

LAMPIRAN-LAMPIRAN

Lampiran 1 : Pencarian Jurnal NCBI PubMed Database

1. No filter

The screenshot shows the PubMed search interface. The search bar contains the query "(effort) and (compliance) and (tuberculosis)". The results page displays 171 results. On the left, there are filters for "MY NCBI FILTERS", "RESULTS BY YEAR" (with a bar chart from 1980 to 2020), "TEXT AVAILABILITY" (Abstract, Free full text, Full text), "ARTICLE ATTRIBUTE" (Associated data), and "ARTICLE TYPE" (Books and Documents, Clinical Trial). The main results list includes:

- 1 **Latent tuberculosis infection: Opportunities and challenges.**
Chee CBE, Reyes R, Zhang Y, Belknap R.
Cite: *Respirology*. 2018 Oct 23;110(8):993-900. doi: 10.1111/resp.13346. Epub 2018 Jun 14.
PMID: 29901251 Review.
Share: Diagnosing and treating latent **tuberculosis** (TB) infection (LTBI) is recognized by the World Health Organization as an important strategy to accelerate the decline in global TB and achieve TB elimination. ...While still imperfect, TB prevention using these new diagnostic a ...
- 2 **Tuberculosis patients' pre-hospital delay and non-compliance with a long-standing DOT programme: a mixed methods study in urban Zambia.**
Cremers AL, Gerrets R, Kapata N, Kabika A, Birnie E, Klipstein-Grobusch K, Grobusch MP.
Cite: *BMC Public Health*. 2016 Oct 28;16(1):1130. doi: 10.1186/s12889-016-3771-9.
PMID: 27793145 Free PMC article.
Share: BACKGROUND: **Tuberculosis** (TB) remains a major health problem in Zambia, despite considerable **efforts** to control and prevent it. With this study, we aim to understand how perceptions and cultural, social, economic, and organisational factors influence TB patients' pr ...
- 3 **Tuberculosis in Canada: Detection, Intervention and Compliance.**
Richardson K, Sander B, Guo H, Greer A, Heffernan J.
Cite: *AIMS Public Health*. 2014 Nov 25;1(4):241-255. doi: 10.3934/publichealth.2014.4.241. eCollection 2014.
PMID: 29546089 Free PMC article.
Share: This paper provides an overview of the current state of TB in Canada by referencing information

2. Full text, Journal article

The screenshot shows the PubMed search interface with filters applied. The search bar contains the query "(effort) and (compliance) and (tuberculosis)". The results page displays 75 results. On the left, the "TEXT AVAILABILITY" filter is set to "Free full text". The "ARTICLE TYPE" filter is set to "Journal Article". The main results list includes:

- 1 **Tuberculosis patients' pre-hospital delay and non-compliance with a long-standing DOT programme: a mixed methods study in urban Zambia.**
Cremers AL, Gerrets R, Kapata N, Kabika A, Birnie E, Klipstein-Grobusch K, Grobusch MP.
Cite: *BMC Public Health*. 2016 Oct 28;16(1):1130. doi: 10.1186/s12889-016-3771-9.
PMID: 27793145 Free PMC article.
Share: BACKGROUND: **Tuberculosis** (TB) remains a major health problem in Zambia, despite considerable **efforts** to control and prevent it. With this study, we aim to understand how perceptions and cultural, social, economic, and organisational factors influence TB patients' pr ...
- 2 **Tuberculosis in Canada: Detection, Intervention and Compliance.**
Richardson K, Sander B, Guo H, Greer A, Heffernan J.
Cite: *AIMS Public Health*. 2014 Nov 25;1(4):241-255. doi: 10.3934/publichealth.2014.4.241. eCollection 2014.
PMID: 29546089 Free PMC article.
Share: This paper provides an overview of the current state of TB in Canada by referencing information presented at the workshop, "**Tuberculosis** Detection, Prevention, and **Compliance**." ...The workshop was organized by the Centre for Disease Modeling and the Public Health A ...
- 3 **Wirelessly observed therapy compared to directly observed therapy to confirm and support tuberculosis treatment adherence: A randomized controlled trial.**
Browne SH, Umlauf A, Tucker AJ, Low J, Moser K, Gonzalez-Garcia J, Pelequin CA, Blaschke T, Vaidis F.
Share: ...

3. Type Journal

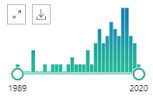
NIH National Library of Medicine National Center for Biotechnology Information Log in

PubMed.gov (effort) and (compliance) and (tuberculosis) Search

Advanced Create alert Create RSS User Guide

Save Email Send to Sorted by: Best match Display options

MY NCBI FILTERS 75 results

RESULTS BY YEAR 

TEXT AVAILABILITY

- Abstract
- Free full text
- Full text

ARTICLE ATTRIBUTE

- Associated data

ARTICLE TYPE

- Books and Documents
- Clinical Trial

Filters applied: Free full text, Journal Article, Clear all

1 **Tuberculosis patients' pre-hospital delay and non-compliance with a longstanding DOT programme: a mixed methods study in urban Zambia.**
Cremers AL, Gerrets R, Kapata N, Kabika A, Birnie E, Klipstein-Grobusch K, Grobusch MP.
BMC Public Health. 2016 Oct 28;16(1):1130. doi: 10.1186/s12889-016-3771-9.
PMID: 27793145 Free PMC article.
BACKGROUND: Tuberculosis (TB) remains a major health problem in Zambia, despite considerable efforts to control and prevent it. With this study, we aim to understand how perceptions and cultural, social, economic, and organisational factors influence TB patients' pr ...

Share

2 **Tuberculosis in Canada: Detection, Intervention and Compliance.**
Richardson K, Sander B, Guo H, Greer A, Heffernan J.
Cite: AIMS Public Health. 2014 Nov 25;1(4):241-255. doi: 10.3934/publichealth.2014.4.241. eCollection 2014. PMID: 29546089 Free PMC article.
Share This paper provides an overview of the current state of TB in Canada by referencing information presented at the workshop, "Tuberculosis Detection, Prevention, and Compliance." ...The workshop was organized by the Centre for Disease Modeling and the Public Health A ...

3 **Wirelessly observed therapy compared to directly observed therapy to confirm and support tuberculosis treatment adherence: A randomized controlled trial.**
Browne SH, Umlauf A, Tucker AJ, Low J, Moser K, Gonzalez Garcia J, Peoquin CA, Blaschke T, Valda F, Benson CA.
Share PLoS Med. 2019 Oct 4;16(10):e1002891. doi: 10.1371/journal.pmed.1002891. eCollection 2019 Oct. PMID: 31584944 Free PMC article. Clinical Trial.
BACKGROUND: Excellent adherence to tuberculosis (TB) treatment is critical to cure TB and avoid the emergence of resistance. ...METHODS AND FINDINGS: We evaluated WOT in persons with active Mycobacterium tuberculosis complex disease using IS-enabled combination ison ...

[Feedback](#)

4. Species, Language, Age

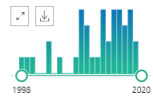
NIH National Library of Medicine National Center for Biotechnology Information Log in

PubMed.gov (effort) and (compliance) and (tuberculosis) Search

Advanced Create alert Create RSS User Guide

Save Email Send to Sorted by: Best match Display options

MY NCBI FILTERS 37 results

RESULTS BY YEAR 

TEXT AVAILABILITY

- Abstract
- Free full text
- Full text

ARTICLE ATTRIBUTE

- Associated data

ARTICLE TYPE

- Books and Documents
- Clinical Trial

Filters applied: Free full text, Journal Article, Humans, MEDLINE, Adult: 19-44 years, English, Clear all

1 **Tuberculosis patients' pre-hospital delay and non-compliance with a longstanding DOT programme: a mixed methods study in urban Zambia.**
Cite: Cremers AL, Gerrets R, Kapata N, Kabika A, Birnie E, Klipstein-Grobusch K, Grobusch MP.
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PMID: 27793145 Free PMC article.
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Share

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Cite: Browne SH, Umlauf A, Tucker AJ, Low J, Moser K, Gonzalez Garcia J, Peoquin CA, Blaschke T, Valda F, Benson CA.
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BACKGROUND: Excellent adherence to tuberculosis (TB) treatment is critical to cure TB and avoid the emergence of resistance. ...METHODS AND FINDINGS: We evaluated WOT in persons with active Mycobacterium tuberculosis complex disease using IS-enabled combination ison ...

[Feedback](#)

5. Publication Date

NIH National Library of Medicine
National Center for Biotechnology Information

PubMed.gov

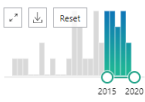
(effort) and (compliance) and (tuberculosis) Search

Advanced Create alert Create RSS User Guide

Save Email Send to Sorted by: Best match Display options

MY NCBI FILTERS 15 results

RESULTS BY YEAR



2015 2020

TEXT AVAILABILITY

Abstract

Free full text

Full text

ARTICLE ATTRIBUTE

Associated data

ARTICLE TYPE

Books and Documents

Clinical Trial

Filters applied: Free full text, Journal Article, in the last 5 years, Humans, English, MEDLINE, Adult: 19-44 years. Clear all

1 **Tuberculosis** patients' pre-hospital delay and non-compliance with a longstanding DOT programme: a mixed methods study in urban Zambia.
Cite Cremera AL, Genets R, Kapata N, Kabila A, Birnie E, Kipstein-Grobosch K, Grobosch MP, BMC Public Health. 2016 Oct 28;16(1):1130. doi:10.1186/s12889-016-3771-9. Share PMID: 27793145 Free PMC article. BACKGROUND: **Tuberculosis** (TB) remains a major health problem in Zambia, despite considerable efforts to control and prevent it. With this study, we aim to understand how perceptions and cultural, social, economic, and organisational factors influence TB patients' pr ...

2 Wirelessly observed therapy compared to directly observed therapy to confirm and support **tuberculosis** treatment adherence: A randomized controlled trial.
Cite Browne SH, Umlauf A, Tucker AJ, Low J, Moser K, Gonzalez Garcia J, Peloquin CA, Blaschke T, Valda F, Benson CA. Share PLoS Med. 2019 Oct 4;16(10):e1002891. doi:10.1371/journal.pmed.1002891. eCollection 2019 Oct. PMID: 31584944 Free PMC article. Clinical Trial. BACKGROUND: Excellent adherence to **tuberculosis** (TB) treatment is critical to cure TB and avoid the emergence of resistance. ...METHODS AND FINDINGS: We evaluated WOT in persons with active Mycobacterium **tuberculosis** complex disease using IS-enabled combination son ...

Lampiran 2: Pencarian artikel Google scholar dan Proquest

1. Filter publication date 2019

The screenshot shows the Google Scholar search interface. The search bar contains the query `((effort)and(compliance)and(tuberculosis))`. The results are filtered by publication date to 2019, showing approximately 5,080 results. The left sidebar includes filters for 'Kapan saja' (Since 2020, 2019, 2016), 'Urutkan menurut relevansi' (Sort by relevance), 'sertakan paten' (include patents), 'mencakup kutipan' (include citations), and 'Buat lansiran' (Create citations). The main results list includes:

- The Effect of Audiovisual Health-Based Education on Medication **compliance** among **Tuberculosis** Patients** [PDF] ijnhs.net
IE Kumiasih, S Soedarsono, L Hidayati ... - International Journal of ... 2020 - ijnhs.net
Health education is an **effort** to improve the ability of individual behavior in achieving optimal levels of health through ... Health education audiovisual based on the Health Belief Model (HBM) can improve the **compliance** of **Tuberculosis** patients in ... Global **Tuberculosis** Report ...
☆ 00 Artikel terkait 2 versi
- 1367. Tele-TB: Using TeleMedicine to Increase Access to Directly Observed Therapy for Latent **Tuberculosis** Infections** [PDF] oup.com Full View
ML Donahue, M Eberly, D Stagliano ... - Open Forum Infectious ... 2019 - academic.oup.com
Otherwise healthy patients with latent **tuberculosis** infection (LTBI) have a 10 percent lifetime risk ... observed therapy (DOT) with INH and rifapentine (RPT), with improved **compliance** but challenges ... In an **effort** to improve access to DOT, we implemented TeleMedicine LTBI DOT ...
☆ 00 3 versi
- A Systematic Review of the Direct and Indirect Costs among **Tuberculosis** Patients** [PDF] researchgate.net
SA Kristina, TM Andayani ... - Research Journal of ... 2020 - indianaonline.com
... An **effort** to improve the **tuberculosis** patient's adherence is a suitable preventive strategic if implemented to reduce the burden ... Nar RR, Kumar A, Jeeva S. Assessment and comparison of knowledge and attitude regarding pulmonary **tuberculosis** and **compliance** to Anti ...
☆ 00 Artikel terkait 5 versi
- Utilization of interactive educational media in improving self efficacy of lung **tuberculosis** patients: Systematic literature review** [PDF] researchgate.net
AY Nursasi - Enfermeria clinica, 2019 - Elsevier
... Innovative strategies are needed in an **effort** to improve self-efficacy ... The results of this systematic review indicate that SMS-based interventions used to treat TB are ineffective because the poor quality of content has failed to improve patient **compliance** in **tuberculosis** treatment ...
☆ 00 Dirujuk 1 kali Artikel terkait 6 versi

Lampiran 2: Pencarian Artikel Proquest

1. No Filter

FPPTI Jawa Timur

ProQuest

Pencarian Dasar Pencarian Lanjut Publikasi Basis data (3)

(effort) and (compliance) and (tuberculosis)

7.463 hasil

Ubah pencarian Pencarian terakhir Simpan pencarian/pemberitahuan

Tampilkan hasil di luar langganan perpustakaan saya.

Disortir berdasarkan

Relevansi

Batasi ke

Teks lengkap

Tinjauan rekan

Jenis sumber

Jurnal Akademik

Buku

Pilih 1-20

1

THE LANCET

Scholarly Journals

First-line **tuberculosis** therapy and drug-resistant **Mycobacterium tuberculosis** in prisons

Coninx, R; Mathieu, C; Debacker, M; Mirzoev, F; et al

The Lancet, London Vol. 353, Iss. 9157, (Mar 20, 1999): 969-73.

...**tuberculosis** programme in a prison. Great **effort** was needed to convince staff of...
...**tuberculosis** control in a prison setting in Baku, Azerbaijan. The programme used...
...**tuberculosis**. Their treatment regimens followed WHO guidelines, and they had...

Abstrak/Detail Teks lengkap Teks lengkap - PDF (858 kb) Dikutip oleh (18) Tampilkan Abstrak

Buku yang cocok dengan pencarian Anda

Clinical Guidelines for the Use of Buprenorphi... SAMHSA/CSAT Treatment Improvement ...

Incorporating Alcohol Pharmacotherapies Int...

2. Type Journal

FPPTI Jawa Timur

ProQuest

Pencarian Dasar Pencarian Lanjut Publikasi Basis data (3)

(effort) and (compliance) and (tuberculosis)

4.284 hasil

Ubah pencarian Pencarian terakhir Simpan pencarian/pemberitahuan

Filter yang diterapkan Hapus semua filter

Jurnal Akademik

Artikel

Tampilkan hasil di luar langganan perpustakaan saya.

Disortir berdasarkan

Relevansi

Batasi ke

Teks lengkap

Pilih 1-20

1

THE LANCET

Scholarly Journals

First-line **tuberculosis** therapy and drug-resistant **Mycobacterium tuberculosis** in prisons

Coninx, R; Mathieu, C; Debacker, M; Mirzoev, F; et al

The Lancet, London Vol. 353, Iss. 9157, (Mar 20, 1999): 969-73.

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...**tuberculosis** control in a prison setting in Baku, Azerbaijan. The programme used...
...**tuberculosis**. Their treatment regimens followed WHO guidelines, and they had...

Abstrak/Detail Teks lengkap Teks lengkap - PDF (858 kb) Dikutip oleh (18) Tampilkan Abstrak

2

Long distance travelling and financial burdens discourage **tuberculosis** DOTs treatment initiation and **compliance** in Ethiopia: a qualitative study

Tadesse, Takele; Demissie, Meaza; Berhane, Yemane; Kebede, Yizaw; Abebe, Markos.

3. Subject

The screenshot shows a ProQuest search interface. The search bar contains the query "(effort) and (compliance) and (tuberculosis)". The results page displays 959 hits. On the left, there are filter options: "Jurnal Akademik", "tuberculosis", "Artikel", and "Bahasa Inggris". Below these are checkboxes for "Tampilkan hasil di luar langganan perpustakaan saya" and a dropdown menu for "Disortir berdasarkan" set to "Relevansi". The main results area shows two entries:

- 1. **First-line tuberculosis therapy and drug-resistant Mycobacterium tuberculosis in prisons** by Coninx, R; Mathieu, C; Debacker, M; Mirzoev, F, et al. *The Lancet, London* Vol. 353, Iss. 9157, (Mar 20, 1999): 969-73. Abstract: "...tuberculosis programme in a prison. Great effort was needed to convince staff of... tuberculosis control in a prison setting in Baku, Azerbaijan. The programme used... tuberculosis. Their treatment regimens followed WHO guidelines, and they had..."
- 2. **Long distance travelling and financial burdens discourage tuberculosis DOTs treatment initiation and compliance in Ethiopia: a qualitative study** by Tadesse, Takele; Demissie, Meaza; Berhane, Yemane; Kebede, Yizgaw; Abebe, Markos.

4. Judul publikasi: diseases

The screenshot shows a ProQuest search interface with the same query as above. The results page displays 31 hits. The filter options on the left are: "Jurnal Akademik", "tuberculosis", "Artikel", and "BMC Infectious Diseases". The "Disortir berdasarkan" dropdown is set to "Relevansi". The main results area shows two entries:

- 1. **Tuberculosis in childhood: a systematic review of national and international guidelines** by Berti, Elettra; Galli, Luisa; Venturini, Elisabetta; de Martini, Maurizio; Chiappini, Elena. *BMC Infectious Diseases; London* Vol. 14, (2014): S3. Abstract: "... Supplemental Information: Title: Highlights in Pediatric Tuberculosis... tuberculosis (TB) represents a major public health concern worldwide. The World... has become one of the main aspects of the global TB control efforts [1-4..."
- 2. **Survival and health status of DOTS tuberculosis patients in rural Lao PDR** by Barennes, Hubert; Keophithoun, Thongdam; Nguyen, Tuan H; Strobel, Michel; Odermatt, Peter. *BMC Infectious Diseases; London* Vol. 10, (2010): 265. Abstract: "... [15] Wilkinson D. High-compliance tuberculosis treatment programme in a rural... due to tuberculosis (TB) is estimated at 24 per 100,000 population, including... tuberculosis treatment in Lao provincial hospitals was either non-existent or..."

5. Tahun publikasi: 5 tahun

ProQuest
Akses diberikan oleh
FPPTI Jawa Timur

Pencarian Dasar Pencarian Lanjut Publikasi Basis data (3)

((effort)and(compliance)and(tuberculosis))

17 hasil Ubah pencarian Pencarian terakhir Simpan pencarian/pemberitahuan

Filter yang diterapkan Hapus semua filter

- Jurnal Akademik
- 5 Tahun Terakhir
- tuberculosis
- Artikel
- Bahasa Inggris
- BMC Infectious Diseases

Tampilkan hasil di luar langganan perpustakaan saya

Disortir berdasarkan Relevansi

Pilih 1-17

1 Multidrug resistant tuberculosis in Ethiopian settings and its association with previous history of anti-tuberculosis treatment: a systematic review and meta-analysis
Eshetie, Setegn; Gizachew, Mucheye; Mulat Dagnew; Gemechu Kumera; Woldie, Haile; dkk.
BMC Infectious Diseases; London Vol. 17, (2017).
...efforts, tuberculosis (TB) remains a major public health threat, worldwide [1]...
...Biadlegne F, Sack U, Rodloff AC. Multidrug-resistant tuberculosis in Ethiopia...
...control efforts. Information concerning the true extent of the problem...
Abstrak/Detail Teks lengkap - PDF (575 kb) Dikutip oleh (1) Tampilkan Abstrak

2 Health care seeking delay among pulmonary tuberculosis patients in North West zone of Tigray region, North Ethiopia
Haileselasie Berhane Alema; Sisay Asgedom Hailemariam; Kebede, Haile Misgina; Meresa Gebremedhin Weldu; Gebregergis, Yosef Sibhatu; dkk.
BMC Infectious Diseases; London Vol. 19, (2019).
treatment compliance by newly enrolled tuberculosis patients in the district

Lampiran 3: Gambar/artikel yang digunakan

1. Artikel 1

DOI Number: 10.5958/0976-5506.2019.00811.8

Analysis of KarebaBaji Community Role as Peer Educators in Healing Effect of Multi Drug Resistance Tuberculosis at RSUD LabuangBaji Makassar City

Rachmawati¹, Muh. Syafar¹, Ida Leida¹

¹Faculty of Public Health, Hasanuddin University, Jl. PerintisKemerdekaan Km. 10, Tamalanrea Indah, Tamalanrea, Kota Makassar, Sulawesi Selatan 90245, Indonesia

Abstract

The aim of this study to analyze role of KarebaBaji community as peer educator in healing effort of tuberculosis (TB) multi drug resistance (MDR) in LabuangBaji Hospital at Makassar City. This study had used qualitative research design with case study approach. This design was used to analyze KarebaBaji community role as peer educator in effort in healing of MDR TB patients. This study was used 3 data collection techniques that were in-depth interview, focus group discussion (FGD) and observation. The informant determination method used in this study was purposive sampling method. The informants were 10 peer educators, 3 MDR tuberculosis (TB) patients, 2 health workers, and 1 expert informant. The study was planned in early March until mid-April 2016. Peer educator understood meaning, transmission, diagnosis, temporary/previous treatment, transmission prevention and MDR TB side effects based on experiences, information from health workers, and training. The motivation in peer educators as sharing experiences, support people for complete the treatment, became friends and help the patient and reduce and transmission prevention. The peer educator skills in mentoring MDR TB patients used persuasive methods. The communication was done through verbally and non-verbally such as support in term of information, treatment discipline and side effect, and emotional support by listens their complaint and self-esteem support in form of motivation, spirit and confidence.

Keywords: KarebaBaji; MDR TB; Peer educator

Introduction

Tuberculosis (TB) is still one of health problem faced on most of countries although control directly observed treatment (DOTs) strategy had been implemented in many countries since 1995. World Health Organization (WHO) had reported estimation 450,000 people suffered Multi Drug Resistance (MDR) TB and 170,000 people

The resistancy of mycobacterial tuberculosis to anti tuberculosis drug is a condition where bacteria were not killed by drug such as Isonicotinic Acid Hydrazide (INH) and Rifamfizin or together with other first-line anti-TB drugs such as ethambutol, streptomycin and pyrazinamide. The resistance drug is "human made phenomenon resulted from insufficient treatment of TB

2. Artikel 2

RESEARCH ARTICLE

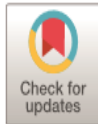
Wirelessly observed therapy compared to directly observed therapy to confirm and support tuberculosis treatment adherence: A randomized controlled trial

Sara H. Browne^{1*}, Anya Umlauf^{1‡}, Amanda J. Tucker^{1‡}, Julie Low², Kathleen Moser³, Jonathan Gonzalez Garcia¹, Charles A. Peloquin⁴, Terrence Blaschke⁵, Florin Vaida¹, Constance A. Benson¹

1 University of California San Diego, La Jolla, California, United States of America, 2 Orange County Health Care Agency, Santa Ana, California, United States of America, 3 Health and Human Services Agency, San Diego, California, United States of America, 4 University of Florida, Gainesville, Florida, United States of America, 5 Stanford University, Stanford, California, United States of America

‡ These authors are joint second authors and contributed equally to this work.

* shbrowne@ucsd.edu



OPEN ACCESS

Citation: Browne SH, Umlauf A, Tucker AJ, Low J, Moser K, Gonzalez Garcia J, et al. (2019)

Wirelessly observed therapy compared to directly observed therapy to confirm and support tuberculosis treatment adherence: A randomized controlled trial. *PLoS Med* 16(10): e1002891. <https://doi.org/10.1371/journal.pmed.1002891>

Academic Editor: Mark Hatherill, University of Cape Town, SOUTH AFRICA

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Published: October 4, 2019

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Abstract

Background

Excellent adherence to tuberculosis (TB) treatment is critical to cure TB and avoid the emergence of resistance. Wirelessly observed therapy (WOT) is a novel patient self-management system consisting of an edible ingestion sensor (IS), external wearable patch, and paired mobile device that can detect and digitally record medication ingestions. Our study determined the accuracy of ingestion detection in clinical and home settings using WOT and subsequently compared, in a randomized control trial (RCT), confirmed daily adherence to medication in persons using WOT or directly observed therapy (DOT) during TB treatment.

Methods and findings

We evaluated WOT in persons with active *Mycobacterium tuberculosis* complex disease using IS-enabled combination isoniazid 150 mg/rifampin 300 mg (IS-Rifamate). Seventy-seven participants with drug-susceptible TB in the continuation phase of treatment, prescribed daily isoniazid 300 mg and rifampin 600 mg, used IS-Rifamate. The primary endpoints of the trial were determination of the positive detection accuracy (PDA) of WOT.

3. Artikel 3

Tesfahuneygn et al. *BMC Res Notes* (2017) 10:202
DOI 10.1186/s13104-015-1452-x



RESEARCH ARTICLE

Open Access



Adherence to Anti-tuberculosis treatment and treatment outcomes among tuberculosis patients in Alamata District, northeast Ethiopia

Gebrehiwet Tesfahuneygn^{1*}, Girmay Medhin² and Mengistu Legesse²

Abstract

Background: Non-adherence to tuberculosis (TB) treatment can result in an emergence of new strains, prolonged infectiousness, drug resistance and poor treatment outcomes. Thus, assessment of the level of adherence to anti-TB treatment, treatment outcomes and identifying factors associated with non-adherence and poor treatment outcomes are vital for improving TB treatment adherence and treatment outcomes in the study area. The main objectives of the current study were to assess the level of adherence to anti-TB treatment among patients taking anti-TB drug treatment and to identify factors associated with non-adherence. Whereas, the secondary objectives were to assess treatment outcomes and factors associated with poor treatment outcomes among TB patients previously treated at the health institutions of Alamata District, northeast Ethiopia.

Methods: In a health facility-based cross-sectional study, TB patients who were taking anti-TB drug treatment were interviewed using a structured questionnaire to evaluate level of adherence to anti-TB treatment. TB treatment outcomes were evaluated using data generated from a record review of previous TB patients who were treated at health facilities of Alamata District from January 2007 to June 2012. Adherence data and treatment outcomes data were computerized separately using Epi-Data version 3.1 and analyzed using STATA version 10.0.

Results: Between November 2012 and January 2013, 116 (58.0 %) male TB patients and 84 (42.0 %) female TB patients were interviewed, of whom 77.5 % were new cases, 23.5 % were smear-positive pulmonary TB (SPPTB) cases, 26.5 % were smear-negative PTB (SNPTB) cases and 50.0 % were extra pulmonary (EPTB) cases. The overall adherence rate to anti-TB treatment was 88.5 %. The main reasons for the non-adherent patients were forgetting to take medication, being away from home, drug side effects, being unable to go to the health facilities on the date of appointment and being hospitalized. In the TB treatment outcomes component of the current study, records of 4,275 TB patients were reviewed and the overall treatment success rate was 90.1 %. Two-hundred fifteen (5.0 %) patients had unsuccessful treatment outcomes, of whom 76 (35.3 %) defaulted, 126 (58.6 %) died and 13 (6.1 %) had treatment failure. Significant predictors of unsuccessful treatment outcomes were being positive for human immunodeficiency virus (HIV) infection [adjusted odds ratio (aOR) = 2.1, 95 % CI 1.5–3.0], being SPPTB case (aOR = 3.4, 95 % CI 2.4–4.8), being SNPTB case (aOR = 2.0, 95 % CI 1.5–2.8), and being re-treatment cases (aOR = 2.6, 95 % CI 1.5–3.7).

Conclusion: In the present study area, there was a high level of adherence to anti-TB treatment and also a high TB treatment success rate. However, still further effort like health education to patient or family is needed to reduce

4. Artikel 4

RESEARCH ARTICLE

Adherence to Concurrent Tuberculosis Treatment and Antiretroviral Treatment among Co-Infected Persons in South Africa, 2008–2010

Ernesha Webb Mazinyo^{1*}, Lindsay Kim^{2,3}, Sikhethiwe Masuku⁴, Joey L. Lancaster⁴, Ronel Odendaal⁴, Margot Uys¹, Laura Jean Podewils³, Martie L. Van der Walt⁴



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Data Availability Statement: All relevant data are within the paper.

Abstract

Background

Adherence to tuberculosis (TB) treatment and antiretroviral therapy (ART) reduces morbidity and mortality among persons co-infected with TB/HIV. We measured adherence and determined factors associated with non-adherence to concurrent TB treatment and ART among co-infected persons in two provinces in South Africa.

Methods

A convenience sample of 35 clinics providing integrated TB/HIV care was included due to financial and logistic considerations. Retrospective chart reviews were conducted among persons who received concurrent TB treatment and ART and who had a TB treatment outcome recorded during 1 January 2008–31 December 2010. Adherence to concurrent TB and HIV treatment was defined as: (1) taking $\geq 80\%$ of TB prescribed doses by directly observed therapy (DOT) as noted in the patient card; and (2) taking $>90\%$ ART doses as documented in the ART medical record during the concurrent treatment period (period of

5. Artikel 5

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BMC Infectious Diseases

RESEARCH ARTICLE

Open Access

Using electronic medication monitoring to guide differential management of tuberculosis patients at the community level in China



Ni Wang¹, Hui Zhang¹, Yang Zhou², Hui Jiang³, Bing Dai³, Miaomiao Sun⁴, Ying Li¹, Amelia Kinter⁵ and Fei Huang^{1*} 

Abstract

Background: In settings such as China, where universal implementation of directly observed therapy (DOT) is not feasible, innovative approaches are needed to support patient adherence to TB treatment. The electronic medication monitor (EMM) is one of the digital technologies recommended by the World Health Organization (WHO), but evidence from implementation studies remains sparse. In this study, we evaluated acceptance of the EMM among health care workers and patients while implementing the device for differential TB patient management at the community level.

Methods: Zhenjiang City in Jiangsu Province was purposively selected for the study. All participating patients were allowed to select their preferred management approach. If patients declined to use the EMM, DOT was offered. The EMM was designed to hold 1 month of anti-TB drugs for once-daily dosing of fixed-dose combination (FDC) tablets. Patient EMM records were monitored monthly by a physician; if 20 to 50% of doses were missed twice, or more than 50% of doses were missed once, the patient was switched to DOT. The four physicians and five nurses involved in the study at four designated hospitals were surveyed using a structured questionnaire to assess their acceptance of the EMM.

Results: From October 2017 through January 2018, 316 pulmonary TB patients were notified in the TB information management system, and 231 (73.1%) met the study enrollment criteria. Although 186 patients (80.5%) initially consented to use the EMM, 17 later refused to use it. Among the 169 patients who used the EMM, 15 (8.9%) were switched to DOT due to poor adherence, and the other 154 completed the treatment course. The median adherence rate was 99.3%. Surveyed health care workers from designated hospitals found the EMM acceptable, although eight of nine felt use of the device moderately increased their workload. However, the EMM program significantly reduced the workload of community physicians by reducing patient visits by 87.9%.

Conclusions: This study demonstrated the acceptability of using an indigenously developed EMM for differential management of TB patients at the community level. However, more operational research should be conducted before introducing and scaling the technology throughout China.

6. Artikel 6



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YAYASAN
ALTA DHARMA

The Effect of Audiovisual Health-Based Education on Medication compliance among Tuberculosis Patients

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Abstract. Tuberculosis (TB) has been around for thousands of years and remains a major global health problem. One of the factors that influence non-compliance in TB treatment is a lack of knowledge about TB and therapy. The study aimed at examining the effect of audiovisual health education on the compliance behavior of tuberculosis patients in taking medication. **Methods:** This study used a quasi-experimental, pre-test, and post-test with the non-equivalent control group that was applied in this study. Seventy samples were recruited by using purposive sampling and divided into the intervention group and control groups. Data were analyzed using descriptive statistics and paired t-test. The results showed that the mean scored of medication compliance increased among the intervention group before intervention (mean=SD: 6,89=1,105) and after the intervention (mean=SD: 7,46=0,701). Meanwhile, the control group showed than the mean scores of medication compliance level was slightly downhill from 6,89+ 1,105 to 7,23+1,060. The paired t-test obtained a p-value of 0.000, indicating that there were significant differences in the enhancement in medication compliance between the intervention and the control group. An audiovisual health education interventions improve the compliance behavior of TB patients in taking medication. The nurse profession is expected to be able to use preoperative based

RESEARCH ARTICLE

Open Access



Predictors of unsuccessful interim treatment outcomes of multidrug resistant tuberculosis patients

Muhammad Atif^{1*}, Arslan Bashir¹, Nafees Ahmad², Razia Kaneez Fatima³, Sehar Saba⁴ and Shane Scahill⁵**Abstract**

Background: Interim treatment outcomes at 6 months for multidrug-resistant tuberculosis (MDR-TB) treatment are among the most basic performance monitoring and key evaluation indicators in the Stop and End TB strategy of the World Health Organization (WHO). Therefore, this study was conducted to evaluate the interim treatment outcomes of MDR-TB patients in Pakistan.

Methods: This study was conducted at the Programmatic Management Unit for Drug-resistance TB (PMDT) site of the National Tuberculosis Program (NTP), Pakistan. It is located in the Chest Disease Unit (CDU) of the Bahawal Victoria Hospital (BVH), Bahawalpur, Punjab, Pakistan. Data was collected between April 1, 2014 and December 31, 2015. The medical records, Electronic Nominal Recording Reporting System (ENRS) data and MRD-TB notification forms of the MDR-TB patients registered at the PMDT site were reviewed to obtain data. For reporting and calculation of interim treatment outcomes, standardized WHO methodology was adopted. Simple logistic regression analysis was used to examine the possible association between the dependent variable (i.e. unsuccessful interim treatment outcome) and selected socio-demographic and clinical variables.

Results: A total of 100 drug-resistant TB (DR-TB) patients (all types) were registered during the study period. Out of these, 80 were MDR-TB patients for whom interim results were available. Out of the 80 MDR-TB cases, 48 (60%) were classified under the successful interim treatment outcome category. The remaining 40% had unsuccessful 6-month treatment outcomes and 12 (15%) patients died, while nine (11.3%) were lost to follow-up by six months. The final predictors of unsuccessful interim treatment outcomes were; being resistant to ofloxacin (AOR 3.23, 95% CI 0.96–10.89; *p*-value = 0.04), having above normal baseline serum creatinine levels (AOR 6.49, 95% CI 1.39–30.27; *p*-value = 0.02), and being culture positive at the second month of treatment (AOR 6.94, 95% CI 2–24.12; *p*-value = 0.01).

Conclusions: Despite free treatment and programmatic efforts to ensure patient adherence, the high rate of unsuccessful interim treatment outcomes is concerning. The identified risk factors for unsuccessful interim treatment outcomes in the current study provides clinicians an opportunity to identify high-risk patients and ensure enhanced clinical management and greater treatment success rates.

Background

A major obstacle in the successful control of tuberculosis (TB) is multidrug-resistant TB (MDR-TB), defined as mycobacterium strains resistant to both isoniazid and rifampicin. The management and treatment of MDR-TB is complex and it is difficult to achieve favorable treatment outcomes as compared to drug-sensitive TB, even

under optimal circumstances. In-part, this is attributed to the lengthy treatment of MDR-TB patients with comparatively less effective, more toxic and costly regimens that contain combinations of first line (FLDs) and second line anti-TB drugs (SLDs) [1–3]. Moreover, scarcity of an evidence base from randomized controlled trials, inadequate number of SLDs, the absence of political commitment, the limited number of experts and laboratories and the sale of anti-TB drugs in the private sector of high-TB burden countries, have also contributed

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8. Artikel 8



Effect of Peer Group Support on the Self-Efficacy of Multi Drug Resistant Tuberculosis Patients in Underwent Compliance Treatment

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ABSTRACT

MDR TB disease occurs due to treatment failure, non-compliance in maintaining treatment so as to cause treatment interruption, improper treatment resulting in primary resistance. MDR TB treatment requires a longer treatment time, so the treatment time will cause various kinds of effects of symptoms of physical and even mental disorders. Because this treatment requires a very strong belief or self-efficacy so that people with MDR TB can recover. One effort to improve self-efficacy is through *vicarious experience* or a person's experience by means of activities *Peer Group Support*.

The purpose of the study is to determine the effect of *Peer Group Support* on the self-efficacy of patients *Multi Drug Resistant Tuberculosis* in undergoing medication adherence.

The method of the study This type of research uses *true experimental randomized pre-post test control group design*. Samples were taken using simple random sampling consisting of 17 respondents each, both from the intervention group and the control group. *Peer Group Support* is carried out in 4 stages for 4 weeks with a duration of 45-60 minutes. The independent variable in this study is *Peer Group Support*, while the dependent variable is self-efficacy and adherence to undergo treatment. Data were analyzed with the *Mann-Whitney Test* and *Wilcoxon signed*.

The conclusion of finding research conclusions from study this indicate that there is an effect of peer group support on patient self-efficacy and adherence to treatment.

Keywords: TB MDR, *Peer Group Support*, Self-Efficacy, Treatment Compliance.

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9. Artikel 9

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Predictors of Isoniazid Preventive Therapy Completion among Adults Newly Diagnosed with HIV in Rural Malawi

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Abstract

Setting: To reduce the risk of tuberculosis (TB) among individuals with HIV infection, WHO recommends at least six months of isoniazid preventive therapy (IPT). Completion of IPT remains a major challenge in resource-limited settings.

Objective: We evaluated predictors of IPT completion in individuals newly diagnosed with HIV.

Design: Predictors of IPT completion among adults newly diagnosed with HIV in rural Malawi were evaluated using a multilevel logistic regression model.

Results: 974 participants screened negative for active TB and were started on IPT, 732 (75%) of whom completed treatment. Only 1 IPT eligible individual refused treatment. Participants <25 years (compared to those >45 years, aOR: 0.33, 95% CI: 0.18–0.60) and men (compared to non-pregnant women, aOR: 0.57, 95% CI: 0.37–0.88) had lower odds of IPT completion.

Conclusion: IPT provision at the time of an initial HIV diagnosis was highly acceptable in rural Malawi; three-quarters of those who initiated IPT successfully completed therapy. We observed lower odds of completion among men and female participants younger than 25 years old. Additional efforts may be needed to ensure IPT completion for men and young women who have

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Multidrug-resistant tuberculosis patients lost to follow-up: self-reported readiness to restart treatment

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SUMMARY

SETTING—Multidrug-resistant tuberculosis (MDR-TB) patients lost to follow-up (LTFU) from Programmatic Management of Drug-resistant Tuberculosis facilities in the Philippines.

OBJECTIVES—To gain insight into patients' readiness to return to treatment.

METHODS—MDR-TB patients who initiated treatment and were categorized as LTFU were identified using TB registers, contacted, and asked to consent to an interview and medical record review. At the conclusion of the interview, patients' readiness to restart treatment was assessed and examined in relation to demographic, clinical, and interview data. Odds ratios were calculated.

RESULTS—When asked if they would consider restarting MDR-TB treatment, 3% of the 89 participating patients reported that they had already restarted, 34% indicated that they wanted to restart, 33% had not considered restarting, 28% were undecided, and 2% had decided against restarting. Patients who wanted to restart treatment were more likely to report having borrowed money for TB-related expenses (OR 5.97, 95%CI 1.27–28.18), and were less likely to report being self-employed (OR 0.08, 95%CI 0.01–0.67), or perceive themselves at low or no risk for TB relapse (OR 0.30, 95%CI 0.08–0.96) than patients who did not indicate an interest in restarting

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Novita Mar'atus Sholikhah

ABSTRAK

UPAYA PENINGKATAN KEPATUHAN PENGOBATAN PADA PENDERITA TUBERKULOSIS

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Latar belakang: Tuberkulosis adalah penyakit menular yang disebabkan oleh *Mycobacterium Tuberculosis*. Peningkatan kasus tuberkulosis salah satunya disebabkan oleh ketidakpatuhan pada proses pengobatan. Studi review ini bertujuan untuk menganalisis bentuk upaya yang dapat dilakukan untuk meningkatkan kepatuhan pengobatan pada penderita tuberkulosis. **Metode:** Tinjauan sistematis mencari tiga databased (Pubmed, Proquest dan Google Scholar). Dari databased Pubmed ditemukan 5 jurnal, dari databased Proquest ditemukan 2 jurnal dan databased Google Scholar ditemukan 3 jurnal yang sesuai dengan kriteria inklusi. Systematic review dengan ketersediaan *full text*, dengan tipe artikel jurnal, serta tipe jurnal medline, dipublikasi dalam bahasa inggris, spesies yang di teliti manusia tuberkulosis ,tipe usia 19-44 tahun, dimulai dari tahun 2016-2020. **Hasil:** Kami menemukan sepuluh studi yang memenuhi kriteria inklusi dalam tinjauan. Studi analisis meliputi bentuk upaya-upaya peningkatan kepatuhan pengobatan tuberkulosis, sebagian besar bentuk studi dilakukan dengan observasi dan membahas terkait upaya peningkatan kepatuhan pengobatan. **Kesimpulan:** Bentuk upaya peningkatan kepatuhan pengobatan yang dapat dilakukan dengan cara *Peer Educator* ,*WOT (Wirelessly Observation Therapy)*, *Pendidikan Kesehatan, Terapi Terpadu (THAT Program SIT TB with HIV)*, *EMM (Electronic Medicatin Management)*, *Pendidikan Kesehatan Audiovisual*, *PMDT (Programmatic Management of Drug-resistant Tuberculosis)* dan *PGS (Peer Group Support)*, *IPT (Isoniazid Prevention TB Therapy)*.

Kata kunci: Tuberkulosis, Kepatuhan, Pengobatan

ABSTRACT

EFFORTS TO IMPROVE TREATMENT COMPLIANCE IN TUBERCULOSIS PATIENTS

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Background: Tuberculosis is an infectious disease caused by *Mycobacterium Tuberculosis*. The increase of tuberculosis cases is partly due to non-compliance with the treatment process. This review study aims to analyze the forms of effort that can be made to improve treatment compliance in tuberculosis sufferers.

Methods: A systematic review searched for three databased (Pubmed, Proquest and Google Scholar). It was found 5 journals from the Pubmed database, 2 journals from the Proquest database and 3 journals from the Google Scholar database which match with inclusion criteria. Systematic review is *full text* availability, with journal article type, as well as medline journal type, published in English, tuberculosis as the species studied by human, aged 19-44 years, starting from 2016-2020.

Results: We found ten studies that met the inclusion criteria in the review. Analytical studies include the forms of efforts to increase tuberculosis treatment compliance. This study was conducted by observation and discuss efforts to increase medication compliance.

Conclusion: Efforts to increase medication compliance can be done by means of *Peer Educator*, *WOT (Wirelessly Observation Therapy)*, *Health Education*, *Integrated Therapy (THAT Program SIT TB with HIV)*, *EMM (Electronic Medication Management)*, *Audiovisual Health Education*, *PMDT (Programmatic Management of Drug-resistant Tuberculosis)* and *PGS (Peer Group Support)*, *IPT (Isoniazid Prevention TB Therapy)*.

Keywords: Tuberculosis, Compliance, Treatment

LATAR BELAKANG

Tuberkulosis adalah penyakit menular yang disebabkan oleh infeksi *Mycobacterium Tuberculosis*. Cara penularan TB paru adalah dengan dahak yang dikeluarkan oleh penderita (Dewi Hapsari,2016). Di Indonesia ditemukan kasus tuberkulosis pada tahun 2017 sebanyak 138 kasus per 100.000 penduduk dan pada tahun 2018 naik menjadi 193 kasus per 100.000 penduduk, pada tahun 2015 di Indonesia angka keberhasilan pengobatan Tuberkulosis yaitu sebesar 85% menurun dibandingkan dengan tahun 2014 sebesar 90, 1%. (Kemenkes RI, 2017). Salah satu upaya pengendalian peningkatan kasus tuberkulosis dengan menjalankan kepatuhan pengobatan. Kepatuhan (adherence atau compliance) didenifisikan sebagai tindakan perilaku seseorang yang mendapatkan pengobatan, mengikuti diet, dan melaksanakan gaya hidup sesuai dengan rekomendasi pemberi pelayanan kesehatan (Hardiyatmi, 2016). Berdasarkan permasalahan

diatas, peneliti ingin menganalisis upaya peningkatan kepatuhan pengobatan pada penderita tuberkulosis paru dengan melakukan literatur Review.

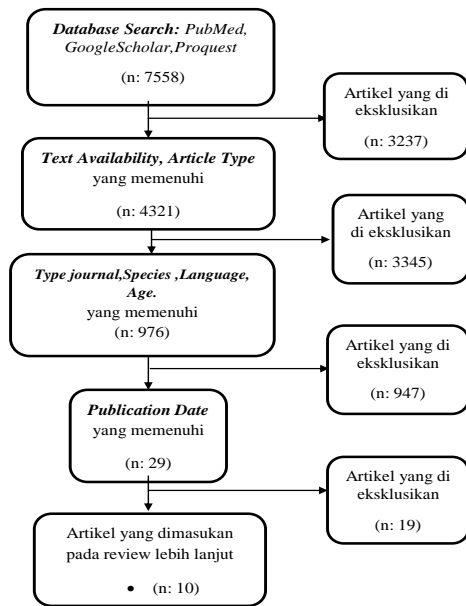
STRATEGI ATAU DATABASE

Metode pencarian artikel dalam database jurnal penelitian dan pencarian melalui internet. Pencarian database yang digunakan adalah Pubmed, Google Scholar, dan Proquest dari tahun 2016 hingga tahun 2020. Untuk pencarian artikel, kata kunci yang digunakan juga dicantumkan dalam pengumpulan data adalah “(effort and compliance and tuberculosis)”.

KRITERIA INKLUSI

1. Ketersediaan teks yaitu *Full Text*
2. Tipe artikel yaitu Artikel Jurnal
3. Tipe jurnal yaitu Medline
4. Dipublikasi dalam bahasa Inggris
5. *Species* yang diteliti penderita TB
6. Tipe usia yaitu 19-44 th
7. Diterbitkan dari tahun 2016 hingga 2020 (5 tahun terakhir)

SINTESIS TEMATIK



HASIL

Semua jurnal yang ditemukan relevan dengan topik dan berpengaruh terhadap upaya peningkatan kepatuhan pengobatan pada penderita tuberculosis

PEMBAHASAN

1. Peer Educator (Pendidikan teman sebaya)

Hasil penelitian dari (Rachmawati, 2019) Peer educator mampu meningkatkan kepatuhan pengobatan pada masyarakat dengan cara merubah stigma penderita Tb mengenai penyakit yang diderita serta memberikan pengalaman, informasi dari petugas kesehatan.

2. WOT(Wirelessly Observation Therapy)

Hasil penelitian dari (Sara, 2019), WOT merupakan terapi secara nirkabel atau tidak langsung terhadap peningkatan kepatuhan dengan

pemantauan ketat secara digital. Sehingga terapi WOT lebih mengupayakan peningkatkan kepatuhan pengobatan dengan cara mempertahankan kepatuhan pengobatan melalui penjadwalan konsumsi obat secara teratur dan terpadu secara digital.

3. Pendidikan Kesehatan

Hasil penelitian dari (Gebrehiwet, 2017), Pendidikan kesehatan merupakan upaya meningkatkan kepatuhan pengobatan dengan cara menentukan tingkat kepatuhan pengobatan anti-TB dan mampu memahami faktor-faktor yang terkait dengan ketidakpatuhan pengobatan.

4. Terapi Terpadu (THAT)

Hasil penelitian dari (Ernesha, 2016), terapi THAT mampu mengukur tingkat kepatuhan seorang sampai menjadikan adanya peningkatan kepatuhan pengobatan dengan upaya menentukan faktor yang terkait dengan ketidakpatuhan terhadap pengobatan TB bersamaan dan ART.

5. EMM (*Elektronik Medication Management*)

Hasil penelitian dari (Ni Wang, 2019), EMM mampu berupaya meningkatkan kepatuhan pengobatan dibandingkan DOT karena EMM dilakukan dengan pengontrolan minum obat dengan ketepatan dosis serta penjadwalan pemeriksaan lanjutan yang dilakukan selama 6-8 bulan.

6. Pendidikan kesehatan metode audiovisual

Hasil penelitian dari (Ika, 2020), pendidikan kesehatan berbasis audiovisual mampu mengupayakan banyaknya materi dan informasi yang dapat diserap oleh alat indra sehingga mampu meningkatkan kemampuan perilaku individu khususnya dalam kepatuhan pengobatan dalam mencapai tingkat kesehatan yang optimal dengan cara peningkatan pengetahuan dan membentuk sikap positif.

7. PMDT(*Programmatic Management of Drug-resistant Tuberculosis*)

Hasil penelitian dari (Atif, 2017), PMDT mampu meningkatkan kepatuhan pengobatan karena mampu membuka pengetahuan dengan cara memberikan pelatihan pendukung perawatan dan konseling komprehensif kepada pasien agar mempengaruhi meningkatkan kepatuhan pengobatan serta keberhasilan pengobatan pada penderita tuberculosis.

8. PGS (*Peer Group Support*)

Hasil penelitian dari (Muhammad jauhar,2019),PGS mampu meningkatkan kepatuhan pengobatan dengan mengupayakan motivasi, proses berpikir, kondisi emosi dan lingkungan sosial seseorang yang menunjukkan kebiasaan tertentu.

9. IPT (*Isoniazid PreventionTB Therapy*)

Hasil penelitian dari (Kristen, 2018), IPT program yang mampu mengurangi TB aktif dan program meningkatkan ketahanan hidup penderita TB dengan ODHA yang

berupa konseling penanganan depresi efek pengobatan.

10. PMDT(*Programmatic Management of Drug-resistant Tuberculosis*)

Hasil penelitian dari (Mangan, 2017), PMDT mampu menanggulangi ketidakpatuhan pengobatan dan meningkatkan kepatuhan melalui upaya mengembangkan keyakinan terhadap pengobatan lanjutan yang dilakukan oleh penderita TB dengan resisten obat.

KESIMPULAN

Sesuai dengan teori hasil yang telah direview didapatkan bahwa bentuk upaya yang efektif untuk meningkatkan kepatuhan pengobatan adalah menggunakan *WOT (Wirelessly Observation Therapy)* dengan bentuk sensor menelan konsumsi obat berupa pemantauan pelaporan digital meskipun dalam jarak jauh dan dengan mampu terdeteksi secara cepat yakni 24jam sehingga banyak dukungan yang diterimadanmampu mempertahankan kepatuhan pengobatan. Dan bentuk upaya peningkatan kepatuhan pengobatan dapat dilakukan melalui *EMM (Electronic Medication Mnagement)* yakni berupa pengingat pengobatan setiap hari berupa perangkat yang menunjukkan penderita telah meminum obat dan terpantau oleh dokter melalui input akses data. Kedua bentuk upaya ini adalah pendekatan berbasis digital yang lebih efisien dan efektif diterapkan sesuai era modernisasi saat ini.

Tabel 1 Hasil *Systematic Review*

No	Penulis, tahun publikasi, Refrence.	Topik	Ukuran sample penelitian	Desain dan Metodologi				Hasil temuan (outcome)	Kesimpulan
				Metode	Instrument	Strategi pengumpulan data	Analisis		
1	Rachmawati et al ., 2019	Analisis Peran Komunitas KarebaBaji Sebagai Peer Educator dalam Efek Penyembuhan Tuberkulosis Resistensi Obat di RSUD	10 peer educator, 3 pasien TB MDR, 2 petugas kesehatan, dan 1 informan ahli	purposive sampling.	Wawancara	Kuesioner	Kualitatif	Penelitian menunjukkan motivasi pendidik sebaya KarebaBaji telah mengurangi kejadian TB MDR, mencegah penularan, memberikan informasi, memotivasi pasien untuk pengobatan, berbagi pengalaman, dan mendukung pasien.	Bentuk Peer Edukasi mampu meningkatkan kepatuhan pengobatan dengan cara memberikan motivasi dan edukasi dari pasien (mantan pasien TB). Dukungan dan informasi dari teman sebaya lebih efektif dalam memberikan dukungan psiko

									sosial melalui pengalaman, informasi dari petugas kesehatan, dan pelatihan.
2	Sara H, et al., 2019	Terapi yang diamati secara nirkabel dibandingkan dengan terapi yang diamati secara langsung	70 pasien TB yang rentan terhadap pengobatan	Cross sectional	Observasi	Purposive sampling	Analisis multivariat	Dalam hal akurasi, WOT setara dengan DOT. WOT lebih unggul daripada DOT dalam mendukung kepatuhan harian terhadap	WOT merupakan wirelessly atau sistem manajemen yang berbentuk digital untuk mengkonsumsi

		untuk mengkonfirmasi dan mendukung kepatuhan pengobatan TB: Sebuah uji coba terkontrol secara acak						pengobatan TB selama fase lanjutan pengobatan TB dan sangat disukai oleh peserta. WOT harus diuji dalam rangkaian TB dengan beban tinggi, di mana ia dapat secara substansial mendukung program TB negara berpenghasilan rendah dan menengah (LMIC).	obat yang berupaya untuk meningkatkan kepatuhan pengobatan pada penderita Tuberkulosis
3	Gebrehiw et Tesfahune ygn, et al., 2017	Kepatuhan terhadap pengobatan anti-TB dan hasil pengobatan di antara	200 pasien TB	Cross sectional	Wawancara	Proposive sampling	Analisis Bivariat	ada tingkat kepatuhan yang tinggi terhadap pengobatan anti-TB dan juga tingkat keberhasilan	upaya pendidikan kesehatan untuk pasien atau keluarga diperlukan untuk

		<p>pasien tuberkulosis di Distrik Alamata, timur laut Ethiopia</p>					<p>pengobatan TB yang tinggi. Namun, Kesimpulan: Di daerah penelitian ini, ada tingkat kepatuhan yang tinggi terhadap pengobatan anti-TB dan juga tingkat keberhasilan pengobatan TB yang tinggi. Namun, upaya lebih lanjut seperti pendidikan kesehatan untuk pasien atau keluarga diperlukan untuk mengurangi faktor-faktor yang mempengaruhi tingkat kepatuhan dan keberhasilan</p>	<p>mengurangi faktor-faktor yang mempengaruhi tingkat ketidakpatuhan pengobatan dan keberhasilan pengobatan</p>
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								pengobatan untuk memastikan tingkat kepatuhan dan keberhasilan pengobatan yang lebih tinggi daripada yang saat ini diamati di daerah penelitian ini.	
4	ErneshaW ebb Mazinyo, et, al, (2016)	Kepatuhan terhadap Pengobatan Tuberkulosis dan Pengobatan Antiretroviral di antara Orang dengan koinfeksi di Afrika Selatan, 2008 - 2010	1.252 Orang	multivariat	Kuesioner	Purposive sampling	Statistik deskriptif	Sebanyak 1.588 pasien TB / HIV tercantum dalam THAT ' Database SIT diidentifikasi berpotensi menerima ART dan pengobatan TB bersamaan, Dalam model multivariat akhir yang disesuaikan dengan usia, memiliki penyakit TB luar paru (RR = 1,71, 95% CI 1,12 hingga 2,60) dan	Upaya dengan Dukungan Pengobatan dan Terapi Terpadu (THAT ' Program SIT) metode pengobatan bersamaan.me mpengaruhi tingkat kepatuhan pasien.

								tidak mengungkapkan status HIV kepada setidaknya satu teman atau anggota keluarga (RR = 1,96, 95% CI 1,02 hingga 3,76) tetap menjadi faktor risiko independen untuk ketidakpatuhan terhadap pengobatan TB dan ART bersamaan.	
5	Ni Wang,et,al (2019)	Menggunakan pemantauan pengobatan elektronik untuk memandu	316 pasien	studi kohort	Observasi	kuesioner	Analisis kuantitatif	316 pasien TB paru diberitahukan dalam sistem manajemen informasi TB,	Dengan Upaya pemantauan pengobatan menggunakan system EMM (elektronik

		manajemen yang berbeda dari pasien tuberkulosis di tingkat komunitas di Cina						dan 231 (73,1%) memenuhi kriteria pendaftaran penelitian. Meskipun 186 pasien (80,5%) awalnya setuju untuk menggunakan EMM, 17 kemudian menolak untuk menggunakannya . Di antara 169 pasien yang menggunakan EMM, 15 (8,9%) beralih ke DOT karena kepatuhan yang buruk, dan 154 lainnya menyelesaikan kursus pengobatan. Tingkat kepatuhan rata-rata adalah	medication management) mempengaruhi tingkat kepatuhan pengobatan.
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								99,3%.	
6	Ika Endah Kurniasih 1 *, Soedarsono 2, Laily Hidayati 3, Maulana Arif Murtadho 1,2020	Pengaruh Pendidikan Audiovisual Berbasis Kesehatan pada Kepatuhan pengobatan di antara pasien Tuberkulosis	35 orang	Studi audiovisual Belief Model	kuesioner	Random sampling	purposive sampling	<p>skor kepatuhan minum obat pada kelompok intervensi sebelum intervensi (rata = SD:6,89 = 1,105) dan setelah intervensi (mean = SD: 7,46 = 0,701). Sementara itu, kelompok kontrol menunjukkan dari skor rata-rata tingkat kepatuhan pengobatan sedikit menurun dari 6,89+1,105 hingga 7,23 + 1,060. Uji-t berpasangan memperoleh nilai p 0,000, yang menunjukkan bahwa ada perbedaan yang</p>	Upaya Audiovisual edukasi kesehatan berbasis (HBM) dapat meningkatkan kepatuhan pasien Tuberkulosis dalam minum obat.

								signifikan dalam peningkatan kepatuhan minum obat antara kelompok intervensi dan kelompok kontrol	
7	Atif , et al., 2017	prediktor hasil pengobatan sementara yang tidak berhasil dari pasien tuberkulosis yang resistan terhadap beberapa obat	100 orang	studi kohort observasi onal	Medical Test	pasien TB yang resistan terhadap obat (DR-TB) pada (PMDT)	Analisis regresi logistik	80 kasus TB-MDR, 48 (60%) diklasifikasikan dalam kategori hasil pengobatan sementara yang berhasil. 40% sisanya memiliki hasil pengobatan 6 bulan yang tidak berhasil dan 12 (15%) pasien meninggal, sementara sembilan (11,3%) mangkir selama enam bulan. Prediktor akhir dari hasil pengobatan sementara yang	Upaya Memperkuat sistem kesehatan dengan pelatihan pendukung perawatan dan konseling komprehensif pasien langkah meningkatkan kepatuhan pengobatan pada penderita tuberkulosis

								tidak berhasil adalah; resisten terhadap ofloxacin (AOR 3.23, 95% CI 0.96 - 10.89; p-nilai = 0,04), memiliki kadar kreatinin serum awal yang di atas normal (AOR 6,49, 95% CI 1,39 - 30.27; p-nilai = 0,02), dan menjadi budaya positif pada bulan kedua pengobatan (AOR 6,94, 95% CI 2 - 24.12; p-nilai = 0,01).	
8	Muhammad Jauhar Fu'adi ¹ , Bagoes Widjanarko ² ,	Pengaruh Dukungan Kelompok Sebaya terhadap Efikasi Diri	88 orang	Study consecutive sampling	kuesioner	Pasien RSUD dr Moewardi	Statistik spearman rho	variabel kepatuhan menunjukkan tidak ada perbedaan skor kepatuhan pasien	upaya <i>Peer Group Support</i> dapat mempengaruhi efikasi diri pasien dan

	Martini ³ , 2019	dari Multi Drug Resistant Penderita Tuberkulosis dalam Menjalani Pengobatan Kepatuhan						TB MDR sebelum dan sesudah pada kelompok kontrol (<i>Uji Wilcoxon, p = 0,857</i>), sedangkan pada kelompok intervensi menunjukkan perbedaan yang signifikan dalam skor kepatuhan pasien TB MDR sebelum dan sesudah intervensi <i>dukungan kelompok sebaya</i> (<i>Uji Wilcoxon, p = 0,0001</i>).	kepatuhan pasien dalam mempertahankan pengobatan
9	Kristen Little, et al., 2018	Prediktor Penyelesaian Terapi Pencegahan Isoniazid di antara Orang	974 orang	observasi	kuesioner	Peserta yang terdaftar di 8 klinik malawi	statistik multivariat	974 peserta diskriminasi negatif untuk TB aktif dan mulai menggunakan IPT, 732 (75%)	Upaya terapi IPT dan dukungan tambahan mempengaruhi perilaku

		Dewasa Baru Didiagnosis dengan HIV di Pedesaan Malawi						di antaranya menyelesaikan pengobatan. Hanya 1 individu yang memenuhi syarat IPT menolak pengobatan. Peserta <25 tahun (dibandingkan dengan mereka yang > 45 tahun, aOR: 0,33, 95% CI: 0,18-0,60) dan pria (dibandingkan dengan wanita tidak hamil, AOR: 0,57, 95% CI: 0,37-0,88) memiliki peluang lebih rendah untuk menyelesaikan IPT .	pengecahan
10	Mangan, et al., 2016	Pasien tuberkulosis yang resistan	136 orang	Study khorkot	wawancara dan tinjauan rekam	pasien TB yang telah terdaftar	Analisis statistik perangkat	34% mengindikasikan bahwa mereka	upaya perawatan melalui enabler

		terhadap beberapa obat mangkir: kesiapan yang dilaporkan sendiri untuk memulai kembali pengobatan			medis	PMDT	lunak SAS, versi 9.3 (SAS Institute Inc, Cary, NC, USA).	ingin memulai kembali, 33% tidak mempertimbangkan memulai kembali, 28% tidak memutuskan, dan 2% ragu-ragu. telah memutuskan untuk tidak memulai kembali. Pasien yang ingin memulai kembali pengobatan lebih mungkin melaporkan memiliki uang pinjaman untuk pengeluaran terkait TB (OR 5,97, 95% CI 1,27-28,18), dan lebih kecil kemungkinannya melaporkan wiraswasta (OR	pasien, dan manajemen efek samping obat yang efektif tanpa biaya, mampu meningkatkan kepatuhan pengobatan pada penderita tuberkulosis
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								0,08, 95% CI 0,01– 0,67), atau menganggap diri mereka berisiko rendah atau tidak ada risiko untuk kambuh TB (OR 0,30, 95% CI 0,08-0,96) dibandingkan pasien yang tidak menunjukkan minat untuk memulai kembali pengobatan.	
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DAFTAR PUSTAKA

- L., Mudigdo, A. and Murti, B. (2016) 'The Effect of Self-Efficacy, Family Support, and Socio-Economic Factors on the Quality of Life of Patients with Breast Cancer at Dr. Moewardi Hospital, Surakarta', *Journal of Epidemiology and Public Health*. doi: 10.26911/jepublichealth.2016.01.03.05.
- Atif, M. *et al.* (2017) 'Predictors of unsuccessful interim treatment outcomes of multidrug resistant tuberculosis patients', *BMC Infectious Diseases*. *BMC Infectious Diseases*, 17(1), pp. 1–12. doi: 10.1186/s12879-017-2746-5.
- Bazaruddin, Zahroh Shaluhiah, L. W. (2019) 'The International Journal of Health, Education and Social ('), *The International Journal of Health, Education and Social (IJHES)*, The Intern(August), pp. 15–24.
- Browne, S. H. *et al.* (2019) 'Wirelessly observed therapy compared to directly observed therapy to confirm and support tuberculosis treatment adherence: A randomized controlled trial', *PLoS Medicine*, 16(10), pp. 1–19.
- doi:
10.1371/journal.pmed.1002891.
- Cremers, A. L. *et al.* (2016) 'Tuberculosis patients' pre-hospital delay and non-compliance with a longstanding DOT programme: a mixed methods study in urban Zambia', *BMC Public Health*. *BMC Public Health*, 16(1), pp. 1–11. doi: 10.1186/s12889-016-3771-9.
- Kemenkes RI (2017) *Kemenkes RI. Profil Kesehatan Indonesia 2017. Data dan Informasi. Kementerian Kesehatan RI., Jurnal Ilmu Kesehatan.*
- Kemenkes RI (2018) *Tuberkulosis (TB), Tuberkulosis.*
- Mazinyo, E. W. *et al.* (2016) 'Adherence to concurrent tuberculosis treatment and antiretroviral treatment among co-infected persons in South Africa, 2008-2010', *PLoS ONE*, 11(7), pp. 2008–2010. doi: 10.1371/journal.pone.0159317.
- Pitynski-miller, D. *et al.* (2018) 'Akses Publik HHS Naskah penulis'.
- Rami Alrezk, MD, MS, FACP1, Fady Hannah-Shmouni, MD,

FRCPC2, and Constantine A. Stratakis, MD, Dms. (2017) 'HHS Public Access', *Physiology & behavior*, 176(12), pp. 139–148. doi: 10.1016/j.physbeh.2017.03.040.

WHO (2017) 'Health SDG Profile: Indonesia', *World Health Organization*.

Surabaya, U. A., Surabaya, U. A. and Surabaya, U. A. (2020) 'The Effect of Audiovisual Health-Based Education on Medication compliance among Tuberculosis Patients', 3(1), pp. 512–517. doi: 10.35654/ijnhs.v3i1.191.

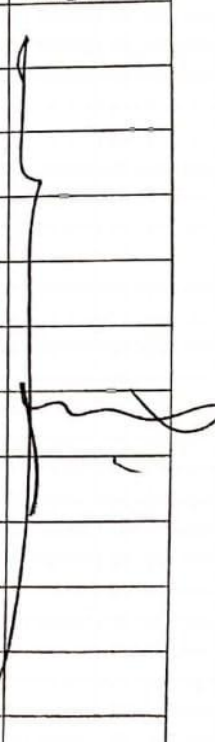
Tesfahuneygn, G., Medhin, G. and Legesse, M. (2015) 'Adherence to Anti-tuberculosis treatment and treatment outcomes among tuberculosis patients in Alamata District, northeast Ethiopia', *BMC Research Notes*. BioMed Central, 8(1), pp. 1–11. doi: 10.1186/s13104-015-1452-x.

Wang, N. *et al.* (2019) 'Using electronic medication monitoring to guide differential management of tuberculosis patients at the community level in China', *BMC Infectious Diseases*. BMC Infectious Diseases, 19(1), pp. 1–10. doi: 10.1186/s12879-019-4521-2.

Lampiran 4. Lembar Konsultasi Skripsi, Berita Acara Revisi Proposal dan Sidang Skripsi











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TUBERKULOSIS

NO	Hari Tanggal	Catatan Pembimbing/Hal yang direvisi	Hasil Revisi	Tanda Tangan
1.	12-02-2020	Bab 1	Revisi bab 1 latar belakang dan susun bab 2	
2.	24-02-2020	Bab 1,2	Revisi bab 1 latar belakang dan bab 2 tinjauan pustaka	
3.	18-03-2020	Bab 1,2,3	Revisi bab 3	
4.	21-05-2020	Bab 1,2,3	Perbaiki bab 3	
5.	25-06-2020	Bab 1,2,3	Revisi bab 3 sintesis tematik	
6.	14-07-2020	Bab 1,2,2	Revisi bab 3, acc ujian proposal	
7.	17-07-2020	Revisi sempro	Penyempurnaan bab 4,5	
8.	23-07-2020	Bab 4,5 literatur review	Perbaiki bab 4,5	
9.	3-08-2020	Revisi bab 4, 5	Penyempurnaan bab 4,5	
10.	19-08-2020	Bab 4.5	Penyempurnaan bab 4,5	
11.	24-08-2020	Bab 4,5	Revisi bab 4,5 acc ujian Semhas	
12.	29-08-2020	Bab 4, 5	Acc revisi Semhas	

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1.	16-02-2020	Bab 1	Revisi bab 1 latar belakang	
2.	27-02-2020	Bab 1	Revisi bab 1,2	
3.	11-03-2020	Bab 2, 3	Revisi bab 2 dan 3	
4.	7-05-2020	Litrev bab 1,2,3	Perbaiki bab 1,2,3	
5.	22-07-2020	Litrev bab 1,2,3	Acc bab 1,2,3 lanjut ujian proposal	
6.	25-07-2020	Revisi proposal sempro	Revisi bab 1,2,3	
7.	15-08-2020	Bab 4,5 Litrev	Revisi bab 4 pembahasan dan keyword pencarian jurnal	
8.	19-08-2020	Bab 4,5 Litrev	Revisi bab 4,5 pembahasan jurnal	
9.	24-08-2020	Bab 4, 5	Acc Semhas	
10.	29-08-2020	Revisi semhas bab 4,5	Revisi dan Acc bab 4,5 Semhas	

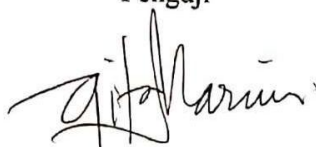
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PADA PENDERITA TUBERKULOSIS

NO	Proposal	Halaman	Perbaikan
1.	Bab 1	13	-Masalah pada latar belakang diperjelas -Perbaharui tahun sumber referensi -Tambahkan konsep kepatuhan -keyword jurnal di spesifikasi
2.	Bab 4,5	22-41, 44	-Tulisan ilmiah diperbaiki -Metodologi sinkronkan dengan discuss -Perbaiki abstrak -Perbaiki kesimpulan

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Penguji



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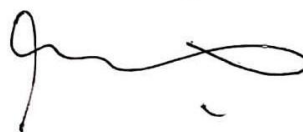
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PADA PENDERITA TUBERKULOSIS

No	Proposal	Halaman	Perbaikan
1.	Bab 1,3	13	-Memperjelas masalah -Tambahkan kasus TB - Memperjelas PICO/PIO
2.	Bab 4,5	22-41, 44	-Merubah kesimpulan lebih spesifik

Surabaya,27 Agustus 2020

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PADA PENDERITA TUBERKULOSIS

No	Proposal	Halaman	Perbaikan
1.	Bab 3	13	- Memperjelas masalah -Memperbaiki metodologi -Spesifikkan pencarian jurnal
2.	Bab 4	22-41	-Perbaiki pembahasan -Perbaiki Tinjauan Pustaka -Perbaiki Pembahasan -Jurnal yang digunakan bentuk FGD merupakan upaya atau metode -Perbaiki tabel sistematik jurnal (matrik)
3.	Bab 5	44-45	-Kesimpulan samakan dengan hasil yang ada -Bahasa dalam kesimpulan gunakan dengan penulisan bahasa ilmiah

Surabaya,27 Agustus 2020

Penguji



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