

The Readiness of GERMAS Policy Implementation in the Health Service in the Special Region of Yogyakarta

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ABSTRACT

The Healthy Life Movement (GERMAS) Policy is a policy aimed at accelerating health development and reducing disease cases and the costs involved. The Special Region of Yogyakarta follows up on this policy by issuing a Governor Regulation on the Regional Action Plan (RAD) of GERMAS with the implementation of early 2017 with indicators of achievements in 2017, 2018 and 2019. This study aims to analyze the readiness of the implementation of the GERMAS policy in the Yogyakarta City Health Office and Bantul Regency. Researchers choose a qualitative method with a descriptive approach. Seven research subjects were selected with stakeholder criteria related to the GERMAS policy. Data collected by interview and document review. The results show readiness for implementation with an understanding of the background, legal basis, and objectives of implementing the policy. Office readiness is also shown by the clear structure of the bureaucracy, adequate resources, effective communication, and positive attitude/disposition. Both Dinas were able to complete their roles in 2017. The difference is that Yogyakarta City gave birth to RAD in advance compared to Bantul Regency. The researcher concluded that both of them had good readiness with four elements of readiness, namely bureaucracy, resources, communication, attitude or clear disposition. The four inputs need to be maintained, even at the community level. Therefore, further research is needed on community-level GERMAS policy readiness and output so that there is comprehensive information.

Keywords: *GERMAS, implementation, policy, readiness*

1. INTRODUCTION

Health problems in Indonesia are still a big challenge for the government and society. Infectious diseases still occur, increasing infectious diseases, and diseases that have been resolved appear again. This condition will have an impact on community productivity. Lifestyle changes people make the shift in disease patterns. This causes non-communicable diseases such as stroke, coronary heart disease, cancer, and diabetes to be ranked as the highest disease in Indonesia. The 2014 Sample Registration System shows that coronary heart disease is the highest cause of death in Indonesia. The costs incurred for non-communicable diseases are quite large [1].

The Government, through the Ministry of Health, issued a policy Healthy Living Society Movement (GERMAS) in 2016. This policy was created to all elements of society have the awareness, willingness, and ability to behave in a healthy life to improve the quality of life. The existence of this policy also intends to accelerate development in the health sector. Firstly, the implementation of the GERMAS focuses on 3 activities, namely physical activity, consuming fruits and vegetables, checking health regularly. These activities can be carried out by individuals, families, or community [1].

The Special Region of Yogyakarta has socialized GERMAS through a Governor Regulation concerning

Yogyakarta Sustainable Healthy Regional Action Plan [2]. This regulation was passed five months after the Presidential Instruction on GERMAS endorsed the president, ie February 2017 [3]. Observing of indicators that began in 2017, while the new regulations appeared in early 2017, the researchers were interested to learn how GERMAS policy implementation readiness in the Department of Health in the Special Region of Yogyakarta..

2. METHOD

This study uses a qualitative method with a descriptive approach. The assessment of the research object was carried out at the Yogyakarta City Health Office and Bantul Regency. The research subjects consisted of 7 stakeholders, namely Bapeda Staff, Head of Health Promotion Section, and Health Promotion Staff. Data collection techniques used were interviews and document study.

3. RESULTS AND DISCUSSIONS

Yogyakarta City Health Office

The GERMAS policy implementation readiness model is shown in Figure 1.

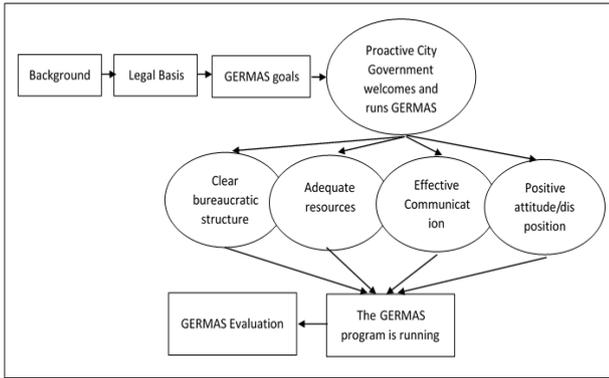


Figure 1. GERMAS Policy Implementation Readiness Model in Yogyakarta City Health Office

Figure 1 explains the Yogyakarta City Health Office has a mature readiness to implement the GERMAS policy. Yogyakarta City Health Office gets adequate information about the background of the GERMAS program and the Legal Basis for implementing the policy. The clear aim of GERMAS encourages the Yogyakarta City Government to be proactive in realizing GERMAS. The implementation of GERMAS has a clear bureaucratic structure, adequate resources, effective communication, and a positive attitude/disposition. Thus, now the Yogyakarta City Health Office and all sectors involved have run programs and evaluations.

The stakeholders understand the background of the importance of GERMAS, namely the case of degenerative diseases is increasing with the age trend of patients getting younger. Many health programs, especially medicine, have been covered by the private sector, even though prevention costs are more efficient. There must be promotive and preventive efforts that are applied to people willing and able to live a healthy lifestyle to prevent various diseases. The legal basis for implementing GERMAS is very clear so that the parties involved do not hesitate to implement it. The legal basis consists of Presidential Instruction No. 1 of 2017 concerning GERMAS, Governor Regulation DIY No. 44 of 2017 concerning Regional Action Plans for Healthy Living Healthy Yogyakarta Movement, Yogyakarta Mayor Regulation Number 50 of 2017 concerning Healthy Living Community Movement, and Minister of Health Regulation 2016 concerning the Healthy Indonesia Program - Family Approach (PIS-PK). The PIS-PK and GERMAS programs are inseparable and support one another. The purpose of the GERMAS program is also clear, namely to promote healthy lifestyles in the community. Indicators of a healthy lifestyle in the GERMAS are clear. What needs to be done by each sector involved is written in the legal basis. It is hoped that morbidity and health financing will decline, changing people's behavior in healthy living. Therefore, GERMAS programs must get to the root.

The City Government proactively translates policies by issuing a legal umbrella in the form of Mayor Regulations. The Yogyakarta City Government was the first to issue a regulation on GERMAS at the district/city level in DI.

Yogyakarta. Previously, various programs had moved under the Yogyakarta City Health Office.

A. Clear Bureaucratic Structure

A clear bureaucratic structure is needed in implementing policies. The GERMAS program does not only involve the Health Office but all sectors consisting of 19 UPDs. These UPDs are (1) Bappeda (2) Health Service (3) Youth and Sports Service (4) Education Office (5) Ministry of Religion Office (6) Agriculture and Food Service (7) Public Works, Housing and Settlement Areas Office (7) 8) Office of the Environment (9) Office of Transportation (10) Office of Industry and Trade (11) Office of Cooperatives, Small and Medium Enterprises, Labor and Transmigration (12) Office of Informatics and coding communication (13) Office of Community Empowerment, Women and Protection Children (14) Population and KB Control Office (15) Regional Financial and Asset Management Agency (16) Civil Service Police Unit (17) PKK Mobilization Team (18) Land and Spatial Planning Agency (19) Legal Section. Each UPD works according to the main tasks and functions according to the activity indicators of Mayor Regulation Number 50 of 2017. Bappeda is appointed as the leading sector, while the Health Office is the secretariat. In this policy, the Health Service is the actor. A team called the guards for GERMAS activities was formed to make the GERMAS program run effectively. Team members are UPD representatives who come continuously to the coordination process between UPD each semester. This is so that information does not break up that might occur if the people present at each coordination differed.

B. Adequate resources

The Yogyakarta City Government has adequate resources for the implementation of the GERMAS. The main material is the rules/policies for the program foundation, namely the Presidential Instruction, the Governor's Regulation, and the GERMAS Board of Trustees. There are no significant obstacles related to human resources implementation of the GERMAS policy. Human resources in the implementation of the GERMAS involve relevant stakeholders and the community. The implementation of programs that involve the community certainly involves community organizations. The partnership is a health promotion strategy adopted in program implementation. Partners who have worked together are MTCC (Muhammadiyah Tobacco Control Center), KTI, WITT (Indonesian Women without Tobacco), and Jogja Daily Newspaper. The implementation budget for GERMAS is available, budgeted, and sufficient. The budget is integrated with various activity programs in each UPD.

C. Effective Communication

The GERMAS policy is implemented with effective communication. The Presidential Instruction was conveyed to Bappeda then Bappeda conveyed to 19 UPD. Any information submitted to the corresponding

provisions GERMAS team. The Decree is determined with the aim of effective communication, that is, the same person means that the person invited has the same level of knowledge as Bapeda as the leading sector through coordination conducted every semester. Each UPD must report through the Department of Health to be reported to Bapeda. Coordination is done each semester. The communication barrier is the semi-annual coordination meeting which was not always attended by 19 UPDs. However, by utilizing information technology, all the latest information can be conveyed. The effectiveness of communication is not only done at the level of the program initiator, but up to the level of program implementation.

D. Positive attitude/disposition

All parties involved in the implementation of the GERMAS policy have a positive attitude. Government officials must obey and support all policies derived from the government, so they must support. Every effort is made to reach the Yogyakarta City target. This shows the seriousness of the attitude to support the implementation of the GERMAS policy. Yogyakarta City Government has the readiness supported by four factors so that it can implement the action plan, in particular, the City Health Office Yogyakarta in 2017 and 2018.

Bantul District Health Office

Bantul District Health Office has a good readiness in implementing GERMAS policies in its working area. The GERMAS policy implementation readiness model in Bantul District Health Office is shown in Figure 2.

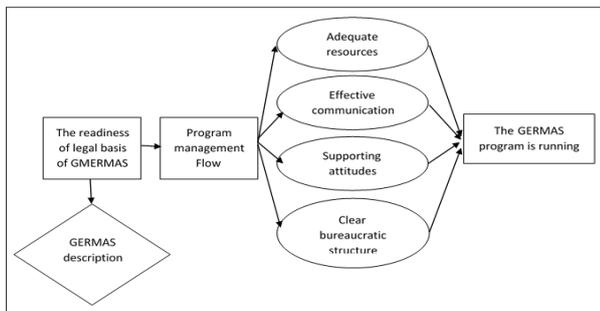


Figure 2. GERMAS Policy Implementation Readiness Model in Bantul District Health Office

The readiness for implementing the GERMAS policy in Bantul begins with the legal basis for the GERMAS program. Regulations related to GERMAS have been prepared both from the central to regional levels. Some of the legal basis, namely (1) Presidential Instruction Number 1 of 2017 (2) Minister of Bapenas Regulation Number 11 of 2017 concerning GERMAS Implementation Guidelines (3) DIY Guber Regulations concerning RAD GERMAS (4) Regulations of Regent regarding RAD GERMAS (5)

Regulations of Regent on synchronizing district and village budgets (6) RPJM of Bantul Regency (7) Decree of the Head of Office on Implementation of GERMAS in Puskesmas. However, until the end of 2018, the regent's regulation regarding GERMAS was not ready to be published. The cause is some improvements related to the GERMAS Regional Action Plan (RAD) of Bantul Regency.

The Health Office and various parties involved in the implementation of GERMAS get a clear description of the GERMAS program from the legal foundation, including the background and objectives of GERMAS. GERMAS in Bantul has a special background because it was selected to be one of the pilot project areas GERMAS and Bantul District GERMAS program has been implemented since the declaration, namely 2016. Bantul District Government has prepared and run the program management workflow GERMAS well.

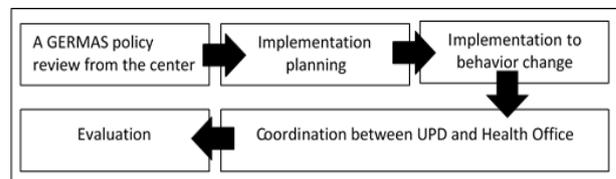


Figure 3. The flow of GERMAS program management in Bantul Regency

The evaluation process carried out was deemed ineffective and inefficient. An evaluation of the implementation of the GERMAS program has not been conducted. However, an evaluation will be done periodically every year. The results are used for future program planning. While this evaluation is not regularly to determine the delay program by UPD.

GERMAS program implementation in Bantul, particularly in the Department of Health has been running. This is supported by:

- A. Availability of resources, such as cross-sectoral partners and related organizations, funds, and human resources.
- B. Effective Communication
Effective communication is visible from a good understanding of people involved in the implementation of GERMAS, each UPD has a contact person, communication through my leadership (of the door), and an effective communication strategy. The communication strategy used was a coordination meeting, implementing a good command line and coordination line, the Health Office provided facilitation of coordination with UPDs, advocacy with websites, and mass media.
- C. Supporting attitude
A supportive attitude in the implementation preparation of GERMAS policy is a statement that GERMAS is the property of all UPDs, there is cross-sectoral cooperation, there is UPD and community

participation in GERMAS activities, and it complies with instructions from the central government.

D. Clear bureaucratic structure

The bureaucratic structure in implementing GERMAS is very important. Bapeda plays an important role as the leading sector for the implementation involving all UPD. Under Bapeda, there is the Health Service as the initiator. The health office has an important role in the implementation of the GERMAS. The Health Service as a regulator, according to its function at the district level and the implementer is the health service center. The Health Office is a community catalyst in implementing GERMAS. Finally, the Health Office as a place to collect reports and evaluations of the GERMAS program. The results of this activity will be reported to the province to the ministry. Through these supports, GERMAS program has been running in 2017 and 2018.

Improving the environment and health behavior change needs to be done in a systematic and planned by all components of the nation [1]. Such efforts through the Program of Healthy Indonesia with a friendly approach that one area of priority is the prevention of degenerative diseases [4]. GERMAS program aims to raise awareness, the ability and willingness of people to behave in a healthy life to improve the quality of life [1]. The President has endorsed the Presidential Instruction No. 1 the Year 2017 on GERMAS addressed to all the elements that are willing and able to implement GERMAS (Pemerintah Republik Indonesia, 2017). The local government must follow up with a policy on the provincial level and district/city that can be implemented in their working area.

The Government of the Special Region of Yogyakarta issued the Governor Regulation of the Special Region of Yogyakarta Number 44 of 2017 concerning Regional Action Plans for the Yogyakarta Healthy Living Healthy Movement Community [2]. Proactively, the government of the City of Yogyakarta issues GERMAS regulations [5]. This regulation becomes a legal umbrella for the city government of Yogyakarta, especially the Yogyakarta City Health Office in carrying out the GERMAS program. This legal umbrella clearly explains the policy objectives and roles that must be carried out in each regional apparatus, including the Health Office. The Health Department has three roles, namely: (1) implementing the GERMAS campaign and increasing advocacy and coaching in the implementation of the No Rook Zone policy (2) Improving education on balanced nutrition and exclusive breastfeeding, and physical activities (3) Improving the implementation of early detection of diseases in Puskesmas and prepare guidelines for the implementation of early disease detection in government and private institutions. This role is the main activity of the Department of Health and has seven indicators that must be achieved according to targets in 2017, 2018, and 2019. Guidelines make every UPD has a benchmark of achievements [5]. Actors have an important role in determining the successful implementation of policies. Ideally, each of the actors involved must be clear about

their position and role, authority and responsibilities, so that there is no overlapping of roles, maybe even a vacuum of roles [6]. One factor that influences the implementation of policies is authority [7].

Proactive government is a valuable added value. Source of funds, human resources, and stakeholders are three important factors that directly influence policy implementation [8]. Another reference also said that aspects of the authority/structure of the bureaucracy, resources, communication, and disposition affect the implementation of policies [7].

The authority/structure of the bureaucracy is related to the position of the institution or individual as implementing the policy. The results of this study indicate that there is a clear bureaucratic structure of authority in policy implementation [7]. The GERMAS policy implementation sector-leading is held by Bappeda. Bappeda holds this role because the implementation of GERMAS involves many UPDs as the actors implementing the policy. The Health Office plays an important role in addition to being the UPD for implementing the policy, the Health Office as a secretariat that collects reports on various UPD main activities to be reported to Bappeda then reported to the provincial and national levels. The bureaucratic structure has a significant influence on policy implementation [9].

Adequate resources strongly support the successful implementation of policies. The results of this study state that the resources of the Yogyakarta City and Bantul District Health Offices are in the form of human resources, funding sources, program materials and media, as well as policy implementation partners. Resources have a significant influence on policy implementation [9]. If the implementers of the policy lack the necessary resources, then the implementation of the policies tends to not be effectively carried out. Without resources, policies only become documents without being realized in implementation to provide solutions to problems that exist in the community [7]. Community participation in program implementation is an invaluable resource for program success [10].

Human resources are the driving force behind the implementation of the GERMAS policy. Human resources in the Health Service are not too many, but the implementation of GERMAS is running smoothly. Execution of activities involved various parties from the health service centre, community organizations, and community members. Community participation in program implementation is an extraordinary input. Community involvement in organizing health campaign programs gives a sense of ownership of the program by the community, so they feel they have and need the information conveyed. Community participation is the main strategy in community empowerment which is the goal of health development. The results of this study indicate that the Health Office involves community organizations. Community participation is a dimension of policy implementation that underpins the acceleration of policy implementation [7].

Partners who have worked closely with the Health Service are important resources. Partners will carry out their

respective roles. Collaboration with existing partners leads to comprehensive problem-solving efforts by involving relevant stakeholders in cross-sectoral cooperation [11]. Source of funds is an important factor in running a program [10]. Yogyakarta City Health Office and Bantul Regency allocate budget for implementing GERMAS policy. The budget allocation does not read directly as the GERMAS budget, but reads a specific program budget and sometimes is integrated with other programs. This is not an obstacle to policy implementation. During this time, the policy has been implemented without financing constraints.

The commitment to implementing GERMAS in the Yogyakarta City Health Office is very strong. As government apparatuses, they feel they have a responsibility to implement policies that are handed down by the government. The GERMAS legal umbrella in the form of guardianship has also clearly stated the involvement and role of the Health Office. Disposition is a character and characteristics possessed by policy implementers, such as commitment, discipline, honesty, intelligence, and democratic nature. If the implementer has a good disposition, then he is strongly suspected of carrying out the policy well, conversely, if the policy implementer has an attitude or perspective that is different from the purpose and direction of the policy, then it is possible that the process of implementing the policy will not be effective and efficient [7]. All informants agreed that GERMAS is important program for the community. Commitment should be owned by all levels, both from the government and community level so that all have a sense of ownership of the program and participate in its implementation [9].

Finally, all the efforts that have been prepared will not run effectively if there is no effective communication between the parties involved in implementing the policy. Communication affects public policies, bad communication can have adverse impacts on the implementation of policies. Successful implementation of the policy requires the implementer to know clearly what needs to be done [7]. Communication is needed to the level of government, also must be created between the government, the community and related parties [9]. The implementation of the GERMAS policy in Yogyakarta City and Bantul Regency has a track that can be traced. Information coming from the Leading Sector is then distributed to various related parties. The policy implementer has evaluated at the on-going stage. On-going evaluation is an evaluation conducted at the time of implementing the policy to determine the level of progress of the implementation of the policy compared to a predetermined plan [7]. The Yogyakarta City Government, including the Health Office, continues to evaluate each semester. Assessment does not only produce a conclusion about whether or not a policy is achieved but as a clarification and criticism of the values that underlie the policy [12].

4. CONCLUSION

Based on the research that has been carried out it can be concluded as follows: 1) Variable occupancy density, ventilation, knowledge, attitudes and actions are determinants of Positive Pulmonary TB in the working area of Tanah Tinggi Health Center in 2018, 2) Variables in floor type are not a determinant of Positive Pulmonary TB events in the working area of Tanah Tinggi Puskesmas in 2018, and 3) The action variable is the most dominant variable affecting Positive Pulmonary TB in the working area of Tanah Tinggi Health Center in 2018.

Suggestions that the authors can convey from the results of this study are as follows: 1) For further researchers, further research needs to be done to enrich public health scientific studies on the prevention and transmission of pulmonary TB, such as the assessment of humidity, lighting and temperature indicators that are very closely related to tuberculosis because the assessment of the indicators was not carried out in this study, 2) For the Binjai City Health Office, it is necessary to carry out environmental-based community health efforts, especially housing rehabilitation to prevent the transmission of pulmonary TB in Binjai City, 3) To the Health Officers of Tanah Tinggi, need to do health education about pulmonary TB and transmission to the community to increase knowledge, experience, and behavior of public health so that people avoid various environmental-based diseases such as pulmonary TB and other diseases, and 4) To the people who already have high behavioral Good health needs to be maintained and to people who still have bad behavior need to be improved again.

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