

## ABSTRAK

### ANALISIS *MULTILEVEL* FAKTOR KELUARGA DAN LAYANAN PUSKESMAS TERHADAP KEPATUHAN PENGOBATAN TUBERKULOSIS ANAK DI KOTA METRO

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Tuberkulosis (TB) anak masih menjadi masalah kesehatan masyarakat, dengan kepatuhan pengobatan sebagai faktor penting dalam keberhasilan terapi. Rendahnya kepatuhan pengobatan dapat menyebabkan kegagalan terapi, meningkatkan risiko penularan, serta memicu resistensi obat. Penelitian ini bertujuan menganalisis pengaruh faktor keluarga dan layanan puskesmas terhadap kepatuhan pengobatan TB anak di Kota Metro menggunakan pendekatan *multilevel*. Penelitian ini menggunakan desain kuantitatif dengan pendekatan *cross sectional* pada 118 responden di 11 puskesmas di Kota Metro. Sampel ditentukan menggunakan teknik total sampling. Variabel independen meliputi dukungan orang tua, status ekonomi, efek samping obat, aksesibilitas layanan puskesmas, kompetensi tenaga kesehatan, ketersediaan obat, sistem *follow up* kunjungan rumah, sistem pencatatan pengobatan, serta sistem pengingat jadwal minum obat dan kontrol. Analisis data dilakukan menggunakan uji *chi-square* dan *Generalized Linear Mixed Model* (GLMM). Hasil penelitian menunjukkan bahwa 55,9% anak patuh menjalani pengobatan TB. Analisis *multilevel* menunjukkan bahwa dukungan orang tua dan efek samping obat berpengaruh signifikan terhadap kepatuhan pengobatan TB anak. Anak dengan dukungan orang tua yang kurang memiliki risiko 10,1 kali lebih besar untuk tidak patuh menjalani pengobatan (OR=10,1; 95% CI: 3,5–28,7; *p-value* <0,001). Anak yang mengalami efek samping obat memiliki risiko 9,9 kali lebih besar untuk tidak patuh menjalani pengobatan (OR=9,9; 95% CI: 2,7–36,1; *p-value*=0,001). Faktor layanan puskesmas tidak menunjukkan pengaruh yang signifikan terhadap kepatuhan pengobatan TBC anak (*p-value* >0,05). Nilai *Intraclass Correlation Coefficient* (ICC) sebesar 1,5% menunjukkan bahwa pengaruh konteks puskesmas terhadap variasi kepatuhan pengobatan relatif kecil, sehingga faktor keluarga lebih dominan memengaruhi kepatuhan pengobatan. Kesimpulan penelitian ini menunjukkan bahwa kepatuhan pengobatan TB anak lebih dominan dipengaruhi oleh faktor keluarga, terutama dukungan orang tua dan efek samping obat. Oleh karena itu, diperlukan penguatan peran orang tua dan pengelolaan efek samping obat secara optimal untuk meningkatkan keberhasilan pengobatan TB anak.

**Kata Kunci:** Tuberkulosis anak, kepatuhan pengobatan, faktor keluarga, layanan puskesmas, analisis *multilevel*

## **ABSTRACT**

### **MULTILEVEL ANALYSIS OF FAMILY FACTORS AND PRIMARY HEALTH CENTER SERVICES ON TREATMENT ADHERENCE AMONG CHILDREN WITH TUBERCULOSIS IN METRO CITY**

**By**

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*Childhood tuberculosis (TB) remains a public health problem, with treatment adherence being an important factor in the success of therapy. Poor treatment adherence may lead to treatment failure, increase the risk of transmission, and trigger drug resistance. This study aimed to analyze the influence of family factors and primary health center services on treatment adherence among children with tuberculosis in Metro City using a multilevel approach. This study employed a quantitative design with a cross-sectional approach involving 118 respondents from 11 primary health centers in Metro City. Samples were selected using a total sampling technique. Independent variables included parental support, economic status, drug side effects, accessibility of primary health center services, healthcare workers' competence, drug availability, home visit follow-up system, treatment recording system, and reminder system for medication schedules and follow-up visits. Data analysis was conducted using the chi-square test and the Generalized Linear Mixed Model (GLMM). The results showed that 55.9% of children adhered to TB treatment. Multilevel analysis indicated that parental support and drug side effects had a significant effect on treatment adherence among children with tuberculosis. Children with poor parental support had a 10.1 times greater risk of non-adherence to treatment (OR=10.1; 95% CI: 3.5–28.7; p-value <0.001). Children who experienced drug side effects had a 9.9 times greater risk of non-adherence to treatment (OR=9.9; 95% CI: 2.7–36.1; p-value=0.001). Primary health center service factors did not show a significant effect on treatment adherence among children with tuberculosis (p-value >0.05). The Intraclass Correlation Coefficient (ICC) value of 1.5% indicated that the contextual effect of primary health centers on variations in treatment adherence was relatively small, suggesting that family factors were more dominant in influencing treatment adherence. In conclusion, treatment adherence among children with tuberculosis was more strongly influenced by family factors, particularly parental support and drug side effects. Therefore, strengthening the role of parents and optimizing the management of drug side effects are necessary to improve the success of childhood TB treatment.*

**Keywords:** *childhood tuberculosis, treatment adherence, family factors, primary health center services, multilevel analysis*