

TESIS

**PENGARUH PELAYANAN KESEHATAN TERHADAP KEJADIAN
KECACATAN KUSTA TINGKAT II PADA PENDERITA KUSTA
DI KABUPATEN SAMPANG**



MUHAMMAD KAMAL

**UNIVERSITAS AIRLANGGA
FAKULTAS KESEHATAN MASYARAKAT
PROGRAM MAGISTER
PROGRAM STUDI ILMU KESEHATAN MASYARAKAT
SURABAYA
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**MUHAMMAD KAMAL
NIM. 101314153034**

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TESIS

**Untuk memperoleh gelar Magister Kesehatan
Minat Studi Epidemiologi
Program Studi Ilmu Kesehatan Masyarakat
Fakultas Kesehatan Masyarakat
Universitas Airlangga**

Oleh:

**MUHAMMAD KAMAL
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Ketua : Prof. Dr. Chatarina U. W., dr., M.S., M.PH
Anggota : 1. Prof. Dr. Chatarina U. W., dr. M.S., M.PH
2. Dr. Santi Martini, dr. M.Kes
3. Dr. Sri Widati, S.Sos, M.Si
4. Dr. Windhu Purnomo, dr., M.S.
5. Priyo Santoso, S.KM, M.Kes



Pembimbing Ketua

Dr. Santi Martini, dr., M.Kes
NIP. 196609271997022001

Pembimbing

Dr. Sri Widati, S.Sos, M.Si
NIP. 19770116200512002

Mengetahui,

Plt. Koordinator Program Studi Ilmu Kesehatan Masyarakat

Nurul Fitriyah, SKM, MPH
NIP. 197511212005012002

PERNYATAAN TENTANG ORISINALITAS

Yang bertanda tangan di bawah ini, saya:

Nama : Muhammad Kamal
NIM : 101314153034
Program Studi : Ilmu Kesehatan Masyarakat
Minat Studi : Epidemiologi
Angkatan : 2013
Jenjang : Magister

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Surabaya, Agustus 2015



Muhammad Kamal

KATA PENGANTAR

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Tesis ini berisikan tentang beberapa faktor dari pelayanan kesehatan yang mempengaruhi kejadian kecacatan kusta tingkat II di Kabupaten Sampang. Selain itu tesis ini juga berisi tentang gambaran karakteristik penderita kusta di Kabupaten Sampang.

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8. Rekan-rekan mahasiswa S2 IKM angkatan 2013, khususnya peminatan Epidemiologi

Demikian, semoga tesis ini bisa memberi manfaat bagi diri kami sendiri maupun pihak lain yang menggunakan.

Surabaya, Agustus 2015

Penulis

SUMMARY

The Effect of Health Services to the Occurrence of Leprosy Grade 2 Disability at Leprosy Patients In Sampang Regency

Leprosy is a chronic infectious disease that affects the skin, peripheral nerves to the other of body organs. The main problem arising from this disease leads more to social problems because of the stigma to the patients. WHO reported that start from 2005 to 2012, leprosy in the worldwide reached 2.004.590 of cases. Indonesia was the third largest contributor for leprosy cases, after India and Brazil. Sampang, a region in the East Java Province with highest prevalence of leprosy in 2010-2014, it has leprosy grade 2 disability proportion about 13%. In other words, it is higher than the specified standard that is 5% or less. This trend of proportion was stagnant during that period. The aim of this study is to analyze the health service factors that affecting the occurrence of leprosy grade 2 disability in Sampang Regency.

This study was an observational-analytic by using case control design which was conducted in 8 administrative territories of community health center in Sampang. Sample were 33 type MB leprosy patients with grade 2 disability as the case group and 33 type MB leprosy patients with grade 1 or grade 0 disability as the control group. Sample has been taken by using simple random sampling technique. Data analysis was carried out simultaneously to the dependent and independent variables with multiple logistic regression. The dependent variable was grade 2 disability, while the independent variables were age, sex, education level, type of occupation, family income, mode of case detection, time of diagnosis, prevention of disability (POD), counselling and MDT availability.

The results of this study showed that leprosy occurred of many people with productive age and mostly males. Generally, leprosy patients had low level of education. The type of occupation was generally classified as severe and family income lower than local minimum wage. Bivariable analysis results showed that age, sex, type of occupation, mode of case detection, time of diagnosis, POD, counselling and MDT availability were the candidate variables. The test statistic results by using multiple logistic regression against all of candidate variables showed that mode of case detection, time of diagnosis, POD and counselling simultaneously affecting the occurrence of leprosy grade 2 disability. While age, sex, type of occupation and MDT availability were not affected to the occurrence of leprosy grade 2 disability. Based on the result, the risk factor of the occurrence of leprosy grade 2 disability were the passively case detection (OR=7,005; 95% CI: 1,595-30,763), a very late of diagnosis (OR=15,264; 95% CI: 1,469-158,594), the lack of POD (OR=7,016; 95% CI: 1,574-31,274) and the lack of counselling (OR=8,241; 95% CI: 1,747-38,847).

The conclusion of this study that the passively case detection, a very late of diagnosis, the lack of POD and the lack of counseling affecting the occurrence of leprosy grade 2 disability at leprosy patients in Sampang. Suggested to stakeholders to increase actively new case detection efforts such as household

contact inspection and intensive contact inspection, increasing counselling to support community participation in efforts of leprosy control, and establishing POD regularly of leprosy functionary along with taking needed action based on the POD examination results.

