

# PERCEIVED HEALTH SERVICE, QUALITY OF CARE, AND MULTIDRUG RESISTENT TUBERCULOSIS: A CASE-CONTROL STUDY IN CENTRAL JAVA, INDONESIA

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## ABSTRACT

**Background:** Tuberculosis (TB) remains a leading cause of morbidity and mortality in developing countries, including Indonesia. Drug resistance, in combination with other factors, results in even more increased morbidity and mortality due to tuberculosis. Globally, there were about 0.5 million cases of multidrug-resistant tuberculosis (MDR-TB). The WHO reported an alarming rise of not only MDR-TB but also of extreme drug-resistant tuberculosis (XDR-TB) globally. This study aimed to determine the associations of perceived health care behavior and perceived quality of care with MDR-TB in Central Java, Indonesia.

**Subjects and Method:** This was a case-control study conducted in Surakarta, Central Java, Indonesia, from August 2017 to January 2018. A sample of 309 subjects was selected for this study, consisting of 81 MDR-TB cases and 228 non MDR-TB controls. The dependent variable was MDR-TB. The independent variables were perceived health provider behavior and perceived quality of care. MDR-TB data were obtained from medical record. The other variables were collected by questionnaire. The data were analyzed by a multiple logistic regression.

**Results:** The risk of MDR-TB increased with unfavorable perceived provider behavior (OR= 2.80; 95% CI= 1.64 to 5.09; p<0.001) and perceived poor quality of health service (OR= 1.90; 95% CI= 1.15 to 3.37; p= 0.013) received by the patients.

**Conclusion:** The risk of MDR-TB is associated with unfavorable perceived provider behavior and perceived poor quality of health service received by the patients.

**Keywords:** perceived provider behavior, perceived quality of health service, MDR-TB

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