

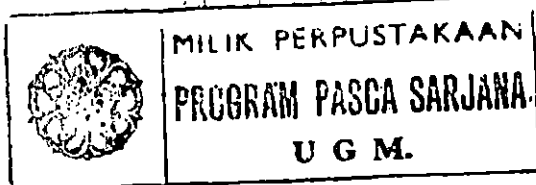
ABSTRACT

Pulmonary Tuberculosis important health problem as it has significant role in mortality rate and occupied the third rank after cardiovascular and respiratory disease. The Result of SKRT in the year of 1995 showed that 175.000 people died and 500.000 new case of pulmonary tuberculosis. In the mean time, government and community during this time, generally, tried to suppress the pulmonary tuberculosis incident rate although the result was not yet optimal. One of the constraints that quite dominant is compliance level of patient toward the difficulty implementation of pulmonary tuberculosis disease treatment. Therefore, in preventing the pulmonary tuberculosis disease, a clearer information process is needed; that is through a research about the importance of compliance element in treatment of pulmonary tuberculosis.

This research was aimed to find out the compliance of pulmonary tuberculosis patients in seeking for their treatment in government hospital of *dr. Doris Sylvanus of Palangkaraya*. It was a descriptive research with cross sectional design.

The subject of this research was 168 pulmonary tuberculosis patients who fulfilled inclusion criteria, minimally, coming to seek for treatment. This research was located in *dr. Doris Sylvanus* government hospital, *Palangkaraya, Central Kalimantan Province*. Data was collected with questioner. Chi-Square and regression analysis test were used to analyze the data.

The result of this research showed that : (1) pulmonary tuberculosis patients in *dr. Doris Sylvanus* government hospital, *Palangkaraya* were complied in seeking for treatment; (2) there was no relationship between respondent characteristic (age, sex, education, job and income) with compliance of pulmonary tuberculosis patients in seeking for treatment ($p > 0.05$); (3) there was a significant negative relationship between complaint of pulmonary tuberculosis patients with their compliance in seeking for treatment ($p < 0.05$); (4) there was a significant positive relationship between medical/physician quality service with compliance in seeking for treatment ($p < 0.05$); (5) there was a significant positive relationship between quality of nurse service with compliance in seeking for treatment ($p < 0.05$); and (6) there was a significant positive relationship between family support with compliance in seeking for treatment ($p < 0.05$). Family support had biggest contribution toward compliance of pulmonary tuberculosis patient in seeking for treatment; followed by quality of doctor service and quality of nurse service.





INTISARI

Tuberkulosis Paru merupakan masalah kesehatan yang penting karena berperan dalam angka kematian dan menduduki urutan ketiga setelah kardiovaskuler dan penyakit saluran pernafasan. Hasil survey SKRT tahun 1995 menunjukkan 175.000 orang meninggal dan 500.000 kasus baru yang terkena TB Paru. Sementara pemerintah selama ini dan masyarakat pada umumnya berusaha untuk menekan angka kejadian TB Paru, namun hasilnya belum optimal. Salah satu kendala yang cukup dominan adalah tingkat kepatuhan penderita terhadap pengobatan TB Paru yang sulit dilaksanakan. Untuk itu dalam rangka mencegah terjadinya TB Paru agar tidak semakin banyak, diperlukan suatu proses pemberian informasi yang lebih jelas: yakni melalui penelitian tentang pentingnya unsur kepatuhan dalam pengobatan TB Paru.

Subjek penelitian ini adalah 168 penderita TB Paru yang memenuhi kriteria inklusi minimal sedang datang berobat. Lokasi penelitian di RSUD dr. Doris Sylvanus Palangkaraya, Propinsi Kalimantan Tengah. Pengumpulan data dengan kuesioner. Uji *Chi-Square* dan *Multiple regression* digunakan untuk analisis data.

Hasil penelitian ini menyimpulkan bahwa : (1) penderita Tuberkulosis Paru di RSUD dr. Doris Sylvanus Palangkaraya cukup patuh untuk datang berobat; (2) tidak ada hubungan karakteristik responden (umur, jenis kelamin, pendidikan, pekerjaan, dan pendapatan) dengan kepatuhan penderita TB untuk datang berobat ($p > 0,05$); (3) ada hubungan negatif yang signifikan antara keluhan penyakit TB Paru dengan kepatuhan untuk datang berobat ($p < 0,05$); (4) ada hubungan positif yang signifikan antara kualitas pelayanan medis/ dokter dengan kepatuhan untuk datang berobat ($p < 0,05$); (5) ada hubungan positif yang signifikan antara kualitas pelayanan perawat dengan kepatuhan untuk datang berobat ($p < 0,05$); dan (6) ada hubungan positif yang signifikan antara dukungan keluarga dengan kepatuhan untuk datang berobat ($p < 0,05$). Dukungan keluarga memberikan kontribusi terbesar terhadap kepatuhan penderita TB Paru untuk datang berobat; disusul kualitas pelayanan dokter dan kualitas pelayanan perawat.

