

Model Manajemen Tuberkulosis (Tb) Paru Berbasis Wilayah Provinsi Jawa Barat (Studi Kasus Di Kota Depok Dan Kabupaten Bogor) = Model Of Pulmonary Tuberculosis Management Area-Based West Java Province (Case Study In Depok City And Bogor Regency)

Munifah, author

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Abstrak

Tuberkulosis masih menjadi kedaruratan global dan kini Indonesia menempati peringkat kedua dunia dengan angka prevalensi TB paru tahun 2015 mencapai 647 per 100.000 penduduk (WHO, 2015). Laporan Riskesdas 2013 prevalensi TB paru tertinggi adalah di Jawa Barat (0,7%), jauh di atas angka prevalensi nasional (0,4). Sejak tahun 2000 strategi DOTS dilaksanakan secara nasional di seluruh puskesmas, namun insidens dan prevalensi kasus TB paru terus meningkat. Penelitian ini bertujuan untuk memperoleh model manajemen TB paru berbasis wilayah yang merupakan keterpaduan antara manajemen kasus dan manajemen pengendalian faktor risiko TB paru di provinsi Jawa Barat terhadap kejadian TB paru pada tingkat puskesmas. Pendekatan studi yang digunakan adalah mixed method, yakni kuantitatif dan kualitatif dengan desain cross sectional, kemudian dianalisis menggunakan Structural Equation Model (SEM) Lisrel. Pendekatan kuantitatif menggunakan kuesioner pada 408 responden dari 136 puskesmas total populasi, sedangkan pada studi kualitatif menggunakan metode wawancara mendalam pada 136 informan pasien TB dan 136 informan dokter swasta. Hasil analisis memberikan gambaran bahwa hanya 52,9% puskesmas yang sudah menjalankan manajemen kasus secara baik dan 38% puskesmas yang sudah melaksanakan manajemen PFR. Pelaksanaan program intervensi TB (DOTS) pada sebagian besar puskesmas (50,7%) berjalan kurang baik, sedangkan pelaksanaan program pengendalian faktor risiko TB paru 62% puskesmas masih belum berjalan. Berdasarkan analisis model structural (SEM) disimpulkan bahwa jalur (path) yang terbukti signifikan adalah manajemen kasus berkontribusi terhadap pelaksanaan program intervensi TB (DOTS) dan program DOTS berkontribusi terhadap capaian CDR, CuR dan CR. Namun, DOTS saja tidaklah cukup jika tidak disertai manajemen dan program pengendalian faktor risiko (PFR) TB, karena manajemen PFR berkontribusi terhadap pelaksanaan program PFR dan jalur program PFR terbukti berkontribusi terhadap capaian CDR. Selanjutnya, penelitian ini menghasilkan model manajemen TB paru berbasis wilayah sebagai upaya pengendalian penyakit TB dengan mengintegrasikan antara program intervensi TB (DOTS) yang sudah berjalan selama ini dengan program pengendalian faktor risiko TB melalui survei kontak, investigasi pasien DO, penyehatan rumah penderita, dan dukungan kerjasama lintas sektor. Secara statistic, model ini terbukti fit.

.....Tuberculosis remains a global emergency and now Indonesia second ranked in the world with pulmonary TB prevalence rate in 2015 was 647 per 100,000 population (WHO, 2015). Indonesian Base Health Survey in 2013 showed that pulmonary TB prevalence was highest in West Java (0.7%), well above the national prevalence rate (0.4). Since 2000 the DOTS strategy implemented nationwide in all health centers, but the incidence and prevalence of pulmonary TB cases continued to rise. This study aimed to obtain pulmonary TB management model which was the area-based integration between case management and management control of risk factors for pulmonary tuberculosis in the province of West Java on the incidence of pulmonary tuberculosis at the health center level. I used mixed method, namely quantitative

and qualitative cross-sectional design, and then analyzed using Structural Equation Model (SEM). A quantitative approach using a questionnaire on 408 respondents from a total population of 136 primary health centers, while in the qualitative study using in-depth interviews to TB patients and private doctors. The results of the analysis suggested that only 52.9% of primary health centers had been run better for case management and 38% primary health centers were already carrying out management of the PFR. Implementation of TB intervention program (DOTS) in most primary health centers (50.7%) performed poorly, while the implementation of risk factor controlling program of pulmonary TB in 62% primary health centers were still not running. Based on the analysis of structural models (SEM) I concluded that the path which proved significant was the case management contributed to the implementation of the intervention TB program (DOTS) and DOTS program contributed to the achievement of CDR, CUR and CR. However, only DOTS program was not enough unless accompanied by management and risk factors controlling program (PFR) of TB, because the PFR management contributed to the implementation of PFR programs and the PFR program realization proved to significantly contribute to the achievement of CDR. Furthermore, this study yield regional based management model of pulmonary tuberculosis as an effort to control TB disease by integrating between TB intervention (DOTS) with surveys contact, investigation of drop out patients, redesign the homes of people if necessary, and cross-sector cooperation were vital . The feasibility and suitability model has statistically fit.