

# **Hubungan Keberadaan Penderita Tuberkulosis (TB) Paru Serumah dengan Kejadian Kasus Sekunder di Permukiman Kumuh Kelurahan Kapuk, Kecamatan Cengkareng, Kota Administrasi Jakarta Barat Tahun 2018 = Relationship of the Existence of Household Members with History of Tuberculosis (TB) with Secondary Cases of Pulmonary TB Incidence in Slums Household of Sub-district of Kapuk, District Cengkareng, West Jakarta in 2018**

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## **Abstrak**

Tuberkulosis (TB) Paru adalah penyakit infeksi yang menular melalui udara. Penelitian ini bertujuan untuk mengetahui hubungan antara keberadaan ART dengan riwayat terkena TB Paru ( 9 bulan) terhadap kejadian kasus sekunder TB Paru di rumah tangga permukiman kumuh Kelurahan Kapuk, Kecamatan Cengkareng, Kota Administrasi Jakarta Barat tahun 2018. Penelitian ini menggunakan desain studi potong-lintang dengan variabel independen adalah keberadaan ART dengan riwayat terkena TB Paru ( 9 bulan) dan variabel perancu mencakup perilaku penggunaan ventilasi buatan, frekuensi membuka jendela, frekuensi mengganti sprei dan sarung bantal, frekuensi menjemur kasur dan bantal, etika batuk, kepadatan hunian rumah, dan persentase ventilasi permanen dan ventilasi insidentil. Analisis dilakukan dengan uji Chi-square hingga analisis  $> 2$  variabel. Analisis statistik memberikan hasil proporsi kejadian kasus sekunder TB Paru sebanyak 1%. Variabel yang berhubungan secara signifikan dan sekaligus menjadi variabel dominan secara statistik adalah keberadaan ART dengan riwayat terkena TB Paru ( 9 bulan) (23,7 (95% CI = 2,1-270,5).

.....Pulmonary tuberculosis is an infectious disease transmitted through the air. This study aims to determine the relationship between the existence of household members with history of pulmonary TB (9 months) with the incidence of secondary cases of pulmonary TB in slum household of Sub-district of Kapuk, District Cengkareng, West Jakarta in 2018. This study uses a cross-sectional study design with independent variable is the existence of household member with a history of pulmonary TB ( 9 months) and confounding variabels included the using of artificial ventilation, opening window frequency, changing of bed sheets and pillowcase frequency, drying mattress and pillow, cough ethics, house density, and the percentage of permanent and incidental ventilation. The analysis was done by Chi-square test until analysis  $> 2$  variables. Statistical analysis show that secondary cases of pulmonary TB proportion is 1%. Variable of the existence of household member with a history of pulmonary TB ( 9 months) is the only statistically significant variable and being statistically influential variable (23,7 (95% CI = 2,1-270,5).