

ABSTRAK

Latar belakang: Kunjungan ulang merupakan komponen penting dalam tatalaksana kasus pneumonia balita. Penelitian ini bertujuan untuk mengevaluasi implementasi program kunjungan ulang pneumonia balita dan menganalisis determinan yang berhubungan dengan pencarian layanan kunjungan ulang pada pneumonia balita di Kabupaten Kulon Progo.

Metode: Penelitian dilakukan di 21 puskesmas dan 2 rumah sakit umum di Kabupaten Kulon Progo. Penelitian mencakup tiga sub studi yaitu evaluasi program, evaluasi sistem surveilans dan studi analitik. Desain observasional deskriptif digunakan dalam evaluasi program kepada 47 responden dan evaluasi sistem surveilans kepada 43 responden. Pada sub studi analitik menggunakan desain *cross sectional* dengan sampel 191 responden ibu balita pneumonia. Pengumpulan data melalui wawancara menggunakan kuesioner dan observasi lapangan dengan menggunakan lembar ceklist. Analisis univariat, bivariat dan multivariabel dengan uji statistik *logistic regression*.

Hasil: Total 8583 balita batuk dan sukar nafas yang diberikan tatalaksana penghitungan nafas dan tarikan dinding dada ke dalam (TDDK). Pneumonia balita yang ditemukan sejumlah 761 kasus, 99,6% (758 kasus) diantaranya mendapat tatalaksana pengobatan standar. Jumlah pneumonia balita yang melakukan kunjungan ulang pneumonia balita sebanyak 190 balita (25%). Pemahaman sumber daya manusia (SDM) dalam aspek input terhadap program masih kurang dimana sebagian besar belum dilatih terkait program pengendalian infeksi saluran pernafasan akut (ISPA) maupun pelatihan manajemen terpadu balita sakit (MTBS). Kualitas data mencakup aspek kelengkapan, kegunaan, kesederhanaan dan keterwakilan data dalam sistem surveilans kunjungan ulang pneumonia balita masih kurang. Hanya 23,8% puskesmas yang melakukan pencatatan dalam form MTBS, sebagian besar lainnya menggunakan rekam medik dalam pencatatan kunjungan baru maupun kunjungan ulang pneumonia balita. Hasil analisis multivariabel faktor determinan yang berhubungan signifikan dengan perilaku pencarian pelayanan kunjungan ulang pneumonia balita adalah dukungan petugas kesehatan (nilai $p=0,001$; aOR= 7,36; 95%CI: 2,38-22,73) dan derajat keparahan (nilai $p=0,007$; aOR= 3,56; 95%CI: 1,42-8,93).

Kesimpulan: Aspek input berupa SDM yang belum mendapatkan pelatihan yang relevan mempengaruhi proses tatalaksana dalam pelayanan pneumonia balita sehingga output yang dihasilkan kurang optimal. Sistem surveilans kunjungan ulang pneumonia balita di Kulon Progo perlu ditingkatkan lagi. Dukungan petugas kesehatan melalui pemberian konseling yang tepat kepada ibu balita pneumonia meningkatkan peluang perilaku pencarian pelayanan kunjungan ulang. Oleh karena itu perlu dilakukan peningkatan kapasitas SDM dengan pelatihan yang relevan.

Kata kunci: Kunjungan Ulang; Pneumonia Balita; Surveilans; Tatalaksana kasus

ABSTRACT

Background: Follow-up visit are crucial in the management of underfive childrens pneumonia. The study aims to evaluate the underfive childrens pneumonia follow-up visit program's implementation and analyze the determinant factors of health-seeking behavior to follow-up visit for underfive pneumonia in Kulon Progo district.

Methods: In the Kulon Progo district, the study was conducted in 21 public health center (PHC) and 2 general hospitals. Three sub-studies are included in this research: an analytical investigation, program evaluation, and surveillance system evaluation. The program and surveillance system evaluations used descriptive studies with 43 and 47 respondents, respectively. The analytical sub-study used a cross-sectional design and a sample size of 191 mothers of underfive childrens with pneumonia. Data were obtained through interviews using questionnaires and observations with checklist sheets. Univariate, bivariate, and multivariable analysis using logistic regression tests.

Results: A total of 8583 children underfive years of age with cough and respiratory distress were treated with breath counting and inward chest wall pull. There were 761 cases of under-five pneumonia, with 99.6% (758 cases) receiving standard treatment. There were 190 underfive pneumonia cases (25%) that were follow-up visited. Human resources (HR) awareness of program input is limited, as most have not received training in acute respiratory infection (ARI) control or integrated management of sick children (IMCI). The underfive pneumonia follow-up visit surveillance system lacks data quality, such as completeness, usefulness, simplicity, and representativeness. Only 23.8% of health centers recorded MTBS forms, while the majority used medical records to report. The multivariable analysis showed that support from health workers (aOR = 7.36; 95% CI: 2.38-22.73) and illness severity (aOR = 3.56; 95% CI: 1.42-8.93) were significantly associated with health seeking behaviour (HSB) follow-up visit underfive children with pneumonia.

Conclusion: The input aspect of human resources who have not received relevant training effects the process aspect of management in underfive children pneumonia services, resulting in suboptimal output. There is still need for improvement in surveillance system for follow-up visits underfive children with pneumonia. Health worker support through the provision of appropriate counseling to mothers of children under five years of age with pneumonia increases the chances of re-visiting behavior. Therefore, it is necessary to increase the capacity of human resources with relevant training.

Keywords: Follow-up visit; underfive children pneumonia, surveillance, case-management