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The 2nd Joint International Conferences | <http://proceeding.tenjic.org/jic2> | ISBN: 978-602-5842-03-0 411 Drug-Inducing Behavior Toward Decreased Symptoms in Pulmonary Tuberculosis in Pulmonary Poly in Dr. Soeroto Public Hospital Ngawi Amarin Yudhanaa,1,\* , Emi Dwi Rahayub a Lecturer of Nursing Science Program of Stikes Surya Mitra Husada b Student of Nursing Science Program of Stikes Surya Mitra Husada 1 amarinyudhanae8@gmail.com\* \* Corresponding author I.

INTRODUCTION Pulmonary Tuberculosis is a chronic pulmonary infection disease caused by *Mycobacterium tuberculosis*. This disease has long been recognized by society. It is estimated that about one-third of the world's population has been infected with *Mycobacterium tuberculosis*. Tuberculosis (TB) is a serious health issue today in the world especially in developing countries.

Given the importance of TB, in 1993 the WHO has launched a Global Emergency against TB disease, as it is estimated that one-third of the world's population has been infected with TB and 8 million have shown symptoms of illness with the deaths of about 3 million people per year (MOH, 2010). High dropout rates, inadequate treatment, and resistance to OAT are obstacles in the treatment of pulmonary TB.

In 2014 data from the World Health Organization show Indonesia is ranked third in the world after China and India (Nizar, 2014). Every year, cases of tuberculosis in Indonesia increase 25%, and about 140,000 occur death (Dewi sandina, 2015) Tuberculosis case data from health research base / Riskesdas 2015 WHO mention prevalence of national tuberculosis 725 / 100.000 population.

The results also showed that 12 provinces had tuberculosis prevalence above national

figures including East Java 0.937 or 937 / 100.000 population / year. Data of Ngawi district health service profile in 2014 data of tuberculosis patients as many as 3,869 patients based on reports from health centers in A B S T R A C T Keywords:

Drug-inducing behavior Decreasing pulmonary TB symptoms Pulmonary tuberculosis patients Tuberculosis is a contagious infectious disease caused by the Mycobacterium tuberculosis bacillus. Most TB germs attack the lungs, but can also affect other organs.

The purpose of this study is to analyze whether there is Influence of Drug-inducing behavior toward decreased symptoms in Pulmonary Tuberculosis in Pulmonary Poly In Dr Soeroto Public Hospital Ngawi. The design of this research is correlation analytical research with Retrospection approach. The Patient Posture of old lung patients who check in Lung Poly In Dr Soeroto Public Hospital Ngawi for 1 week with 35 respondents sample by Pure sampling.

Data collection used questioner then analyzed with Contingency Coefficient Test. The Results of the study of Drug-inducing behavior in the routine category were 20 respondents (57.1%), while decreasing symptoms of pulmonary tuberculosis in the category reduced by 20 respondents (57.1%) and there was influence of Drug-inducing behavior on the decrease of symptoms of TB disease in Pulmonary Poly In Dr Soeroto Public Hospital Ngawi.

(Contingency coefficient) with (p value = 0.014 < 0.05) H1 is ceted. Successful treatment of pulmonary tuberculosis is also determined from the medication behavior of the patient. If people with TB Lung regularly take the drugs most likely succeed, vice versa.

Copyright © 2018 Joint International Conference All rights reserved The 2nd Joint International Conferences | <http://proceeding.tenjic.org/jic2> | ISBN: 978-602-5842-03-0 Vol. 2, No. 2, July 2018, pp. 411-419 412 the work area of Ngawi district as many as 3,486 people with TB, In Dr Soeroto Public Hospital Ngawi as many as 316 TB sufferers.

Figures for positive BTA Ngawi district findings based on the results of the prevalence survey is 107 / 100.000 population, but in hospitals dr Soeroto Ngawi positive patients BTA 110 / 100.000 population still exceeds the number of positive BTA findings. Data TB patients in in Pulmonary Poly In Dr Soeroto Public Hospital Ngawi in 2015 298 patients and in 2016 TB patients amounted to 321 patients.

The main cause of tuberculosis diseases other than tuberculosis bacteria are many other factors that influence such as individual characteristic spit throwing behavior and drug adherence, can increase the incidence of tuberculosis cases. Since 1995 the government has provided an effective drug alloy to kill tuberculosis germs in a relatively short time

of about six months for free with the application of the Drug Observer (DOTS) or the Directly Observed Treatment Short course (WHO, 2010).

Although alloys used are the best, but if the patient does not get treatment regularly or does not meet the period of treatment, then generally the treatment will disappoint (Aditama, 2014). The goal of TB treatment is not only to provide sufficient medication to patients with pulmonary tuberculosis, but also to undertake all efforts to ensure adequate dosage of drugs and to maintain the regularity of taking medication within the prescribed treatment period (Aditama, 2014).

Based on the above data, shows that tuberculosis disease has a high risk of death in Indonesia, the government issued a policy in the prevention of tuberculosis through the provision of anti-tuberculosis drugs (OAT). This policy is in line with the WHO recommendation of the use of anti-tuberculosis drugs (OAT) in the strategy (Directly Observed Treatment Short course DOTS aims to reduce the spread of pulmonary TB disease.

The DOTS strategy consists of five components: the government's commitment to maintain control of pulmonary tuberculosis, the detection of pulmonary tuberculosis cases among people with symptoms of sputum examination, regular treatment for 6-8 month of supervision, routine and uninterrupted TB drug supply, and reporting system for monitoring and evaluation of treatment and program developments (PNPT, 2014). Based on the Basic Health Research (RISKESDAS) in 2010, it found 19.3% of patients with pulmonary tuberculosis who are not obedient in taking medicine.

The results of the research and the baseline with the research conducted by Gendhis who got the results that there are people with pulmonary tuberculosis failed to undergo a complete and regular treatment, the situation is influenced by several factors, but the most plays a role is the non-compliance of patients in undergoing treatment. Compliance is very important in a healthy lifestyle. Compliance with taking anti-tuberculosis medication is to consume prescribed and prescribed medicines.

Treatment will be effective if the patient obediently in consumption. According to the Ministry of Health of the Republic of Indonesia that the cause of failure of pulmonary tuberculosis patients one of them is patient compliance in treatment. Besides non-compliance, other problems of lung TB treatment are a long time of 6 -8 months.

Therefore, if the patient is not appropriate to take medication or drop out of treatment, it will lead to the occurrence of double immune germs tuberculosis TB against anti tuberculosis drug. Ultimately for the treatment is high cost and expensive and a

relatively long time. Factors that affect patient compliance behavior in taking medication are predisposing factors include knowledge, beliefs, beliefs, values, and attitudes.

Enabling factors include availability means or health facilities and reinfactoring factors i.e. family support and health officer attitudes. The above statement relates to research conducted by Budiman that the number of irregularities or compliance to treatment will cause the effect of not achieving the cure rate, so that efforts in improving the compliance of treatment is a priority issue in P2TB (Tuberculosis Control Program) because the failure of TB disease cure one of them caused by the non-compliance of patients.

Behavior of TB patients in medication adherence can reduce the symptoms of TB disease and speed healing, otherwise if the patient does not obedience will cause more severe symptoms in. Symptoms of TB disease include: respiratory symptoms, systemic symptoms, physical examination and radiological examination. Respiratory symptoms include 2 weeks cough, coughing up blood, shortness of breath, and chest pain whereas systemic symptoms include fever, malaise, night sweats, anorexia and decreased body weight.

Physical examination using sputum take 3 times: when, morning, when and the result is positive if 3 positive or 2 times positive, 1 negative time, when the third negative check means the result is negative. In Radiologic examination there are images of lesions in the lung field (PNPT, 2014). The 2nd Joint International Conferences | <http://proceeding.tenjic.org/jic2> | ISBN: 978-602-5842-03-0 Vol. 2, No. 2, July 2018, pp.

411-419 413 Researchers are interested to conduct this research because the success of TB treatment is also determined from the lung behavior of the patient. If the patient with TB Lung regularly takes the drugs most likely succeed, vice versa. Based on the results of interviews on 10 patients with pulmonary tuberculosis control in Poly Lung In Dr Soeroto Public Hospital Ngawi obtained results 8 patients do not routinely take medicine. Whereas from 10 patients already have PMO (Drug Supervisor) at home.

Of 8 non-routine pulmonary TB patients, 5 patients admitted that when the drug was prepared by the family the patient kept it under a pillow and then discarded because he was saturated with taking a long and unhealthy drug. Behavior of tuberculosis patients in taking medicine is influenced from the knowledge, attitudes and actions performed by the patient.

Therefore, the authors want to examine the behavior of taking drugs against the reduction of symptoms of TB disease in patients with Lung TB in Dr Soeroto Public

Hospital Ngawi. II. MATERIALS DAB METHOD The design of this research is correlation analytical research with Retrospectional approach. The Patient Posture of old lung patients who check in Lung Poly Lung In Dr Soeroto Public Hospital Ngawi for 1 week with 35 respondents sample by Pure sampling.

Data collection using questioner then analyzed with Contingency Coefficient Test. Independent variable in this research is medicinal behavior of lung TB patient while the dependent variable is decrease of pulmonary TB symptoms. The 2nd Joint International Conferences | <http://proceeding.tenjic.org/jic2> | ISBN: 978-602-5842-03-0 Vol. 2, No. 2, July 2018, pp. 411-419 414 III.

RESEARCH RESULT Subjective Characteristics Table 1 characteristics of respondents in this study include age, sex, education, employment. No Characteristics N % Ages 1 < 20 6 17,1 21 – – – Gender Male 21 60 Female 14 40 3 Occupation Farmer 15 42,9 Private 13 37,1 Civil Servant 4 11,4 ARMY / POLICE 3 8,6 4 EDUCATION NO SCHOOLING 6 17,1 ELEMENTARY SCHOOL 11 31,4 SECONDARY SCHOOL 14 40 SENIOR HIGH SCHOOL 3 8,6 UNIVERSITY 1 2,9 5 DRUG-INDUCING BEHAVIOUR Routine 20 57,1 Drop out 15 42,9 6 Decrease in Pulmonary TB Symptoms Decrease 19 54,3 Remain 16 45,7 Total 35 100 Source: Data Analysis Results 2017 Based on table 1 above from the total of 37 respondents who are > 50 years old > 9 respondents (25,7%), male gender are 21 respondents (60%), work as farmers, 15 respondents (42,9%), last education junior, 14 respondents (40%), the medication-taking behavior routinely 20 respondents (57.1%), decreased symptoms of Pulmonary TB in the category of decreased 19 respondents (54.3%).

Table 2 statistic test results of routine drug taking behavior can decrease symptoms of TB disease in TB patients In Dr Soeroto Public Hospital Ngawi on 1 - 31 Mei 2017 The 2nd Joint International Conferences | <http://proceeding.tenjic.org/jic2> | ISBN: 978-602-5842-03-0 Vol. 2, No. 2, July 2018, pp. 411-419 415 Symmetric Measures Value Approx. Sig. Nominal by Nominal Contingency Coefficient .385 .014 N of Valid Cases 35 Based on table 2 statistical test results of drug taking behavior on pulmonary TB symptoms in Pulmonary TB patients is significant at the 0.05 level.

aim ue = so hatp ue th1 ptwhimear utine drug taking behavior can decrease symptom of TB disease in patient of TB In Dr Soeroto Public Hospital Ngawi. IV. DISCUSSION Drug taking behavior of TB Patients In Dr Soeroto Public Hospital Ngawi Drug taking behavior of TB Patients In RSUD Dr Soeroto Ngawi showed that most respondents were 20 respondents (57.1%) of 35 respondents of routine medication behavior.

This is caused by almost half of respondents aged 21-30 years ie 5 respondents (15.3%).

According to Riskesdas (2014) middle age is 21 - 50 years where someone in the age range is susceptible to TB disease, other than that in middle age someone will tend to be more active in social interaction so exposure to TB infection will be bigger too.

In middle age a person is more receptive to information than an elderly person, so in middle age TB patients are more routine in taking medication so that according to this study most of the respondents drinking medicine **behavior in the routine category**. Drug Behavior Drugs of TB Patients In RSUD Dr. Soeroto Ngawi, in the routine category almost half of respondents are 12 respondents (34.3%) are male.

According to Riskesdas (2014), the prevalence **of pulmonary TB in** males is 20% higher than women. According to Riskesdas (2014), the prevalence **of pulmonary TB in** men is 20% higher than for women. This is **in accordance with the results of the study of** 35 respondents, most respondents i.e. 21 respondents (60%) male sex.

The results of the research showed that most people in the age range are susceptible to TB disease, besides that in middle age one will tend to be more active in social interaction so that the exposure to TB infection will be bigger also. Based on the results of behavioral study of tuberculosis patients in RSUD dr Soeroto ngawi almost half of respondents educated from Secondary School 10 respondents (28.6%). The age distribution of respondents indicates that all respondents are over 20 years old, in which they are human beings entering the age of adulthood.

The maturity level owned by the respondent has an impact on the respondent's ability to analyze or think of the treatment action that is being done. **The distribution of the** respondent's education level shows that most of them have a good level of education, namely **junior and senior high** school. The level of education helps respondents in understanding the importance **of pulmonary tuberculosis treatment** including the procedure of treatment.

Respondents' knowledge about pulmonary TB treatment helps respondents to be obedient in the treatment of pulmonary TB and prevent the occurrence of transmission to others. According to Wawan and Dewi, (2010) education can affect a person as well as a person's behavior of lifestyle especially in motivating for attitudes and roles in the field of development. in general, the higher the level of education a person more easily receive information.

Education is a guidance that is given to someone from others **in order to understand** something. Undeniably the higher the education the easier one receives the information and ultimately the more knowledge. Drug self- meng eturto pent's suititwith svce r's



mandatirelatto he me, frequency of treatment during the recommended treatment period.

Not routinely taking [The 2nd Joint International Conferences | http://proceeding.tenjic.org/jic2](http://proceeding.tenjic.org/jic2) | ISBN: 978-602-5842-03-0 Vol. 2, No. 2, July 2018, pp. 411-419 416 medication, not only interpreted as not taking medication, but can either vomit drugs or take the drug at doses is incorrect resulting in Multi Drug Resistance (MDR) Drug behavior is differentiated into routine and not routine.

It is said routine if in this state the patient not only regularly treated according to the time limit set but also routinely taking the drug regularly according to the instructions and said not routine (drop out) if the patient who dropped out or did not use drugs at all. Regularly taking medication and otherwise recovered will have an increased appetite, resulting in healthier body condition and weight in normal limits.

Decreased [Symptoms of TB Disease In TB Patients In Dr Soeroto Public Hospital Ngawi](#) Decreasing [Symptoms of TB Disease in Tuberculosis In RSUD Dr. Soeroto Ngawi](#) showed that most respondents [were 20 respondents \(57.1%\)](#) of 35 respondents had decreased symptoms [of Pulmonary TB in](#) the reduced category. This is because most of the respondents drank the drug [behavior in the routine](#) category.

According to Aditama (2014), although alloys used are the best, but if the patient does not get regular treatment or does not meet the period of treatment, then generally treatment results will be disappointing. According to PNPT (2014), the behavior of TB patients in medication adherence can decrease the [symptoms of TB disease](#) and accelerate healing, otherwise [if the patient is](#) not obedient will cause the more severe symptoms are caused.

Symptoms of TB disease include: respiratory symptoms, systemic symptoms, physical examination and radiological examination. Respiratory symptoms include 2 weeks cough, coughing up blood, [shortness of breath, and](#) chest pain whereas systemic symptoms include fever, malaise, night sweats, anorexia and decreased body weight.

Physical examination using sputum take 3 times: when, morning, when and the result is positive if 3 positive or 2 times positive, 1 negative time, when the third negative check means the result is negative. In Radiologic examination there are images of lesions in the lung field. The success of the pulmonary TB treatment process is characterized by the absence of pulmonary tuberculosis symptoms and [the results of laboratory examination \(BTA\) after 6 months of](#) treatment.

The high success of pulmonary TB treatment that patients undergo is influenced by several factors, such as age factor and patient education level. The age distribution of respondents indicates that all respondents are over 20 years old, in which they are human beings entering the age of adulthood. The maturity level owned by the respondent has an impact on the respondent's ability to analyze or think about the treatment action he is working on.

Distribution of education level of respondents shows most have good education level that is junior high and high school. The level of education helps respondents in understanding the importance of pulmonary tuberculosis treatment including the procedure of treatment. The respondents' knowledge about the treatment of pulmonary tuberculosis helps the respondents to be obedient in the treatment of pulmonary TB.

The success of pulmonary TB treatment is influenced by sufficient knowledge of patients with pulmonary TB disease. Those are how to treat and harm due to inadequate treatment, how to maintain good body condition with nutritious food. Just rest, live regularly and do not drink alcohol or smoke, how to maintain personal hygiene and environment by not throwing sputum carelessly, when coughing mouth with a handkerchief, window house big enough to get more sun, no need to feel inferior or contemptible because pulmonary TB is a common infectious disease and can be cured if treated properly and awareness and desire of the patient to heal.

The Effect of Drinking Behavior of Drugs on the Decrease of Symptoms of TB Disease in TB Patients In Dr Soeroto Public Hospital Ngawi The Effect of Drinking Behavior of Drugs on the Decrease of Symptoms of TB Disease in Tuberculosis Patients In Dr Soeroto Public Hospital Ngawi showed that almost half of respondents, 15 respondents (42.9%) of routine medication behavior and decreased symptoms of Pulmonary TB in the reduced category. The 2nd Joint International Conferences | <http://proceeding.tenjic.org/jic2> | ISBN: 978-602-5842-03-0 Vol. 2, No. 2, July 2018, pp.

411-419 417 Based on the result of cross tabulation between two variables obtained 4 respondents (11,4%) drug taking behavior in dropout category has decreased symptoms of Pulmonary TB in reduced category. According to Dep Kes RI, 2010 TB patients who regularly take medication will definitely experience recovery or success in the treatment.

However, in this study the respondents who dropped out can experience healing, this is because respondents have not completely treatment for 6 months, and do not take the medicine only sometimes for forgetting, whereas based on the symptoms of respondents experienced a decrease in symptoms with negative smear examination results and radiology examination is not found lesions.



The evaluation of BTA and Radiology examination was performed by the physician according to the condition of the patient even though they had not finished the treatment for 6 months. Based on the result of drug consumption behavior test on decreasing symptoms of Pulmonary TB patients at Calungtung Coefficient 0,05.  $\alpha = 0,05$  so that we can conclude there is influence of drug taking behavior to decrease symptom of TB disease in patient of TB In Dr Soeroto Public Hospital Ngawi.

This proves that the behavior of Pulmonary TB patients influences the decrease of symptoms of pulmonary TB disease or recovery from this disease. The results of research with the research conducted by Gendhis who got the result that there are patients with pulmonary tuberculosis failed to undergo a complete and regular treatment, the situation is influenced by several factors, but the most played a role is the behavior of patients in undergoing treatment.

Routine is very important in a healthy lifestyle. The routine of taking anti-tuberculosis medication is to consume the prescribed medicines and the prescribed doctors. Treatment will be effective if the patient routinely in taking it. According to the Ministry of Health that the cause of failure of pulmonary tuberculosis patients one of them is the behavior of patients in the treatment.

In addition to behavior, other problems of pulmonary TB treatment are a long time of 6-8 months. Therefore, if the patient is not appropriate to take medication or drop out of treatment, it will lead to the occurrence of double immunity of lung TB germs against anti tuberculosis drugs. The success of pulmonary TB treatment is influenced by sufficient knowledge of patients with pulmonary TB disease.

Those are how to treatment and harm due to inadequate treatment, how to maintain good body condition with nutritious food. Just rest, live regularly and do not drink alcohol or smoke, how to maintain personal hygiene and environment by not throwing sputum carelessly, when coughing mouth with a handkerchief, window house big enough to get more sun, no need to feel inferior or contemptible because pulmonary TB is a common infectious disease and can be cured if treated properly and awareness and desire of the patient to heal.

Based on the results of research there are 5 respondents who have routine drug taking behavior but still feel no decrease symptoms or symptoms of TB disease is still fixed, after the cause was explored by the researchers obtained that the existence of psychological factors of patients or respondents who are always tired symptoms of TB disease or feel not reduced symptoms.

Based on the results of the overall research it is known that drug taking behavior has an effect on the decrease of symptoms of TB disease in TB patients In Dr Soeroto Public Hospital Ngawi in May 2017. V. CONCLUSIONS AND RECOMMENDATIONS Conclusion 1. The results showed that of 35 respondents studied, 20 respondents (57.1%) of routine drug- taking behavior. 2. The results showed that of 35 respondents studied, 20 respondents (57.1%) of decreased pulmonary TB symptoms in the reduced category. 3.

Routine drug-taking behavior can reduce symptoms of TB disease In Tuberculosis patients In Dr Soeroto Public Hospital Ngawi with statistical test results Contingency Coefficient value  $p$  value = 0.014. The 2nd Joint International Conferences | <http://proceeding.tenjic.org/jic2> | ISBN: 978-602-5842-03-0 Vol. 2, No. 2, July 2018, pp. 411-419 418 Suggestion 1.

For the profession As a nurse, modification of education every time the meeting with the patient through both print and electronic media around the patient waiting room is highly recommended, because the possibility of negligence and forgetting is not small. 2. For hospital institutions Evaluation of any patient indicated for dropping of the drug is done so that the infection can be cured.

It could be by visiting the patient's home according to the address recorded in hospital medical record. 3. For the next researcher It can be done research on the existence of factors - factors that cause drop out of taking medication at patient Pulmonary TB, among others, treatment of pulmonary tuberculosis that takes a long time and saturate. VI. BIBLIOGRAPHY [1] Aditama. (2014). Dasar – dasar Ilmu Penyakit Paru : Tuberkulosis Paru.

Surabaya : Airlangga Univesity Press. [2] Amin. (2007). Pengobatan Tuberkulosis Paru dalam Buku Ajar Ilmu Penyakit Dalam. Edisi V. Jakarta : PPIPD FKUI. [3] Arikunto, S. (2014). Prosedur Penelitian : Suatu Pendekatan Praktek. Edisi Revisi V. Jakarta : Rineka Cipta [4] Girg.21) Tuberkulosis Paru ".( <http://www.tabloidnakita.com>). Diakses tanggal 1 Januari 2017. [5] Harisa. (2009). Hubungan Kondisi Rumah dengan Penyakit TB Paru di Gunung Kidul. Tesis. Yogyakarta : Universitas Gajah Mada.

[6] Hidayat, A. (2007). Riset Keperawatan dan Teknik Penulisan Ilmiah. Jakarta : Salemba Medika. (2012). Pengantar Konsep Dasar Keperawatan. Jakarta : Salemba Medika [7] Murtiwi.(2010). Keberadaan PMO Pasien TB Paru di Indonesia. Tesis. Yogyakarta : Universitas Gajah Mada. [8] Niza.214." Penanganan Tuberkulosis Paru ".( <http://www.blogspot.com>). Diakses tanggal 1 Januari 2017 [9] Notoatmodjo, S. (2012). Promosi kesehatan teori dan aplikasi.

Jakarta : Rineka Cipta [10] Notoatmodjo, S. (2008). Metodologi Penelitian. Ciawi :Ghalia Indonesia. [11] Nursalam. (2008). Konsep Dan Penerapan Metodologi Penelitian Ilmu Keperawatan : Pedoman Skripsi, Tesis, Dan Instrument Penelitian Keperawatan. Jakarta : Salemba Medika [12] Pmatasar21) Ilmu Penyakit Dalam ".( <http://www.blogspot.com>). Diakses tanggal 5 Januari 2017 [13] Potter, P.A. (2012).

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Jogjakarta : Mitra Cendikia Press [18] Rohmah, N. (2009). Proses Keperawatan : Teori dan aplikasi. Jogjakarta : Ar-Ruzz Media [19] Sandina, Dewi. (2015). "MikroioigKedktera ".( <http://www.blogspot.com>). Diakses tanggal 5 Januari 2017 [20] Soesanto, W. (2008).Biostatistik Penelitian Kesehatan. Surabaya : Perc. Duatujuh [21] Sugiono. (2008). Statistik Untuk Penelitian. Bandung : CV Alfabeta. (2011). Metode Penelitian Kuantittif , Kualitatif dan R & D.

Bandung : Alfabeta [22] Suharso. (2009). Kamus Besar Bahasa Indonesia. Semarang : CV Widya Karya [23] Susetyo.(2011). Hubungan Pengetahuan tentang Penyakit TB Paru dengan Kecemasan Pada Penderita TB Paru.Tesis. Yogyakarta : Universitas Gajah Mada.

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