

ABSTRAK

EKSPLORASI PENYEBAB RENDAHNYA CAPAIAN PEMBERIAN TERAPI PENCEGAHAN TUBERKULOSIS (TPT) PADA KONTAK SERUMAH DI KABUPATEN PRINGSEWU; STUDI KUALITATIF

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Meskipun capaian notifikasi kasus TB di Kabupaten Pringsewu tahun 2024 telah mencapai 95,3%, cakupan pemberian TPT pada kontak serumah masih rendah, yaitu 4,41%. Kesenjangan ini menunjukkan belum optimalnya pelaksanaan TPT dan mengindikasikan adanya hambatan yang perlu dieksplorasi melalui penelitian kualitatif. Tujuan penelitian mengeksplorasi faktor-faktor yang menjadi hambatan dalam pelaksanaan program TPT di Kabupaten Pringsewu. Penelitian ini menggunakan desain kualitatif dengan pendekatan studi kasus. Total Informan 15 orang yang terdiri dari 9 informan utama kontak serumah pasien TB, 3 kader, dan 3 petugas kesehatan puskesmas di wilayah Kabupaten Pringsewu yang dipilih secara *purposive sampling*. Penelitian dilakukan pada April-Mei 2026. Pengumpulan data dilakukan melalui wawancara mendalam, observasi, dan telaah dokumen. Analisis data menggunakan metode tematik dengan triangulasi sumber. Hasil penelitian menunjukkan terdapat 8 tema utama yang memengaruhi penerimaan TPT, yaitu: (1) persepsi kerentanan terhadap penularan TB, (2) persepsi keparahan penyakit TB, (3) persepsi manfaat TPT, (4) persepsi hambatan dalam penerimaan TPT, (5) isyarat untuk bertindak dalam penerimaan TPT, (6) efikasi diri dalam menjalani TPT, (7) faktor-faktor yang memodifikasi penerimaan atau penolakan TPT, dan (8) perilaku penerimaan atau penolakan TPT pada kontak serumah. Sedangkan hambatan utama penerimaan TPT adalah takut efek samping obat, merasa sehat sehingga tidak membutuhkan obat, lamanya durasi pengobatan, stigma sosial terhadap TB, serta kesulitan akses layanan dan pengambilan obat. Keputusan menerima TPT juga bersifat dinamis dan dapat berubah setelah edukasi berulang. Disimpulkan bahwa penerimaan TPT pada kontak serumah disebabkan oleh faktor individu, sosial, dan sistem layanan kesehatan yang belum optimal. Intervensi yang disarankan adalah penguatan edukasi berbasis keluarga, peningkatan peran kader, penyediaan regimen yang lebih praktis, kemudahan akses obat, serta kolaborasi berkelanjutan antara petugas kesehatan dan masyarakat guna meningkatkan cakupan TPT dan mencegah penularan TB di rumah tangga.

Kata kunci: terapi pencegahan tuberkulosis, kontak serumah, persepsi, kader kesehatan.

ABSTRACT

EXPLORATION OF THE CAUSES OF LOW RESULTS OF TUBERCULOSIS PREVENTION THERAPY (TPT) PROVISION FOR HOUSEHOLD CONTACTS IN PRINGSEWU REGENCY; A QUALITATIVE STUDY

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Although the TB case notification rate in Pringsewu Regency reached 95.3% in 2024, TPT coverage for household contacts remains low, at 4.41%. This gap indicates suboptimal TPT implementation and indicates barriers that need to be explored through qualitative research. This study aims to explore the factors that become obstacles in the implementation of the Tuberculosis Prevention Therapy (TPT) program in Pringsewu Regency. This study uses a qualitative design with a case study approach. A total of 15 informants consisting of 9 main informants who are household contacts of TB patients, 3 cadres, and 3 health center health workers in the Pringsewu Regency area who were selected using purposive sampling. The study was conducted in April-May 2026. Data collection was carried out through in-depth interviews, observations, and document reviews. Data analysis used thematic methods with source triangulation. The results showed that there were 8 main themes that influenced TPT acceptance, namely: (1) perceptions of vulnerability to TB transmission, (2) perceptions of TB disease severity, (3) perceptions of TPT benefits, (4) perceptions of barriers in TPT acceptance, (5) cues to action in TPT acceptance, (6) self-efficacy in undergoing TPT, (7) factors that modify TPT acceptance or rejection, and (8) TPT acceptance or rejection behavior in household contacts. Meanwhile, the main barriers to TPT acceptance are fear of drug side effects, feeling healthy and therefore not needing medication, long treatment duration, social stigma regarding TB, and difficulty accessing services and obtaining medication. The decision to accept TPT is also dynamic and can change after repeated education sessions. It was concluded that TPT acceptance among household contacts is driven by individual and social factors, as well as a suboptimal health care system. Recommended interventions include strengthening family-based education, increasing the role of health workers, providing more practical regimens, facilitating drug access, and ongoing collaboration between health workers and the community to increase TPT coverage and prevent TB transmission in households.

Keywords: tuberculosis preventive therapy, household contacts, perception, health workers