

**Hubungan keberadaan Pengawas Menelan Obat (PMO) dengan keteraturan minum obat fase intensif penderita TB paru di Puskesmas Kabupaten Pandeglang tahun 2000 = The relationship between treatment observer with the regulate took medicine, intensive phase for lung tuberculosis sufferer in community health center, Pandeglang District, 2000**

Wirdani, author

Deskripsi Lengkap: <https://lib.ui.ac.id/detail?id=72976&lokasi=lokal>

---

**Abstrak**

Pemerintah telah menyediakan paduan obat yang efektif untuk membunuh kuman tuberkulosis dalam waktu yang relatif singkat, sekitar enam bulan secara cuma-cuma dengan penerapan Pengawas Menelan Obat (PMO) atau strategi Directly Observed Treatment Shortcourse (DOTS). Di Kabupaten Pandeglang penemuan kasus meningkat dari tahun 1999 sampai tahun 2000, namun angka konversi masih rendah dimana angka konversi tahun 1999 baru 48% dan tahun 2000 adalah 54,5%. Ketidakteraturan minum obat merupakan salah satu penyebab kegagalan program penanggulangan TB Paru.

Semenjak tahun 1995 Program Penanggulangan TB Paru strategi DOTS yang salah satu komponennya PMO di Kabupaten Pandeglang sudah diterapkan. Namun hubungan keberadaan PMO dengan keteraturan minum obat penderita TB Paru terutama fase intensif belum diketahui.

Penelitian ini bertujuan untuk melihat hubungan keberadaan PMO dengan keteraturan minum obat fase intensif penderita TB Paru di Puskesmas Kabupaten Pandeglang tahun 2000. Rancangan penelitian adalah kasus kontrol dengan perbandingan jumlah kasus dan kontrol 1 : 2. Jumlah sampel keseluruhan adalah 213 prang, yang terdiri dari 71 kasus dan 142 kontrol. Sampel adalah penderita TB Paru yang berumur 15 tahun atau lebih yang mendapat terapi strategi DOTS kategori 1 atau kategori 3 yang berobat ke puskesmas sejak 1 Januari 2000 sampai 31 Desember 2000 dan telah menyelesaikan pengobatan fase intensif.

Kasus adalah sampel yang tidak teratur minum obat dihitung dari tanggal mulai minum obat sampai tanggal selesai minum obat fase intensif dimana penderita minum obat kurang dari 60 hari atau lebih dari 70 hari termasuk penderita putus obat, sedangkan kontrol adalah sampel yang minum obat teratur selama 60 - 70 hari pada fase intensif.

Hasil penelitian, variabel yang berhubungan dengan keteraturan minum obat secara bermakna adalah keberadaan PMO di mana penderita tanpa PMO berisiko tidak teratur minum obat 2,13 kali dibanding ada PMO, penderita yang merasakan efek samping obat berisiko 3,93 kali tidak teratur dibanding penderita tanpa efek samping, dan penderita tidak mengerti penyuluhan berisiko 4,27 kali tidak teratur dibanding penderita mengerti penyuluhan secara bersama-sama, sedangkan yang tidak bermakna adalah umur, jenis kelamin, pendidikan, jenis kategori obat dan frekuensi penyuluhan.

Disimpulkan bahwa tidak ada PMO (OR:2,13 ; 95%CI:1,00-4,53), ada efek samping obat (OR:3,93 ;

95%CI:2,00-6,82), dan tidak mengerti penyuluhan (OR:4,27 ;95%CI:2,05-8,93) bersama-sama berhubungan secara bermakna dengan ketidakteraturan minum obat ( $p<0,05$ ) di Puskesmas Kabupaten Pandeglang tahun 2000.

Disarankan keberadaan PMO masih sangat diperlukan. Disamping itu perlu penyuluhan yang sederhana sesuai bahasa dan tingkat pendidikan penderita yang sebagian besar rendah agar bisa dimengerti serta perlu waktu khusus untuk konseling. Selain itu perlu penanganan yang serius terhadap efek samping yang dirasakan penderita untuk meningkatkan keteraturan minum obat penderita TB Paru.

.....

The Relationship between Treatment Observer with the Regulate Took Medicine, Intensive Phase for Lung Tuberculosis Sufferer in Community Health Center, Pandeglang Distric, 2000 The Government has provided the effective drug manual to kill bacteria of tuberculosis within a short time, nearly six months given to them free of charged by using application of Treatment Observer as Directly Observed Treatment Short course (DOTS) strategy. In Pandeglang district the case findings increased from 1999 to 2000, however, the conversion rate were still low, where the conversion rate in 1999 were just 48% and in 2000 were 54,5%. Irregular of drug swallow was as one of the failures of The Lung Tuberculosis Programs.

Since 1995 the program on overcame the Lung Tuberculosis used DOTS strategy which one of the components was Application of the Treatment Observer, it has been applied in Pandeglang District. However, the availability of it in giving the revision of obedience took the medicine for sufferers of Lung Tuberculosis especially to intensive phase have unknown yet.

The Objective of study knew the relationship between the availability of the Treatment Observer with regulate took the medicine for Lung Tuberculosis intensive phase in Community Health Center, Pandeglang District in 2000. The Design of study is case-control with the comparison that the cases amount and control 1:2. Total sample were 213, which total cases 71 and total control 142. The sample were the Lung Tuberculosis sufferers whose 15 years old or greater that obtained the therapy DOTS strategy, category one or three that took treatment to Community Health Center since January 1st - December 31st, 2000 and finished the treatment of intensive phase. Case was the sample who irregular took medicine, it calculated from the date of starting took the medicine from 60 days or more than 70 days, it was including the dropped out sufferer, while the control was the sample who took medicine regularly during 60-70 days on intensive phase.

The result of this research, the variable that related to regulate in taking medicine significantly were the availability of treatment observer which wasn't the treatment observer have 2.13 times risk for irregular took medicine than was the treatment observer, side effect of medicine which was side effect of the drug have 3.93 times risk for irregular took medicine than wasn't side effect of the drug, and illumination which didn't know the illumination have 4.27 times risk for irregular took medicine than knew the illumination, while that insignificantly were age, sex, education, kind of drug category and the frequency of illumination.

The conclusion, that there wasn't the treatment observer (OR:2.13 ; 95%CI: 1.00-4.53), there was side effect of the drug (OR:3.93 ; 95%CI: 2.00-6.82), and didn't know the illumination (OR:4.27 ; 95%CI:2.05-8.93).

They were together connecting significantly to irregular took the medicine ( $P < 0.05$ ) in Community Health Center, Pandeglang District, 2000.

Considering, it's suggested that the availability of treatment observer is still needed. It also needs simply illumination that appropriates to language and education level of the sufferers who mostly lower education can easily understand the message. Besides those mentioned above, it needed management seriously to the side effect that felt by the sufferers to increase there regulate to take the medicine.