

ABSTRAK

Ketidakpatuhan skrining TB paru pada orang kontak serumah penderita, membuat rendahnya cakupan penjangkaran suspek dan penemuan kasus TB paru. Berdasarkan data laporan Puskesmas Pondok Bahar Kota Tangerang, orang kontak serumah yang tidak patuh melakukan skrining TB ada 62 orang dari 96 rang (65%). Penelitian bertujuan mengetahui gambaran persepsi orang kontak serumah penderita TB paru terhadap ketidakpatuhan skrining di wilayah Puskesmas Pondok Bahar Kota Tangerang

Penelitian ini menggunakan metode kualitatif dengan pendekatan studi kasus. Informan dalam penelitian ini adalah 5 orang kontak serumah yang tidak patuh skrining, 1 orang kader dan 1 orang koordinator TB paru puskesmas Pondok Bahar Kota Tangerang. Variabel yang diteliti adalah persepsi kerentanan, persepsi keseriusan, persepsi motivasi sehat, persepsi kemanfaatan, persepsi hambatan. Pengumpulan data diperoleh melalui wawancara mendalam dari setiap dimensi penelitian, telaah dokumen untuk dimensi persepsi kerentanan, persepsi keseriusan, persepsi kemanfaatan dan observasi untuk dimensi persepsi motivasi sehat, persepsi kemanfaatan, persepsi hambatan. Pengumpulan data dilakukan pada bulan Juli 2022-Agustus 2022. Data diproses melalui reduksi data, penyajian data, dan penarikan kesimpulan, kemudian dilakukan triangulasi menggunakan triangulasi metode dan triangulasi sumber data.

Hasil penelitian menunjukkan pada dimensi kerentanan ketidakpatuhan skrining diduga disebabkan informan utama merasa tidak memiliki keluhan penyakit, dan adanya ketakutan terhadap stigma dari masyarakat. Pada dimensi keseriusan, ketidakpatuhan terhadap skrining diduga disebabkan takut mengetahui jika hasil positif menderita TB paru. Pada dimensi motivasi sehat, ketidakpatuhan skrining diduga disebabkan keadaan perekonomian yang memaksa informan utama untuk bekerja keras sehingga tidak ada waktu untuk melakukan skrining. Pada dimensi kemanfaatan, ketidakpatuhan skrining TB diduga disebabkan informan merasa tidak memiliki keluhan penyakit, sehingga merasa belum perlu melakukan skrining. Pada dimensi hambatan ketidakpatuhan skrining diduga disebabkan hambatan dalam aspek waktu bekerja untuk memenuhi kebutuhan ekonomi, dan tidak adanya keluhan serta takut terhadap hasil skrining jika

dinyatakan positif menderita TB paru. Untuk alasan ini, diharapkan berbagai pihak termasuk masyarakat, keluarga dan petugas kesehatan serta kader mendukung dan memotivasi pemanfaatan skrining TB paru di Puskesmas Pondok Bahar Kota Tangerang

Kata kunci : Persepsi, kerentanan, keseriusan, motivasi, kemanfaatan, hambatan, tuberkulosis

ABSTRACT

Non-compliance with pulmonary TB screening in people living at home with sufferers results in low coverage of suspected screening and coverage of pulmonary TB cases. Based on data from the Pondok Bahar Health Center report, Tangerang City, in 2021 there are 62 out of 96 (65%). The research aims to describe the perceptions of people who have contact with the same household as pulmonary TB for non-compliance with screening in the Pondok Bahar Health Center area, Tangerang City.

This study uses a qualitative method with a case study approach. The informants in this study were 5 household contacts who did not comply with screening cadre and 1 pulmonary TB coordinator at the Pondok Bahar Health Center, Tangerang City. The variables studied were perceived vulnerability, perceived seriousness, perceived healthy motivation, perceived usefulness, and perceived obstacles. The type of data collected is primary qualitative data, namely information obtained through in-depth interviews from each research dimension, document review for the dimensions of perceived vulnerability, perceived seriousness, perceived usefulness and observation for the dimensions of perceived healthy motivation, perceived usefulness, and perceived obstacles. Data collection was carried out in July 2022-August 2022.

The results of the study showed that on the dimensions of vulnerability to non-compliance with screening, it was suspected that the informants felt they had no complaints of disease, and there was fear of stigma from the community. On the seriousness dimension, non-compliance with screening is thought to be caused by the fear of knowing if the positive results have pulmonary TB. In the dimension of healthy motivation, non-compliance with screening is thought to be caused by economic conditions that force key informants to work hard so there is no time to carry out screening. On the usefulness dimension, non-compliance with TB screening is thought to be caused by informants feeling they have no complaints of disease, so they feel they do not need to be screened. On the dimension of barriers to non-compliance with screening, it is thought to be caused by obstacles in the aspect of working time to meet economic needs, and the absence of complaints and fear of screening results if tested positive for pulmonary TB. For this reason, it is hoped that various parties including the

community, families and health workers and cadres will support and motivate the use of pulmonary TB screening at the Pondok Bahar Health Center.

Keywords: Perception, vulnerability, seriousness, motivation, expediency, barriers, tuberculosis