

interviews and documentation. This research was conducted in Kec. North Semarang, Semarang City with 3 informants. Broadly speaking, the interactive analysis model applied in this study as described (Matthew B. Miles, A. Michael Huberman, 2014) as described in the following figure:

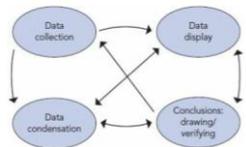


Figure.1.1.1. Qualitative analysis scheme

The steps according to Miles and Huberman are as follows:

1. Data collection, which is gathering data at the study site by conducting observations, in-depth interviews and recording documents by determining data collection strategies that are considered appropriate and to determine the focus and deepening of the data in the next data collection process.
2. Data condensation, namely as a process of selection, focusing, abstracting, transformation of rough data in the field directly and continued at the time of data collection, thus data reduction begins when the researcher begins to focus the research area.
3. Data presentation, which is an information organization assembly that enables research to be carried out. Data testing data includes various types of image matrices, networks, linkages of activities or tables.
4. Drawing conclusions, in the collection of data researchers must understand and respond to something that is studied directly in the field by arranging patterns of direction and cause and effect.

III. DISCUSSION

Kemijen Village is one of the villages in the East Semarang District, Semarang City. Kemijen is the northernmost urban village in East Semarang sub-district, Semarang City, Central Java



Figure 1.2. Map of kelij Kemijen, East Semarang District, Semarang City.

This village has a boundary to the north, that is Tanjung Mas, to the south bordered by Rejo Mulyo and Mlatiharjo, to the west by Tanjung Mas and to the east by Tambak Rejo. Kemijen Village is one of the villages located in East Semarang District. Formerly Kemijen was in the northern Semarang district and still consisted of 5 RW. When there was an expansion in 1983 Kemijen took several areas from the Rejomulyo sub-district, now Kemijen has 11 RW and 82 RT. Kemijen has a flat topographic area about 95% flat to choppy. The total area of Kemijen is now 120.90 km².

Kemijen has a population of 13413 inhabitants. with a total of 3928 households, with details, the number of men is 6733 people, the number of women is 6723 people, ages 0-15 are 3510 people, ages 15-65 are 7798 people, and the age of 65 years and over is 2105 people. With the majority of employment the population is laborers. With a category of poor population of 670 households is equivalent to 1340 inhabitants .

With a total population of 13413 people and an area of 120.90 km² Kemijen is a fairly dense urban village. Kemijen is divided into two times by Banger times and the number of fishponds / ponds along the railroad tracks leading to the Semarang Tawang station. Kemijen has a building / yard area of 120ha, and an area of ponds / ponds of 8ha. Besides that, Kemijen has a large area of public facilities such as a mosque of 2645m² / ha, a Protestant church of 145m² / ha for public facilities

In the theory of environmental behavior (Fishbein & Ajzen, 2009) states that a person's behavior is influenced by several factors that is individual, social and information factors. Individual factors include; personal, feelings, emotions, values of the general perception of society, and control of behavior. Social factors include; Education, age, gender, ethnic and cultural beliefs of the community. Informational

factors include knowledge and influence of the media. For more details can be seen in the image below.

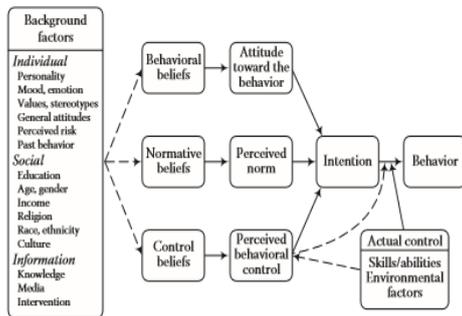


Figure 1.3: The theory of reasoned action

Furthermore, the results of data analysis conducted on the three informants get a picture that the answers from each informant are the same and there are different. The first informant said that in his neighborhood there had never been counseling about TB, but the second and third informants said that there had been counseling about TB conducted by the health cadre. Furthermore, the first informant also said that in fact he had long felt a cough, but every time his wife was told to check he always refused because his pockets were sick. Only when he lost weight and was visited by the RT mother he just wanted to check into the health center.

Second, the researcher asked the question of why he had contracted tuberculosis, each informant also gave a different answer, the first informant said that he could get TB due to working day and night, and slept outside the house, so he was often hit by the night wind. The second informant gave a reason why she got TB due to the dirty living environment and her husband used to have TB but now healed. In addition, the second informant had often seen a doctor before but the pain was never found. After being visited by the RT, she was booked to check again, it turned out that the TB was positive. Furthermore, the third informant said that the first informant was infected with tuberculosis possibly because of contracting from the workplace, and the second informant was infected with tuberculosis possibly because of contracting from her husband, and in the second informant's family one house was inhabited by nine people besides that the size of his house was small.

The three researchers asked questions related to the everyday life of people and TB sufferers. The first informant gave an answer that before he was sick he was a heavy smoker and often slept late and outside the room. In addition, the informant is also a private person. In everyday life, when meeting with neighbors, they always wear masks. The second informant stated that the environment rarely does voluntary work, about once a year or when there are certain activities. In addition, he also said that he rarely wears a mask, and

many of his neighbors do not know if he has TB. When asked why he didn't wear a mask, the answer was that he was afraid that his neighbor knew he had TB, and his neighbor would be shunned. The third informant gave an answer That in his neighborhood he often did a hygiene competition, but he also said that until now in his neighborhood there were five people with TB, three had recovered and two were still in the process of treatment consisting of three men and two women. All are adult patients.

The fourth Researchers ask questions related to interaction with family and the environment. The first informant gave an answer that during the treatment process the family was always supportive, and when talking with his wife and children he always wore a mask. If he sleeps, he is separated from his wife and children to prevent transmission. In addition he also said that the one who helped get the medicine to the Community Health Center was Mrs. RT. The second informant gave an answer that the family supports treatment, but if you sleep with children you are still one and don't wear a mask. The third informant gave an answer that he often gave motivation and took the patient's medicine, so that the spirit of treatment was maintained.

The following is a list of informants interviewed:

Tabel 1. Date informant list interviewed

No	Name	Stats	Age	Position	Education
1	Wty	TB patients	53	odd jobs	Middle School
2	FA	the patient is cured	42	Housewife	High school
3	Slsh	Public figure	58	Ms. Chairman of the RT	High school

Based on the above analysis it can be concluded that:

1. The government has conducted education about tuberculosis to the community but the community does not carry it out.
2. Bad environment has a great potential to become a fertile ground for tuberculosis.
3. Some people already know the factors that cause tuberculosis, but this does not change their behavior because it has become a habit.
4. The closed attitude of TB patients becomes a separate problem in TB management, because they have the potential to infect others.
5. Concerns about negative stigma from surrounding communities cause TB patients to be closed with others
6. The habit of smoking and sleeping late at night is considered by the public to be a cause of tuberculosis.
7. Support from family and community leaders strengthens the mentality of TB patients to continue treatment.

The results of the analysis above are consistent with Fishbein's behavior theory which is also corroborated by the opinion (Djannah et al., 2014) that one of the factors that influences attitudes is the environment, both the physical, socio-cultural, and economic environment. Furthermore, this is also supported by (Nugroho, 2010) that the pattern of family support also influences the prevention of TB disease transmission

IV. CONCLUSION

Based on the results of research that has been done, it can be concluded that, social behavior that can prevent tuberculosis is clean living habits, caring for others, an open attitude for TB sufferers, so that the surrounding community can prevent without having to stigmatize patients, support from family and community around TB patients

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