

Abstrak

Latar Belakang: Kasus Tuberkulosis (TB) di Indonesia yang tidak dilaporkan atau tidak terdeteksi diperkirakan mencapai 68% dan kemungkinan berasal dari sektor swasta. Kota Yogyakarta memiliki beban TB terbesar di DIY dan kepadatan penduduk tertinggi serta jumlah praktisi swasta yang cukup besar. Meskipun telah ada Peraturan Menteri Kesehatan Nomor 67 Tahun 2016 tentang Penanggulangan Tuberkulosis yang mewajibkan notifikasi kasus TB, namun kontribusi pelaporan kasus TB oleh praktisi swasta pada pelayanan primer swasta di Kota Yogyakarta masih minimal. Penelitian ini bertujuan mendeskripsikan *acceptability* kebijakan notifikasi wajib TB pada dokter praktik mandiri dan klinik pratama swasta di Kota Yogyakarta.

Metode: Penelitian ini menggunakan rancangan kualitatif dengan metode deskriptif. Subjek penelitian terdiri dari 17 dokter praktik mandiri dan dokter klinik pratama swasta, beserta 11 informan dari pemegang program dan kebijakan TB, Kepala Puskesmas dan organisasi profesi (IDI). Metode pengumpulan data dilakukan melalui wawancara wawancara mendalam dan metode analisa data yang digunakan adalah *content analysis*.

Hasil: Gambaran *acceptability* prospektif pada kebijakan notifikasi wajib TB pada dokter praktik mandiri dan klinik pratama di Kota Yogyakarta dideskripsikan dalam konstruk *Theoretical Framework of Acceptability* (TFA) yaitu sikap afektif, beban, etisitas, dan koherensi intervensi. Dalam hal sikap afektif, praktisi swasta merasa selama ini tidak melakukan notifikasi kasus TB karena belum disosialisasikan pihak terkait; beban notifikasi wajib TB yang cukup memberatkan bagi praktisi swasta yang belum memahami atau belum terpapar program TB; tidak ada masalah etisitas dalam notifikasi wajib TB seperti terambilnya pasien oleh sesama FKTP atau terbukanya privasi pasien asalkan ada komunikasi yang baik; serta telah terdapat koherensi intervensi berupa pemahaman awal yang baik di antara DPM dan klinik pratama swasta serta pemangku kepentingan TB tentang pentingnya notifikasi wajib TB dan siap berkontribusi jika telah ada sistem dan mekanisme yang jelas.

Kesimpulan: Meskipun sikap afektif menunjukkan praktisi swasta merasa belum terlibat dalam notifikasi wajib TB, praktisi swasta masih terbebani oleh notifikasi wajib TB, dan terdapat masalah etisitas dalam notifikasi wajib TB, namun telah adanya koherensi intervensi pada permulaan implementasi merupakan modal penting bagi *acceptability* notifikasi wajib TB pada tahap implementasi selanjutnya.

Kata Kunci: tuberkulosis, notifikasi wajib, *acceptability*, dokter praktik mandiri dan klinik pratama swasta

Abstract

Background: *Unreported or undetected cases of Tuberculosis (TB) are estimated at 68% and possibly from the private sector. The city of Yogyakarta has the largest TB burden in DIY and the highest population density and large number of private practitioners. Although there has been a Regulation of the Minister of Health Number 67 Year 2016 on Tuberculosis Control which requires mandatory TB notification, but the contribution of reporting of TB cases by private practitioners on the primary private service in Yogyakarta City is still minimal. This study describes the prospective acceptability of TB mandatory notification policy for self private practitioners and private primary clinics in Yogyakarta City.*

Method: *This is a qualitative study with descriptive method. The subjects consisted of 17 self private practitioners and private primary clinics, along with 11 informants from TB program and policy holders, Head of Public Health Centre and professional organizations (Indonesia Doctor Association). Data collection method is in-depth interview and data analysis method used is content analysis.*

Result: *The prospective acceptability picture of TB mandatory notification policy for self private practitioners and private primary clinics in Yogyakarta City is described in the Theoretical Framework of Acceptability (TFA) construct of affective attitude, burden, ethicality, and intervention coherence. In terms of affective attitudes, private practitioners feel that they have not done TB case notification since they have not been socialized by related parties; a burdensome notification burden on TB for private practitioners who have not understood or have not been exposed to TB programs; there is no issue of ethicality in TB compulsory notification such as the taking of patients by fellow FKTP or the opening of patient privacy provided there is good communication; and there has been an intervention coherence of good initial understanding between for self private practitioners and private primary clinics as well as TB stakeholders about the importance of mandatory TB notification and ready to contribute if there are clear systems and mechanisms.*

Conclusion: *Although affective attitudes indicate that private practitioners feel that they are not yet involved in mandatory notification of TB, private practitioners are still burdened by TB mandatory notifications, and there is a problem of ethics in mandatory notification of TB, but the coherence of interventions at the primary level of implementation is a basic capital for the acceptability of mandatory TB notification at the next implementation.*

Keywords: *tuberculosis, mandatory notification, acceptability, self private practitioners and private primary clinic*