

Original Research

The relationship between family attitudes and roles with leprosy patients' self-care at the Jongaya Health Center in Makassar City

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Article Info	Abstract
Received: 26-06-2024 Revised: 29-07-2024 Accepted: 15-09-2024 *Corresponding Author: Misbah Khaeriah Program Studi Ilmu Keperawatan, Sekolah Tinggi Ilmu Kesehatan Panakukkang, Makassar Email: misbahkhaeriah10@gmail.com	Background: Leprosy or also called Morbus Hansen is a chronic infectious disease caused by Mycobacterium Leprae. This is influenced by several factors, one of which is the attitude and role of the family to the availability of resources that can affect respondents' self-care. Objective: This study aims to determine the attitudes and roles of families with leprosy patients' self-care at the Jongaya Health Center in Makassar City. Methods: This type of research is an analytical survey with a Cross Sectional Study approach, sampling is carried out by the Total sampling method of 32 respondents. Results: Based on the results of the Chi-Square test, there was a relationship between attitude and self-care ($p = 0.002$ where $p = \alpha 0.05$) and there was a relationship between family roles and leprosy patient self-care ($p = 0.000$ where $p = \alpha 0.05$) Conclusion: Based on the results of this study, it can be concluded that there is a significant relationship between family attitudes and roles with the self-care behavior of leprosy patients at the Jongaya Health Center in Makassar City. Strengthening family support and active roles is essential to improve self-care among leprosy patients and reduce the risk of further disability. Keywords: Attitude; Family Roles; Leprosy Patient Self-Care

Introduction

Leprosy or leprosy (Leprosy) or also called Morbus Hansen is a chronic infectious disease caused by Mycobacterium Leprae. Indonesia is known as one of the countries that has the most leprosy patients. The other two countries are India and Brazil. The term leprosy comes from Sanskrit, namely kushta means a collection of skin symptoms in general. This disease is thought to originate in Africa or Central Asia which then spread throughout the world through population movement. This disease entered Indonesia in the IV-V centuries which was allegedly brought by Indians who came to Indonesia to spread their religion and trade. The World Health Organization (WHO) estimates that there are two to three million people who are permanently disabled due to leprosy (Maharani, 2017).

According to official reports received from 138 countries from all regions of the WHO (World Health Organization), the global prevalence of leprosy registered globally in 2020 was occupied by India with a total of 65,147 cases. The second place is occupied by Brazil with a total of 17,979 people. While Indonesia ranks third with a total of 11,173 leprosy patients (WHO, 2018). Until 2020, there are still several regions in Indonesia that have not eliminated leprosy. That is, the incidence rate is still more than <1 per 10,000 population. In 2020, as many as 28 provinces have achieved leprosy elimination, an increase of two provinces compared to the previous year, namely South Sulawesi and Gorontalo. Meanwhile, provinces that have not achieved elimination in 2020 are North Sulawesi, West Sulawesi, Maluku, North Maluku, West Papua, and Papua (Risksdas, 2018).

In South Sulawesi Province, the number of cases of disease or the discovery of new cases of leprosy per 100,000 population became 6.70 per 100,000 population while Makassar City was 4.85 per 100,000 population (Risksdas, 2018). In 2021, Indonesia was declared to have reached leprosy elimination status with a national leprosy prevalence rate of 0.9 per 10,000 population. The prevalence rate of leprosy in Indonesia in 2021 is 0.45 cases per 10,000 population. And there were reported 10,976 new cases of leprosy, of which 89% were Multi Bacillary (MB) type leprosy (Risksdas, 2018).

Some factors that influence the incidence of leprosy are age, sex, developmental status, health status, sociocultural, health services, family attitudes and roles, lifestyle, environment, and availability of resources affecting a person's self-care (Orem in Journal Of Health Science, 2020). One of the factors associated with leprosy is the attitude and role of the family. Related to this, the attitude and role of the family is very important in the self-care of leprosy patients. The attitude in question is how family members

express their expressions in the form of agreeing and disagreeing without any coercion, while the role of the family given to family members suffering from leprosy is in the form of decision makers, as educators, as counselors, and as nursing care providers.

The results of research according to Mujib, Syaifurrahman and Mayank (2020) who examined the role of family in leprosy patients' self-care said that there are still many leprosy patients who do not understand leprosy and how to do self-care. Poor self-care in leprosy patients can cause progressive damage because leprosy attacks the peripheral nerves, skin, hands and feet and eyes, hence patients need good self-care. This is also very influential on the attitude and role of one's own family. Efforts can be made to prevent adverse effects on leprosy patients by improving self-care (Infodatin, 2018). Leprosy patients' self-care affects the severity in such leprosy patients. Self-care is an act of maintaining cleanliness and quality of one's health for well-being, both physical and psychological. Some of the factors that can influence self-care are: social practices, body image, economic status, knowledge and motivation, culture (Isro'in and Andarmoyo, 2018).

Based on this description, researchers are interested in conducting a study entitled The Relationship of Family Attitudes and Roles with Leprosy Patients' Self-Care in the Jongaya Health Center Area of Makassar City.

Methods

Study Design

The type of research that is an Analytical Survey with a Cross Sectional Study research design, which emphasizes the time of measurement/observation of independent variable data and dependent variables only once at that time (Nursalam, 2017).

Samples/Participants

In this study, the population was all leprosy patients in the working area of the Jongaya Health Center in Makassar City who underwent outpatient treatment where the existing population amounted to 32 populations. Sampling was carried out using the Total Sampling method. Total Sampling is a sampling technique where the number of samples is equal to the population (Sugiyono, 2007).

Instruments

In quantitative research, the instrument uses 3 questionnaires. Questionnaire A (Attitude) consists of 13 statements of ways with respondents choosing one of the answers strongly agree, agree, hesitate, disagree and strongly disagree. With scoring strongly agree = 5, agree = 4, hesitate = 3, disagree = 2 and strongly disagree = 1. Questionnaire B (Family Role) consists of 21 statements of how with respondents choosing one of the correct answers with the conditions experienced by respondents. The way respondents choose one of the answers Always, Often, Sometimes, and Never, with the score Always = 4, Often = 3, Sometimes = 2, and Never = 1 where it says where it is said to be good if the score is > 53 and less if the score is ≤ 53 . Questionnaire C (Self-Care) consists of 30 statements of how with the respondent choosing one of the correct answers to the condition experienced by the respondent. The way respondents choose one of the yes or no answers with a score of yes = 1 and no = 0 where it is said to be good if the score is > 15 and less if the score is ≤ 15 .

Data Collection

Data collection was conducted directly at the Jongaya Health Center in Makassar City using structured questionnaires administered to respondents after obtaining informed consent. Researchers ensured confidentiality and anonymity by using codes instead of respondents' names.

Data Analysis

Univariate analysis is carried out table analysis of frequency distribution of each variable that is considered related to the research objectives. Bivariate analysis Data analysis is shown to answer the research objectives and test the research hypothesis to determine the relationship of the dependent variable using the Chi Square statistical test (X^2) with a meaning value ($\alpha = 0.05$)

Ethical Considerations

The study was approved by the relevant ethics committee. Prior to data collection, informed consent was obtained from each respondent, ensuring voluntary participation, confidentiality, and anonymity of data.

Results

Characteristics of Respondents

Based on table 1, data was obtained from male respondents with a distribution of 18 respondents (56.3%) and women with a distribution of 14 respondents (43.8%).

Table 1 Frequency Distribution of Respondents by Gender in Leprosy Poly, Jongaya Health Center, Makassar City

Gender	n	%
Male	18	56.3
Female	14	43.8
Total	32	100.0

Source: Primary Data 2023

Based on table 2, data was obtained from elderly age respondents (65 years and above) having a distribution of 15 respondents (46.9%), the age of the late elderly (56-65 years) having a distribution of 8 respondents (25.0%), the age of late adulthood (36-45 years) having a distribution of 4 respondents (12.5%), early adulthood (26-35 years) having a distribution of 2 respondents (6.3%), late adolescents (17-25 years) having a distribution of 2 respondents (6.3%), and early adolescents (12-16 years) have a distribution of 1 respondent (3.1%).

Table 2 Frequency Distribution of Respondents Based on Age at Leprosy Poly Puskesmas Jongaya Makassar City

Age	n	%
12-16 Year	1	3.1
17-25 Year	2	6.3
26-35 Year	2	6.3
36-45 Year	4	12.5
56-65 Year	8	25.0
65 Year and above	15	46.9
Total	32	100.0

Source: Primary Data 2023

Based on table 3, data was obtained from respondents who were elementary school as many as 24 respondents (75.0%), junior high school as many as 4 respondents (12.5%), high school as many as 3 respondents (9.4%), and non-school as many as 1 respondent (3.1%).

Table 3 Frequency Distribution of Respondents Based on Education at Leprosy Poly, Jongaya Health Center, Makassar City

Education	n	%
SD	24	75.0
SMP	4	12.5
SMA	3	9.4
No School	1	3.1
Total	32	100.0

Source: Primary Data 2023

Based on table 4, data obtained from respondents who are not working have a distribution of 15 respondents (46.9%), the self-employed have a distribution of 6 respondents (18.8%), IRT has a distribution of 6 respondents (18.8%), and daily workers have a distribution of 5 respondents (15.5%).

Table 4 Frequency Distribution of Respondents Based on Employment at Leprosy Poly, Jongaya Health Center, Makassar City

Work	n	%
Private	6	18.8
Day Laborer	5	15.5
IRT	6	18.8
Not Working	15	46.9
Total	32	100.0

Source: Primary Data 2023

Based on table 5, data were obtained from respondents who had suffered from leprosy had a 5-year distribution of 6 respondents (18.8%), 4 years had a distribution of 6 respondents (18.8%), 2 years had a distribution of 5 respondents (15.6%), 3 years had a distribution of 4 respondents (12.5%), 6 years had a distribution of 4 respondents (12.5%), 8 years had a distribution of 4 respondents (12.5%), 8 years had a distribution of 4 respondents (12.5%), and 7 years has a distribution of 3 respondents (9.4%).

Table 5 Frequency Distribution of Respondents Based on Leprosy Duration at Leprosy Poly Jongaya Health Center Makassar City

Long suffering from leprosy	n	%
2 Year	5	15.6
3 Year	4	12.5
4 Year	6	18.8
5 Year	6	18.8
6 Year	4	12.5
7 Year	3	9.4
8 Year	4	12.5
Total	32	100.0

Source: Primary Data 2023

Univariate Analysis

Based on the results of the distribution of the frequency of respondents' family attitudes at the leprosy polyclinic, data was obtained from 32 respondents. Respondents' families had a good attitude as many as 18 respondents (56.3%) while respondents' families with bad attitudes were 14 respondents (43.8%).

Table 6 Frequency of Respondents Based on Family Attitudes Related to Leprosy at Leprosy Poly Jongaya Health Center Makassar City

Behaviour	n	%
Not Good	14	43.8
Good	18	56.3
Total	32	100.0

Source: Primary Data 2023

Based on the results of the frequency distribution of the respondents' Family Roles in the leprosy poly, data was obtained from 32 respondents. Families had a less important role as many as 17 respondents (53.1%). Meanwhile, respondents whose families played a good role were 15 respondents (46.9%).

Table 7 Frequency of Respondents Based on Family Role in Leprosy Poly, Jongaya Health Center, Makassar City

Family Roles	n	%
Less	17	53.1
Good	15	46.9
Total	32	100.0

Source: Primary Data 2023

Based on the results of the distribution of the frequency of self-care of respondents at the leprosy poly, data was obtained from 32 respondents. Respondents who took poor self-care were 23 respondents (71.9%). Meanwhile, 9 respondents (28.1%) took good care of themselves.

Table 8 Frequency of Respondents Based on Self-Care at Leprosy Poly, Jongaya Health Center, Makassar City

Self-Care	n	%
Not Good	23	71.9
Good	9	28.1
Total	32	100.0

Source: Primary Data 2023

Bivariate Analysis

Bivariate analysis was carried out to determine the relationship between independent variables (Family Attitudes and Roles) and dependent variables (Self-Care) with statistical tests using the *Chi-Square* test with a degree of significance level of $\alpha = 0.05$.

Based on table 9, it shows that 32 respondents have a bad attitude as many as 14 respondents (43.8%), most of the respondents have poor self-care as many as 14 (43.8%). Meanwhile, respondents who have a good attitude as many as 18 (56.3%), only a few respondents have good self-care as many as 9 (28.1%). Based on the results of the statistical test using the *Chi Square* test with an alternative value using Fisher's Exact Test, the *p value* = 0.002 when compared to $\alpha = 0.05$, then the *p value* < α 0.05. The result shows that H_a is accepted. Thus, it can be concluded that in this study there is a relationship between attitude and self-care of leprosy patients at the leprosy polyclinic of the Jongaya Health Center, Makassar City.

Table 9 The relationship between family attitudes and self-care of leprosy respondents at the Leprosy Poly, Jongaya Health Center, Makassar City

Behaviour	Self-Care				Total	P value	
	Not Good		Good				
	n	%	n	%			
Less	14	100.0	0	0.0	14	43.8	0.002
Good	9	50.0	9	50.0	18	56.3	
Total	23	71.9	9	28.1	32	100.0	

Test Statistic Chi-Square

Based on table 10, it shows that 32 respondents who have poor family roles as many as 17 (53.1%), most of the respondents have poor self-care as many as 17 (53.1%). Meanwhile, respondents who have a good family role as many as 15 (46.9%), only a few respondents have good self-care as much as 9 (28.1%).

Based on the results of the statistical test using the *Chi Square* test with an alternative value using Fisher's Exact, then *p value* = 0.002 when compared to $\alpha = 0.05$ then the *p value* < α 0.05. The result shows that H_a is accepted. Thus, it can be concluded that in this study there is a relationship between the role of the family and the self-care of leprosy patients at the leprosy polyclinic of the Jongaya Health Center, Makassar City.

Table 10 The Relationship between Family Role and Self-Care of Leprosy Respondents at Leprosy Poly Jongaya Health Center Makassar City

Family Roles	Self-Care				Total	P value	
	Not Good		Good				
	n	%	n	%			
Less	17	100.0	0	0.0	17	53.1	0.000
Good	6	40.0	9	60.0	15	46.9	
Total	23	71.9	9	28.1	32	100.0	

Test Statistic Chi-Square

Discussion

Attitude Overview

The results showed that the family attitudes of respondents who had a good attitude were as many as 18 respondents (56.3%). Good attitude is a feeling of support or partiality or and the tendency of not approaching, liking, and expecting certain objects (Sarwono, 2000). Where in the attitude component supports and forms a complete attitude, namely the cognitive component (about what the individual believes), the affective component (emotional), and the conative component. The results of this study are in line with research (Harju et al) which states that a good attitude can play a key role for a person in deciding when and where to seek treatment.

The results also showed unfavorable attitudes as many as 14 respondents (43.8%). This shows that a person's perception of leprosy is still lacking because there are many things that affect behavior and many issues that can affect a person's behavior. There are several factors that can influence attitudes, namely sources of information, people who are considered important, and cultural influences.

The results of the study are in line with research according to Agusti Nala, (2013) showed that of the 32 respondents who had a good attitude as many as 23 respondents (72%) and only a small part who had a bad attitude as many as 9 respondents (28%). This means showing that a good family attitude can form the right behavior in carrying out leprosy treatment appropriately.

According to the researcher's analysis, the attitude or view of the family regarding leprosy is quite good. This is evidenced by the many attitudes of families who already understand what leprosy is. Thus, to get a better attitude, patients and families need to be given information or counseling regularly about the right leprosy treatment.

Family Role Overview

The results showed that the good family role of respondents was only 15 respondents (46.9%), this shows that only a few families have behavior and attention to their family members who suffer from leprosy. The results also showed that the role of the family that was less important as many as 17 respondents (53.1%) showed the lack of family attention to family members suffering from leprosy. The role of the family at this time must begin to be improved because the family not only restores the condition of sick family members, but also develops and improves the family's ability to cope with health problems because the family is the main support system that provides direct care in every healthy or sick situation. There are many factors that can influence the lack of family roles. According to Friedman, 2020 there are 5 factors that influence education, knowledge, behavior, attention, and economics. These five factors are very influential where the education, knowledge, and family behavior of respondents are mostly only elementary education, where low education is difficult to accept new things or receive information easily.

The results of this study are in line with research according to Mujib Hannan et al showing that 25 respondents who played a role were only 10 respondents (40.0%) and most did not play as many as 15 respondents (60.0%), so there was a relationship between family roles and self-care of leprosy patients at the Batuputih Health Center.

According to the researchers' analysis, if the family has a good role, it can reduce the risk of leprosy. But on the contrary, if the role of the family is less, it will increase the risk that the patient will be more disabled due to the absence of attention and assistance from the family. It can be seen that the average respondent is at the age of the elderly (65 years and over) and the late elderly (56-65 years) which can be seen from the level of dependence of respondents more at the level of partial care care as many as 20 respondents, at the level of self care as many as 11 respondents, and at least at the level of total care as many as 1 respondent. And when viewed from that age, more need help both physically and mentally.

Self-Care Overview

The results showed that only 9 respondents (28.1%) paid attention to their good self-care during leprosy. Good self-care will speed up the healing process of leprosy. The results also showed that most of the self-care was not good as many as 23 respondents (71.9%). This indicates a lack of leprosy respondents' self-care. According to (Isro'in, 2012) there are several factors that influence a person's self-care, namely social practices, family roles, personal choices, body image, socioeconomic status, knowledge and motivation, cultural variables, and physical condition. So that the impact caused is a physical impact such as many health problems suffered such as disorders of skin integrity damage to disability.

According to the researchers' analysis, the lack of self-care is caused by the age of respondents who are already in the age of the elderly (65 years and over) and the late elderly (56-65 years) who on average have a level of disability with the type of MB (*Multi Bacillary*) and lack of participation from family so that respondents only take care of themselves which in the end their self-care is also minimal so that it affects the health condition of their skin and can aggravate the level of disability that Continues.

The relationship of family attitudes with leprosy respondents' self-care

Based on statistical data analysis using the Chi-Square test, the results of Attitude were obtained there was 1 cell (25.0%) which had an *expected count* of <5 with an alterative value using Fisher's Exact, then the $p\text{-value} = 0.002$, it can be interpreted that there is a relationship between family attitudes and self-care of leprosy patients at the Jongaya Health Center in Makassar City.

This research is in line with the results of research conducted by (Lely Listyorini, et al 2015) showing that the attitude of families in the Working Area of the Puskesmas Jenggot Kota Pekalongan is good. There were 127 lepers. 22 people have experienced both mild and severe disabilities. This is

because the attitude of the family in seeking treatment is good enough and health facilities in terms of adequate facilities and infrastructure.

The results of the analysis test showed a relationship between family attitudes and self-care of leprosy patients in the Working Area of the Beard Health Center in Pekalongan City. Judging from the results of the study showed that as many as 15 respondents (41.7%) this is because some families who take lepers during treatment, so families already know how to properly self-care and families also do not know what the benefits of self-care are.

Based on existing theories, attitude is one of the predispositions to action that can describe a person's interest or disinterest in a stimulus, but not necessarily an action or behavior. But the determination of positive and negative attitudes can be supported by several factors such as personal experience, influence from others, cultural influence, mass media, educational institutions or religious institutions, and emotional influences. Factors that influence family attitudes a lot are cultural factors and personal experiences. Cultural factors can be seen from the still wrong perception of leprosy by considering leprosy as a disease of use and must be far away. The family's personal experience factor is usually more positive in terms of supporting leprosy treatment.

This is in line with (Harju et al) who state that attitude can play a key role for a person in deciding when and where to seek treatment. Thus, to get the right attitude towards the search for leprosy treatment, it is necessary to provide information or counseling regularly about appropriate leprosy treatment such as counseling about personal hygiene including the cleanliness of the skin, hair, teeth, eyes, and ears, especially lepers. Increasing the understanding of patients and their families about proper personal hygiene can improve a person's health status and reduce the level of disability of sufferers.

According to the researchers' analysis, good and positive family attitudes and family as a support system for leprosy respondents are expected to be able to provide full support in leprosy respondents' treatment efforts.

The relationship of family roles with leprosy respondents' self-care

Based on statistical data analysis using the Chi-Square test, the results of the attitude were obtained that there were 2 cells (50.0%) that had an expected count of >5 with an alternative value using Fisher's Exact, then the p-value = 0.000, it can be interpreted that there is a relationship between family roles and self-care of leprosy patients at the Jongaya Health Center in Makassar City.

Based on the existing theory, the family is the social environment closest to the sufferer. The healing and recovery process occurs not only due to health care factors, but also family factors (Soagi, S.F, et al). The active role of the family in carrying out leper self-care can reduce the risk of sufferers becoming socially impaired, homeless, unemployed and tend to commit crimes or disturbances in the community (Maharani N, 2013). The factors that influence family roles according to Friedman, 2020 are: education, knowledge, behavior, attention, and economics.

Research conducted by Maharani in (2013) to 39 leper respondents at the Kundur Health Center, Kundur District, Blora Regency is in line with researchers where most families do not play a role in respondents' self-care. It was obtained that the distribution of respondents based on family roles was almost half non-playing as many as 29 respondents (85%) and only most of them played a role (15%). So there is a relationship between the role of family and self-care of leprosy respondents at the Kundur Health Center, Kundur District, Blora Regency.

According to the researchers' analysis, the lack of family roles is due to lack of family knowledge about leprosy. Those who consider leprosy is a contagious disease so that families are lazy to help their family members in terms of leprosy self-care. And it is not uncommon for family members to alienate family members who suffer from leprosy because of shame if known to people around. Therefore, most respondents who are exiled or do not live with family also pay less attention to their self-care, in addition to the age factor of respondents who are also elderly and even elderly and physical limitations so that they do very minimal self-care. And if self-care is lacking, it will worsen the respondent's own condition in terms of skin health that gets worse and can even experience disability in other limbs

Conclusion

Based on the results of this study, it can be concluded that there is a significant relationship between family attitudes and roles with the self-care behavior of leprosy patients at the Jongaya Health Center in Makassar City. Strengthening family support and active roles is essential to improve self-care among leprosy patients and reduce the risk of further disability.

Acknowledgment

We would like to express our deepest gratitude to the Jongaya Health Center, all respondents who participated in this research, and colleagues who have provided valuable input and support throughout the research process.

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