

ABSTRAK

Tujuan: Mengeksplorasi penerimaan dan integrasi *Home-Based Self-Care Project* dalam mengatasi hambatan pemangku kebijakan dalam menyediakan program perawatan diri, dan hambatan orang yang pernah mengalami kusta dalam mempraktekkan perawatan diri.

Metode: Penelitian ini merupakan riset implementasi dengan metode *explanatory mix-method* untuk mengevaluasi implementasi *Home-Based Self-Care Project*. Lima puluh sembilan peserta proyek, dua puluh anggota keluarga, dan lima kader direkrut sebagai responden untuk studi kuantitatif. Studi kualitatif untuk mengeksplorasi hambatan sosial dilakukan dengan partisipasi 10 orang yang pernah mengalami kusta dan anggota keluarganya. Studi kualitatif untuk mengeksplorasi penerimaan proyek dilakukan dengan partisipasi 7 orang yang pernah mengalami kusta dan anggota keluarganya, serta 8 staf dari berbagai instansi pemangku kepentingan yang terkait dengan program pengendalian kusta. Pengumpulan data dilakukan menggunakan kuesioner dan wawancara mendalam. Data kuantitatif dianalisis menggunakan statistik deskriptif. Wawancara yang direkam dalam bentuk audio ditranskrip dan dianalisis dengan *thematic analysis*. *Member checking* dan triangulasi dilakukan untuk mendapatkan data yang kredibel dan interpretasi yang kuat terhadap hasil penelitian.

Hasil: Situasi sosial ekonomi yang buruk dan stigma terhadap kusta menjadi hambatan utama dalam mengakses program perawatan diri. Staf dari berbagai tingkat pemangku kepentingan sepakat bahwa program perawatan diri diperlukan untuk mencegah disabilitas pada orang yang pernah mengalami kusta. Namun, program pengendalian kusta yang ada saat ini masih terbatas pada pencegahan, diagnosis, dan pengobatan kasus kusta. Sistem kesehatan yang tidak mendukung dan sumber daya yang tidak memadai menjadi hambatan utama yang mengakibatkan kurangnya pelaksanaan program rehabilitasi dan pencegahan disabilitas. Hasil studi menunjukkan tingkat penerimaan yang moderat terhadap *Home-Based Self-Care Project*. Strategi implementasi yang digunakan dalam proyek ini dianggap mampu mengatasi hambatan sosial untuk melakukan perawatan diri di tingkat komunitas. Pemangku kepentingan terkait menunjukkan sikap positif terhadap penerimaan dan integrasi proyek. Beberapa pertimbangan diperlukan terkait komponen proyek yaitu poster perawatan diri dan layanan perawatan diri.

Kesimpulan: Beberapa hambatan sosial mempengaruhi praktik dan penyediaan perawatan diri untuk komunitas orang yang pernah mengalami kusta. Implementasi *Home-Based Self-Care Project* terbukti dapat mengatasi beberapa hambatan tersebut. Integrasi proyek dengan sistem dan program kesehatan yang ada di Puskesmas diperlukan untuk memastikan penyediaan perawatan mandiri yang berkelanjutan dan komprehensif bagi orang yang terkena dampak kusta.

Kata Kunci: Hambatan, Kusta, Home-Based Self-Care, Penerimaan, Integrasi

ABSTRACT

Objectives: To explore acceptability and possibility of integration of Home-Based Self-Care in addressing barriers to provide self-care program among stakeholders and barriers to practice self-care among people affected by leprosy community

Methods: Implementation research that was conducted using sequential explanatory mixed-method design to evaluate previous Participatory Action Research in implementing the Home-Based Self-Care Project. Fifty-nine participants, twenty family members, and five implementers recruited as respondents for quantitative study. Qualitative study to explore social barriers was conducted with 10 people affected by leprosy and their family members. Qualitative study to explore acceptability of Project was conducted with 7 people affected by leprosy and their family members, and 8 staffs from multi-level stakeholders related to leprosy control program. We collected the data using questionnaires and in-depth interviews. Quantitative data were analyzed using descriptive statistic. Audio-recorded interviews were transcribed and analyzed by themes. Member-checking and triangulation were done to get robust interpretation of study result.

Result: Poor social economic situation and stigma towards leprosy being main barriers in accessing self-care program. Staffs of multi-level stakeholders agreed that self-care program is needed to prevent disability among people affected by leprosy. However, currently implemented leprosy control programs were limited to prevention, diagnosis, and treatment of leprosy cases. Unsupportive health-system and inadequate resources were main barriers resulting in lack of rehabilitation and prevention of disability program implementation. This study showed moderate level of general acceptability towards home-based self-care project. Implementation strategy used in the project confirmed to tackle social barriers to practice self-care among people affected by leprosy community. Stakeholders were showing positive attitude towards acceptability and integration of Home-Based Self-Care Project. However, some considerations are needed regarding project's component of self-care poster and self-care services.

Conclusion: Existing social barriers were found to hinder the practice and provision of self-care in people affected by leprosy community. Implementation of Home-Based Self-Care Project confirmed to tackle some barriers to practice and provide self-care in the community. Integration of project with current health-system and program in Primary Care level is needed to ensure sustainable and comprehensive provision of self-care for people affected by leprosy.

Key Words: *Barriers, Leprosy, Home-Based Self-Care, Acceptability, Integration*