



UNIVERSITAS ANDALAS

**POLA KETERLAMBATAN UTILISASI PELAYANAN KESEHATAN PADA
PASIEN TUBERKULOSIS BERDASARKAN *PATIENT PATHWAY*
ANALYSIS (PPA) TERHADAP KEJADIAN TBC RO
DI KOTA PADANG**

Oleh :

SHIFANIA SALSA RIZA

NIM. 2111212059

FAKULTAS KESEHATAN MASYARAKAT

UNIVERSITAS ANDALAS

PADANG, 2025



UNIVERSITAS ANDALAS

**POLA KETERLAMBATAN UTILISASI PELAYANAN KESEHATAN PADA
PASIEN TUBERKULOSIS BERDASARKAN *PATIENT PATHWAY*
ANALYSIS (PPA) TERHADAP KEJADIAN TBC RO
DI KOTA PADANG**

Oleh:

SHIFANIA SALSA RIZA

NIM. 2111212059

**Diajukan Sebagai Pemenuhan Syarat Untuk Mendapatkan
Gelar Sarjana Kesehatan Masyarakat**

FAKULTAS KESEHATAN MASYARAKAT

UNIVERSITAS ANDALAS

PADANG, 2025

**FAKULTAS KESEHATAN MASYARAKAT
UNIVERSITAS ANDALAS**

Skripsi, Juli 2025

SHIFANIA SALSA RIZA, NIM. 2111212059

**POLA KETERLAMBATAN UTILISASI PELAYANAN KESEHATAN PADA
PASIEIN TUBERKULOSIS BERDASARKAN *PATIENT PATHWAY ANALYSIS* (PPA)
TERHADAP KEJADIAN TBC RO DI KOTA PADANG**

xiv + 101 halaman, 23 tabel, 11 gambar, 6 lampiran

ABSTRAK

Tujuan Penelitian

Tuberkulosis resistan obat (TBC RO) menjadi tantangan besar dalam pengendalian TBC. Keterlambatan utilisasi pelayanan kesehatan berkontribusi pada hasil pengobatan buruk dan risiko resistensi. Angka keterlambatan masih tinggi secara global (35–60%), nasional (20–50%), maupun di Kota Padang. Penelitian ini bertujuan menganalisis pola keterlambatan dalam utilisasi pelayanan kesehatan pasien TBC melalui Patient Pathway Analysis (PPA), serta faktor yang berhubungan dengan kejadian TBC RO di Kota Padang tahun 2024.

Metode

Penelitian menggunakan desain case control pada 42 responden (14 kasus, 28 kontrol) dengan data primer (wawancara) dan sekunder (SITB, rekam medis), dianalisis univariat, bivariat, dan multivariat.

Hasil

Hasil menunjukkan mayoritas kasus TBC RO mengalami keterlambatan (71,4%), berkunjung pertama kali ke faskes non-layanan TBC (71,4%), tidak mendapat pemeriksaan diagnosis (71,4%), berpendidikan tinggi (57,1%), serta menikah (57,1%). Proporsi pendapatan dan jarak rumah relatif seimbang (50%). Kelompok kasus memiliki durasi keterlambatan lebih panjang dibanding kontrol. Variabel keterlambatan total ($p=0,005$), jenis faskes pertama ($p=0,005$), dan tindakan awal faskes ($p=0,011$) terbukti berhubungan dengan kejadian TBC RO.

Kesimpulan

Disimpulkan bahwa keterlambatan utilisasi pelayanan kesehatan berkontribusi terhadap TBC RO. Dinas Kesehatan perlu memperkuat edukasi deteksi dini serta mendorong tenaga kesehatan aktif dalam skrining, penanganan awal, dan pelacakan kasus.

Daftar Pustaka :76 (2005-2024)

Kata Kunci :Tuberkulosis, Resistan Obat, Keterlambatan, Analisis Jalur Pasien, Keterlambatan Pengobatan

FACULTY OF PUBLIC HEALTH

UNIVERSITAS ANDALAS

Undergraduate Thesis, July 2025

SHIFANIA SALSA RIZA, NIM. 2111212059

PATTERNS OF DELAYS IN HEALTH SERVICE UTILIZATION AMONG TUBERCULOSIS PATIENTS BASED ON *PATIENT PATHWAY ANALYSIS* (PPA) IN RELATION TO THE INCIDENCE OF DRG TUBERCULOSIS IN THE CITY OF PADANG

xiv + 101 pages, 23 tables, 11 figures, 6 appendices

ABSTRACT

Research Objectives

Drug-resistant tuberculosis (DR-TB) is a major challenge in TB control. Delays in utilization of health services contribute to poor treatment outcomes and risk of resistance. Delay rates are still high globally (35-60%), nationally (20-50%), and in Padang City. This study aims to analyze the pattern of delays in the utilization of health services for TB patients through Patient Pathway Analysis (PPA), as well as factors associated with the incidence of DR-TB in Padang City in 2024.

Methods

The study used a case control design on 42 respondents (14 cases, 28 controls) with primary (interview) and secondary data (SITB, medical records), analyzed univariate, bivariate, and multivariate.

Results

Results showed that the majority of DR-TB cases were delayed (71.4%), visited non-tuberculosis health facilities for the first time (71.4%), did not receive a diagnosis (71.4%), were highly educated (57.1%), and married (57.1%). The proportion of income and distance from home was relatively equal (50%). The case group had a longer duration of delay than the control group. The variables of total delay ($p=0.005$), type of first health facility ($p=0.005$), and initial health facility action ($p=0.011$) were found to be associated with the incidence of DR-TB.

Conclusion

It is concluded that delayed utilization of health services contributes to DR-TB. The Health Office needs to strengthen early detection education and encourage health workers to be active in screening, initial treatment, and case tracking.

Bibliography : 76 (2005-2024)

Keywords : Tuberculosis, Drug Resistant, Delay, Patient Pathway Analysis, Treatment Delay