common cold	173206	13.5
4	Ear diseases	121245	9.30
5	Diarrhea	86603	6.6
6	Diabetes Mellitus	69282	5.5
7	Gastritis	51962	4.5
8	Rheumatoid arthritis	27157	3.3
9	Dyspepsia	20.119	2.5
10	Pharyngitis	15.246	1,7
	TOTAL	1.308.921	100

Source: Badan Pusat Statistik (BPS) Lampung Province

Based on Table 6, the morbidity rate in the province of Lampung is 13.089%. Hypertension gets the highest, followed by URTI (upper respiratory tract infection), common cold, ear disease, diarrhea, diabetes mellitus, gastritis, rheumatoid arthritis, dyspepsia, and the lowest pharyngitis.

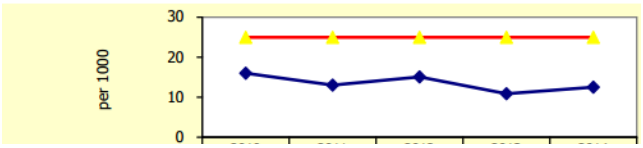
Most Common Causes of Mortality in the Province of Lampung

NO	Common Causes of Mortality	Total	%
1	Heart disease	1,236	14%
2	Stroke	1,148	13%
3	Hypertension	972	11%
4	Chronic Obstructive Pulmonary Disease (COPD)	883	10%
5	Diarrhea	795	9%
6	Diabetes mellitus	707	8%
7	Traffic accident	618	7%
8	Dengue fever	177	5%
9	Tuberculosis	150	3%
10	lung cancer	88	1%
11	Etc.	2.208	18%
	Total	8832	100%

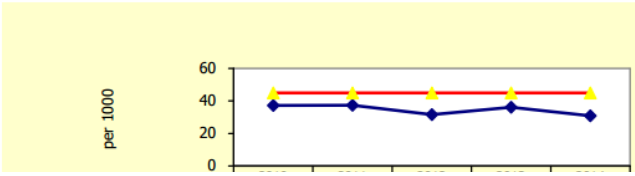
Source: Basic Medical Research, Lampung Province in 2021

Based on Table 17 above, the mortality rate in the province of Lampung is 0.088%. Heart disease as the number one cause of death followed by stroke, hypertension, COPD, diarrhea, diabetes mellitus, traffic accident, dengue fever, tuberculosis, lung cancer and others.

Figure 9 Net Death Rate (NDR) in Private Hospital and Government Hospital



Gross Death Rate (GDR) in Private and Government Hospitals In Lampung Province Year 2010 – 2021



CONCLUSIONS AND SUGGESTIONS

The purpose of the study was to do community mapping and know the health- seeking practices among residents of an Indonesian village. Health- seeking practices is an important modifiable behavior which can be enhanced through knowledge by describing the most common causes of mortality and morbidity among the residents of an Indonesian village. The study utilized descriptive survey design to investigate the health beliefs, healthy eating culture, and health seeking practices among residents of Lampung Province.

1. **What are the health beliefs, healthy-eating culture, and health seeking practices of people in Regency of Pringsewu based on the geographic mapping?**

Based on the data, the community health belief value of Lampung Province is 2.750 with the category of moderate. The value of health eating culture is 2.945 (moderate). Based on this data the people have a healthy-eating culture which is categorized as moderate. The value of health-seeking practices was 2.95 (moderate), meaning that people in Lampung have health seeking practices that is categorized as average.

2. **Based on the rates of morbidity and mortality as well as health belief, healthy eating culture, and health seeking practices what is the geographical mapping that shows general health status of the people across the province of Lampung?**

Based on Table 6, the population in the province of Lampung had 13.089% morbidity rates. Hypertension gets the highest, followed by URTI (upper respiratory tract infection), common cold, ear disease, diarrhea, diabetes mellitus, gastritis, rheumatoid arthritis, dyspepsia, pharyngitis. Based on Table 17. The mortality rate of 0.088% in the province of Lampung has heart disease as the number one cause of death followed by stroke, hypertension, COPD, diarrhea, diabetes mellitus, traffic accident, tuberculosis, dengue fever, lung cancer and others.

Lampung province has 14 government hospitals, one psychiatric hospital, one hospital DRT, one hospital Bhayangkara police, in addition to the government hospitals. There are 42 private hospitals composed of 30 general hospitals and 12 special hospitals. The people have healthy household practices, and a healthy way of life that can be seen from the percentage of healthy homes and lifestyle. Healthy housekeeping met the ten indicators that include assisting in the delivery by health personnel, exclusively breastfed infants, having health care insurance, not smoking, daily physical activity, eating vegetables and fruits every day, provision of clean water and latrines, and housing spaces with suitable floor area based on the number of occupants. Coverage of clean and healthy lifestyle in Lampung Province in the year 2014 has resulted to 59.2%. A positive local outlook on life is essential to wellness and each fulfilled the indicators. A "well" person is satisfied in his work, is spiritually fulfilled, enjoy leisure time, physically fit, socially involved and has a positive emotional and mental outlook.

REFERENCES

Abegunde DO, Mathers CD, Adam T, Ortegon M, Strong K (2007):The burden and costs of chronic diseases in low-income and middle-income countries. Lancet,370(9603):1929–1938.

Alwan A (2011): Global status report on non-communicable diseases 2010. In. Edited by WHO. Geneva, Switzerland: World Health Organization;: 176.

Andersen R,(2011) A Behavior Model for Families use of Health Services, research Series,25, University Chicago.

Beaglehole R, Bonita R, Horton R, Adams C, Alleyne G, Asaria P, Baugh V,Bekedam H, Billo N, Casswell S (2015):Priority actions for the non-communicable disease crisis.Lancet2011,377(9775):1438–1447.

Beaglehole R, Yach D (2012):Globalisation and the prevention and control of non-communicable disease: the neglected chronic diseases of adults. Lancet2003,362(9387):903–908.

Berkel S.Gold, M.D; Marc A Pfeffer, M.D, PhD, Lemuel A. Moye, M.D, PhD; Group, 2006, The effect of pravastatin on coronary events after myocardial infarction in patients with average choleterol levels, The New England- Journal of Medicine, Massachuetts Medical Society, 1001-1009

Carlson,(2015):The effect of atmospheric thermal conditions and urban thermal pollutio

DHO NAD 2009 Environmental and architectural barriers: How accessible is the urban environment

Department of Health and Human Services (US). Healthy people 2010. Volume 1. Washington: DHHS; November 2000.p.8-3

Fuster V, Kelly BB, Vedanthan R (2014) :Promoting Global Cardiovascular Health Moving Forward. Circulation, 123(15):1671–1678

Geneau R, Stuckler Dkk (2013) :Raising the priority of preventing chronic diseases: a political process.Lancet2010, 376(9753):

Gruskin S, Ferguson L, Tarantola D, Beaglehole R (2014): Non-communicable diseases and human rights: a promising synergy.Am J Public Health104(5).

Hancock C, Kingo L, Raynaud O (2014) :The private sector, international development and NCDs.Glob Health2011,7(1):1–11.

Hasazi, S. B., Furney, K. S., & DeStefano, L. (1999). Implementing the IDEA transition mandates. Exceptional Children, 65(4), 555–566

Johnson, D. R., Stodden, R., Emanuel, E., Luecking, R., & Mack, M. (2002). Current challenges facing secondary education and transition services: What research tells us. Exceptional Children, 68(4), 519–531. Retrieved May 18, 2005, from http:/ /journals. sped.org/EC/ Archive_ Articles/VOLUME68NUMBER4SUMMER2002_EC_Article-7.pdf

Kerka, S. (1997). Developing collaborative partnerships. ERIC Clearinghouse on Adult, Career, and Vocational Ed-ucation (ERIC Document Reproduction Service No. 404570). Retrieved May 18, 2005, from http://www.cete.org/acve/docgen.asp?tbl=pab&ID=71

Riyadi, (2007): Epidemiologic transition in rural Bangladesh, 1986-2006. Global Health Action; Vol 2: incl Supplements 2009.

Lemezhow, Stanley, dkk (2010), large sample in Health Research, Gadjah Mada University Press, Yogyakarta.

Meriam, 2008 (2013):Addressing the global burden of non-communicable diseases; challenges of achieving global targets. J Hypertens,2:131.

(MOH, 2010). (social survey national economy. 2007 dalam Prisma No.1 Tahun III

Mamat, 2008, Faktor-Faktor Risiko yang Berpengaruh Terhadap Kejadian Penyakit Jantung Koroner Pada Kelompok Usia < 45 tahun. http://eprints.undip.ac.id/18090/1/MAMAT_ SUPRIYONO.

Wehman (2013). Healthy Behavior in Principles of Health. Yogyakarta: UGM.

MOH, 2007 Environmental and architectural barriers: How accessible is the urban environment

Mathers CD, Loncar D (2011):Projections of global mortality and burden of disease from 2002 to 2030.PLoS Med2006,3(11):e442

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