

ABSTRAK

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PENGARUH SOSIAL EKONOMI TERHADAP KEPATUHAN MINUM OBAT PADA PASIEN GAGAL JANTUNG JENIS *HEART FAILURE WITH REDUCED EJECTION FRACTION* (HFrEF) DI RUMAH SAKIT SILOAM LIPPO VILLAGE GEDUNG B DAN SILOAM KELAPA DUA.

Latar Belakang: Status sosial ekonomi mempunyai dampak yang signifikan terhadap kesehatan masyarakat, terutama pada kejadian penyakit jantung. Menurut data yang diperoleh dari RISKESDAS, angka kejadian gagal jantung di Indonesia mengalami peningkatan yang cukup drastis setiap tahunnya. Kepatuhan terhadap pengobatan adalah salah satu intervensi paling efektif untuk mengurangi angka kematian dan meningkatkan kelangsungan hidup pasien gagal jantung.

Tujuan Penelitian: Untuk mengetahui apakah status sosial ekonomi pasien HFrEF mempengaruhi kepatuhan pasien terhadap pengobatan yang diresepkan di Rumah Sakit Siloam Lippo Village Gedung B dan Rumah Sakit Siloam Kelapa Dua.

Metode: Penelitian ini menggunakan desain studi cross-sectional. Penelitian ini memperoleh 145 responden pasien HFrEF dan dipilih berdasarkan kriteria penelitian dengan menggunakan purposive sampling. Penelitian ini dilakukan dengan menyebarkan kuesioner MMAS-8 dan beberapa pertanyaan tentang faktor sosial ekonomi, yang akan diklasifikasikan menggunakan *kuppuswamy social economic scale*, kepada responden.

Hasil: Dari 145 responden, terdapat 53 responden (84,1%) tergolong golongan atas-menengah dengan kepatuhan sedang-tinggi, 10 responden (15,9%) tergolong golongan atas-menengah dengan kepatuhan rendah, 63 responden (76,8%) tergolong golongan bawah menengah atas-bawah dengan kepatuhan sedang-tinggi, dan 19 responden (23,2%) tergolong golongan bawah menengah atas-bawah dengan kepatuhan rendah.

Kesimpulan: Tidak terdapat pengaruh yang signifikan antara status sosial ekonomi pasien HFrEF dengan kepatuhan minum obat terhadap pengobatan gagal jantung di Rumah Sakit Siloam Lippo Village Gedung B dan Siloam Kelapa Dua (p -value=0,379 dan OR=1,598).

Kata Kunci: tingkatan social ekonomi, kepatuhan minum obat, *heart failure with reduced ejection fraction* (HFrEF), *kuppuswamy social economic scale*, MMAS-8.

ABSTRACT

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THE INFLUENCE OF SOCIOECONOMIC STATUS ON MEDICATION ADHERENCE IN PATIENTS WITH HEART FAILURE WITH REDUCED EJECTION FRACTION AT SILOAM HOSPITAL LIPPO VILAGE BUILDING B AND SILOAM HOSPITAL KELAPA DUA.

Background: *Socioeconomic status has a significant impact on public health, especially in the incidence of heart disease. According to data obtained from RISKESDAS, the incidence of heart failure in Indonesia has increased quite drastically each year based. Adherence to medication is one of the most effective intervention to reduce the mortality rates and improve the survival outcomes in heart failure patients.*

Objective: *To acknowledge whether the socioeconomic status of heart failure with reduced ejection fraction (HFrEF) patients affects their adherence to the medications that has been prescribed at Siloam Hospital Lippo Village Building B and Siloam Hospital Kelapa Dua.*

Method: *This research used a cross-sectional study design. This research obtained 145 respondents of HFrEF patients and have been selected based on the research criteria using a purposive sampling. This research conducted by distributing a questionnaire containing MMAS-8 questions and few questions about socioeconomic factors, which will be classified using the kuppuswamy social economic scale, to the respondents.*

Results: *Out of 145 respondents, there were 53 respondents (84,1%) classified as upper to middle class with middle to high adherence, 10 respondents (15,9%) classified as upper to middle class with low adherence, 63 respondents (76,8%) classified as upper lower to lower class with middle to high adherence, and 19 respondents (23,2%) classified as upper lower to lower class with low adherence.*

Conclusion: *There is no significant influence between the socioeconomic status of HFrEF patients and their adherence to the heart failure medications at Siloam Hospital Lippo Village Building B and Siloam Kelapa Dua (p -value=0,379 and OR=1,598).*

Keywords: *Socioeconomic status, medication adherence, heart failure with reduced ejection fraction (HFrEF), kuppuswamy social economic scale, MMAS-8.*