

INTISARI

Latar belakang : Penyakit-penyakit yang menyebabkan 7 diantara setiap 10 kematian anak balita di negara berkembang termasuk Indonesia yaitu ISPA, Diare, Campak, Malaria dan Malnutrisi. Pelaksanaan standar MTBS sudah dilaksanakan di sebagian puskesmas yang ada di Kabupaten Purworejo namun belum dilakukan evaluasi hubungan kualitas pelayanan puskesmas standar Manajemen Terpadu Balita Sakit dengan status kesembuhan anak balita.

Tujuan : Untuk mengetahui efektivitas perawatan anak balita di puskesmas dengan kualitas pelayanan standar MTBS di Kabupaten Purworejo.

Metode : Bentuk penelitian ini adalah observasional yang menggunakan kuantitatif dengan rancangan kasus – kontrol. Subjek adalah balita umur 2 bulan sampai dengan 5 tahun, jumlah 160 orang terdiri dari 80 anak balita tidak sembuh sebagai kelompok kasus dan 80 anak balita sembuh sebagai kelompok kontrol. Sampel diseleksi sesuai kriteria inklusi dan eksklusi. Analisis bivariabel menggunakan uji *chi-square* dan uji multivariabel dengan *regression logistic*.

Hasil : Analisis bivariabel menunjukkan bahwa ada hubungan bermakna antara kualitas pelayanan puskesmas standar MTBS dengan status kesembuhan anak balita dengan nilai $p < 0,05$, OR 3,67. Sedangkan pendidikan ibu, penghasilan orang tua dan jarak ke puskesmas secara statistik tidak bermakna ($p > 0,05$).

Kesimpulan : Puskesmas yang kualitas pelayanannya baik (sesuai standar MTBS) memiliki angka kesembuhan yang lebih tinggi pada anak balita dibandingkan dengan puskesmas yang kualitas pelayanannya tidak standar MTBS.

ABSTRACT

Background: Five diseases that caused 7 out of 10 child mortality in developing country including Indonesia were ARI, Diarrhoea, *Campak*, Malaria and Malnutrition. IMCI standard already implemented in some Primary Health Care in *Purworejo* regency although relationship evaluation of service quality of Primary Health Care's Integrated Management standard with the health recovery status of children under five years old was not yet implemented.

Aim: To find the effectiveness care of children under five years old with services quality of Integrated Management of Childhood Illness standard in *Purworejo* district.

Method: This was an observational research that used quantitative method with case-control design. The subjects were 2 months to 5 years old children whose ill and consist of 160 children under five years old that consist of 80 children under five years old as case group and 80 children under five years old as control group with good health status. The sample was selected based on inclusion and exclusion criteria. Bi-variable analysis was using chi-square and multivariable tests with regression logistic.

Result: Bi-variable analysis showed that there was a significant relationship between service quality of primary health care's IMCI standard with health recovery status ($p < 0,05$) OR value 3,67. On the other hand, mother's education, parent's income and the distance to Primary Health Care was not statistically significant ($p > 0,05$).

Conclusion: Primary health care with a good quality service (as per IMCI standard) will have a higher health recovery value for children under five years old compared to primary health care with quality service not IMCI standard.