







# PROCEEDING

INTERNATIONAL CONFERENCE

ON HEALTH DEVELOPMENT

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FAKULTAS ILMU KESEHATAN UNIVERSITAS PEMBANGUNAN NASIONAL VETERAN JAKARTA JL. RAYA LIMO DEPOK 16515 TELP. (021) 7532884 e-mail: ichd@upnvj.ac.id Reaping the Benefits of a Demographic Dividend by Achieving Quality Human Resources through Health Investment

> 23 November 2019 Mercure Hotel TB Simatupang Jakarta Selatan

### **PROCEEDINGS BOOK OF**

# **International Conference on Health Development (ICHD)**

Reaping the benefits of a demographic dividend By achieving quality human resources through health investment

23 November 2019 Mercure Hotel, TB Simatupang, Jakarta Selatan



Publisher: Fakultas Ilmu Kesehatan Universitas Pembangunan Nasional Veteran Jakarta

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# **International Conference on Health Development (ICHD)**

### Reaping the benefits of a demographic dividend By achieving quality human resources through health investment

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### Preface

"Demographic Dividend" are two combined words increasingly known these days. The term of demographic dividend is simply defined as a condition when a country have the number of people within the productive age bracket (15-64) is higher than the number of non-productive group (0-14 and above 65). While dividend means an amount of money added to wages on a seasonal basis, especially as reward for good performance. So it means when demographic dividend occurs, a country will receive "bonus" or revenue in form of economic growth as the working population are larger than the non-working group.

It is evident that human resource has critical contribution for reaping demographic dividend. Qualified human resources are required in order to make sure that the state have adequate professionals with a good job and salary in order to contribute for country's revenue. Creating qualified human resource is a long-life process that involved multi-sectoral contribution, including health sector.

In health sector, it is well understood that the individual quality is formed and processed since childhood. Various factors influence this irreversible process, such as nutrition, health status, health facility, and macro environment (economy, knowledge, culture, politic and education). Knowing this, a holistic cooperation is required even within health sectoral itself. Hoping that it will give significant contribution and certainty that each individual life is counted, that children can attend school and well-performed with minor absence. Further, they graduate with skill and get a job with decent salary. This adequate of professionals then will boost economic growth of a country.

To take a part in international platform, Faculty of Health Science, Universitas Pembangunan Nasional Veteran Jakarta would organize the event called **"INTERNATIONAL CONFERENCE ON HEALTH DEVELOPMENT"** with the theme **"Reaping the benefits of a Demographic Dividend by** *Achieving Quality Human Resources through Health Investment"*, that later will accommodate four majors which are Nutrition, Public Health, Nursing and Physiotherapy.

### Welcome Remarks

### **Dean of FIKES UPN Veteran Jakarta**

In accordance with vision and mission of Faculty of Health Science UPN Veteran Jakarta to develop innovative learning and spread health knowledge particularly in Indonesia, Faculty of Health Science UPN Veteran Jakarta would like to organize the International Conference on Health Development (ICHD), with the theme "*Reaping the Benefits of a Demographic Dividend by Achieving Quality Human Resources through Health Investment*"

This international conference is expected to be one of the media to improve knowledge and science of all participants (lecturers, scholars, practitioners, researchers and other parties) especially in Health Science. This Conference aims:

- a. To provide the audience with views and visions regarding roles and challenges of health sector in its contribution to create qualified human resource;
- b. To facilitate the scientific people to perform their part on international platform in preparing next generation;
- c. To attract several national and international parties (governments, education institutions, scholars, practitioners, researchers and other parties) to participate in providing the best contributions for health development of next generation.

We take this opportunity to welcome all the speakers, presenter and participants and exhibitors of this event. I look forward to meeting you in the event. Wishing you all a great event as well as wonderful time in Jakarta.

The Dean Dr. drg. Wahyu Sulistiadi, MARS

### Chair of ICHD 2019

Assalamualaikum wr wb

- 1. The honourable **Dr. ERNA HERNAWATI, Ak, CPMA, CA,** rector of Universitas Pembangunan Nasional Veteran Jakarta
- 2. The honourable Christine L Sommers, Ph.D, the dean of faculty of nursing Universitas Pelita harapan
- 3. The honourable **Dr Sugiyanto**, director for health worker learning centre, Indonesia Ministry of Health
- 4. The honourable Dr. Alaka Singh, from WHO Representative for Indonesia
- 5. The honourable senates, deputy rectors, Directors for research and education development, The dean, the speakers and all the participants

### Good morning ladies and gentlemen

It is my great honour to welcome you this morning on behalf of Faculty of Health Science Universitas Pembangunan Nasional Veteran Jakarta to our International Conference on Health Development Thus, welcome to the city of Jakarta, the city with never ending traffic yet also the perfect melting pot of Indonesia.

We have more than 200 delegates from over 10 different institutions across 10 different countries. So the networking opportunities for today should be as stimulating as a cup of coffee in the morning.

And of course the conference networking opportunities exist on social networking as well as in real life so we encourage you to start and join our Instagram account @ichdfikes.

I would like to thank God that only by His Grace and mercy we can conduct this event.

I would like also to thank to the rector of the university, the dean of the health science faculty, our co-host Universitas Pelita Harapan, our sponsors Kalcare and Health promotion directorate, Indonesia ministry of health, all the associates journal and our beloved committee. We are truly grateful to you all, it's your support that enables us to put this event together.

Now as I stated at the top of my remarks this is our first international conference on health development with theme "Reaping the benefits of demographic dividend by achieving quality human resources through health investment", it is an event that expected to be annually undertaken by the health science faculty that cover the scope of nutrition, nursing, public health and physiotherapy.

It is evident that human resource has critical contribution for reaping demographic dividend. Creating qualified human resource is a long-life process that involved multi-sectoral contribution, including health sector. Knowing this, a holistic cooperation is required even within health sector itself. Hoping that it will

give significant contribution and certainty that each individual life is counted, and these are our concern, together.

Addressing the theme, we have invited 8 distinguished speakers that will share the key for contribution to the matters. Prakaikan Schneitz, MPA from SEAMEO regional open learning centre will share us topic about Massive Open Online Course for Health Education. Le thandar Soe, PhD from Myanmar Ministry of Health and Sports will give us insight about Nutrition investment in the early age, Ith Vuthy, MSc from SEAMEO Regional centre for Early childhood care education and parenting that will talk about the Roles of Parenting Skills in Early Childhood Learning Experience and Development, and our host speaker Dr. Heri Acim Iswanto that will share us about Health enterprise, and in the afternoon parallel session we will also have the following speakers: Dr Rita Ramayulis, Andy Widjaja, DPT, Drg. Saraswati and Christine L. Sommers, PhD.

All of this to say ladies and gentlemen, that we are in the extremely talented hands to have successful and enlightening conference. We wish all of us can reap the benefits from this event.

Wassalamualaikum wr wb Dian Luthfiana Sufyan, S.Gz., M.Gizi

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MANGGIS MEDICAL CLINIC DEPOK 2018

average value of self-efficacy of (27.76). The conclusion of the research has been done that most nursing students have a high level of self-efficacy. For further researchers to continue this research with the same or different methods and examine the causes of students having low self-efficacy and interventions that can increase self-efficacy in students

### THE RELATIONSHIP OF NURSING CHARACTERISTICS AND NURSING RESILIENCE IN ONE CENTRAL INDONESIA PRIVATE HOSPITAL

<u>Heman Pailak</u><sup>1</sup>, Riama Marlyn Sihombing<sup>1</sup>, Citra Nur Ivan Telaumbanua<sup>1</sup>, Deli Marcelia Damanik<sup>1</sup>, Putri Angriani Sambenthiro<sup>1</sup> *heman.pailak@uph.edu* 

<sup>1</sup>Faculty of Nursing, Universitas Pelita Harapan

Background: Resilience is the ability to survive and adapt to a difficult condition or pressure. Difficult conditions or pressures are also experienced by nursing professionals in providing effective nursing care services. Nurses who have high resilience are able to survive in stressful situations and stay fit at work. However, to increase nursing resilience is influenced by the individual characteristics of the nurse itself. Years of work, and age are characteristics that have an impact on individual conditions in solving problems. Objective: To find out the relationship between working age and nurses' resilience in a private Indonesian central hospital. Research Methods: This research is a quantitative study with a crosssectional approach using Chi-square analysis. Sample: 54 respondents were used using the total sampling method. Instrument: used in this study was a questionnaire totaling 56 questions about resilience using a Likert scale. Results: The results showed that the age characteristics of nurses with low half resilience (48.1%) were the majority of 87% in the 25-34 year age range. While the characteristics of tenure with the highest nurse resilience> 3 years (63%). From the results of statistical analysis, work period with resilience p = 1.00 and age with resilience p = 0.401. Means there is no relationship between the length of work and age of nurses with resilience.

### FACTORS INFLUENCING DELIVERY HOME BIRTH IN ASIA AND AFRICA CONTINENT SYSTEMATIC REVIEW - QUALITATIVE STUDIES

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According to WHO in 2017 that around 295,000 women died during and after pregnancy and childbirth, this is a fairly high mortality rate. Most of these deaths (94%) occur in low-resource settings, and most can be prevented. Based on the report there were around 86% (254,000) of the estimated global deaths for the Sub-Saharan Africa and South Asia. Maternal deaths can be prevented if mothers get quality care during pregnancy, childbirth and the puerperium to prevent complications. There are several factors that prevent women from getting poverty services, distance to health facilities, lack of information, inadequate and not qualified services, and the presence of socio-cultural factors. The aim of the systematic review of the literature is the results of research on factors affecting labor in the

Asian and African continental houses. Conduct a systematic review through the review of relevant articles through an online database search namely: Ebscho, PubMed and Google Schoolar. Combination of data search using the keywords factors "," home delivery birth ", qualitative". The search terms are used separately in combination using "advanced disbursements" such as "OR" or "AND. The PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-analysis) checklist is used to present the findings of this systematic review. Based on the online database search results obtained as many as 133 articles that are considered in accordance with research objectives and keywords, After identification, screening, eligibility and finally downloading of full text articles that are expected to be assessed for eligibility obtained 13 articles for further review. The results of a systematic review of the 13 articles obtained factors that affect childbirth in the Continent of Asia and Africa, namely economics, education, social and cultural norms, decision making, access to health facilities (distance, transportation, and costs), perceived health quality, and perceived quality of care from birth attendants. This systematic review shows the factors that influence home delivery in Asia and Africa, namely economics, education, social and cultural norms, decision making, access to health facilities (distance, transportation, and cost), perceived quality of health, and perceived quality of care from a maternity shaman.

### EFFECT TURMERIC ACID CONSUMPTION ON THE MENSTRUAL PAIN IN YOUNG WOMEN IN AL-HAMID ISLAMIC BOARDING SCHOOL JAKARTA AND NUR MEDINA ISLAMIC BOARDING SCHOOL TANGERANG

Puspa Emil Utari<sup>1</sup>, Desmawati<sup>1</sup> desmawati.campay@gmail.com

Painful menstruation or called dysmenorrhea is pain felt in the lower abdomen and can cause discomfort to the individual. The purpose of this study was to determine the effect of turmeric acid consumption on the level of menstrual pain in adolescent girls in Islamic boarding school (IBS) Al-Hamid, Jakarta and IBS Nur Medina, Tangerang. Method; This study is a quasi-experimental design, one group pretest and posttest with 25 participants from March to June 2019. Univariate analysis using the frequency and proportion. The bivariate analysis using paired t-test with p-value = <0.05. Results showed that there are significant effect of turmeric acid consumption on menstrual pain after post-intervention with p- value = 0.000 (P <0.05). Conclusion; Teenage girls are suggested to consumptive of turmeric acid before and during menstruation.

### PARENTS' EDUCATION RELATED TO GESTATIONAL AGE OF INDONESIAN PRETERM INFANT

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### <sup>1</sup>UPN VETERAN JAKARTA

Indonesia was the fifth highest preterm birth rate in the world in 2018. One of the causes of preterm infant is socioeconomic condition of the family. One of the factors that determines the level of family socio-economic is education of parents. This study aims to analyze the relationship between parental education and gestational age of

## EFFECT TURMERIC ACID CONSUMPTION ON MENSTRUAL PAIN IN YOUNG WOMEN AT AL-HAMID ISLAMIC BOARDING SCHOOL JAKARTA AND NUR MEDINA ISLAMIC BOARDING SCHOOL TANGERANG

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### Abstract

Painful menstruation or called dysmenorrhea is pain felt in the lower abdomen and can cause discomfort to the individual. The purpose of this study was to determine the effect of turmeric acid consumption on the level of menstrual pain in adolescent girls in Islamic boarding school (IBS) Al-Hamid, Jakarta and IBS Nur Medina, Tangerang. Method; This study is a quasi-experimental design, one group pretest and posttest with 25 participants from March to June 2019. Univariate analysis using the frequency and proportion. The bivariate analysis using paired t-test with p-value = <0.05. Results showed that there is significant effect of turmeric acid consumption on menstrual pain after post-intervention with p- value = 0.000 (P <0.05). Conclusion; Teenage girls are suggested to consumptive of turmeric acid before and during menstruation.

Keywords: Turmeric Acid Consumption; Menstrual Pain; adolescent girls

### PRELIMINARY

Juvenile a transition from early children up early adult, which usually begins between the ages of 11 years to 21 This will vears old. period occur development of and growth each individual. Characteristic signs that typically occurs in teenagers is puberty. During puberty their physical growth and develop rapidly, causing reproductive maturity is marked by menstruation 2015). Menstruation occurs (Irianto, periodically every month (Irianto, 2014),

Menstrual process will take place regularly each month on any normal woman would begin about 14 days after ovulation. In prior periods until the first day or second day of menstruation, adolescent girls feel pain or discomfort in the lower abdomen. Painful menstruation (dysmenorrhea) is pain with cramps in the lower abdomen from mild to severe pain level. The severity of dysmenorrhoea associated with longer time periods as well amount of blood as the during menstruation (Savitri. 2015). dysmenorrhea can be divided into two parts, namely the primary menstrual pain and secondary menstrual pain. The primary menstrual pain is common at the beginning of menstruation (menarche) around age 10 to 15 years until the age of 25 years. Pain during primary menstrual pain can occur due to contraction of the uterus. The secondary menstrual pain can occur because of abnormalities found in the lining of the uterus (Sugiharti & Sundari, 2019). Effect the menstrual pain is not treated, it can lead to depression, infertility, sexual dysfunction, decreased quality of life because they can not carry out daily activities, triggering a rising death rate (Titilayo, Agunbiade, Banjo, & Lawani, 2009). Pharmacological treatment in primary menstrual pain is usually done by giving anti-pain or analgesic that works to suppress the synthesis of prostaglandins that cause pain. Non-pharmacological pain management to decrease it including by taking action compress use warm water, gently massage the sore area, relaxation techniques, setting the position, exercise, drinking herbal medicine like turmeric acid (Wulandari, 2017),

Turmeric acid is a traditional drink that consists of a tamarind as an analgesic, antipyretic and anti-inflammatory. Tamarind also contains anthocyanins have anti-inflammatory, antipyretic and sedative (Winarso, 2014),

### **RESEARCH METHODS**

This study used quasi *experiment design*, *pretest-posttest*. The population is 25 adolescent girls who are at Pondok Pesantren Al-Hamid and Nur Medina. Sampling technique used *total sampling* 

Data collection techniques used a questionnaire, which is filled by the participant before and after the intervention. The data obtained from the questionnaire were then processed in *SPSS* be easy and understood.

### RESULTS

After analysing the data, the results obtained are as follows:

# Table 1. Distribution age of in PondokPesantren Al-Hamid and Nu

Medina (n = 25)			
Age	Frequency	Percentage	
Early teens	6	24%	
Central teen	10	40%	
Adolescent	9	36%	
amount	25	100%	

Table 1 shows that the early teensis 6 (24%) of people, teenagers middle 10 (40%) of people, and late adolescence 9 (36%) of people. On average respondents by age category most in the middle teens or 16-18 years.

Table2. DistribusiFrequency ofMenstruasidurationinHamidandNurMedina(n =25)

menstruatio n duration	Frequency	Percentage	
3-7 days	16	640/	
>7 days	16	64%	
J	9	36%	
total	25	100%	

Table 2 showed that the number of menstruation duration (3-7 days) was 16 (64%) of people, 9 days (36%) of other people having periods longer than 7 days. There was no short duration of their menstruation at Pondok Pesantren Al-Hamid (<3 days).

Table 3. The average distribution of<br/>Respondents by Pain Pre and<br/>Post Test at Pondok Pesantren<br/>Al-Hamid and Nur Medina (n =<br/>25)

Group	mean	SD	Min	Max
pre Test	5.92	1,152	4	8
Post Test	3.04	1,274	1	6

Based on the table 3, it can be seen that when the pre-test mean value is at 5.92, the standard deviation of 1.152, the data with the lowest and highest pain scale 4 to 8. While the pain at post-test is 3.04, the standard deviation amounted to 1,274, the lowest of data with the pain is scale 1 and the highest data is scale 6.

Table 4. menstrual pain of pre and post
test in Pondok Pesantren Al-
Hamid and Nur Medina (n =
25)

Menstrual pain	mean	SD	P Value	Rated T
pre Test	5.92	1,152	0,000	19.842
Post Test	3.04	1,274		

From the table above can be seen that the turmeric acid consumption can reduce pain. (from 5.92 in pre-test becomes 3.04 after drinking turmeric acid) with p value = 0.000. That is means there is a difference significant between before and after consumption of turmeric acid in young women at Pesantren Al-Hamid and Nur Medina.

### DISCUSSION

Average age of respondents is 16-18 years. This is similar with previous study which is conducted by Wahyuni & Indah Sari, (2014) states primary dysmenorrhea occurs at the juvenile age and mid-ranged in 12 years to 18 years old were generally starts in 1-3 years after the first period time.

This study is similar to Nurwana et al., (2017) study explains that the duration of a woman's menstruation average is 3-7 days. In the study describes the change of lifestyle of adolescents, such as lack of exercise, eating foods that are not nutritious, smoke and use drugs, but it can also be caused by psychological factors related to the emotional level of young women, and physiologically related to the occurrence of contraction the uterine muscles that cause pain during menstruation.

It is known that when the pre-test reported highest pain scale (4 to 8 level). After drinking turmeric acid the pain scale 1 to 6 level. Decreased the pain caused by the substance contained in turmeric is curcumin which has a function as an analgesic to relieve or resolve complaints at primary menstrual pain and anthocyanin content in tamarind work in slowing the decline of prostaglandins, and the amount of Tanins, saponins, sesquiterpenes, alkaloids and phlobotamins which can affect the nerves autonomous to reduce contraction of the uterus that cause pain during menstruation (Wulandari, 2017), The content of causing pain experienced menstruation by women can be suppressed. The appropriate dose to be lowered pain is equal to 100 mg / day.

The results of this study is same with the old research with the Wilcoxon test results matched pairs shows the value of p = 0.000 (> 0.05) that the extract of acid effective turmeric to reduce menstrual pain in adolescent girls at Pudak Ponorogo (Marsaid, Nurjayanti, & Rimbaga, 2017).

This study is consistent with previous research conducted by Wulandari (2017), reported that saffron acid can relief pain. This can be attributed to the content of turmeric acid as a natural fitofarmaka that can cause a decrease in inflammatory reactions, preventing it off prostaglandins, suppress the activity of the autonomic nervous system as well as lower emotional stress due to the high antioxidant content.

Winarso study indicate that the research conducted by drinking turmeric acid participant who experienced pain during dysmenorrhea can reduce the degree of pain in adolescent girls at Klaten Jatinom with statistical test results p =0.000 (p <0.05) (Winarso, 2014)

The results are consistent with the Suri & Nofitri study (2015) which showed that out of 10 respondents, turmeric acid significantly reduce menstrual pain (pvalue = 0,000). Whereas in this study, the

dysmneroohea can decrease after 30 minutes drinking turmeric acid,

### CONCLUSION

Consumption turmeric acid can reduce menstrual pain in adolescents girls Pondok Pesantren Al-Hamid Nur at Medina Jakarta and Tangerang.

### SUGGESTION

For young women, can drinking turmeric acid during the menstrual period as non-pharmacholigal pain management to relief the pain.

In further studies, the researchers hope that the consumption of turmeric acids can be conducted for 6 days, 3 days before menstruation and three days during menstruation takes place at a dose of 100 cc / day.

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