

RINGKASAN

Penyakit Tuberkulosis masih merupakan problem kesehatan masyarakat di Indonesia dan dunia, karena dapat menyebabkan, morbiditas dan kematian yang tinggi. Dalam pelaksanaan program pemberantasan penyakit TB di Indonesia, terdapat suatu masalah yang masih sulit terpecahkan yaitu masih belum diketahuinya faktor-faktor yang berpengaruh dalam keteraturan/ kelengkapan berobat TB.

Penelitian ini bertujuan mempelajari faktor yang berhubungan dengan kelengkapan berobat Tuberkulosis yaitu 1) Faktor penderita (umur, jenis kelamin, pendidikan, jenis pekerjaan, pengetahuan, sikap mobilitas, derajat penyakit dan efek samping) dan 2) faktor pelayanan kesehatan (penyuluhan, akses obat, ketersediaan obat dan PMO, ketersediaan obat dan akses pemeriksaan dahak).

Rancangan penelitian ini menggunakan desain *case control*. Penelitian ini dimulai dengan mengidentifikasi hasil pengobatan TB di Pusat Kesehatan Masyarakat (Puskesmas) se Kabupaten Sampang mulai bulan April sampai dengan Agustus 2004. Kelompok kasus sebanyak 43 pasien yang tidak berobat lengkap dan kelompok kontrol sebanyak 43 penderita yang berobat lengkap. Data dikumpulkan dengan menggunakan kuesioner. Data dianalisa dengan menggunakan uji multiple logistic regression.

Hasilnya, dari 86 sampel dan 10 variabel independen ditemukan 2 variabel yang berhubungan secara signifikan dengan kelengkapan berobat. Resiko berobat tidak lengkap untuk yang bersikap kurang 4, 265 kali lebih tinggi dibandingkan dengan yang bersikap baik. Resiko berobat tidak lengkap penderita yang akses pemeriksaan dahaknya jauh 4,05 kali lebih tinggi dibandingkan dengan yang akses pemeriksaan dahaknya dekat.

Kesimpulan dari penelitian ini adalah faktor resiko untuk berobat lengkap adalah sikap dan akses pemeriksaan dahak. Probabilitas untuk berobat tidak lengkap pada penderita yang sikapnya kurang dan akses pemeriksaan dahaknya jauh adalah 82,7%.

SUMMARY

Relation of factor of Patient and Health Service to Complete Treatment Tuberculosis

Tuberculosis still becomes public health problem in Indonesia and the world. Because it can be able to be solved in elminating TB diseases in Indonesia. The complicated problem is inability of recognizing factors that influence the completed treatment.

The Purpose of this research is to analyze the relationship of the risk factor of tuberculosis with completed treatment. The risk factors are (1. patient factor (age, sex, education, job, knowledge, attitude, severity illness and side effected), 2). health services factor (health education, drugs availability and Supervisor of drug use, drug acces and acces sputum examination).

This research's design was a case control method. Research sample was patient tuberculosis in 10 public health center (PHC) in Sampang regency from April until August 2004. The case sample was 43 patients, who uncompleted treatment and the control sample was 43 patients who completed treatment patients. The data was collected by interview using questionnaire. The date was analyze by multiple logistic regression test.

Result, 86 sample and 10 independent variables, were found 2 variables, that was significantly related with completed treatment. The risk of uncompleted treatment for good attitude 4,265 times more higher than who was bad attitude. The risk of uncompleted treatment for acces the sputum examination which far 4,047 times more higher than who was acces the sputum examination which is near.

The conclusion of this research is, that the risk factor of the completed treatment is the attitude and acces the sputum examination. Probably of uncompleted TB treatment for bad attitude and the far distance of accessing the sputum examination facility was 82,7%.

ABSTRACT

Risk faktor Uncompleted Treatment Tuberculosis are Attitude and Acces phlegm inspection

The Purpose of this research is to analyze the relation of the risk factor of tuberculosis with completed treatment. The risk factors are (1. patient factors (age, sex, education, job, knowledge, attitude, severity illness and side effected), 2). health services factors (health education, drugs availability and Supervisor of drug use, drug acces and acces sputum examination).

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Key Words: Risk factor Tuberculosis, completed treatment.