

**ANALISIS DETERMINAN KEPATUHAN BEROBAT PENDERITA TUBERKULOSIS  
PARU DENGAN PENDEKATAN *HEALTH BELIEF MODEL* DI KOTA PARIAMAN  
TAHUN 2024**

**TESIS**

**OLEH:**

**ANDRI GAMES SYAHPUTRA**

**BP. 2020322006**

**Dosen Pembimbing:**

**Prof. Dr. dr. Rizanda Machmud, M. Kes, FISPH, FISCMM, Sp. KKLK**

**Kamal Kasra, SKM. MQIH, PhD**



**PROGRAM STUDI S2 KESEHATAN MASYARAKAT  
FAKULTAS KEDOKTERAN  
UNIVERSITAS ANDALAS  
PADANG 2024**

**TESIS**

**ANALISIS DETERMINAN KEPATUHAN BEROBAT PENDERITA TUBERKULOSIS  
PARU DENGAN PENDEKATAN *HEALTH BELIEF MODEL* DI KOTA PARIAMAN  
TAHUN 2024**

**Tesis ini diajukan sebagai salah satu syarat untuk memperoleh gelar  
Magister Kesehatan Masyarakat**



**OLEH:**

**ANDRI GAMES SYAHPUTRA  
BP. 2020322006**

**PROGRAM STUDI S2 KESEHATAN MASYARAKAT  
FAKULTAS KEDOKTERAN  
UNIVERSITAS ANDALAS  
PADANG 2024**

**PROGRAM STUDI S2 KESEHATAN MASYARAKAT  
FAKULTAS KEDOKTERAN UNIVERSITAS ANDALAS**

Tesis, Juli 2024

Andri Games Syahputra, No BP. 2020322006

**ANALISIS DETERMINAN KEPATUHAN BEROBAT PENDERITA TUBERKULOSIS PARU  
DENGAN PENDEKATAN HEALTH BELIEF MODEL DI KOTA PARIAMAN TAHUN 2024**

1x + 132 halaman + 23 tabel + 3 gambar + 8 lampiran

**ABSTRAK**

Cakupan keberhasilan pengobatan tuberkulosis paru di Kota Pariaman masih jauh dari target. Penelitian ini bertujuan untuk melihat faktor – faktor yang berhubungan dengan kepatuhan berobat penderita TB Paru dan mendapatkan informasi tentang input, proses dan output dalam program TB Paru. Penelitian menggunakan metode kuantitatif dan kualitatif (*mix methods*), dengan strategi sekuensial eksplanatori. Lokasi Penelitian di Kota Pariaman. Penelitian kuantitatif menganalisis variabel persepsi kerentanan, keparahan, manfaat, hambatan dan kepercayaan diri dengan desain *cross sectional*. Populasi sebanyak 120 penderita, dan sampel sebanyak 107 penderita melalui teknik pengambilan sampel *proporsional random sampling*. Pemilihan informan kualitatif dengan teknik *purposive sampling*. Informan berjumlah 12 orang, dan dilakukan pada bulan agustus 2023 – juni 2024. Metode pengumpulan data melalui wawancara mendalam dan studi dokumentasi. Hasil analisis univariat menunjukkan persepsi kerentanan buruk (43,9%), persepsi keparahan buruk (41,1%) persepsi hambatan buruk (46,7%), persepsi manfaat buruk (44,7%), persepsi kepercayaan diri buruk (52,3%). Hasil bivariat menunjukkan ada hubungan signifikan antara persepsi keparahan dengan kepatuhan berobat ( $p$  value = 0,007), ada hubungan signifikan antara persepsi manfaat dengan kepatuhan berobat ( $p$  value = 0,000). Hasil analisis multivariat menunjukkan persepsi manfaat sebagai variabel paling dominan yang berhubungan dengan kepatuhan berobat (OR: 5.103). Hasil analisis kualitatif menunjukkan bawah sumber daya manusia terbatas, dana kurang mendukung, kegiatan pemicuan tidak berjalan optimal, kegiatan pemantauan tidak dilakukan secara berkala, evaluasi dilakukan saat lokakarya bulanan dan lokakarya mini. Kesimpulan dari penelitian ini bahwa kepatuhan berobat penderita TB Paru belum mencapai target, diperlukan peningkatan kapasitas sumber daya manusia penunjang program, melakukan pemberdayaan kader, serta perlunya melakukan peningkatan pemantauan minum obat.

Kata Kunci : Kepatuhan Berobat, Health Belief Model, Tuberkulosis

Daftar Pustaka : 65 (1996 – 2023)

**MASTERS PROGRAM IN PUBLIC HEALTH  
FACULTY OF MEDICINE ANDALAS UNIVERSITY**

Thesis, July 2024

Andri Games Syahputra, No. BP. 2020322006

**ANALYSIS OF DETERMINANTS OF TREATMENT ADHERENCE IN PULMONARY TUBERCULOSIS PATIENTS WITH THE HEALTH BELIEF MODEL APPROACH IN PARIAMAN CITY IN 2024**

1x + 132 pages + 23 table + 3 pictures + 8 appendices

**ABSTRACT**

The scope of successful treatment of pulmonary tuberculosis in Pariaman City is still far from the target. This research aims to look at the factors related to adherence with treatment for pulmonary TB sufferers and obtain information about input, process, and output in the pulmonary TB program. The research uses quantitative and qualitative methods (mix methods), with an explanatory sequential strategy. Research location in Pariaman City. Quantitative research analyzes the variables of perception of vulnerability, severity, benefits, barriers, and self-confidence with a cross-sectional design. The population was 120 sufferers, and the sample was 107 sufferers using proportional random sampling techniques. Selection of qualitative informants using the purposive sampling technique. The number of informants was 12, and it was conducted in August 2023–June 2024. Data collection methods included in-depth interviews and documentation studies. The results of the univariate analysis showed poor perception of vulnerability (43.9%), poor perception of severity (41.1%), poor perception of obstacles (46.7%), poor perception of benefits (44.7%), and poor perception of self-confidence (52.3%). Bivariate results show that there is a significant relationship between perceived severity and treatment adherence ( $p$  value = 0.007), and there is a significant relationship between perceived benefit and treatment adherence ( $p$  value = 0.000). Multivariate analysis results showed perceived benefit as the most dominant variable associated with treatment adherence (OR: 5.103). The results of the qualitative analysis show that human resources are limited, insufficient funding, triggering activities do not run optimally, monitoring activities are not carried out regularly, and evaluations are carried out during monthly workshops and mini workshops. The conclusion of this research is that adherence with treatment for pulmonary TB sufferers has not reached the target; it is necessary to increase the capacity of human resources to support the program, to empower cadres, and to increase monitoring of medication taking.

**Keyword** : Treatment Adherence, Health Belief Model, Tuberculosis

**Bibliography** : 65 (1996 – 2023)