ABSTRACT

THE INFLUENCE OF HEALTH BELIEF-BASED SELF MANAGEMENT EDUCATION MODEL ON DRUG COMPLIANCE AND CONTROL COMPLIANCE IN PULMONARY TUBERCULOSIS PATIENTS

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Introduction: Non-adherence to treatment of TB patients is caused by the feeling of being bored with taking treatment for too long, the patient's lack of knowledge about pulmonary TB, the distance between the patient's home and public health services, health workers who do not remind the patient when neglecting treatment and there is a perception that treatment at the Puskesmas is not good . This can cause TB sufferers not to complete treatment. **Research objective:** This study aims to analyze the effect of self-management education based on the health belief model on medication adherence and TB patient control compliance at Waru Health Center and Batumarmar Health Center, Pamekasan Regency. **Methods:** this study used a Quasy-Experimental design with a pre post test control group design approach with a total population of 124, a sample of 84 was obtained using a simple random sampling technique. The independent variable is self-management education based on the health belief model, and the dependent variable is medication adherence and control compliance. The research instrument is using a questionnaire. Chi-square test analysis. **Results:** Pulmonary tuberculosis patients at the Waru Health Center before the intervention showed that most of them were non-adherent in taking medication (54.8%), and after the intervention showed that almost all of them were adherent in taking medication (83.3%). Pulmonary tuberculosis patients at the Batumarmar Health Center before the intervention showed that most of them were adherent to taking medication (59.5%), and after the intervention most of them were disobedient in taking medication (54.8%). Pulmonary tuberculosis patients at the Waru Health Center before the intervention showed that most of them were not compliant with the controls (54.8%), and after the intervention, almost all of them were obedient to the controls (85.7%). Pulmonary tuberculosis patients at the Batumarmar Health Center showed that most of them were adherent to controls (54.7%), and after the intervention, most of them were not adherent to controls (85.7%). Based on the results of the chi-square analysis test, it was found to be 0.000 (<0.05) meaning that there was an influence of self-management education based on the health belief model on medication adherence and control adherence in pulmonary tuberculosis patients. **Conclusion:** After carrying out education based on the health belief model in tuberculosis patients, patients can be directed to better behavior, namely adherence to treatment and increased control. This education is an effort that can be carried out by health workers in changing patient behavior and increasing adherence to treatment and routine control.

Keywords: HBM-based SME, medication adherence and control, pulmonary tuberculosis patients