

## ABSTRAK

**Latar Belakang:** Indonesia merupakan negara urutan ke-5 dengan kasus DM terbanyak di dunia. Penelitian ini bertujuan untuk mengevaluasi sistem surveilans DM, mengevaluasi program Pandu PTM serta mengidentifikasi determinan kepatuhan penyandang DM dalam melakukan kontrol rutin ke Puskesmas.

**Metode:** Bundling tesis terdiri dari 3 sub studi. Studi evaluasi sistem surveilans DM menggunakan metode deskriptif dengan menggunakan 9 atribut surveilans CDC. Studi evaluasi program Pandu PTM menggunakan metode deskriptif dengan menggunakan kerangka *logic model* (*input*, proses dan *output*). Studi analitik menggunakan desain *cross sectional study*. Subjek pada evaluasi system surveilans dan evaluasi program adalah pemegang program DM baik di puskesmas maupun dinas kesehatan yang berjumlah 23 orang. Studi analitik dilakukan pada 3 wilayah kerja puskesmas yaitu Kecamatan Kalibawang, Nanggulan dan Wates. Jumlah sampel sebanyak 322 penyandang yang dipilih secara *proportional random sampling*. Penelitian ini dianalisis secara univariat, bivariat dan multivariat.

**Hasil:** Sistem surveilans DM dalam hal kesederhanaan, fleksibilitas, sensitivitas, dan kualitas data telah berjalan dengan baik. Sedangkan stabilitas, keterwakilan, akseptibilitas, PPV dan ketepatan belum berjalan secara optimal. Lebih dari 80% puskesmas sudah melaksanakan program Pandu PTM. Banyaknya alur menjadi salah satu hambatan dalam pelaksanaannya. Sebesar >50% penyandang DM tidak patuh dalam melakukan kontrol rutin. Variabel yang berhubungan secara signifikan dengan kepatuhan penyandang DM melakukan kontrol rutin adalah dukungan keluarga (aPR= 5.404, 95% CI= 1.449-20.153), motivasi diri (aPR= 1.317, 95% CI= 1.091-1.591), durasi penyakit (aPR= 1.409, 95% CI= 1.087-1.826) dan pengetahuan (aPR= 1.317, 95% CI= 1.091-1.591).

**Kesimpulan:** Masih banyak penyandang DM yang tidak melakukan kontrol rutin di Puskesmas. Faktor yang mempengaruhi secara signifikan adalah dukungan keluarga, motivasi diri, pengetahuan dan durasi penyakit. Melibatkan fasyankes lain dalam pencatatan dan pelaporan DM dapat meningkatkan angka cakupan kepatuhan kontrol penyandang DM.

**Kata Kunci:** Diabetes Melitus, Kepatuhan, Evaluasi, Program, Surveilans

## ABSTRACT

**Background:** Indonesia is the 5th country with the most DM cases in the world. This research aims to evaluate the DM surveillance system, evaluate the Pandu PTM program and identify the determinants of compliance of DM sufferers in carrying out routine checks at the Community Health Center.

**Method:** The thesis bundling consists of 3 sub studies. The DM system surveillance evaluation study used a descriptive method using 9 CDC surveillance attributes. The Pandu PTM program evaluation study used a descriptive method using a logic model framework (input, process and output). The analytical study uses a cross sectional study design. The subjects in the surveillance system and program evaluation were 23 DM program holders at both community health centers and health services. The analytical study was carried out in 3 health center work areas, namely Kalibawang, Nanggulan and Wates subdistricts. The total sample was 322 people with disabilities who were selected using proportional random sampling. This research was analyzed univariately, bivariately and multivariately.

**Results:** The DM surveillance system in terms of simplicity, flexibility, sensitivity and data quality has performed well. Meanwhile, stability, representativeness, acceptability, PPV and accuracy have not worked optimally. More than 80% of community health centers have implemented the Pandu PTM program. The large number of lines is one of the obstacles in its implementation. More than 50% of people with DM do not comply with routine control. Variables that were significantly related to the compliance of DM sufferers with routine control were family support (aPR= 5.404, 95% CI= 1.449-20.153), self-motivation (aPR= 1.317, 95% CI= 1.091-1.591), duration of illness (aPR= 1.409, 95% CI= 1.087-1.826) and knowledge (aPR= 1.317, 95% CI- 1.091-1.591).

**Conclusion:** There are still many people with DM who do not carry out routine checks at the Community Health Center. Factors that influence significantly are family support, self-motivation, knowledge and duration of illness. Involving other health facilities in recording and reporting DM can increase the rate of control compliance coverage for people with DM.

**Keywords:** Diabetes Mellitus, Compliance, Evaluation, Program, Surveillance