

Faktor-faktor yang berhubungan dengan kegagalan konversi penderita TB Paru BTA positif pengobatan fase intensif di kabupaten Bekasi tahun 2010 = Factors associated with failure of conversion of patients with smear-positive pulmonary TB of the intensive phase treatment in the district of Bekasi in 2010

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Abstrak

TB paru merupakan masalah di Indonesia. Data Riskesdas 2010 menunjukkan, prevalensi TB Paru 2009/2010 sebesar 725/100.000 penduduk. Evaluasi hasil dilihat dengan angka konversi pada akhir pengobatan fase intensif sebesar 80%. Masalah utama kegagalan konversi adalah komponen perilaku penderita TB paru yaitu keterlambatan diagnosis dan tidak selesainya pengobatan yang berakibat resistensi ganda OAT. Penelitian ini menggunakan desain kasus kontrol, populasi sebanyak 1.305 adalah penderita TB paru pengobatan fase intensif tahun 2010 yang tercatat di formulir TB 01 puskesmas di Kabupaten Bekasi. Sampel diambil sebanyak 170 penderita, dikelompokkan menjadi gagal konversi sebanyak 200 penderita dan konversi sebanyak 1.105 penderita. Setiap kelompok diambil masing-masing 85 penderita. Data dikumpulkan dengan wawancara menggunakan kuesioner. Metode analisis data dengan uji Chi Square dan regresi logistik.

Hasil penelitian menunjukkan responden tidak teratur minum obat lebih besar yang mengalami kegagalan konversi (74,1%) dibandingkan yang konversi (46,4%). Hasil uji Chi square ada hubungan yang bermakna antara keteraturan minum obat, sikap terhadap keteraturan minum obat, pengetahuan tentang TB, penyuluhan kesehatan, efek samping obat, dan status gizi dengan kegagalan konversi. Hasil uji statistik dengan regresi logistik menunjukkan faktor paling berhubungan dengan kegagalan konversi adalah status gizi OR: 4,705: 95% CI: 2,143-10,332. Status gizi penderita TB paru perlu ditingkatkan sebagai upaya bersama dengan pemberian OAT.

Pulmonary TB is a problem in Indonesia. Riskesdas 2010, the prevalence of pulmonary TB 2009/2010 for 725/100.000 population. Evaluation results conversion rate at the end of the intensive phase of treatment by 80%. The main problem is the conversion of a component failure behavior of patients with pulmonary TB is not the completion of delayed diagnosis and resulting treatment dual resistance OAT. Design study are casecontrol study. Population of 1305 patients with pulmonary TB is an intensive phase of treatment in 2010 are recorded in the TB form 01 health centers in the district of Bekasi. Samples were taken 170 patients, classified as many as 200 patients failed to convert and convert as many as 1.105 people. Each group of 85 patients taken at random. Data were collected by interview using a questionnaire. Methods of data analysis with chi square tests and logistic regression.

The results showed respondents do not regularly drink more drugs that have failed conversion (74.1%) compared to the conversion (46.4%). Chi square test results there was a significant association between the regularity of drug taking, attitudes toward medication order, knowledge of TB, health education, medication side effects, and nutritional status with conversion failure. The results of statistical tests with logistic regression showed factors associated with failure of the conversion is the nutritional status OR: 4,705: 95% CI: 2,143-10,332. Nutritional status of patients with pulmonary TB needs to be improved as a joint effort

with the provision of OAT.</i>