

## INTISARI

**Latar belakang:** Prevalensi HIV pada pasien TB di Indonesia sebesar 2,8%, TB MDR di antara kasus TB baru sebesar 2%, dan TB MDR di antara kasus TB ulang sebesar 12%. Prevalensi TB di Daerah Istimewa Yogyakarta (DIY) rendah dan keberhasilan pengobatan terus meningkat setiap tahun. Namun jumlah kasus TB ulang cenderung naik dengan angka keberhasilan pengobatan yang rendah sehingga berpotensi meningkatkan jumlah kasus TB MDR. Penelitian ini bertujuan untuk mengetahui faktor risiko kegagalan pengobatan ulang pasien TB.

**Metode:** Studi kasus kontrol berdasarkan pada register pasien TB (TB 03) di 5 Kabupaten/Kota se-DIY dan kartu pengobatan (TB 01) di fasilitas pelayanan kesehatan tahun 2008-2014. Kasus adalah pasien TB pengobatan ulang yang mengalami kegagalan pengobatan, sedangkan kontrol adalah pasien TB pengobatan ulang yang sembuh atau pengobatan lengkap. Sampel berjumlah 142 kasus dan 142 kontrol. Data dianalisis menggunakan uji *chi square* dan uji regresi logistik berganda pada tingkat signifikansi  $p < 0,05$  dan tingkat kepercayaan 95%.

**Hasil:** Hasil analisa bivariat menunjukkan bahwa keteraturan minum obat ( $p=0,000$ ; OR=34,36; 95% CI=13,26-89,00), status konversi BTA ( $p=0,000$ ; OR=11,69; 95% CI=5,63-24,28), dan jenis fasilitas pelayanan kesehatan ( $p=0,016$ ; OR=2,61; 95% CI=1,20-6,1) berhubungan secara statistik dan merupakan faktor risiko kegagalan pengobatan ulang pasien TB. Hasil uji regresi logistik menunjukkan bahwa keteraturan minum obat ( $p=0,000$ ; OR=29,52; 95% CI=10,96-69,40) merupakan faktor risiko terkuat yang berhubungan dengan kegagalan pengobatan ulang pasien TB.

**Kesimpulan:** Keteraturan minum obat, status konversi BTA, dan jenis fasilitas pelayanan kesehatan berhubungan secara statistik dengan kegagalan pengobatan ulang pasien TB. Keteraturan minum obat merupakan faktor risiko terkuat yang berhubungan dengan kegagalan pengobatan ulang pasien TB.

**Kata kunci:** tuberkulosis, pengobatan ulang, faktor risiko, kegagalan pengobatan

## ABSTRACT

**Background:** Prevalence of HIV among TB patients in Indonesia was 2,8%, MDR TB among new TB patients was 2% and MDR TB among retreatment TB patients was 12%. TB prevalence in DIY province was low and success rate was increased every year. But, the number of retreatment TB patients was increased with low success rate, those are high risk to be MDR TB patients. The objective of this study was to identify risk factors related to unsuccess of retreatment TB.

**Method:** A case-control study was carried out at 5 districts health office from TB registry (TB 03 and TB 01) since 2008-2014. Cases group were defined as unsuccess retreatment TB patients, whereas the control group were defined as success retreatment TB patients (cure or complete treatment). A total of 142 cases and 142 controls was analysed with univariate, bivariate, and multivariate analysis. Chi square test conducted at  $p < 0,05$  and odd ratio (OR) at confidence interval (CI) 95%.

**Result:** Bivariate analysis showed that regularly of taking a drug ( $p=0,000$ ; OR=34,36; 95% CI=13,26-89,00), conversion of acid-fast bacily/AFB ( $p=0,000$ ; OR=11,69; 95% CI=5,63-24,28), and type of health services ( $p=0,016$ ; OR=2,61; 95% CI=1,20-6,1) were statistically related to unsuccess of retreatment TB. Logistic regression showed that regularly of taking a drug ( $p=0,000$ ; OR=29,52; 95% CI=10,96-69,40) were strongest risk factor related to unsuccess of retreatment TB.

**Conclusion:** Regularly of taking a drug, conversion of AFB, and type of health services were statistically related to unsuccess of retreatment TB, whereas the strongest risk factor was regularly of taking a drug.

**Keywords:** tuberculosis, retreatment, risk factor, unsuccess treatment