

## INTISARI

### **Gambaran Kualitas Hidup Penderita Tuberkulosis Resistan Obat dan Karakteristiknya di Kabupaten Banyumas, Provinsi Jawa Tengah, Periode Tahun 2015-2016**

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**Latar Belakang:** Insidens TB resistan obat (TB MDR) di Kabupaten Banyumas cenderung meningkat setiap tahunnya dengan CFR 28,6-33,3%. TB MDR mempunyai dampak secara klinis dan mempengaruhi kualitas hidup. Di Indonesia, penelitian tentang kualitas hidup penderita TB MDR belum banyak digali. Penelitian ini bertujuan untuk mengetahui gambaran tentang kualitas hidup dan karakteristik sosiodemografi, klinik dan dukungan sosial pada penderita TB MDR sehingga dapat digunakan sebagai evaluasi kualitas pelayanan kesehatan, dampak intervensi dan pengelolaan efek samping.

**Metode:** Penelitian deskriptif disain studi *cross sectional* dengan sampel jenuh sebanyak 22 responden. Variabel bebasnya adalah: sosiodemografi (umur, jenis kelamin, status pernikahan, tempat tinggal, tingkat pendidikan, status pekerjaan, dan tingkat penghasilan), faktor klinik (tahap pengobatan, efek samping obat, riwayat pengobatan TB sebelumnya, penyakit ko-morbid, jenis TB, dan riwayat konsumsi rokok/alkohol/narkoba), dan dukungan sosial (diukur dengan kuesioner MOS-SSS), sedangkan variabel terikatnya adalah kualitas hidup penderita TB MDR (diukur dengan kuesioner SF-36). Data dianalisis secara deskriptif dan disajikan dalam bentuk distribusi frekuensi dan tabulasi silang.

**Hasil:** Dari 22 responden, sebesar 54,5% laki-laki; 50,0% kelompok umur dewasa; 59,1% menikah; 22,7% bercerai; 72,7% tinggal di pedesaan; 95,5% berpendidikan dasar&lanjutan; 45,5% karyawan swasta (sebelum sakit); 77,3% keluar dari pekerjaannya (setelah sakit); 72,7% berpenghasilan rendah; 54,5% menjalani pengobatan tahap lanjutan; 95,5% pengobatan ulang (45% kasus kambuh; 40,9% kasus gagal/tidak konversi); 90,9% mengalami efek samping obat (ringan/berat); 36,4% mempunyai penyakit komorbid; 45,5% pernah merokok, 31,8% pernah konsumsi alkohol; 54,5% dukungan sosial kategori kurang; memiliki kualitas hidup buruk (31,8%) dan sedang (36,4%).

**Kesimpulan:** Kualitas hidup penderita TB MDR cenderung memburuk dengan dukungan sosial yang kurang, terutama dukungan kasih sayang, emosional dan material. Perlu dilakukan upaya untuk meningkatkan kualitas hidup dan dukungan sosial melalui pembentukan *peer support group* sebagai wadah untuk memberikan konseling, KIE, motivasi, dan pelatihan keterampilan bagi mereka.

**Key words:** kualitas hidup, resistan obat, MDR, sosiodemografi, klinik, dukungan sosial

## ABSTRACT

### **Quality of Life of Drug-resistant Tuberculosis and Its Characteristics in Banyumas District, Central Java Province, 2015-2016**

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**Background:** The incidence of drug-resistant tuberculosis (MDR TB) in Banyumas District had greatly increased annually with CFR 28.6-33.3%. Besides clinical impacts, it affects the quality of life (QoL) too. In Indonesia, research on QoL of MDR TB had remained a neglected area. This study aims to determine QoL, sociodemography, clinics and social support of MDR TB patients. This study can be used to evaluate the quality of health care, the impact of intervention and drug-side effect management

**Method:** A descriptive with cross sectional study design was conducted. A total of 22 eligible MDR TB patients fulfill inclusion criteria were enrolled as sample. The independent variables were: sociodemographic (age, sex, marital status, residence, education, employment, income), clinical characteristics (treatment phase, drug side effects, history of previous treatment, co-morbidity, type of TB, and history of cigarette/alcohol/drug consumption), and social support (measured by MOS-SSS questionnaire). The dependent variable was QoL (measured by SF-36 questionnaire). Data were analyzed descriptively and presented in frequency and cross tabulation.

**Results:** A total of 22 patients identified in this study 54.5% were males; 50.0% adults; 59.1% married; 22.7% divorced; 72.7% lived in rural; 95.5% had basic education; 45.5% as a private employment (before sick); 77.3% as unemployment (after sick); 72.7% low income; 54.5% in continuation phase, 95.5% re-treatment TB (45% relapse and 40.9% failure cases); 90.9% had DSE (mild/severe); 36.4% had comorbidity; 45.5% former smokers, 31.8% former alcoholics; 54.5% lack of social support; 31.8% poor QoL and 36.4% moderate QoL.

**Conclusion:** MDR TB patients had a worse QoL and lack social support, especially affectionate, emotional and material support. Health worker need to improve their QoL and social support through establishing a peer support groups to give counseling, information education communication, motivation, and skills training for them.

**Keywords:** quality of life, MDR TB, sociodemography, clinic, social support