DAFTAR PUSTAKA

Adinda Mega Putri, Imam Thohari, & Ernita Sari. (2022). Kondisi Fisik Rumah (Jenis Dinding, Jenis Lantai, Pencahayaan, Kelembaban, Ventilasi, Suhu, Dan Kepadatan Hunian) Mempengaruhi Kejadian Penyakit Tuberkulosis Di Wilayah Kerja Puskesmas Krian Sidoarjo Tahun 2021. *Gema Lingkungan Kesehatan*, *20*(1), 22–28. https://doi.org/10.36568/gelinkes.v20i1.5

Aditama, W., Sitepu, F. Y., & Saputra, R. (2019). Relationship between Physical Condition of House Environment and the Incidence of Pulmonary Tuberculosis, Aceh, Indonesia. *International Journal of Science and Healthcare Research*, *4*(1), 227–231.

Aguilar, J. P., Arriaga, M. B., Rodas, M. N., & Martins Netto, E. (2019). Smoking and Pulmonary Tuberculosis Treatment Failure: a Case-Control Study. *Jornal Brasileiro de Pneumologia : Publicacao Oficial Da Sociedade Brasileira de Pneumologia e Tisilogia*, *45*(2), e20180359. https://doi.org/10.1590/1806-3713/e20180359

Aisyah Apriliciciliana Aryani, Fernanda Lintang Kusuma Wardani, & Setiyowati Rahardjo. (2022). Lingkungan Fisik Rumah Sebagai Faktor Risiko Kejadian Tuberkulosis Paru di Kecamatan Kebasen, Kabupaten Banyumas. *Jurnal Ilmiah Kesehatan Masyarakat* , *14*(2).

Artawan Eka Putra, I. W. G., Purnama Dewi, N. P. E., Probandari, A. N., Notobroto, H. B., & Wahyuni, C. (2021). The Implementation of Comprehensive Health Education to Improve Household Contacts' Participation in Early Detection of Tuberculosis. *Health Education and Behavior*. https://doi.org/10.1177/10901981211001829

Bay, J. G., Patsche, C. B., Svendsen, N. M., Gomes, V. F., Rudolf, F., & Wejse, C. (2022). Tobacco Smoking Impact on Tuberculosis Treatment Outcome: An Observational Study from West Africa. *International Journal of Infectious Diseases*, *9712*(22), 1–13. https://doi.org/10.1016/j.ijid.2022.07.067

Buryanti, Susi. (2021). Faktor-Faktor Yang Mempengaruhi Kejadian Tb Mdr Di Kota Semarang. *Journal Health and Science.* https://doi.org/10.35971/gojhes.v5i1.9699

Caramoy, Wida Purbaningsih, Nuri Amalia. (2020). Hubungan Hba1c Dengan Kejadian Tb Paru Pada Pasien Dm Tipe 2 Di Rsud Al-Ihsan Bandung. https://karyailmiah.unisba.ac.id/index.php/dokter/article/view/26762.

Carwile, M. E., Hochberg, N. S., & Sinha, P. (2022). Undernutrition is Feeding the Tuberculosis Pandemic: A Perspective. *Journal of Clinical Tuberculosis and Other Mycobacterial Diseases*, *27*, 1–14. https://doi.org/10.1016/j.jctube.2022.100311

Choi, H., Yoo, J. E., Han, K., Choi, W., Rhee, S. Y., Lee, H., & Shin, D. W. (2021). Body Mass Index, Diabetes, and Risk of Tuberculosis: A Retrospective Cohort Study. *Frontiers in Nutrition*, *8*(December), 1–11. https://doi.org/10.3389/fnut.2021.739766

Chuang, H. C., Su, C. L., Liu, H. C., Feng, P. H., Lee, K. Y., Chuang, K. J., Lee, C. N., & Bien, M. Y. (2015). Cigarette Smoke is a Risk Factor for Severity and

Treatment Outcome in Patients with Culture-Positive Tuberculosis. *Therapeutics and Clinical Risk Management*, *11*, 1539–1544. https://doi.org/10.2147/TCRM.S87218

Deol, A. K., Shaikh, N., Middelkoop, K., Mohlamonyane, M., White, R. G., & McCreesh, N. (2022). Importance of ventilation and occupancy to Mycobacterium tuberculosis transmission rates in congregate settings. *BMC Public Health*, *22*(1), 1–7. https://doi.org/10.1186/s12889-022-14133-5

Dhoni Widyanto Wibowo. (2023). DETERMINAN KEJADIAN PENYAKIT TUBERKULOSIS PARU. *Stikes Wira Husada Yogyakarta*.

Dinkes Kebumen. (2023). *Analisis Situasi Pencapaian Program TBC*.

Direktorat Pencegahan dan Pengendalian Penyakit Menular. (2022). Melalui INA-TIME 2022 Ke-4, Menkes Budi Minta 90% Penderita TBC Dapat Terdeteksi di Tahun 2024. *Kementerian Kesehatan Republik Indonesia*, 1–12.

Diriba, K., & Awulachew, E. (2022). Associated risk factor of tuberculosis infection among adult patients in Gedeo Zone, Southern Ethiopia. *SAGE Open Medicine*, *10*, 205031212210867. https://doi.org/10.1177/20503121221086725

Dewi, E. F., Suhartono, S., & Adi, M. S. J. J. K. M. (2015). Hubungan faktor lingkungan rumah dengan kejadian TB paru di Kota Magelang. 4(2), 149-159.

Du, C. R., Wang, S. C., Yu, M. C., Chiu, T. F., Wang, J. Y., Chuang, P. C., Jou, R., Chan, P. C., & Fang, C. T. (2020). Effect of ventilation improvement during a tuberculosis outbreak in underventilated university buildings. *Indoor Air*, *30*(3), 422–432. https://doi.org/10.1111/ina.12639

Duru, C., Iwu, A., Uwakwe, K., Diwe, K., Merenu, I., Chineke, H., & Adaeze, C. (2016). Pulmonary Tuberculosis Preventive Practices and Its Determinants among Residents in Communities in Orlu, Imo State, Nigeria. *International Journal of Science and Healthcare Research International Journal of Science and Healthcare Research (Www.Gkpublication.In)*, *1*(2), 2455–7587.

Edward, Nardell, Keegan, J., Sally, Cheney, & Etkind, S. (1991). Air-borne Infection : Theoretical Limits of Protection Achievable by Building Ventilation. *British Medical Journal*, *2*(144), 302–306. https://doi.org/10.1136/bmj.2.4485.965-b

Ernawati, K., Susila Duarsa, A. B., Wulansari, R., & Zamzami, lu. (2017). Hubungan Merokok Dengan Kejadian Tuberkulosis Paru di Provinsi Sulawesi Utara Berdasarkan Data Riskesdas Tahun 2010 Smoking Relationship With Pulmonary Tuberculosis Incidence in North Sulawesi Province Based on 2010 Riskesdas Data. In *JURNAL KEDOKTERAN YARSI* (Vol. 25, Issue 1).

Fahdhienie, F., Agustina, & Ramadhana, P. V. (2020). Analisis Faktor Risiko terhadap Kejadian Tuberkulosis di Wilayah Kerja Puskesmas Pidie, Kabupaten Pidie. *Jurnal Penelitian Kesehatan Vol.*, *7*(2), 52–60.

Faris Muaz. (2014). Faktor-Faktor Yang Mempengaruhi Kejadian Tuberkulosis Paru Basil Tahan Asam Positif Di Puskesmas Wilayah Kecamatan Serang Kota Serang Tahun 2014. *Universitas Islam Indonesia*.

Fitriani, E. (2013). Faktor Resiko yang Berhubungan dengan Kejadian Tuberkulosis Paru. *Unnes Journal of Public Health*, *2*(1), 2–5. https://doi.org/10.15294/ujph.v2i1.3034

Fransiska, M., & Hartati, E. (2019). Faktor Resiko Kejadian Tuberculosis. *Jurnal Kesehatan*, *7*(2), 252–260.

Ginting, F., Anto, & Asriwati. (2019). Kepatuhan penderita TB Paru BTA (+) dalam menelan obat di 5 kecamatan wilayah Kabupaten Toba Samosir. *Jurnal Prima Medika Sains*, *1*(1), 49–56.

Harahap, Z. (2021). *HUBUNGAN DIABETES MELITUS DENGAN KEJADIAN TUBERKULOSIS (STUDI CASE CONTROL DI RSUD KOTAPINANG)*.

Heydari A, Shadan MR, Miri A, K. F. (2017). The Effects of Health Belief Model (HBM) based on Health Education and food advised on the Promotion of Self-care Behaviors in Tuberculosis patients. *Sch Res Libr*, *9*(5), 60–72.

Hosmer, D., & Lemeshow, S. (2000). *Applied logistic regression, 2ⁿᵈ Edition edn. New York: Willey*.

Jeon, C. Y., & Murray, M. B. (2008). Diabetes Mellitus Increases the Risk of Active Tuberculosis: A Systematic Review of 13 Observational Studies. *PloS Medicine*, *5*(7), 1091–1101. https://doi.org/10.1371/journal.pmed.0050152

Kabupaten Kebumen. (2022). *Umpan Balik TBC 2022 Update*.

Kebumen, K. (2021). Rancangan Awal RKPD Kabupaten Kebumen. *Kabupaten Kebumen*.

Kementrian Kesehatan Republik Indonesia. (2020a). *Pedoman Nasional Pelayanan Kedokteran – Tata Laksana Nyeri*.

Kementrian Kesehatan Republik Indonesia. (2020b). *Strategi Nasional Penanggulangan Tuberkulosis di Indonesia 2020-2024*.

Kumar, N. P., Moideen, K., Nancy, A., Viswanathan, V., Thiruvengadam, K., Sivakumar, S., Hissar, S., Nair, D., Banurekha, V. V., Kornfeld, H., & Babu, S. (2020). Association of Plasma Matrix Metalloproteinase and Tissue Inhibitors of Matrix Metalloproteinase Levels With Adverse Treatment Outcomes Among Patients With Pulmonary Tuberculosis. *JAMA Network Open*, *3*(12), e2027754. https://doi.org/10.1001/jamanetworkopen.2020.27754

Langkai, A. S., Pungus, M., & Bawiling, N. J. E. J. K. M. U. (2020). Hubungan Kondisi Fisik Rumah Dengan Kejadian Tuberkulosis Paru Di Wilayah Kerja Puskesmas Kumelembuai Kecamatan Kumelembuai. 7-13.

Lin, H. H., Wu, C. Y., Wang, C. H., Fu, H., Lönnroth, K., Chang, Y. C., & Huang, Y. T. (2018). Association of Obesity, Diabetes, and Risk of Tuberculosis: Two Population-Based Cohorts. *Clinical Infectious Diseases*, *66*(5), 699–705. https://doi.org/10.1093/cid/cix852

Lu, P., Yu Zhang, Qiao Liu, Ding, X., Kong, W., Zhu, L., & Lu, W. (2021). Association of BMI, Diabetes, and Risk of Tuberculosis: a Population-Based Prospective Cohort. *International Journal Infection Disease*, *8*, 109–168.

Mchugh, M. L. (2013). The Chi-square test of independence Lessons in biostatistics. *Biochemia Medica*, *23*(2), 143–149.

Megawati, Meike. (2022). Hubungan Kadar Gula Darah Dengan Konversi Sputum Pada Pasien Tb-Dm Tipe 2 Di Puskesmas Cakranegara. http://eprints.unram.ac.id/id/eprint/33929

Mohammad, S., Aziz, R., Al Mahri, S., Malik, S. S., Haji, E., Khan, A. H., Khatlani, T. S., & Bouchama, A. (2021). Obesity and COVID-19: What Makes Obese

Host So Vulnerable? *Immunity and Ageing*, *18*(1), 1–10. https://doi.org/10.1186/s12979-020-00212-x

Morteza, Muhammad. (2021). Hubungan Kendali Gula Darah pada Diabetes Melitus Tipe 2 dengan Risiko Koinfeksi Tuberkulosis di Kota Medan. https://repositori.usu.ac.id/handle/123456789/46700

Narasimhan, P., Wood, J., Macintyre, C. R., & Mathai, D. (2013). Risk Factors for Tuberculosis. *Pulmonary Medicine*, *2013*. https://doi.org/10.1155/2013/828939

Nguipdop-Djomo, P., Heldal, E., Rodrigues, L. C., Abubakar, I., & Mangtani, P. (2016). Duration of BCG protection against tuberculosis and change in effectiveness with time since vaccination in Norway: A retrospective population-based cohort study. *The Lancet Infectious Diseases*, *16*(2), 219–226. https://doi.org/10.1016/S1473-3099(15)00400-4

Noprianty, A. (2018). MORFOLOGI DAN PATOGENITAS: Mycobacterium Tuberculosis. *Akademi Analis Kesehatan Borneo Lestari*.

Notoatmodjo, S. (2012). *Promosi Kesehatan Dan Perilaku Kesehatan (Edisi Revisi 2012)*. Jakarta: Rineka Cipta.

Nuraini, N., Suhartono, S., & Raharjo, M. (2022). Hubungan Faktor Lingkungan Fisik Dalam Rumah dan Perilaku Kesehatan dengan Kejadian TB Paru di Purwokerto Selatan Banyumas. *Jurnal Kesehatan Lingkungan Indonesia*, *21*(2), 210–218. https://doi.org/10.14710/jkli.21.2.210-218

Nursalam. (2008). *Konsep dan penerapan metodologi penelitian ilmu keperawatan: Pedoman skripsi, tesis, dan 63endidikan penelitian keperawatan*. Salemba Medika.

Oxlade, O., & Murray, M. (2012). Tuberculosis and Poverty: Why Are the Poor at Greater Risk in India? *PloS ONE*, *7*(11). https://doi.org/10.1371/journal.pone.0047533

Pangaribuan, L., Perwitasari, D., Tejayanti, T., & Lolong, D. B. (2020). Factors Influencing Pulmonary Tuberculosis Occurrence of 15 Years Old or Above in Indonesia (Tuberculosis Prevalence Survey Data Analysis in Indonesia Year 2013-2014). *Buletin Penelitian Sistem Kesehatan*, *23*(1).

Pangestuti, R. D. (2018). Determinan kinerja tenaga 63endidika dalam penemuan kasus baru TB dengan Investigasi Kontak di Kabupaten Jember. *Universitas Jember*, *1*, 1–115.

Penelitian, M. I., Iptek, P., & Regency, P. (2020). Gambaran Penyebab Balita Stunting di Desa Lokus Stunting Kabupaten Pati. *Jurnal Litbang: Media Informasi Penelitian, Pengembangan Dan IPTEK*, *16*(2), 77–94.

Pertiwi, R., Wuryanto, M. A., & Sutiningsih, D. (2012). Hubungan Antara Karakteristik Individu, Praktik Hygiene dan Sanitasi Lingkungan Dengan Kejadian Tuberculosis di Kecamatan Semarang Utara Tahun 2011. *Jurnal Kesehatan Masyarakat Universitas Diponegoro*, *1*(2), 18811.

Pralambang, S. D., & Setiawan, S. (2021). Faktor Risiko Kejadian Tuberkulosis di Indonesia. *Fakultas Kesehatan Masyarakat, Universitas Indonesia*, *2*(1).

Pratiwi, R. D., & Pramono, D. (2020). Socio-Economic and Environmental Risk Factors of Tuberculosis in Wonosobo, Central Java, Indonesia. *Jurnal Kesehatan Masyarakat*, *16*(1), 61–70.

PuskesmasKaranggayam. (2021). *Profile Kesehatan Puskesmas Karanggayam* Retrieved from Kebumen:

Putra, O. N., Hardiyono, H., Rizkiyah, F., & Yuniar N.H, A. (2020). Impact of Uncontrolled HbA1c on The Outcome of Tuberculosis Treatment in TB Patients with Diabetes. *Jurnal Profesi Medika : Jurnal Kedokteran Dan Kesehatan*, *14*(2), 210–220. https://doi.org/10.33533/jpm.v14i2.2276

Ratu, M. (2022). Social Determinants of Tuberculosis in Developing Countries. *Jurnal Sahabat Keperawatan*, *04*(01), 46–60.

Ressa Stevany, Yuldan Faturrahman, A. S. (2021). Analisis Faktor Risiko Kejadian Tuberkulosis di Wilayah Kerja Puskesmas Kelurahan Cipinang Besar Utara Kota Administrasi Jakarta Timur. *Jurnal Kesehatan Komunitas Indonesia*, *6*(1), 1–13.

Roth, G. A., Abate, D., Abate, K. H., Abay, S. M., Abbafati, C., Abbasi, N., Abbastabar, H., Abd-Allah, F., Abdela, J., Abdelalim, A., Abdollahpour, I., Abdulkader, R. S., Abebe, H. T., Abebe, M., Abebe, Z., Abejie, A. N., Abera, S. F., Abil, O. Z., Abraha, H. N., … Murray, C. J. L. (2018). Global, regional, and national age-sex-specific mortality for 282 causes of death in 195 countries and territories, 1980–2017: a systematic analysis for the Global Burden of Disease Study 2017. *The Lancet*, *392*(10159), 1736–1788. https://doi.org/10.1016/S0140-6736(18)32203-7

Salwa Salsabila Deliananda, & R. Azizah. (2022). Faktor Risiko Kejadian Tuberkulosis Paru di Indonesia Tahun 2014-2021 : Literature Review. *Media Publikasi Promosi Kesehatan Indonesia (MPPKI)*, *5*(9), 1054–1062. https://doi.org/10.56338/mppki.v5i9.2622

Silva, D. R., Muñoz-Torrico, M., Duarte, R., Galvão, T., Bonini, E. H., Arbex, F. F., Arbex, M. A., Augusto, V. M., Rabahi, M. F., Mello, & Queiroz, F. C. de. (2018). Risk Factors for Tuberculosis: Diabetes, Smoking, Alcohol Use, and The Use of other Drugs. *Journal Bras Pneumol*, *44*(2), 145–152.

Singh, S. K., Kashyap, G. C., & Puri, P. (2018). Potential effect of household environment on prevalence of tuberculosis in India: Evidence from the recent round of a cross-sectional survey. *BMC Pulmonary Medicine*, *18*(1), 1–10. https://doi.org/10.1186/s12890-018-0627-3

Sinta Hasan. (2009). Hubungan Kebiasaan Merokok Dengan Prevalensi Penyakit TBC di Puskesmas Beji Depok. *Universitas Indonesia*.

Sri Ayu Rahayu. (2019). Pencegahan Tuberkulosis Paru dalam Keluarga: Kajian Literatur. *Jurnal Penelitian Kesehatan Suara Forikes*, *10*(2), 270–274.

Stoltzfus, J. C. (2011). Logistic regression: A brief primer. *Academic Emergency Medicine*, *18*(10), 1099–1104. https://doi.org/10.1111/j.1553-2712.2011.01185.x

Sugiyono. (2018). *Metode Penelitian Kuanitatif, Kualitataif Dan R & D*. Afabeta.

Sultana, Z. Z., Hoque, F. U., Beyene, J., Akhlak-Ul-Islam, M., Khan, M. H. R., Ahmed, S., Hawlader, D. H., & Hossain, A. (2021). HIV infection and multidrug resistant tuberculosis: a systematic review and meta-analysis. *BMC Infectious Diseases*, *21*(1), 1–13. https://doi.org/10.1186/s12879-020-05749-2

Suresh, L., & Nigam, S. (2005). On the Move against Tuberculosis: Transforming

the Fight-towards Elimination of Tuberculosis. *Journal of Health Management*, *7*(1), 157–162. https://doi.org/10.1177/097206340400700108

Tobing, T. L. (2009). Pengaruh Perilaku Penderita TB Paru dan Kondisi Rumah terhadap Pencegahan Potensi Penularan TB Paru pada Keluarga di Kabupaten Tapanuli Utara. *Sekolah Pasca Sarjana Universitas Sumatera Utara*, *1*(1).

UNAIDS. (2018). Tuberculosis and HIV TB Is the Leading Cause of Death. *Joint United Nations Programme on HIV/AIDS*, *54*(96), 2020–2235.

Vionalita, G. (2020). Modul Metodologi Penelitian Kuantitatif (Ksm361) Modul 11. In *Universitas Esa Unngul*. Universitas Esa Unggul.

WHO. (2019). *Global Tuberculosis Report*.

WHO. (2021). *Global Tuberculosis Report*.

Widodo, W., Irianto, A., & Pramono, H. (2017). Karakteristik Morfologi Mycobacterium tuberculosis yang Terpapar Obat Anti TB Isoniazid (INH) secara Morfologi. *Biosfera*, *33*(3), 109. https://doi.org/10.20884/1.mib.2016.33.3.316

Zulaikhah, S. T., Ratnawati, R., Sulastri, N., Nurkhikmah, E., & Lestari, N. D.(2019). Hubungan Pengetahuan, Perilaku dan Lingkungan Rumah dengan Kejadian Transmisi Tuberkulosis Paru di Wilayah Kerja Puskesmas Bandarharjo Semarang. *Jurnal Kesehatan Lingkungan Indonesia*, *18*(2), 81. https://doi.org/10.14710/jkli.18.2.81-88

	Value	Lower	Upper
For cohort TCM = Positif	1.973	1.021	3.813
For cohort TCM = Negatif	.771	.635	.937
N of Valid Cases	183		

3) status merokok * TCM

Crosstab

			TCM Positif	TCM Negatif	Total
status merokok	Ya	Count	39	72	111
		% within TCM	63.9%	59.0%	60.7%
	Tidak	Count	22	50	72
		% within TCM	36.1%	41.0%	39.3%
Total		Count	61	122	183
		% within TCM	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.412[a]	1	.521		
Continuity Correction[b]	.232	1	.630		
Likelihood Ratio	.414	1	.520		
Fisher's Exact Test				.630	.316
Linear-by-Linear Association	.410	1	.522		
N of Valid Cases	183				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 24.00.
b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval Lower	Upper
Odds Ratio for status merokok (Ya / Tidak)	1.231	.652	2.323
For cohort TCM = Positif	1.150	.748	1.768