ABSTRAK

Diabetes mellitus tipe 2 ditandai hiperglikemia, akibat kombinasi resistensi terhadap kerja insulin, sekresi insulin yang tidak memadai, dan sekresi glukagon berlebihan. Kepatuhan penggunaan obat antidiabetes diperlukan agar kadar gula darah dan kualitas hidup terjaga. Analisis kepatuhan pasien DM dalam penggunaan obat antidiabetes dengan pendekatan *Health Belief Model* (HBM) pernah dilakukan. Namun demikian hasil – hasil penelitian terdahulu belum konsisten terkait faktor manakah dari konstruk HBM yang paling berpengaruh terhadap perilaku kepatuhan minum obat di kalangan penderita diabetes. Oleh karena itu, penelitian ini bertujuan menganalisis kepatuhan penggunaan obat antidiabetes menggunakan pendekatan HBM.

Penelitian ini merupakan penelitian analitik. Konsep HBM digunakan sebagai alat bantu memprediksikan persepsi responden dan mengidentifikasi persepsi yang paling berpengaruh terhadap perilaku kepatuhan penggunaan obat antidiabetes. Variabel bebas penelitian ini adalah faktor-faktor yang mengacu pada konstruk *Health Belief Model*, meliputi: persepsi kerentanan pasien DM tipe 2 mengalami hiperglikemia apabila tidak patuh menggunakan obatnya, persepsi keparahan penyakit pasien DM tipe 2 apabila tidak patuh menggunakan obatnya, persepsi manfaat berperilaku patuh menggunakan obat antidiabetes, persepsi penghambat untuk patuh menggunakan obat antidiabetes, persepsi pemicu berperilaku patuh menggunakan obat antidiabetes, persepsi kepercayaan diri berperilaku patuh menggunakan obat antidiabetes. Variabel terikatnya adalah kepatuhan penggunaan obat pada pasien DM tipe 2.

Responden penelitian adalah pasien DM tipe 2 rawat jalan di Poliklinik Interna RSU Bali Royal. Jumlah sampel responden 100 orang. Responden direkrut dengan cara *accidental sampling*. Kriteria inklusi adalah pasien dengan diagnosa DM tipe 2 di RSU Bali Royal yang mendapat obat antidiabetika, berusia $\geqslant$ 15 tahun. Kriteria eksklusinya yaitu tidak bersedia berpartisipasi sebagai responden penelitian, pasien dalam keadaan hamil. Instrumen penelitian adalah kuesioner *self-report* menggunakan *Medication Adherence Report Scale* dan kuesioner berdasarkan konstruk HBM. Analisis uji normalitas menggunakan Uji *Kolmogorov-Smirnoff*. Hubungan antar variabel diuji dengan uji *chi- square*. Kontribusi faktor HBM yang berpengaruh terhadap kepatuhan dianalisis menggunakan uji regresi.

Data diperoleh sebagian besar responden berjenis kelamin laki-laki, sebanyak 56%. Rentang umur yang paling banyak menderita DM tipe 2 adalah 55 tahun keatas sebanyak 73%.

Pendidikan responden penderita DM tipe 2 terbanyak adalah PT (Perguruan Tinggi) yaitu 55%. Responden terbanyak dengan lama terdiagnosa 5-10 tahun menderita DM tipe 2, yaitu sebanyak 40%. Kombinasi obat antidiabetes yang paling banyak digunakan adalah 2 kombinasi, yaitu sebanyak 42%.

Dari *self-report* diperoleh sebanyak 78% responden tergolong ketegori patuh menggunakan obat antidiabetes. Responden yang memiliki *perceived susceptibility, severity, barrier, benefit, self-efficacy* dan *cues to action* dalam ketegori tinggi, sebagian besar patuh menggunakan obat antidiabetes. Nilai p-*value chi-square* masing-masing konstruk adalah *perceived susceptibility* 0,000, *perceived severity* 0,001, *perceived barrier* 0,000, *perceived benefit* 0,013, *self-efficacy* 0,001 dan *cues to acion* 0,024. Hasil nilai p-*value* ($p<0,05$) menunjukkan hubungan masing-masing konstruk HBM dengan perilaku kepatuhan menggunakan obat antidiabetes.

Berdasarkan nilai *Nagelkerke R Square* sebesar 58,8%, secara simultan variabel *perceived susceptibility, barrier,* dan *benefit* mempengaruhi perilaku kepatuhan responden menggunakan obat antidiabetes. Variabel paling berkontribusi adalah *perceived barrier* dengan *odds ratio* 60,338, diikuti *perceived susceptibility* dengan *odds rasio* 15,038 dan *perceived benefit odds rasio* 9,039. Berdasarkan hasil disimpulkan *perceived barrier* faktor paling berkontribusi terhadap kepatuhan penggunaan obat antidiabetes.

Kata kunci: Diabetes; *Health Belief Model*; Kepatuhan

ABSTRACT

Type 2 diabetes mellitus is characterized by hyperglycemia, resulting from a combination of resistance to insulin action, inadequate insulin secretion, and excessive glucagon secretion. Adherence with the use of antidiabetic medicines is needed so that blood sugar levels and quality of life are maintained. An analysis of the adherence of DM patients in the use of antidiabetic medicines with the *Health Belief Model* (HBM) approach was carried out. However, the results of previous studies have not been consistent regarding which factors of the HBM construct have the most influence on medication adherence behavior among diabetics. Therefore, this study aims to analyze adherence to the use of antidiabetic drugs using the HBM approach.

This research is an analytical research. The HBM concept is used as a tool to predict respondents' perceptions and identify the perceptions that have the most influence on adherence to antidiabetic medicine use. The independent variables of this study are factors that refer to the *Health Belief Model* construct, including: the perception of the susceptibility of type 2 DM patients to hyperglycemia if they do not adhere to their medication, the perception of the severity of the disease of type 2 DM patients if they do not adhere to their medication, the perception of the benefits of being obedient to using their medication, perceptions of barriers to adherence with antidiabetic medicines, perceptions of triggers for obedient behavior using antidiabetic medicines, perceptions of self-confidence in obedient behavior using antidiabetic drugs. The dependent variable is adherence to medication use in type 2 DM patients.

Research respondents were outpatient type 2 DM patients at the Internal Polyclinic of RSU Bali Royal. The total sample of respondents is 100 people. Respondents were recruited by accidental sampling. Inclusion criteria were patients with a diagnosis of type 2 DM at Bali Royal General Hospital who received antidiabetic drugs $\geqslant$ aged 15 years. The exclusion criteria were not willing to participate as research respondents, the patient was pregnant. The research instrument was a self-report questionnaire using the Medication Adherence Report Scale and a questionnaire based on the HBM construct. Analysis of the normality test using the Kolmogorov-Smirnoff test. The relationship between variables was tested by chi-square test. The contribution of HBM factors that affect compliance were analyzed using regression tests.

The data obtained by most of the respondents are male, as much as 56%. The age range most suffering from type 2 DM is 55 years and over as much as 73%. The education of respondents with type 2 diabetes is mostly PT (University) which is 55%. Most respondents with a diagnosis

of 5-10 years old suffered from type 2 DM, as many as 40%. The most widely used antidiabetic drug combinations were 2 combinations, as many as 42%.

From the self-report, 78% of the respondents were classified as obedient to using antidiabetic medicines. Respondents who have a high category of perceived susceptibility, severity, barrier, benefit, self-efficacy and cues to action, mostly adhere to antidiabetic drugs. The p-value of chi-square for each construct is perceived susceptibility 0.000, perceived severity 0.001, perceived barrier 0.000, perceived benefit 0.013, self-efficacy 0.001 and cues to action 0.024. The results of the p-value ($p<0.05$) showed the relationship of each construct of HBM with adherence behavior using antidiabetic medicines.

Based on the Nagelkerke R Square value of 58.8%, the perceived susceptibility, barrier, and benefit variables simultaneously affect the adherence behavior of respondents using antidiabetic medicines. The most contributing variable is the perceived barrier with an odds ratio of 60,338, followed by perceived susceptibility with an odds ratio of 15.038 and a perceived benefit odds ratio of 9.039. Based on the results, it was concluded that perceived barrier was the most contributing factor to adherence to antidiabetic medicine use.

Keyword: Diabetes, Health Belief Model, Adherence