

## ABSTRAK

**Latar Belakang:** Proporsi pneumonia tertinggi ada pada kelompok usia balita. Namun, fasilitas kesehatan tingkat pertama (FKTP) masih menghadapi tantangan dalam mendiagnosis dan memberi terapi antibiotik pneumonia balita. Pelatihan dapat meningkatkan pengetahuan dan sikap petugas kesehatan. Dalam penelitian sebelumnya, masih didapatkan akurasi yang kurang pada diagnosis dan terapi antibiotik pneumonia balita sebelum pelatihan di beberapa FKTP.

**Tujuan:** Penelitian ini diperlukan untuk menilai akurasi diagnosis dan terapi antibiotik pneumonia balita setelah pelatihan.

**Metode:** Penelitian ini merupakan studi *cross-sectional* di dua Puskesmas. Data sebelum pelatihan diambil dari data penelitian yang telah dilakukan pada periode sebelum pelatihan, sedangkan data setelah pelatihan diambil dari data rekam medis 1 tahun setelah pelatihan dengan teknik *simple random sampling*. Analisis bivariat dilakukan menggunakan *Chi-square* atau *Fisher's exact test* menggunakan perangkat lunak SPSS versi 27.

**Hasil:** Didapatkan peningkatan ketepatan diagnosis ( $p=0,021$ ), ketepatan indikasi antibiotik ( $p=0,245$ ), dan ketepatan dosis harian antibiotik ( $p<0,001$ ) pada Puskesmas 1 setelah pelatihan. Sebaliknya, terjadi penurunan ketepatan jenis antibiotik ( $p=0,225$ ). Di Puskesmas 2, terjadi peningkatan ketepatan diagnosis ( $p<0,001$ ) dan ketepatan indikasi antibiotik ( $p=0,007$ ). Tidak terdapat perubahan ketepatan jenis dan ketepatan dosis harian antibiotik di Puskesmas 2 sebelum dan setelah pelatihan dimana seluruh kasus pneumonia yang mendapat antibiotik diberi antibiotik dengan jenis yang tepat dan dosis yang kurang (*underdosis*).

**Simpulan:** Pelatihan dapat meningkatkan akurasi diagnosis dan beberapa aspek terapi antibiotik pneumonia pada balita di Puskesmas.

**Kata kunci:** pelatihan, diagnosis, antibiotik, pneumonia, balita, Puskesmas

## ABSTRACT

**Background:** Toddler group has the highest proportion of pneumonia. However, many challenges exist in primary healthcare to accurately diagnose and treat toddler pneumonia. Training was found to be able to improve the knowledge and attitudes of health workers. In the previous study, inaccuracy in the diagnosis and antibiotic therapy of toddler pneumonia was found before training in several primary healthcare.

**Objectives:** This study is needed to assess the accuracy of diagnosis and antibiotic therapy for toddler pneumonia after training. This study was a case-control study in two Community Health Centers (Puskesmas).

**Methods:** This study was a cross-sectional study conducted at two community health centers (Puskesmas). Pre-training data were taken from research conducted in the period before the training, while post-training data were taken from medical records one year after the training using a simple random sampling technique. Bivariate analysis was performed using the Chi-square or Fisher's exact test using SPSS version 27 software.

**Result:** There was an increase in diagnostic accuracy ( $p=0.021$ ), antibiotic indication accuracy ( $p=0.245$ ), and daily antibiotic dosage accuracy ( $p<0.001$ ) at Community Health Center 1 after the training. Conversely, there was a decrease in antibiotic type accuracy ( $p=0.225$ ). At Community Health Center 2, there was an increase in diagnostic accuracy ( $p<0.001$ ) and antibiotic indication accuracy ( $p=0.007$ ). There was no change in antibiotic type accuracy and daily antibiotic dosage accuracy at Community Health Center 2 before and after the training, where all pneumonia cases receiving antibiotics were given the correct type of antibiotic and underdose.

**Conclusion:** Training can improve the accuracy of diagnosis and some aspects of antibiotic therapy for pneumonia in toddlers at the Community Health Center.

**Keywords:** training, diagnosis, antibiotic, pneumonia, toddler, community health center