

Proceeding International Webinar Life Long Learning Series on Good Health & Well Being

”Ensure Healthy Lives and Promote Well-being for All at All Ages”

STIKes Mitra Husada Medan, September 11th, 2020, Friday

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(NRS Medical College & Hospital, Kolkata, India)

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FOREWORD

Praise our gratitude for the presence of God Almighty, because it is for His blessings and grace that the Proceedings of the International Ensure Healthy Lives and Promote Webinar Well being for all at All Age can be carried out as expected. The International Webinar organized by STIKes Mitra Husada Medan and in collaboration with Lincoln University College, Medical College & Hospital Kolkata India and College of Nurshing Visayas State University Philippines on September 11, 2020, at STIKes Mitra Husada Medan. As an educational institution, one of the main tasks and functions of the academic community is to conduct research which is then published so that it can be distributed to the wider community. Therefore STIKes Mitra Husada Medan carries out activities in the form of an International Webinar in 2020. STIKes Mitra Husada Medan organizes 4 health study programs consisting of Midwifery Professional Education Study Program, Professional Program Midwifery Study Program, Midwifery Study Program Diploma Three, Nursing Study Program Diploma Three who have a strategy during this pandemic to increase the understanding of students and midwives and nurses regarding the benefits of reproductive health care therapy in the Covid-19 Pandemic Era with these activities so as to increase knowledge and understanding of Reproductive Health Service Care in the Covid-19 Pandemic Era and raise awareness about the importance of publications for research, both those who receive research grants from the Ministry of Research, Technology and Higher Education and Husada Medan partner foundations, as well as provide assistance in scientific publications for researchers, lecturers, and students, as well as the academic community and society other. The participants of this International Webinar were attended by lecturers, students and other researchers, totaling 6809 participants and invited guests and 30 speakers. Invited speaker in this seminar invited Dr. Siti Nurmawan Sinaga, SKM, M.Kes (Chairman of STIKes Mitra Husada Medan), Dr. Sandeep Poddar, MSc., PhD., Dip Diet (Lincoln University Collage), Ms. Arpita Dutta (Medical College & Hospital Kolkata India), Dr. Joel rey Acob (College of Nurshing Visayas State University Philippines). On behalf of the committee, we would like to express our deepest gratitude for the willingness of resource persons, participants and all related parties to participate in this International Webinar. To the speakers who have sent their papers to be published in the 2020 International Webinar proceedings. Thank you to the Mitra Husada Medan Foundation, the Chairperson of STIKes Mitra Husada Medan and all the committees who contributed to the successful implementation of this activity

chairman of the committee

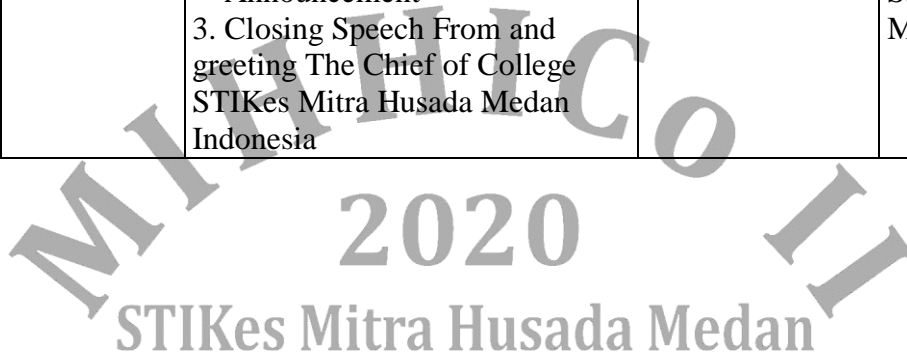
Ester Simanullang, S.Tr.Keb., Bd., M.Kes



Schedule for Webinar International “International Webinar Life Long Learning Series on Good Health & Well Being” ”Ensure Healthy Lives and Promote Well-being for All at All Ages” Date September 11th, 2020

Date	Time	Activity	Speaker	Person in change moderator
September 11 th , 2020	01:00-01.30 PM	1. Welcoming and greeting 2. Opening prayer 3. Sing the National anthem of Indonesia Raya 4. Welcome speach Dr. Siti Nurmawan Sinaga, SKM, M.Kes (Institute of Health Science Mitra Husada Medan Indonesia) 5. Welcome speach Prof. Dr. Amiya Bhaumik (President, Lincoln University College, Malaysia)	Siti Nurmawan, SKM, M.Kes Prof. Dr. Amiya Bhaumik	MC: Zulkarnain Batubara, S.Pd.I, M.Hum
	01.30-02.00 PM	Topic from Lincoln University : Care Giver Burden of Alzheimers patients community perspective	Dr. Faridah Mdbt Said (Associate Professor, Post Graduate PhD Committe Incharge Faculty of Nursing, Lincoln University)	Ester Simanullang, SST, M.Kes
	02.00-02.30 PM	Topic from NRS Medical College & Hospital, Kolkata, India : Implementation of Goverment Program ababout the healthy life community action in preventing COVID -19 and improving theof public health	Ms. Arpita Dutta	RetnoWahyuni, S.Tr.Keb., M.Tr.Keb
	02.30-03.00 PM	Topic from Indonesia STIKes Mitra Husada Medan: Delivering caring amidst the pandemic : reflection in the conduct of community health programs	Zuraida, S.Kep., Ners., M.Kep	RetnoWahyuni, S.Tr.Keb., M.Tr.Keb

03:00-03:30 PM	Topic from Dean, College of Nursing, Visayas State University, Philippines : Health -hand & Hygiene	Dr. Joel Rey Acob	RetnoWahyuni, S.Tr.Keb., M.Tr.Keb
03:30-06:30 PM	Section 1 presenter	Section 1-10 presenter	Oral Presentation Section 1
	Section 2 presenter	Section 11-20 presenter	Oral Presentation Section 2
	Section 3 presenter	Section 21-29 presenter	Oral Presentation Section 3
06:30-07:00 PM	1. Closing Ceremony 2. Best paper and performance Announcement 3. Closing Speech From and greeting The Chief of College STIKes Mitra Husada Medan Indonesia		Retno Wahyuni, S.Tr.Keb, M.Kes



 2020 II
 STIKes Mitra Husada Medan

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PHYSICAL ACTIVITY AND EXERCISE DURING PREGNANCY COVID-19

Dessy Fitri Natalia Silaban

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ABSTRACT

Exercise may not be a cure for depression and anxiety during pregnancy, but it certainly seems to help. A systemic review of physical exercise during pregnancy for healthy women found that it is safe and beneficial for mother and child. Exercise may not be a cure for depression and anxiety during pregnancy, but it certainly seems to help. A systemic review of physical exercise during pregnancy for healthy women found that it is safe and beneficial for mother and child. Exercising while physical distancing is important as it can help improve your mood, reduce back pain, improve your posture, prepare you for childbirth, and more.

Key word : Exercise, physical exercise, pregnancy, physical distancing

Introduction

According to the BKKBN (National Population and Family Planning Agency) pregnancy is a process that begins with the release of a mature egg on fallopian tubes which then meet with sperm, then both fused to form cells that will grow.

The increasing status of the corona virus in Indonesia might make most people feel scared and worried, especially pregnant women. In normal conditions, approaching childbirth sometimes makes some pregnant women worry, especially if they have to give birth in the middle of a corona outbreak, this can certainly be quite stressful. Well, the key to calm down and multiply useful information to reduce your worry ya moms, because excessive worry can also make pregnant women stressed.

However, in the Corona virus pandemic (COVID-19) as it is now, it requires people to remain at home by carrying out physical and social restrictions (physical distancing). the benefits of mild exercise during pregnancy is to increase the energy of pregnant women, can also improve sleep quality, reduce stress, and restore the body to its prime condition more quickly after childbirth.

The most basic is to apply the Covid-19 health protocol, which is washing hands, using masks, avoiding touching the

nose, eyes and mouth, applying the proper cough ethics, and keeping a distance. Staying active during pregnancy by doing light exercise (exercise) has many benefits for pregnant women and fetuses, including during the Corona virus pandemic (COVID-19) as it is today.

The following health tips for pregnant women during the Covid-19 pandemic,

1. Eat foods that are nutritionally balanced and healthy, and consume enough vitamins for pregnant women.
2. Perform light physical activity such as yoga or pregnancy exercises, and take blood-boosting tablets according to the recommended dosage.
3. Keep your personal & environmental clean and diligently wash your hands for at least 20 seconds. Avoid touching your face, nose, mouth & eyes before washing hands.
4. Avoid leaving the house if not needed. If forced to leave the house, wear masks & clothes tightly closed. Upon returning from the outside, immediately clean the body and take a shower, and do not approach the child before cleaning the body.
5. Regular sunbathing to increase vitamin D levels for pregnant women. There is research that shows that vitamin D deficiency can trigger the risk of premature pregnancy.

As long as the mother does not experience severe headaches, normal blood pressure, no nausea, vomiting, no severe contractions, or rupture of membranes. The signs are an emergency and must undergo a doctor's examination. But if there are no complaints, then just check the condition of the body independently at home, and for husbands and families to maintain and accompany pregnant women in fulfilling nutrition and mental, emotional and psychological readiness of pregnant women during this pandemic. Because a husband and family who are always on standby pregnant women can feel safe and comfortable protection during their pregnancy during this pandemic.

Regular exercise during pregnancy can improve health, reduce the risk of excess weight gain and back pain, and it may make delivery easier. Moderate exercise during pregnancy may give a newborn a healthier start.

Exercise at any time can improve heart health and stamina, decrease fatigue and constipation, boost mood and energy levels, enhance sleep, and improve muscle strength.

A well-chosen exercise program can have the same benefits during pregnancy. It is important to discuss any changes in exercise habits with a health care provider, to make sure you do the right kind of exercise at the right stage of pregnancy.

Discussion

Suitable activities during pregnancy are brisk walking, swimming, indoor stationary cycling, prenatal yoga, and low-impact aerobics, guided by a certified aerobics instructor.

These carry little risk of injury, they benefit the entire body, and they can continue until delivery.

1. Brisk walking

If pre-pregnancy exercise levels were low, a quick stroll around the neighborhood is a good way to start.

This will provide a cardiovascular workout without too much impact on the knees and

ankles. It can be done for free, almost anywhere, and at any time during pregnancy.

Safety tip: As pregnancy progresses, your center of gravity changes, and you can lose your sense of balance and coordination.

Choose smooth surfaces, avoid potholes, rocks, and other obstacles, and wear supportive footwear.

2. Swimming

Swimming and exercising in water give a better range of motion without putting pressure on the joints. The buoyancy offered by the water may offer some relief from the extra weight.

Swimming, walking in water, and aqua aerobics offer health benefits throughout pregnancy.

Safety tip: Choose a stroke that feels comfortable, and that does not strain or hurt your neck, shoulders, or back muscles, for example, breaststroke. A kickboard can help strengthen the leg and buttock muscles.

Safety tips:

- Use the railing for balance when entering the water, to prevent slipping.
- Avoid diving or jumping, as this could impact the abdomen.
- Avoid warm pools, steam rooms, hot tubs, and saunas, to minimize the risk of overheating.

3. Stationary cycling

Cycling on a stationary bike, also called spinning, is normally safe even for first-time exercisers. It helps raise the heart rate without putting too much stress on the joints.

The bike helps support body weight, and, because it is stationary, the risk of falling is low.

Later in pregnancy, a higher handlebar may be more comfortable.

4. Yoga

Prenatal yoga classes keep the joints limber and help maintain flexibility.

Yoga strengthens muscles, stimulates blood circulation, and enhances relaxation. These may contribute to a healthy blood pressure during pregnancy.

The techniques learnt in yoga class can also help you to stay calm and in control during labor.

Safety tip: As pregnancy progresses, skip positions that could cause you to overbalance.

From the second semester, it is better to avoid poses that involve lying on the abdomen or flat on the back.

Lying on the back can cause the weight of the fetus and the uterus to put pressure on major veins and arteries and decrease blood flow to the heart.

It can be tempting to overstretch, as the hormone relaxin increases flexibility and joint mobility during pregnancy. Overstretching could lead to injury.

5. Low-impact aerobics

Aerobic exercise strengthens the heart and lungs and helps maintain muscle tone. Low-impact aerobics excludes jumping, high kicks, leaps, or fast running.

In low-impact exercise, one foot should stay on the ground at all times.

Compared with high-impact aerobics, the low-impact option:

- limits stress on the joints
- helps maintain balance
- reduces the risk of weakening the pelvic floor muscles

A weak pelvic floor increases the chances of urine leakage.

Some aerobics classes are designed especially for pregnant women. This can be a good way to meet other pregnant women, as well as exercising with an instructor who is trained to meet your specific needs.

Women who already attend a regular aerobics class should let the instructor know that they are pregnant so they can modify exercises and advise about suitable movements.

During pregnancy, exercise should aim to:

- increase heart rate steadily and improve circulation
- keep the body flexible and strong
- support and control healthy weight gain
- prepare the muscles for labor and birth

Exercise during pregnancy can help:

- shorten the labor process
- increase the chances of an unmedicated birth
- decrease the need for pain relief
- speed up recovery after delivery
- reduce the risk of gestational diabetes and hypertension
- decrease the likelihood of preterm labor and birth

It may also give an infant a healthier start.

Research shows that when pregnant women exercise, fetal heart rate is lower. Newborns may also have a healthier birth weight, a lower fat mass, improved stress tolerance, and advanced neurobehavioral maturation.

Women who were exercising regularly before pregnancy, and who are healthy during pregnancy, should be able to continue exercising as before, with slight changes depending on the trimester. Women who have not been exercising before pregnancy will benefit from taking up a low-intensity program and gradually move to a higher activity level.

Health authorities in the United States recommend that adults should do at least 150 minutes a week of moderate-intensity physical exercise, including during pregnancy and in the first year after delivery.

Most exercises are safe to perform during pregnancy if done with caution.

Who should not exercise?

Exercise is rarely harmful, but anyone with a medical condition, such as asthma, heart disease, hypertension, diabetes, or a pregnancy-related condition should speak to a health care provider first.

Exercise may not be advised if there is:

- vaginal bleeding or spotting
- low placenta, or low-lying or placenta previa
- a history or possibility of miscarriage or preterm delivery
- weak cervix

Stop exercising if you:

- feel fatigued

- develop persistent pain
- experience any vaginal bleeding
- have regular contractions more than 30 minutes after exercise, as this may be a sign of pre-term labor

A health-care provider can suggest personal exercise guidelines, based on the individual's medical history.

Conclusion

Stop exercising and consult a health care provider if you:

- experience pain, including abdominal, chest, or pelvic pain
- have muscle cramps
- feel faint, dizzy, or nauseous
- feel cold or clammy
- notice vaginal bleeding
- have a sudden gush of fluid from the vagina or a trickle of fluid that leaks steadily, possibly indicating a rupture of the amniotic membrane
- have an irregular or rapid heartbeat
- notice sudden swelling in the ankles, hands, face, or all of them
- experience increased shortness of breath
- have persistent contractions that continue after rest
- have difficulty walking

Regular physical activity can boost maternal and fetal health, and it can make pregnancy, labor, and post-delivery recovery easier. However, it is important to stay safe during exercise.

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THE EFFECTIVENESS OF GINGER IN DEALING WITH TRIMESTER 1 HYPEREMESIS GRAVIDARUM IN PREGNANT WOMEN

Destin Murni Yanti Ndraha¹, Anggita Aulia Pane², Vivi Kartika Dewi³
^{1,2,3}Mahasiswa Sarjana Kebidanan Mitra Husada Medan

ABSTRACT

Nausea and vomiting are common for pregnant women in the first trimester when around 50-80% of pregnant women increase nausea and vomiting caused by imbalance of the hormones progesterone and estrogen but if the mother experiences excessive nausea, vomiting can interfere with maternal activity and cause the condition of the mother to be worse than hyperemesis gravidarum. The condition of pregnant women is also vulnerable to drugs, so mothers need therapy to reduce nausea and vomiting in mothers. And the efforts made by giving mothers to consume ginger which has antiemetic and anxiolytic activity and has a high iron and calcium content.

Introduction

Pregnancy is a gift that is so coveted for a woman. Every pregnancy is a natural process. Pregnancy affects the mother's body as a whole by causing physiological changes that occur throughout the organ system, most of the changes in the mother's body are mostly caused by hormonal work. These changes occur due to an imbalance of the hormones progesterone and estrogen, the female hormones in the mother's body since the pregnancy process (Mandriwati, 2008). Some complaints that make mothers feel uncomfortable include nausea and vomiting (Smith, et al, 2009).

About 50-90% of pregnant women experience complaints of nausea and vomiting. These complaints are usually accompanied by hypersalivation, headaches, flatulence, and weakness in the body. These complaints are generally known as "morning sickness."

Nausea vomiting (emesis gravidarum) occurs early in pregnancy due to changes in the gastrointestinal tract and increased levels of Human Chorionic Gonadotropin (hCG) in the blood causing several complaints that make the mother feel uncomfortable during pregnancy, including nausea and vomiting. This emesis gravidarum causes a decrease in appetite so there is a change in electrolyte balance with potassium, calcium and sodium which can change the body's metabolism (Parwitasari,

et al, 2014). Vomiting nausea that is not treated immediately can be a case of complications in pregnancy that are more serious and fatal, namely hyperemesis gravidarum (Tiran, 2008). The prevalence of hyperemesis gravidarum in Indonesia in 2008 was 150 people. The prevalence of hyperemesis gravidarum in East Java in the case of the 2008 Jamkesda program was 13 cases, whereas in the Cunda Muara Dua Lhok Seumawe Community Health Center (NAD) reported that around 2.4% of women who experience nausea and vomiting needed hospitalization for hyperemesis gravidarum. Hyperemesis gravidarum can make the mother's body to be very weak, pale face and urination frequency to decrease dramatically so that body fluid decreases and blood becomes thick (hemoconcentration). This situation can slow down blood circulation so that the consumption of oxygen and food to the tissues is also reduced, causing tissue damage that can endanger the health of the mother and the health of the fetus it contains (Hidayati, 2009). The principles of managing hyperemesis gravidarum include prevention, reducing nausea, vomiting, correction of dehydration and electrolyte imbalance, provision of adequate vitamins and calories to maintain nutrition (Setiawati and Ramadhian, 2016).

In dealing with nausea and vomiting in pregnant women needed

materials that relieve stomach cramps and cramps. Complementary therapy using herbs that can be used to reduce nausea and vomiting during pregnancy is ginger. The pharmacological function of ginger, one of which is antiemetic (anti-emetic). Ginger is also a strong aromatic stimulant, besides being able to control vomiting by increasing intestinal peristalsis. Ginger is one of the choices of herbal ingredients that have essential oils of Zingiberena (zingirona), zingiberol, bisabilena, curcumen, gingerol, flandrena, in ginger it has been proven to have effective antiemetic (anti-emetic) activity (Fitria, 2013). Vitamin A and the bitter resin that can block serotonin is a neurotransmitter that is synthesized in serotonergic neurons in the central nervous system and enterochromafin cells in the digestive tract so that it is believed to be a giver of comfort in the stomach so that it can overcome vomiting nausea (Ahmad, 2013).

The main product of the ginger plant is the ginger rhizome. Ginger rhizome is a source of ginger oil called essential oils. Ginger oil contains flying oil (which is volatile) such as gingerol (Rukmana, 2011). Gingerol compound as the main ingredient in the ginger rhizome is a strong oxidant that is effective in treating inflammation. Ginger has antiemetic and anxiolytic activities. This can also help morning sickness. Gingerol and shogaol from ginger can stimulate the flow of saliva, bile and gastric secretion. Ginger is also found to suppress gastric contractions and increase intestinal and peristalsis muscle tone. Constituents in ginger can interact with 5HT-3 receptors and may be partly responsible for being antiemetic (Zhion, 2011).

Research conducted by Suwarni (2007) in Parwitasari (2014) about the effectiveness of ginger drink in reducing emesis gravidarum in first trimester pregnant women, found that administration of ginger drink is very effective in dealing with nausea and vomiting in first trimester pregnant women. After giving the ginger

drink to the intervention group, there was a decrease in nausea and vomiting. Ginger that will be used by researchers is red ginger because red ginger has a high essential oil content and spicy taste than elephant ginger. This type of red ginger is suitable for pharmaceutical and herbal ingredients or is extracted by oleoresin and essential oils. The use of red ginger is also used in previous studies in the form of stew (Parwitasari, 2014).

Method

The method used in writing this paper is the study of literature. The main types of references used in literature studies are books, journals and website or scientific articles relating to the discussion. The data analysis technique is in the form of argumentative descriptive.

Results and Discussion

Hyperemesis gravidarum is a state of excessive nausea and vomiting so that daily work is interrupted and general conditions become worse (Mansjoer, 2009). The incidence of nausea and vomiting during pregnancy according to midwife participants occurred around 40-50% of all pregnancies, but that reached the state of hyperemesis gravidarum around 20-30%. Participants in this study both pregnant women and their husbands have a correct understanding of hyperemesis gravidarum, a state of vomiting caused by pregnancy. Participants of pregnant women are also able to mention the real symptoms of hyperemesis gravidarum namely tired, nausea, vomiting due to lack of appetite and sleeplessness. By knowing the symptoms of hyperemesis gravidarum participants are expected to be able to prevent the more severe consequences of the situation. This is in accordance with the results of research (Wiwik, Niman and Susilowati, 2016) which states that there is a relationship between knowledge and attitudes of pregnant women in preventing the occurrence of hyperemesis gravidarum in the work area of Padalarang Public Health

Center. This good knowledge will encourage them to be supportive towards preventing the occurrence of hyperemesis gravidarum from getting worse.

As a result of continuous nausea, vomiting can occur dehydration, hyponatremia, hypochloremia, decreased urine chloride which can then occur hemoconcentration which reduces blood perfusion to the tissue and causes toxic accumulation (Mansjoer, 2009). Nutritional conditions and poor health status can be fatal for pregnant women and their fetuses. This is because according to (Proverawati and Asfuah, 2009) mothers or prospective mothers are a vulnerable group, because it requires adequate nutrition so that nutritional status and health must be maintained in order to give birth to a healthy baby. Ginger is also a strong aromatic stimulant, besides being able to control vomiting by increasing intestinal peristalsis. Several studies mention that ginger has beneficial effects on cancer prevention, nausea and vomiting during pregnancy, nausea and vomiting in chemotherapy patients and vomiting after surgery (Amelia and Isna, 2017). Based on researchers' assumptions that Ginger can prevent nausea and vomiting because ginger is able to be a barrier to serotonin, a chemical that can cause stomach contraction, causing nausea.

Table 1. Frequency Distribution of Nausea and Vomiting in First Trimester Pregnant Women Before and After being given a decoction of red ginger and mint leaves.

Level of vomiting nausea	Before		After	
	F	%	F	%
Mild vomiting nausea	0	0	9	81,8
Medium sized nausea	11	100	2	18,2
Total	11	100	11	100

Based on the frequency of nausea, vomiting in first trimester pregnant women before being given a decoction of red ginger and

mint leaves, all respondents experienced moderate nausea and vomiting as many as 11 people (100%), while the frequency of nausea of vomiting in first trimester pregnant women after being given red ginger and leaves mint most of the respondents experienced 9 mild nausea vomiting (81.8%), and 2 moderate nausea vomiting (18.2%).

Table. 2 Differences in the degree of nausea and vomiting in the ginger powder group and those without the ginger powder group

Level of vomiting nausea	Treatment Group		Control Group	
	Before	After	Before	After
Mild vomiting nausea	1	5	3	2
Medium sized nausea	9	7	8	9
Severe nausea vomiting	2	0	1	1
Total	12	12	12	12

Based on the above data it can be explained that in the group that was given ginger powder there was an increase in mild nausea and vomiting, initially only 1 respondent (8.3%) to 5 respondents (41.7%), severe nausea and vomiting that were previously 2 people (16.7 %) to 0 people (0%) because it was reduced to moderate nausea and vomiting. Respondents in the group that were not given ginger powder experienced an increase in the occurrence of moderate nausea and vomiting, which initially had 8 people to 9 people due to a change in mild nausea to moderate vomiting by 1 respondent.

Based on the table above to find out whether there is a difference before and after being given ginger powder tested using the Wilcoxon Matched Pairs Test that is obtained P value 0.33 <0.05 then H0 is rejected and H1 is accepted. In conclusion, there is an effect of ginger powder on the decrease in nausea and vomiting in

pregnant women aged 0-16 weeks in the Wonorejo Public Health Center, Ngadiluwih District, Kediri Regency.

Table. 3 Effectiveness of Ginger and Mint Leaves Stew Water on the Intensity of Vomiting Nausea

Level of vomiting nausea		Total	Mean	P
Ginger Stew	Before	15	9,47	0,000
	After	15	3,80	

Complaints of nausea and vomiting in pregnant women is something that is very common, therefore in addition to pharmacological treatment there are also non-pharmacological treatments. In this study, the administration of ginger water and mint leaves decoction to first trimester pregnant women who were nauseous vomiting. Based on the results of research from 30 respondents showed that the Effectiveness of Ginger Stew Water Giving Against Vomiting Intensity in First Trimester Pregnant Women in Dahlia Health Center Makassar, the researchers can draw conclusions that there is a change in nausea and vomiting after being given Ginger Stew Water before and after treatment, the mean value of p 0,000 .

Conclusion

Characteristics of respondents obtained that most respondents with frequency of nausea and vomiting in first trimester pregnant women before being given a decoction of red ginger and mint leaves, all respondents experienced moderate nausea and vomiting as many as 11 people (100%), while frequency of nausea and vomiting in first trimester pregnant women after given red ginger and mint leaves, most respondents experienced 9 mild nausea and vomiting (81.8%), and moderate nausea and vomiting as many as 2 people (18.2%). And in the group that was given ginger powder there was an increase in mild nausea and vomiting, initially only 1 respondent (8.3%) to 5 respondents (41.7%), severe nausea and vomiting which

previously had 2 people (16.7%) to 0 people. (0%) due to reduced nausea and moderate vomiting. The results of 30 respondents showed that the Effectiveness of Ginger Stew Water Giving Against the Intensity of Vomiting in First Trimester Pregnant Women is very effective in reducing the frequency of nausea and vomiting in first trimester pregnant women.

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HUSBAND SUPPORT RELATIONSHIP WITH THE COMPLIANCE OF antenatal CARE EXAMINATION in THE PREGNANT WOMEN TM III AT PRIMARY CLINIC VINA IN 2019

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ABSTRACT

According to the Kemenkes RI (2017) Factors affecting the achievement of the visit K1 and K4 expectant mothers are internal Factors (parity and age) and external (knowledge, attitude, economics, socio-cultural, geographic, and support). Based on the results of the Ministry of Health showed the maternal mortality rate in childbirth since 2015-2017. Based on the data quoted from the KEMENKES maternal mortality rate during childbirth fell from 4.999 cases in 2015 to 4.912 cases in 2016. While The year 2017 occurred 1.712 cases of death in mothers during childbirth. (No. 2018). To learn about the influence of Husband's support on the compliance of antenatal care visits to mother hail at the primary Clinic of Vina in 2019. The Study used quantitative research research using analytical surveys with cross sectional research racilation with a retrospective approach. Design Observational research with the approach, observation or data collection at one time also (point time approach). Number of Respsnen as many as 35 people, total sampling sample technique. The results of the Bivariate Alalisis stated there was a link between the Husband's support to the ANC support compliance in the pregnant Mother TM III p value < of 0.05 ($P = 0.001$). $P = 0.001$ meaning H_0 is rejected and H_a ACCEPTQED. Thus, it can be concluded that H_a is acceptable, from research indicating there is a significant influence between husband's support towards the compliance of antenatal care visits to expectant mothers at Vina Primary Clinic, year 2019.

Keywords: Husband support, antenatal care (ANC) Compliance visit

INTRODUCTION

Based on a report from the profile of the district or maternal city reported by North Sumatra year maternal mortality rate reaches 194 people in 2017. The number has decreased from 2016 to 240 inhabitants. Likewise, the infant mortality rate of 2017 was 1,064 people, down from 1,080 in 2016. Although maternal mortality and infant mortality rates show a decline, the health sector has the SDG reducing maternal mortality to under 70 per 100.00 live births and lowering neonatal mortality to 12 per 1,000 live births in 2030. (Pofil health Sumut,2017).

Percentage coverage of K1 and K4 from 2016 years decreased from 2015. Percentage T1 in 2015 amounted to 94.9% and in 2016 was 92.6% or decreased by 2.3%. Similarly, the coverage of K4 in 2015 was 87.1%. Sedangkan in 2016 amounted to 85% or decreased by 2.1%.

In the previous research conducted by Fasyah Nabilah in 2017 in BPM wife Utami Sleman Yogyakarta concluded that the complete expectant mother in the ANC visit received support from a good category husband as many as 41 respondents (100%), bad category as much as 3 respondents (75%). While the wife who is not complete in the ANC visit received the support of a good category of 0 respondents (0%), bad as much as 1 respondent (25%).

Husband support can be emphasized as a resource provided through interaction with others "*support the resoince to use through our interaktion with other people*" another opinion that support about information from others is he is loved and cared for, has self-esteem and is appreciated, as well as being part of a network of communication and mutual obligations (Azwar,2012).

Antenatal care (ANC) is a pregnancy screening to optimize the mental and physical health of the pregnant BU, so as to be able to face childbirth, when the NIFAS, preparations provide breast milk and return the health of reproduireasonably. The goal is to get to know and deal with the earliest possible complications that are present during pregnancy, during childbirth, when Nifas, identify and deal with the illness accompanying pregnancy, childbirth, when Nifas and decrease the number of pain and maternal mortality and prenatal.

Based on the initial survey conducted in the primary clinic of Vina there are 25 pregnant mothers who conducted the ANC examination and 20 of them were not delivered by the husband, so the author is interested in taking a title about the husband's support to the ANC examination compliance.

General Purpose Know the relationship of husband support with Antenatal Care (ANC) compliance to pregnant women at Vina Primary Clinic, year 2019.

METHODS

Type and design research This research is a quantitative study using analytical surveys with *cross sectional* research with a *retrospective approach*, aimed at knowing the husband's support relationship with the compliance of antenatal Care examination in pregnant women at Vina primary Clinic, year 2019. . Design observational research with approach, observation or data collection at one time also (*point time Approach*) (Notoatmodjo, 2010). The population is the whole subject to be researched (Hidayat, 2011). This study was studied and concluded that the population in this study was all pregnant mothers who came to visit the *Ante Natal Care*(ANC) to the primary clinic OF VINA TM III as much as 35 people.

The sample is partly examined and considered to represent the entire

population (Notoatmodjo, 2010). The sampling technique in research is *total sampling*. Total Samplings is a sampling technique where the number of samples is equal to the population (Hidayat, 2011). The reason for taking the total sampling technique is because the population is less than 100 the entire sample is used as research. The samples in this study were 35 pregnant mothers who had the TTP above the month of June.

Data retrieval techniques are primary data through the filling of questionnaires. Questionnaires for husband support during pregnant mothers undergo pregnancy while secondary data is obtained from the mother's book KIA to see the number of visits/adherence of expectant mothers in Vina Primary clinic.

RESULT

After the collection, management and analysis and data obtained, the results of the study gained on the "husband support relationship with Antenatal Care examination in the pregnant women TM III in primary Vina" obtained the total data of 35 respondents with the following results.

Univariat Analysis

Table of respondents distribution based on husband's support

No	Husband support	F	Percentage (%)
1	TDK Support	14	40.0
2	Support	21	60.0
	Total	35	100.0%

Table 1.1 based on the data in the table 1.1 can be known from 35 respondents (100%) The majority of support husbands do not support 14 respondents (40.0%) and support minority husband supports 21 respondents (60.0%).

No	ANC Compliance	F	Percentage (%)
1	Disobedient	13	37.1%
2	Obedient	22	62.9%
	Total	35	100.0%

1.2 Table of respondents distribution based on ANC visit compliance

Table 1.2 based on the data in the table 1.2 can be known from 35 respondents (100%) Majority adherent to the visit of ANC 22 respondents (62.9%) and minority disobedient in the visit of the ANC 13 respondents (37.1%).

Bivariate analysis

Table 1.3 Analysis of husband's support relationship with Antenatal Care screening in pregnant women TM III at primary clinic Vina

No	Husband support	ANC Compliance				Category		Result P Count
		Disobedient		Obedient		Total		
		F	%	F	%	F	%	
1.	No support	10	28.6%	4	11.4%	14	40.0%	0.001
2.	Support	3	8.6%	18	51.4%	21	60.0%	
Total		13	37.1%	22	62.9%	35	100%	

From the data table 1.3 can be seen that based on the majority of support husband who is not obedient to the visit of ANC 10 respondents (28.6%), and did comply with the visit of ANC 4 respondents (11.4%)

Based on the majority of support husbands who did not support the visit of ANC 3 respondents (8.6%) And husband supports the visit of the 18-respondent ANC (51.4%). Results of bivariate Analysis stated there was a relationship between support husband to support the ANC compliance in the pregnant women TM-III p value < of 0.05 (P = 0.001). p = 0.001 means Ho is rejected and Ha is accepted.

CONCLUSION

Based on the results of the study "husband support relationship with Antenatal Care compliance in pregnant women TM III in Primary clinic Vina year 2019" with the number of 35 respondents and the data processing that has been done using SPSS can be concluded that the test value of *chi square* p = 0.001 means that Ho is rejected and Ha accepted:

Based on the results of the study can be known from 35 respondents (100%) The majority of support husbands do not support 14 respondents (40.0%) and support minority husband supports 21 respondents (60.0%).

Based on the results of the study can be known from 35 respondents (100%)

Majority adherent to the visit of ANC 22 respondents (62.9%) and minorities. Disobedient in the visit of ANC 13 respondents (37.1%).

Based on the results of the study can be seen that based on the majority of support husband who did not comply with the visit of ANC 10 respondents (28.6%), and did comply with the visit of ANC 4 respondents (11.4%) Based on the majority of support husbands who did not support the visit of ANC 3 respondents (8.6%) And husband supports the visit of the 18-respondent ANC (51.4%). The results of Bivariat analysis stated there was a link between the husband's support to the ANC support compliance in the pregnant Mother TM III p value < of 0.05 (P = 0.001). P = 0.001 meaning Ho is rejected and Ha accepted.

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STIKes Mitra Husada Medan

NURSING CARE IN ELDERLY WITH HYPERTENSION NURSING CARE WITH HYPERTENSION IN THE ELDERLY

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ABSTRACT

Hypertension is a disease of the cardiovascular system that is often found in the community. Hypertension can be defined as persistent blood pressure, where the systolic pressure is above 140 mmHg and the diastolic is above 90 mmHg. In the elderly population, hypertension is defined as a systolic pressure of 160 mmHg and a diastolic pressure of 90 mmHg. At present, the death rate due to hypertension in Indonesia is very high. The prevalence of hypertension in Indonesia based on riskesdas (basic health research) in 2007 reached 30 percent of the population. Hypertension can be divided into 2, namely essential hypertension and secondary hypertension. The cause of hypertension in the elderly is due to changes in; the heart valve thickens and stiffens, the heart's ability to pump blood decreases by 1% every year after the age of 20, so the contraction and volume also decline. Clinical manifestations of hypertension patients include: Complaining of headaches, dizziness, weakness, fatigue, anxiety, nausea and vomiting, epistaxis, decreased consciousness. Supporting examinations in hypertension include: laboratory tests, CT Scan, ECG, IU, and chest photo.

INTRODUCTION

The term hypertension is taken from English hypertension which comes from the Latin "hyper" and "tension." "Hyper" means super or extraordinary and "tension" means pressure or tension. Hypertension has finally become a popular medical term for high blood pressure. Blood pressure is the power used by blood pumped from the heart to fight blood vessel resistance, if a person's blood pressure rises sharply and then remains high.

EpidemiologyBased on Global B Examination Survey data (NHANES) shows that from 1999-2000, the incidence of hypertension in adults is around 29-31%, which means there are 58-65 million sufferers of hypertension in America, and an increase of 15 million from the Examination Survey data (NHANES)) shows that from 1999-2000, the incidence of hypertension in adults was around 29-31%, which means there were 58-65 million people with hypertension in America, and there was an increase of 15 million from the data.

MATERIAL AND METHODS

According to Darmajo & Hadimartono (1999), hypertension in the elderly can be divided into; hypertension where systolic pressure is equal to or greater than 140 mmHg and diastolic pressure is equal to or greater than 90 mmHg, and isolated systolic hypertension where systolic pressure is greater than 160 mmHg Primary or essential hypertension or idiopathic hypertension is unknown hypertension. . This type of hypertension is 90% of cases of hypertension that often occurs in the community. Hypertension is a complex process of several major organs and systems, including the heart, blood vessels, nerves, hormones and kidneys.

Secondary hypertension is an increase in blood pressure caused by a cause. This type of hypertension occurs in 5% of cases that occur in the community. In addition there are several types of hypertension with special characteristics. Isolated Systolic Hypertension is hypertension that occurs when systolic pressure is more.

Pathophysiology

In Medical Nursing Nursing Textbook Brunner & Suddarth (2000) explains the pathophysiology of hypertension found in, the mechanism that regulates or controls blood vessel relaxation and relaxation located at the center of the vasomotor. In the brain medulla, from this vasomotor center begins the sympathetic nerve pathway, which continues down to the spinal cord and out of the column, the spinal cord ganglia in the thorax and abdomen. Vasomotor central stimulation is delivered in the form of impulses that move down through the sympathetic nervous system to the ganglia. At this point, pre ganglion neurons release acetylcholine, at the same time, the sympathetic nervous system stimulates blood vessels in response.

Clinical Manifestations

In hypertension signs and symptoms can be divided into: Asymptomatic: that means there are no specific symptoms that can be associated with an increase in blood pressure, other than the determination of arterial pressure by the doctor who checks, if arterial abnormalities are not measured, then arterial hypertension will never be diagnosed. Common symptoms: Symptoms that commonly accompany hypertension are headache, fatigue. But this is a common symptom in most patients who seek medical help. According to Rokhlaeni (2001), clinical manifestations of hypertensive patients include: complaining of headaches, dizziness, weakness, fatigue, anxiety, nausea and vomiting, epistaxis, decreased consciousness. Other symptoms are often found: anger, buzzing ears, feeling heavy on the neck, difficulty sleeping, dizzy eyes.

Supporting Investigation

Laboratory examination; Hb / Ht: to assess the relationship of cells to fluid volume (viscosity) and can indicate risk factors, such as: anemia. BUN / creatinine: provides information about / kidney function. Glucose: Hyperglycemia (DM is the originator of hypertension) can be

caused by the release of ketokolamin levels. Urinalysis: blood, protein, glucose, suggesting kidney dysfunction and DM.

Medical Intervention

The goal of antihypertensive therapy is to reduce the morbidity and mortality of cardiovascular and kidney disease. Because most patients with hypertension, especially those aged at least 50 years, get normal diastolic blood pressure if normal systolic pressure can be realized, the main goal of hypertension therapy is to maintain systolic pressure within normal limits. Maintaining systolic and diastolic blood pressure less than 140/90 mmHg is associated with decreased cardiovascular complications. In patients with hypertension accompanied by diabetes and kidney disease, the target blood pressure is 130/80 mmHg.

Complications

Hypertension patients usually die sooner if the disease is not controlled and has caused complications to several vital organs. The most common cause of death is heart disease with or without stroke and kidney failure. With a per organ system approach, it can be known.

Nursing Care

According to Hidayat (2009) nursing care in the elderly with hypertension includes:

History or presence of risk factors, including: positive family history of obesity, increased serum lipid levels, kidney disease recovery, chronic hormone therapy, heart failure, pregnancy.

Activity / Rest, symptoms: weakness, fatigue, shortness of breath, lifestyle integrity Ego, symptoms: history of personality changes, kidney disease in the past).

RESULT

Maintaining adequate tissue perfusion: blood pressure within acceptable ranges with dietary treatment and lifestyle changes, showing no symptoms of angina,

palpitations or decreased vision, stable BUN and creatinine levels, and palpable pulse rate Adhering to early care programs: taking medication as prescribed and report any side effects, adhere to the recommended dietary rules: reduction of sodium, cholesterol.

CONCLUSION

Hypertension is a public health problem which can be dealt with either in some countries in the world or in Indonesia. Factors that can cause hypertension are from people's habits or lifestyles, namely the hereditary factors obtained in the family, age, sex .

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INCREASING CONTRACEPTIVE USE DURING THE COVID-19 PANDEMIC

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ABSTRACT

The Covid-19 pandemic, besides having an impact on the economy, education and society, also impacts on health, one of which is impact on women's reproductive health services, reproductive health services for women are a form of necessity or cannot be postponed. Many women face several changes as a result of social and physical distancing, including for their reproductive health checks. One of these services is the use of contraceptives. Contraceptive use during The covid-19 pandemic is one of the efforts that must be done in couples of childbearing age (PUS) which are expected to postpone pregnancy before the covid-19 pandemic. health workers continue to monitor the use of contraception for women's reproductive health.

Keywords : Women's Reproductive Health, Fertile Age Couples, Contraception, Covid-19 Pandemic

INTRODUCTION

World Health Organization (WHO) said that Corona virus or Severe Acute Respiratory Syndrome Corona Virus 2 (SARS-CoV-2) is a virus that can attack the respiratory system in humans. This disease caused by a viral infection is called COVID-19. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), better known as the Corona virus, is a new type that is transmitted to humans. Corona virus can cause mild disturbances in the respiratory system, severe lung infections, which can result in death. COVID-19 appeared for the first time in the city of Wuhan, China.

COVID-19 incubation period is not known with certainty. However, the average symptoms that occur after 2-14 days after the first virus enters the body. In addition, the transmission method of COVID-19 is also not known with certainty. Initially, the COVID-19 corona virus was thought to originate from animals. The corona virus COVID-19 is a virus that circulates in several animals, including bats. Actually this virus rarely evolves and infects humans and spreads to other individuals. However, the case in Wuhan, China and even the world is now a

clear proof that this virus can spread from animals to humans. In fact, now transmission can be from human to human. Here are some of the mild symptoms of the corona virus :Runny nose, Headache, Cough, Sore throat, Fever, Feel unwell.

What needs to be emphasized is that some corona viruses can cause severe symptoms. The infection can turn into bronchitis and pneumonia (caused by COVID-19), which results in symptoms such as: Fever that may be quite high if the patient has pneumonia, Cough with mucus, Hard to breathe, Chest pain or tightness when breathing and coughing, Infection can get worse if it attacks certain groups of individuals. For example, people with heart or lung disease, people with weakened immune systems, babies, and the elderly. Prevention from covid-19, namely: wearing a mask, diligently washing hands, physically distancing, social distancing, and not direct physical contact.

Contraception is an effort to prevent pregnancy. These efforts can be temporary and permanent, preventing fertilization of the egg by sperm cells (conception) or preventing attaching the

fertilized egg to the uterine wall kinds of contraception are :

The simple contraceptive method consists of 2 namely simple contraceptive methods without tools and contraceptive methods with tools. Methods of contraception without tools include: Lactation Amenorrhoe Method (MAL), Interruptus Couitus, Calendar Method, Cervical Mucus Method, Body Basal Temperature Method, and Simptomermal, which is a combination of basal temperature and cervical mucus. Whereas the simple contraceptive method is a condom, diaphragm, cervical cup and spermicide (Handayani, 2016).

The hormonal contraceptive method is basically divided into 2 namely a combination (containing the hormone progesterone and synthetic estrogen) and which contains only progesterone. Combined hormonal contraception is present in pills and injections / injections. While hormonal contraceptives that contain progesterone are found in pills, injections and implants (Handayani, 2016).

Long-term contraception is divided into two, namely hormonal long-term contraception (implants) and non-hormonal long-term contraception that is an intrauterine device (IUD).

Solid contraceptive methods consist of 2 types, namely the Women's Operative Method (MOW) and the Male Operative Method (MOP). MOW is often known as tubectomy because the principle of this method is to cut or bind the fallopian tubes / fallopian tubes so as to prevent the meeting between the ovum and sperm. Whereas MOP is often known as vasectomy, namely vasectomy cutting or binding the vas deferens.

DISCUSSION

Health is a human right that must be fulfilled in any situation, including disaster situations. Likewise with reproductive health which is part of health. Therefore, reproductive health services

must always be available and available in disaster situations. In order for reproductive health rights to be fulfilled during disasters, affected populations must have access to reproductive health information and services.

The National Population and Family Planning Agency (BKKBN) notes that the installation of family planning contraception (KB) during the SARS-CoV2 corona virus pandemic (Covid-19) decreased by almost 50 percent. This decrease in number has the potential to increase pregnancy in the country by up to 20 percent.

However, in the COVID-19 pandemic health crises can arise, including the need for reproductive health which is often overlooked. It is possible that a health facility is not maximally assisting delivery because the focus of handling covid-19 transmission. It can be seen from the handling of Covid-19 involving almost all health professionals including doctors, dentists, midwives, nurses, pharmacists, etc. Although up to now there are no data and reports on the number of pregnant women in disaster areas in Indonesia, but from previous disaster experiences it is known that in disaster situations, there are always mothers who give birth or experience pregnancy complications due to the disruption of the health care system.

Therefore, to answer this problem, CIE (Communication, Information and Education) about emergency contraception, abbreviated as Kondar, is needed. This is intended to prevent unwanted pregnancy immediately after sexual intercourse because it does not use contraception. Stay at home reduces our interactions with others, but increases interaction in the family. This policy invites the public to limit activities outside the home in order to prevent covid-19 transmission. The stigma of fear of contracting covid-19, increasingly makes couples of childbearing age reluctant to get contraceptive services where health facilities are used as a sampling place. Of

course, who want to re-visit, will not access family planning services to the health facilities while biological needs are still running.

If the couple does not use contraception, it is very likely that an unwanted pregnancy will occur. Pregnancy should be planned with consideration of health, economic, social and religious aspects. If these considerations are accepted, then the pregnancy will continue. If not, then there are efforts for abortion that can threaten the safety of both mother and child.

Emergency Contraception Emphasis can be used in situations and periods that should not be postponed, that is, after having sexual intercourse without contraception. This method is better than not using contraception at all. If this method is applied, many unwanted pregnancies can be prevented, thereby reducing maternal and infant mortality.

The type of Emergency Contraception in question is the copper T, pill and IUD. The pill works by blocking the egg cell from releasing the ovaries and interfering with the work of the hormone progesterone which plays a role in preparing the uterus as a place to grow the fetus. The effectiveness of the pill is taken before 72 hours after sex. IUD work by blocking sperm from entering the fallopian tubes. The effectiveness of the IUD is installed before 5 days post sexual intercourse. The longer the period of pill consumption or installation of an IUD from sexual intercourse, the effectiveness is also reduced. For that, immediately use one of these contraceptives after remembering it.

However, in a covid-19 pandemic situation PUS can prevent pregnancy by using long-term contraceptive methods such as IUDs, implants, MOW (tubectomy) and MOP (vasectomy) to be safe and comfortable in the long term. We don't know when this outbreak ends, but prevent unwanted pregnancies using the Long-Term Contraception Method.

CONCLUSION

During the COVID-19 pandemic such as this is very important to ensure midwives can continue to provide reproductive health services, including the safe installation of contraceptives, namely:

1. Ensure the supply of contraceptives is easily accessible and available on various channels.
2. Improve communication to health workers through various webinar activities aimed at health workers.
3. Providing online contraception consultation services
4. Donations in the form of contraception, reproductive health products and personal protective equipment to health workers and the community.

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CONDOM USE MEASURES IN PREVENTION OF TRANSMISSION OF SEXUALLY TRANSMITTED INFECTIONS (STIS) IN THE PANDEMIC COVID-19

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ABSTRACT

Aim/Objective this study aims to improve public reproductive health in the use of condoms in efforts to prevent the transmission of sexually transmitted infections (STIs) in the days of the pandemic covid 19 **Material and method** is This type of research is a qualitative survey by means of Unrestricted Samples, Screened Samples, Recruited Samples. This method uses internet-based data search because data is stored on scattered servers. worldwide that can be accessed and read quickly, easily and free of charge by Internet visitors (netter) about reproductive health by using condoms in an effort to prevent the transmission of sexually transmitted infections in this pandemic era. **Result** Research results show that respondents' knowledge about condom use in efforts to prevent sexually transmitted infections (STI) in the low category among people who do not take care of reproductive health during the pandemic so that the pregnancy rate also increases because in addition to preventing sexually transmitted diseases, this condom can also prevent the occurrence of pregnancy during pandemic. **Conclusion:** Health education is a form of health promotion that is simple and can cover broad targets. From the results of counseling about Reproductive Health Knowledge with condom use measures to prevent sexually transmitted infections that have been done, it can be concluded that there are differences in the actions before and after the use of condoms for the prevention of sexually transmitted infections. husband and wife to maintain reproductive health which is the main demand in the health priorities of this pandemic during covid 19.

Keyword : Reproductive health, Sexually transmitted diseases, CONDOM, covid 19

INTRODUCTION

In this world, humans can suffer from various diseases that attack the body. The types of diseases that occur in humans also come from different factors. Humans can develop diseases due to contracting, or from bacteria to viruses.

Infectious disease according to experts is a disease that can move from one person to another. This is called transmission which can occur directly or indirectly and can also be transmitted through intermediaries or contacts. Infectious diseases are usually characterized by the cause of a living disease and can move to attack the host (patient). Infectious diseases can move from one person to another. This process of transmission is what we must prevent.

To be able to prevent transmission of course we must know what media can be an intermediary for the origin of the disease. If you already know, then we avoid it.

And among the infectious diseases, including diseases that are very recognizable by people today, namely COVID-19 or Corona Virus Disease 2019 caused by the coronavirus virus group. Coronavirus is a collection of viruses that can infect the respiratory system. In many cases, this virus only causes mild respiratory infections, such as flu. However, this virus can also cause severe respiratory infections, such as lung infections (pneumonia).

COVID-19 virus infection was first discovered in the city of Wuhan, China at

the end of December 2019. The virus is transmitted very quickly and has spread to almost all countries, including Indonesia, in just a few months. This pandemic also caused global socioeconomic disruption, delays or cancellation of sporting and cultural events, and widespread concerns about shortages of goods that led to panic purchases, and not only that. Misinformation and conspiracy theories about viruses have also spread online, and incidents of xenophobia and racism have occurred against Chinese and East and Southeast Asian people.

According to WHO, reproductive health is a state of complete physical, mental and social well-being not only free from disease or disability in all aspects related to the reproductive system, its functions and processes

Likewise with reproductive health that occurred during the pandemic, we must understand what sexually transmitted diseases are. STDs (sexually transmitted diseases) are one of the infections. reproductive tract (ISR) that is transmitted through sexual contact. Germs that cause infections can be fungi, viruses, and parasites. Women are more susceptible to ISR than men, because of the channel female reproduction is closer to the anus and urinary tract. ISR on women are also known because the symptoms are less clear compared with men. Among ISRs, sexually transmitted diseases (STDs) is an infectious disease that is often found and transmitted through sexual relations (Yani Widyastuti, 2009: 38). Infectious infections

Sexual (STI) is still a public health problems throughout the world, both in developed countries (industry) and in developing country. World Health Organization estimates there are more than 340 million New cases of STIs that can be treated like syphilis, gonorrhoea, chlamydia and trachomatis trichomonas vaginalis which occurs every year in the world, especially in aged men and women 15-49 years.

Efforts to prevent health problems in preventing the transmission of sexually transmitted infections condoms become a protective tool used when having sexual intercourse. According to WHO, male condoms effectively prevent pregnancy by up to 98 percent if used correctly and consistently. Male condoms are also effective in preventing HIV and other sexually transmitted diseases. Whereas female condoms can prevent pregnancy by up to 90 percent if used correctly

MATERIAL AND METHODS

This study is a non-experimental study with a cross-sectional study design because the subjects were observed only for a moment or once. With a qualitative approach to reproductive health that has been happening coupled with the occurrence of a pandemic, reduced community activity so that many also experience frustration due to the negative effects of this pandemic.

Data Frequency Reproductive health problems for sexually transmitted diseases are obtained from information data on the internet by means of a qualitative survey by means of Unrestricted Samples, Screened Samples, Recruited Samples. This Method use internet-based data search because data stored on servers spread all over the world can be accessed and read quickly, easily and free of charge by Internet visitors (netter) about reproductive health by using condom use in an effort to prevent transmission of infection Sexually transmitted during this pandemic.

Methods or prevention efforts Prevention of health problems in preventing the transmission of sexually transmitted infections condoms become a protective tool used when having sexual relations male condoms effectively prevent pregnancy by up to 98 percent if used correctly and consistently. Male condoms are also effective in preventing HIV and other sexually transmitted diseases. Whereas female condoms can prevent

pregnancy by up to 90 percent if used correctly

Before the use of condoms The problem or the level of the occurrence of sexually transmitted infections become the main highlight of reproductive health problems in the world of health especially in the midwifery if reproductive health affects health there will be many complications of health problems caused during pregnancy or pre conception. After the use of condoms infectious diseases sexual because there is prevention by the use of condoms will affect the tendency for sexually transmitted infections.

RESULT

The results of research and internet-based data search data on the internet is available on reproductive health for the prevention of sexually transmitted infections with condom use is a maximum effort.

Sales or effectiveness of usage of condoms becomes significant in the community because condoms become one of the efforts to prevent sexually transmitted diseases to prevent reproductive health problems during the pandemic.

Basically, the purpose of condoms is to prevent pregnancy, which is a physical barrier that stops sperm from entering the vagina and reaching the egg. The use of condoms consistently and correctly can reduce the risk of transmission of sexually transmitted diseases such as genital herpes and syphilis. The use of condoms also reduces the risk of transmission of the HIV / AIDS virus, as well as the risk of HPV infection that causes genital warts to cervical cancer. Various studies have shown that condoms are an effective barrier to prevent sexually transmitted diseases caused by germs and even the smallest viruses

CONCLUSION

Condoms are contraceptives commonly used to avoid pregnancy. In this

case, the condom is a barrier to the entry of sperm to reach the egg. But apparently, condoms can also prevent a person from sexually transmitted diseases. The trick is to use condoms consistently.

If condom use is done consistently, infectious diseases can be avoided. More for someone who has an active sexy activity and often mutually partner. But it must also be discussed, if the use of condoms is not appropriate and not in accordance with the instructions for use, then the risk of communicable diseases will increase.

Even so, there are several theories that agree that condoms are not fully approved by users of HIV (human immunodeficiency virus). According to a study at the National Institutes of Health, United States, found condom pores larger than the HIV virus. Related, the use of condoms that are considered not to be carried out effectively transmission of the virus.

However, there are those who agree to continue using condoms. The reason, the use of condoms can still reduce the risk of sexually transmitted diseases while not 100 percent. In addition, avoid also having sex with more than one partner.

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RELATIONSHIP BODY MASS INDEX AND PHYSICAL ACTIVITY WITH DISMENORE ON ADOLESCENT IN SMA N 64 JAKARTA 2019

Mei Kristina Gea
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ABSTRACT

Background: The incidence of menstrual pain or dysmenorrhea in the world is very large. On average more than 50% of women from each country experience menstrual pain. The incidence of dysmenorrhoea in Indonesia is 107,673 people (64.25%) women, consisting of 59,671 people (54.89%) experienced primary dysmenorrhoea and 9,496 people (9.36%) experienced secondary dysmenorrhoea.

Objectives: To determine the relationship of body mass index and physical activity with dysmenorrhea in SMA N 64 Jakarta in 2019

Methodology: This research is a quantitative study, with analytic survey method with cross sectional approach. The sample in this study amounted to 80 people. Sampling technique with total sampling. The research instrument consisted of a dysmenorrhea questionnaire, body mass index and adolescent physical activity.

Research Results: Chi-square test results on body mass index and dysmenorrhea obtained p value 0,000 (p value <0.005) that there is a relationship between body mass index with dysmenorrhea, chi-square test on physical activity and dysmenorrhea obtained p value 0.524 (p value > 0.005) that there is no relationship between physical activity and dysmenorrhea.

Conclusions and Recommendations: There is a relationship between Body Mass Index and dysmenorrhea. Abnormal body mass index caused by malnutrition, young women should pay more attention to eating patterns and avoid eating fast food.

Keywords: Dysmenorrhea, Body Mass Index, Physical Activity.

Literature: 36 (2011-2018)

PRELIMINARY

Adolescence is a period of human growth and process of maturity, during this time there are very unique and sustainable changes. Physical changes due to growth that occur will affect the health status and nutrition (Hasdianah, 2014). Adolescents are those who are in the transition phase of childhood and adulthood, aged 10-19 years (WHO, 2014)

According to the World Health Organization (WHO), the incidence rate of dysmenorrhoea is 1,769,425 people (90%) of women. The incidence of dysmenorrhoea in Indonesia is 107,673 people (64.25%) women, consisting of 59,671 people (54.89%) experienced primary dysmenorrhoea and 9,496 people (9.36%) experienced secondary dysmenorrhoea (Zshasa et al, 2016). The

incidence of menstrual pain or dysmenorrhea in the world is very large. On average more than 50% of women from each country experience menstrual pain. The prevalence of dysmenorrhea in America is around 60%, while in Sweden it is around 70% (Mulastin, 2013).

Research by Kumbhar et al (2011) in Khadapa also found that the prevalence of dysmenorrhea is quite high, reaching 65%. Even research conducted by Al Kindi and Al Bulushi (2011) in Omani and El Hameed et al (2011) high schools in Egypt found a very high prevalence of dysmenorrhea of 94% and 94.4% (Al Kindi et al., 2011). Research conducted by Utami et al (2013) on young women in a high school in Bone District, showed the results of 87.1% of young women experiencing dysmenorrhea. Whereas

research conducted by (Sianipar et al, 2009) in Pulo Gadung Subdistrict, East Jakarta found 63.2% of young women experiencing dysmenorrhea, (Kemenkes RI 2016).

According to Lestari (2013), the cause of menstrual disorders can be due to biological and pathological abnormalities. Other factors that influence menstrual disorders are stress, nutritional status, age, and physical activity. Pain in dysmenorrhoea is associated with a number of other signs and symptoms such as headaches, diarrhea, anorexia, nausea and vomiting. Primary dysmenorrhoea causes activity intolerance and in severe pain can result in absenteeism at work or school, thus causing reduced work results and attention in class (Aziato et al, 2014).

The results of the Research Center for Adolescent Reproductive Health and Counseling (PIK-KRR) in Indonesia in 2009 the incidence of dysmenorrhea ranged from 45 to 95% among the productive age, consisting of 72.84% primary dysmenorrhea and 27.11% secondary dismenor (Proverawati & Maisaroh, 2009). Based on research data, the incidence of dysmenorrhea in West Java is quite high, as many as 54.9% of women experience dysmenorrhea, consisting of 24.5% experiencing mild dysmenorrhoea, 21.28% experiencing moderate dysmenorrhea and 9.36% experiencing severe dysmenorrhoea (Arnis 2012, in the journal Aisyiyah, 2015).

Pain during menstruation causes discomfort in doing daily physical activities. This complaint is related to repeated absence from school or work, so that it can interfere with productivity. Approximately 70-90% of cases of menstrual pain occur at the age of adolescents and adolescents who experience menstrual pain affect academic, social and sports activities Puji (2010). Dysmenorrhea is usually caused by an imbalance of the hormone prostaglandin which makes the uterine muscles contract strongly and is more common at the

beginning of menstruation (Pieter & Janiwarty, 2013).

MATERIALS AND METHODS

Dysmenorrhea is pain during menstruation, the word dysmenorrhea comes from the Greek, namely dysmenorrhea, which according to the meaning of the word consists of "dys" means difficult, "meno" means the moon, and "rrhea" means flow. According to (Okoro G. & Madhubala C, 2013).

Dysmenorrhea is a gynecological disorder that often occurs. There are some women who feel pain or cramps in the lower abdomen during menstruation that lasts, and to cause symptoms such as loss of consciousness due to pain that is so severe that it cannot withstand the pain. This disorder can be called dysmenorrhea (Pribakti B, 2011).

2.1.1 Types of Dysmenorrhea

a. Based on the Type of Pain.

1) Spasmodic pain

Spasmodic pain begins when menstruation or after menstruation begins to feel pain in the lower abdomen. Spasmodic dysmenorrhea can at least be reduced if the birth of the first child or can be treated, but not all women can experience such things (Calis, 2011).

Congestive pain is pain that is felt before the menstrual period will begin, and the patient has known since the previous day.

b. Based on abnormalities

1) Primary Dysmenorrhea

Primary dysmenorrhea is often referred to as primary dysmenorrhea, a symptom that is caused without pathological abnormalities in the pelvic region and which is felt is menstrual cyclic pain, and has a characteristic pain that can occur after the first few years of menarche (Sarwono, 2011 & JO Schorge , 2008).

2) Secondary Dysmenorrhea

Secondary dysmenorrhea is defined as menstrual pain due to anatomic or macroscopic pelvic pathology, as seen in

women with endometriosis or chronic pelvic inflammatory disease.

2.1.2 Signs of Dysmenorrhea Symptoms

a) Signs and symptoms of primary dysmenorrhea

Research conducted by Alatas (2016) says that the primary form of dysmenorrhea experienced by many adolescents is stiffness or spasms in the lower abdomen. It feels so uncomfortable that it causes irritability, irritability, nausea,

vomiting, weight gain, abdominal bloating, back pain, headache, tension, lethargy, and depression.

B) Signs and symptoms of secondary dysmenorrhea

Secondary dysmenorrhea has symptoms that correspond to what causes it, if the patient has endometriosis, symptoms will occur in the form of more severe pain during menstruation and the pain persists and can be found not only in the uterus.

2.1.3 Pathophysiology

a. Primary dysmenorrhoea

The pathogenesis of primary dysmenorrhoea is due to excess or imbalance in the amount of prostaglandin (PG) secretion from the endometrium during menstruation, prostaglandin $F2\alpha$ ($PGF2\alpha$) is a strong myometrial stimulant and vasoconstrictor in the endometrium (Calis K et al 2015).

b. Secondary dysmenorrhoea

High prostaglandins may also play a role in the pathogenesis of secondary dysmenorrhoea, but secondary dysmenorrhoea must have pelvic pathology (Calis K et al 2015).

2.1.5 Degrees of Dysmenorrhoea

a. Body Mass Index

BMI is a simple way to monitor the nutritional status of adults. BB further increases the risk of degenerative diseases. Maintaining a normal BB allows a person to achieve a longer life expectancy

(Rhistianingrum et al, 2010). Besides being used to monitor the nutritional status of BMI it can also be used as a fitness benchmark. Someone who is overweight can be said to have a lot of body fat and low physical fitness (Watulingas, 2013).

2.2.1 Factors Affecting Body Mass Index

a. Age

Research conducted by Tungtrochitr and Lotrakul shows that there is a significant relationship between older age and obesity category IMT.

b. Gender

BMI with overweight category is more common in men. However, the incidence of obesity is higher in women compared to men

c. Dietary habit

Diet is a repetition of the composition of food that occurs when eating. Pattern eating with respect to the type, proportion and combination of foods eaten by an individual, community or group of populations

d. Physical Activity

1) Definition of Physical Activity

Physical activity is the physical movements carried out by the body's muscles and their supporting systems. Physical activity is any body movement produced by skeletal muscle that requires energy expenditure.

2) Type of Physical Activity

Types of adolescent physical activity Physical activity can be classified into three levels, physical activity suitable for adolescents is as follows:

- a) Light activities: only require a little energy and usually do not cause changes in breathing or endurance.
- b) Medium activity: requires intense or continuous energy, rhythmic muscle movements or flexibility (flexibility).
- c) Heavy activities: usually associated with sports and requires strength (strength), making sweat.

Table 2.2.2 Table of Categories of Physical Activity Levels

MET	CATEGORY
$MET \geq 3000$	Height
$3000 > MET \geq 600$	Medium
$600 < MET$	Low

2.3 Teenagers

2.3.1 Definition of youth

According to Halock (1991) adolescents come from the Latin word "adolescere" which means to grow or grow into adulthood, the overall maturity in emotional, mental, social and physical (Universitas Indonesia, 2009).

This research is a quantitative study, with an analytical survey method to determine the relationship of body mass index and physical activity with dysmenorrhoea in young women at SMA N 64 Jakarta in 2019 with a cross sectional time approach and sampling technique using Total Sampling.

RESULTS AND DISCUSSION

4.1.1 Univariate Analysis

a. Dysmenorrhea

Table 4.1 Distribution of Frequency of Respondents by Dysmenorrhea Young Women in SMA 64 Jakarta 2019

Dismenore	Percentage	Frequency (%)
No	24	30
Yes	56	70
Total	80	100

Based on dysmenorrhea obtained by the number of respondents who did not experience dysmenorrhea as many as 24 respondents with a percentage of 30%, and respondents who experienced dysmenorrhea as many as 56 respondents with a percentage of 70%.

b. Body mass index

Table 4.2 Distribution of Frequency of Respondents Based on Body Mass Index in SMA N 64 Jakarta 2019

Body Mass Index	Percentage	Frequency (%)
Abnormal	60	75
Normal	20	25
Total	80	100

Based on body mass index obtained by the number of respondents with an abnormal body mass index of 60 respondents with a percentage of 75%, and the number of normal body mass index of 20 respondents with a percentage of 25%

c. Physical Activity

Table 4.3 Distribution of Frequency of Respondents by Physical Activity of Young Women in SMA N 64 Jakarta in 2019

Physical Activity	Frequency	Percentage (%)
Low	24	30,0
Medium	39	48,8
Height	17	21,2
Total	80	100

Based on physical activity, the number of respondents with low physical activity was 24 respondents with a percentage of 30%, respondents with moderate activity 39 respondents with a percentage of 48.8% and respondents with high activity 17 respondents with a percentage of 21.2%.

Based on physical activity, the number of respondents with low physical activity was 24 respondents with a percentage of 30%, respondents with moderate activity 39 respondents with a percentage of 48.8% and respondents with high activity 17 respondents with a percentage of 21.2%.

4.1.2 Bivariate Analysis

a. Relationship between Body Mass Index and Dysmenorrhea

Body Mass Index	Dysmenorrhea						P. Value	OR 95% CI
	No		Yes		Total			
	f	%	f	%	F	%		
AbNormal	18	30	42	70	60	100	1,000	
Normal	6	30	14	70	20	100	1.000 (0.331-	
Total	24	30	56	70	80	100	3.017)	

The relationship of body mass index with dysmenorrhea in this study showed that of the 80 for the body mass index is not normal there are 18 respondents (30%) who did not experience dysmenorrhea and 42 respondents (70%) who experienced dysmenorrhea and for respondents who had a normal body mass index there were 6 respondents (30%) did not experience dysmenorrhea and 14 respondents (70%) experienced dysmenorrhea. Statistical Test Results (Chi-Square Test) Value p: 1,000 ($p > 0.05$) where H_0 fails to reject then there is no relationship between body mass index with dysmenorrhea.

b. The Relationship Between Physical Activity and Dysmenorrhea

Physical Activity	Dysmenorrhea				Total	P. Value
	Tidak		Ya			
	F	%	f	%		
Low	6	25	18	75	24	100
Moderate	12	30,8	27	69,2	39	100
Height	6	35,3	11	64,7	17	100
Total	24	30	56	70	80	100

The relationship of physical activity with dysmenorrhea in this study showed that of 80 respondents for low physical activity there were 6 respondents (25%) who did not experience dysmenorrhea and 18 respondents (75%) who experienced dysmenorrhea, respondents with moderate activity there were 12 respondents (30.8 %) who did not experience dysmenorrhea and 27 respondents (69.2%) who experienced dysmenorrhea, and for heavy activity 6

respondents (35.3%) experienced dysmenorrhea, 11 respondents (64.7%) experienced dysmenorrhea. Value of p: 0.524 ($p > 0.05$) where H_0 fails to reject then there is no relationship between physical activity with dysmenorrhea.

4.2.1 Dysmenorrhea

The results of research conducted at SMA N 64 Jakarta the number of respondents who did not experience dysmenorrhea as many as 24 respondents with a percentage of 30%, and respondents who experienced dysmenorrhea as many as 56 respondents with a percentage of 70%. Hour dysmenorrhea is a physical disorder in the form of pain (abdominal cramps) before, during and after menstruation, this disorder usually starts 24 hours before the onset of menstrual bleeding and can be felt 24-36 Dita pain (2010).

Young women who are experiencing menstrual pain (dysmenorrhea) while participating in learning activities, can cause learning activities to be disrupted, not excited, the concentration becomes decreased even it is difficult to concentrate so that the material delivered during learning cannot be well received even to those who do not attend school (Ernawati, 2010)

4.2.2 Body Mass Index

The results of research conducted at SMA N 64 Jakarta about relationships Based on body mass index obtained the number of respondents with an abnormal body mass index of 60 respondents with a percentage of 75%, and the number of normal body mass index of 20 respondents with a percentage of 25%. Most of the respondents had a BMI < 18.5 in the abnormal category. BMI is obtained by measuring height and weight, so BMI depends on a person's nutritional status.

A good BMI shows the fulfillment of optimal nutrition. Optimal nutrition can help accelerate the growth and development of sexual organs, while

the non-fulfillment of nutrients can result in late sexual maturation and growth inhibition. This nutritional intake is influenced by diet, level of education and knowledge, socio-economic status, and attitude of Soetjningsih (2017).

The results of the study (Rika et al, 2018) in young women in SMP N Pekanbaru from 61 young women in SMP PGRI Pekanbaru found that the majority of normal nutritional status was 62.3% (38 people) and the minority of fat nutrition status was 4.9% (3 people) . The results of this study are consistent with research (Utari, 2016) at the Muhammadiyah University of Surakarta, where the results of the study were obtained from 46 respondents having a normal nutritional status of 78.3% (36 respondents).

4.2.2 Physical Activity

The results of research conducted at SMA N 64 Jakarta obtained the number of respondents with low physical activity as many as 24 respondents with a percentage of 30%, respondents with moderate activity 39 respondents with a percentage of 48.8% and respondents with high activity 17 respondents with a percentage of 21.2%.

Sedentary lifestyle (relaxing, sitting) is what is seen when students are at school during recess. On average, young women make use of free time when at home, just relaxing or doing activities that only require a little effort and only a few students who often do physical activities (exercise) in the past week .

4.2.4. The relationship of body mass index with dysmenorrhea in girls in SMA N 64 Jakarta

Low nutritional status (*underweight*) can be caused due to lack of food intake, including iron. Lack of nutritional intake will have an impact on decreased hypothalamic function that does not provide stimulation to the anterior pituitary to produce FSH (*Follicle*

Stimulating Hormone) and LH (*Luteinizing Hormone*) Pebrina (2016).

Whereas overweight (nutritional status) can also result in dysmenorrhoea because there is excessive fat tissue which can result in hyperplation of blood vessels by fat tissue in the female reproductive organs. so that blood that should flow during the menstrual process is disrupted and causes pain during menstruation. So that nutritional status is not normal has the possibility for Pebrina dysmenorrhea (2016).

This research is supported by Dwi, P (2012) research on the relationship between individual characteristics, physical activity and consumption of milk products with primary dysmenorrhea obtained p value of 0.16, Rika S Research (2018) about the relationship of body mass index with dysmenorrhoea in young women in SMP Pekan, only $p = 0.47$ This research is contrary to the research of Novita R (2018) on the Relationship of Nutrition Status with).

4.2.5 Relationship between Physical Activity and Dysmenorrhea in Young Women at SMA N 64 Jakarta

The results of this study illustrate that each person reacts differently to menstrual pain. This is because menstrual pain is not only influenced by physical activity but can be caused by each individual's perception of pain that is subjective so that it can affect the pain response varies. Menstrual pain (dysmenorrhoea) can also be caused by several factors such as nutritional status, severe menstrual flow, history of hereditary stress and Afrida hormone imbalance (2018).

The results of this study are in line with the Khairunisa 2018 study. Data were analyzed with the chi-square test with a value ($p = 0.238$) showing no relationship between physical activity and menstrual pain and also in line with research Tristiana A (2017) Relationship between Physical Activity and Primary

Dysmenorrhea in Santri at Islamic boarding school X in Bogor District 2017 showed no relationship between physical activity and menstrual pain ($p = 0.372$). The results of this study contradict Linda Research Research (2017) The relationship of physical activity with the degree of primary dysmenorrhea in adolescents is obtained p -value = 0,000 indicating there is a relationship between physical activity and the incidence of dysmenorrhea.

CONCLUSIONS AND SUGGESTIONS

5.1 Conclusions

Based on the results of research on the Relationship of Body Mass Index and Physical Activity with Dysmenorrhea in Adolescent Girls at SMA N 64 Jakarta in 2019, the following conclusions can be drawn:

- 1) In class X students at SMA N 64 Jakarta the incidence of dysmenorrhea was 56 respondents (70%) while those without dysmenorrhea were 24 respondents (30%)
- 2) Body Mass Index for grade X students at SMA N 64 Jakarta is in the most abnormal category, <18.5 and > 25 , 60 respondents (75%). And Physical Activity in class X students at SMA N 64 Jakarta is mostly in the medium category of 39 respondents (48.8%).
- 3) There is no relationship between body mass index with dysmenorrhea obtained p value = 1,000 (p value > 0.005)
- 4) There is no relationship between physical activity with dysmenorrhea obtained p value = 0.524 (p value > 0.005)

5.2 Suggestions

- 1) For Teens
Students should look for more information that increases insight about knowledge and information related to reproductive health, especially disorders during menstruation. Students can learn

about dysmenorrhea in mass / electronic media, books on reproductive health, or health workers, so that the incidence of dysmenorrhea can decrease.

- 2) For schools
PIKRR extracurricular needs to be added so that students can know reproductive health better. Schools should be able to provide facilities and implement pain management (pain management) in an effort to eliminate menstrual pain (dysmenorrhea) both in terms of nonpharmacology such as massage and warm water compresses and in terms of pharmacology such as providing pain relievers and appropriate handling measures if experiencing menstrual pain (dysmenorrhea).
- 3) For further researchers
Further research needs to be done on other factors that are related to the level of dysmenorrhoea with a larger sample.

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EFFECTS OF REPRODUCTIVE HEALTH INFORMATION SERVICES DURING THE COVID-19 PANDEMIC

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Abstract

The Covid-19 pandemic that is occurring today is one of the non-natural disasters experienced by various countries in the world, including Indonesia. The corona virus has reached more than 170 countries around the world, including Indonesia. Every day co-19 victims continue to grow, making the emergency situation worse. In the co-19 pandemic health crises can arise, including the need for reproductive health services that are often overlooked. services include childbirth, antenatal care, childbirth and family planning (KB) programs.

The purpose of this study is to improve reproductive health during the pandemic covid-19 by providing IEC services to the community and maintaining the quality of health life for the community.

The research method uses the method of data collection by observation where information search involves various factors in the implementation of health service information where researchers are directly involved in people's daily activities or situations that are observed as sources of data during the co-19 pandemic.

The research material uses primary data, that is data collected directly.

Conclusion : Health is a human right that must be fulfilled in any situation, including the current co-19 pandemic disaster situation. Likewise, reproductive health is part of health. Therefore, reproductive health services must always be available and available in disaster situations. In order for reproductive health rights to be fulfilled during disasters, affected populations must have access to reproductive health information and services.

Keywords : *information services, reproductive health*

INTRODUCTION

The Covid-19 pandemic that is occurring today is one of the non-natural disasters experienced by various countries in the world, including Indonesia. The corona virus has reached more than 170 countries around the world, including Indonesia. Every day co-19 victims continue to grow, making the emergency situation worse.

Based on data from Johns Hopkins University, as of March 29, 2020 there were 678,720 people who were positively infected by the corona virus. While the number of victims who died as many as 31,700 cases, and as many as 145,609 who experienced healing. Even though the CFR (Case Fatality Rate) is still below 10

percent, the handling of this epidemic has not been controlled, so there is a possibility that the victims will increase and the additional emergency response period will be longer.

Since the beginning of the COVID-19 pandemic, one concern has been that the elderly are more at risk of being affected by COVID-19. However, health and non-health impacts on young people have also proven to be significant. A general understanding of these impacts and the role of young people in creating solutions is very important in the response to a pandemic. The impact of COVID-19 will be more than just a health effect and will last even after the pandemic ends. This global crisis is exacerbating the vulnerabilities and

inequalities that already exist today. All of these impacts are exacerbated in humanitarian emergencies where social fragility, conflict and emergencies undermine institutional capacity and limitations to various services.

Although up to now there are no data and reports on the number of pregnant women in disaster areas in Indonesia, but from previous disaster experiences it is known that in disaster situations, there are always mothers who give birth or experience pregnancy complications due to the disruption of the health care system. Therefore, to answer this problem, IEC (Communication, Information and Education) about emergency contraception, abbreviated as Kondar, is needed. This is intended to prevent unwanted pregnancy immediately after sexual intercourse because it does not use contraception.

During the COVID-19 pandemic, it is hoped that Family Planning (KB) services will continue to run by taking into account protocols to prevent the spread of the corona virus. On the other hand, no less important is the service and promotion and counseling of reproductive health is also still needed in the current pandemic. At the time of this pandemic, community access to services and health counseling was limited, and to minimize contact with health workers, most promotional and counseling activities including related to reproductive health made more use of social media and long distance communication media both online and offline.

The stigma of fear of contracting covid-19, increasingly makes couples of childbearing age (EFA) reluctant to get contraceptive services where health facilities are used as a sampling place. Of course, EFAs who want to re-visit, will not access family planning services to the health facilities while biological needs are still running. If the couple does not use contraception, it is very likely that an unwanted pregnancy will occur. Pregnancy should be planned with consideration of health, economic, social and religious

aspects. If these considerations are accepted, then the pregnancy will continue. If not, then there are efforts for abortion that can threaten the safety of both mother and child.

The type of Kondar in question is the copper T. pill and IUD The pill works by blocking the egg cell from releasing the ovaries and interfering with the work of the hormone progesterone which plays a role in preparing the uterus as a place to grow the fetus. The effectiveness of the pill is taken before 72 hours after sex. IUDs work by blocking sperm from entering the fallopian tubes. The effectiveness of the IUD is installed before 5 days post sexual intercourse. The longer the period of pill consumption or installation of an IUD from sexual intercourse, the effectiveness is also reduced. For that, immediately use one of these contraceptives after remembering it.

However, in a covid-19 pandemic situation PUS can prevent pregnancy by using long-term contraceptive methods (MKJP) such as IUDs, implants, MOW (tubectomy) and MOP (vasectomy) to be safe and comfortable in the long term. We don't know when this outbreak ends, but prevent unwanted pregnancies using MKJP.

MATERIALS AND METHODS

Material

This research method uses the Observation method. The Observation Method is a complex data collection method because it involves various factors in its implementation. Such as involving internet access networks in gathering accurate data and looking for information in a straightforward manner with events experienced by the community at this time during the co-19 pandemic took place

Observation data collection methods not only measure the attitudes of respondents, but can also be used to record various phenomena that occur. Observation data collection techniques are suitable for research aimed at studying human behavior, work processes, and natural phenomena. This method is also appropriate for

respondents whose quantity is not too large. Observation data collection methods are divided into two categories, namely :

a. Participant observation

In participant observation, researchers are directly involved in the daily activities of people or situations that are observed as sources of data.

b. Non participant observation

Contrary to participant observation, non participant observation is observation where the researcher does not participate directly in the activity or process being observed.

In this article the observation data collection method uses participant observation because this research is carried out directly by involving community activities or activities in daily life.

The material used in this study uses primary data, that is data collected and processed by the researcher directly from the subject or object of research.

RESEARCH RESULT

Based on the results of research using observation methods and primary data to obtain results regarding reproductive health information during the co-19 pandemic. Until now, Indonesia still faces reproductive health problems which are characterized by the high number of marriages and pregnancy among adolescents. Riskesdas 2013 showed that 2.6% of women got married for the first time at the age of less than 15 years, and 23.9% of women got married at the age of 15-19 years. The high number of marriages and pregnancies that are too young shows the low reproductive health status of women in this country. This is accompanied by health problems that commonly occur in women including Chronic Energy Deficiency (KEK), anemia, and HIV.

Pre-pregnancy health services are a series of activities aimed at women from adolescence to pre-pregnancy in order to prepare women for pregnancy, childbirth, and delivering healthy babies. Aside from being aimed at women, pre-pregnancy health services are also aimed at men,

because men's reproductive health can also affect women's reproductive health. Pre-pregnancy health services are aimed at three target groups, namely adolescents, the bride and groom (PUS) couples.

Based on SIHA data from the Ministry of Health, 2020 mentioned 5 provinces in Indonesia which had the highest HIV cases (viruses that can reduce immunity), namely DKI Jakarta (65,578 cases), East Java (57,176 cases), West Java (40,215 cases), Papua (36,382 cases), Central Java (33,322 cases) and AIDS Cases (A collection of symptoms of a disease caused by a decrease in the immune system) Highest Papua (23,599 cases), East Java (20,787 cases), Central Java (11,724 cases), DKI Jakarta (10,157 cases), Bali (8,230 cases), Hasto said at KTD has a broad impact such as increasing cases of abortion, increasing the risk of maternal and child mortality, anemia in pregnant women, malnutrition in pregnant women and fetuses, premature birth babies, low birth weight babies (LBW) and lack of affection and care because children are unwanted. For this reason, it is intended to ensure the continued use of contraceptive devices and drugs during the Covid-19 disaster crisis period, such as: Family planning services, visits to EFAs that require contraception. Reducing the number of discontinuation of contraceptive devices and drugs so as to prevent KTD by: optimizing the role of PKB / PLKB and mobilizing the KB Information Unit Car to the community for CoE-19 Prevention IEC. In addition, Hasto also invited all Indonesian families to carry out Action 8 (eight) Family Functions (religion, social culture, love and affection, protection, reproduction, education, economy and environment) to avoid exposure to diseases and viruses.

Every family carries out 8 (eight) family functions and according to President Joko Widodo's suggestion to learn from home, work from home and worship at home, so it can be expected to minimize the spread of Covid-19 or Corona especially in the smallest unit of society, the family.

CONCLUSION

Health is a human right that must be fulfilled in any situation, including disaster situations. Likewise with reproductive health which is part of health. Therefore, reproductive health services must always be available and available in disaster situations. In order for reproductive health rights to be fulfilled during disasters, affected populations must have access to reproductive health information and services. However, in the co-19 pandemic health crises can arise, including the need for reproductive health which is often overlooked. It is possible that a health facility is not maximally assisting delivery because the focus of handling covid-19 transmission. It can be seen from the handling of Covid-19 involving almost all health professionals including doctors, dentists, midwives, nurses, pharmacists, etc.

SUGGESTION

1. Hopefully with the reading of this article can understand reproductive health in ourselves and be able to protect one's own health
2. Hopefully this article gets criticism and suggestions for building creativity in writing an article.

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REPRODUCTIVE HEALTH IN PREGNANT AND LACTATING WOMEN DURING THE COVID-19 PANDEMIC

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ABSTRACT

To explore of perspectives pregnant women related toThe reproductive health of a woman's pregnancyandbreastfeeding. in the covid-19 pandemic.A qualitative research using phenomenology approachemployed focus group discussion (FGD) and in-depth interview. FGD was held separately for pregnant women and breastfeeding. The data were analyzed using interactive analyzes model The research was carried out in Besitang Village,Besitang District, LangkaRegencyFrom theresearch conducted there are still many pregnant and lactatingwomen who still ignore health protocols on thegroundsbecause in their area is still a safe zone.The indifference of pregnant women and the communitytowards their cleanliness during the current pandemic is still very large, evenmany pregnant women who are still traveling without wearing masks. so health providers must educate the public and change their behavior use anacceptable approach.

Keywords: *Reproduction Healt, Pregnant And Breastfeeding woment, Covid-19*

INTRODUCTION

Many factors have been stated as challenges in health development, such as the environment and facilities that are still less supportive, among others not yet adequate supply of clean water, not yet achieving good environmental sanitation, the high prevalence of infectious diseases and other infectious diseases, are still high birth and infant mortality rates. However things to note as well the challenges of health development are response to people's behavior in receiving change.

Reproductive function is often associated with the nature of women as creatures that can get pregnant in a special position or status that is not supportive giving the same treatment as men. The unfair treatment is one of the factors that can cause it to increasematernal mortality rate. As some data have shown that the maternal mortality rate is still unresolved.

Coronavirus is a collection of viruses from the deep subfamily Orthocoronavirinae the Coronaviridae family and the order of Nidovirales. This group of viruses can cause diseases in birds and mammals, including humans. In humans,

Coronaviruses cause respiratory infections that are generally mild, such as colds, although some forms of the disease such as; SARS, MERS, and COVID-19 more deadly. Which is where this virus will attack the body's immune system or immune system.

Pregnant and lactating women fall into a category that is susceptible to COVID-19 corona virus infection. One reason is that they have low immunity due to hormonal changes during pregnancy and breastfeeding.

Therefore it is important for pregnant and lactating women to maintain their health by consuming nutritiously balanced foods, doing light physical activities such as yoga or pregnancy exercises, and taking blood-boosting tablets according to the dosage. In addition, it is also important to maintain personal and environmental hygiene by washing hands with soap and regularly disinfecting surfaces of objects or objects that are often touched. If you cough or have a cold, wear a mask and apply the ethics of coughing by covering your mouth using the elbow folds. Don't forget, to ask the nearest health

service facility if there are danger signs that have been written in the KIA handbook.

MATERIAL AND METHODS

This research is explorative research with a qualitative approach, which explores and review information about habits that society related to pregnancy care, labor and childbirth in terms of effort dealing with problems and prevention efforts with factors that are influence it. This qualitative approach done in order to obtain a description and rich conclusion about that context researched and understood the meaning of that underlie the behavior of the community. The location of the study was conducted in the village of Besitang, District of Besitang, Langkat Regency. Primary data collection is done through Limited Group Discussion (DKT) techniques conducted by assisted researchers by trained personnel (enumerators) then triangulation of data is done also DKT with other informants who related to. The selection of informants is based on the rules that apply in the research method qualitative namely appropriateness and adequacy. With consideration of these rules then which determined as an informant for pregnant women as many as 10 people included is primipara (first-time mother pregnant) and multiparas (mothers with pregnancy second, third and so on). Another informant is the Postpartum and Breastfeeding Mother 6 people. To complete the DKT results indepth interview with midwife (1 person). Analysis of the data in this study using interactive analysis models in Qualitative research, data analysis is done since the beginning of the research and throughout the process research carried out. Data obtained, then collected to be processed in a way systematic. Starting with the interview, observation, editing, classifying, reduce, then the presentation activity data as well as inferring data.

RESULT

Besitang village has a population a population of 850, with the number of family heads is 182 households. Most (51.38%) of the population has high school or high school education or equivalent. The livelihood of the population is more modern and agrarian style. Seen the majority of villagers become employees private sector (26.95%) and farmers (25.86)

Perception about pregnancy by society determines behavior society towards pregnancy. Perception about this pregnancy based on beliefs and symbols owned by the community. Experience pregnancy in particular is the source of symbol of fertility, infant growth in utero, and maternal health and child.' Based on the results of a Limited Group Discussion and in-depth interviews, obtained that of pregnancy, childbirth, and the puerperium is a special event in family so that family care and society is quite high. Concern it is manifested in its existence dietary restrictions and behavioral ones show family concern for the safety of the mother and her baby from things which they consider dangerous to pregnancy and childbirth. *"if his mother does not obey taboo, children born are often affected disease, pyrite / circle, bunyu black, the child is born black, no body big man, big head and belly, there also robusta children's disease so skinny"* (in-depth interview with sanro).

There are still many and even the average community in Besitang village still ignores their hygiene and environment, especially pregnant women, they still often ignore health protocols related to Covid-19 with the reason "because in their area it is still a safe zone from the distribution of covid-19".

For mothers who are also breastfeeding is still very less attention to cleanliness and care for her breasts. Although studies have not found the Covid-19 virus contained in mother's milk, what we are worried about is bacterial

contamination from the outside which will enter through the baby's mouth.

CONCLUSION

For nursing mothers, they can still breastfeed exclusively. However, mothers must maintain respiratory hygiene while breastfeeding and wear masks if available. Don't forget to wash your hands before and after touching the baby, and clean the surface of the objects near the baby they have touched. The mothers who tested positive for COVID-19, were expected to remain in direct contact with the baby because it would help the baby grow and develop.

Pregnant women or women who have just given birth, including those affected by COVID-19, must attend their routine care to find out about regular health developments.

The following are recommendations related to the safety of pregnant and lactating women so as not to be exposed to COVID-19:

1. Consumption of nutritious and healthy foods and vitamins for pregnant women.
2. Avoid leaving the house if not needed. If you have to leave the house, wear tightly closed clothes and masks. Upon returning from home, clean the body immediately by bathing, and do not approach the child before cleaning the body.
3. Avoid being in the crowd. Try to keep your distance from each other when in a crowd.
4. If the nursing mother has symptoms of flu, fever, when giving ASI, it should not be given directly, but pumped in advance and given through other equipment (spoon, bottle pacifier, etc.).
5. Immediately consult a doctor if you feel unwell and have flu-like symptoms.
6. Consult your obstetrician about other precautions that need to be

taken in accordance with the condition of your body.

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THE ELDERLY CARING NURSING CENTER: PERCEPTION OF NURSING PROFESSION STUDENTS

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ABSTRACT

The Elderly Caring Nursing Center was an integrated and comprehensive care for the elderly. The Objective to know perception of nursing profession students in providing nursing service at Elderly Caring Nursing Center. Qualitative research with phenomenology approach. Participants were nursing student who have been through the community profession stage and have joined the Elderly Caring Nursing Center's activities. In-depth interview with 5 nursing profession students. Data analysis using Colaizzi method.

Five themes of student perception in providing nursing service at Elderly Caring Nursing Center were: 1) Elderly Caring Nursing Center was a place to improve health, and to provide education for the elderly; 2) Activities in Elderly Caring Nursing Center useful for the elderly; 3) New atmosphere, variety of activities, and different facilities available at Elderly Caring Nursing Center, 4) Students can learn to become health educator, foot gym facilitator and conduct medical examination on elderly, 5) Students applied therapeutic communication directly to the elderly. The presence of Elderly Caring Nursing Center was felt to be very useful for students and can provide new ideas related to the elderly program so the students feel enthusiastic and happy to join.

Keywords: Perception, elderly caring nursing center, nursing profession students

INTRODUCTION

The growth of the elderly population of Indonesia experienced the largest growth in Asia, namely 414%, Thailand 337%, India 242% and China 220% (WHO, 2015). The number of elderly Indonesians according to BPS in 2010 was 14,587,381 (6.19% of the total population of 237,641,326). WHO predicts that in 2020 the number of elderly people in Indonesia will be around 80,000,000 (WHO, 2017). Significant increase in the number of elderly each year also occurs in North Sumatra Province with a population of around 13,937,797 people. In 2015 the number of elderly people in North Sumatra was 945,361 people, where the number of elderly men was 427,725 and elderly women were 517,636 (BPS North Sumatra, 2015).

This figure is a significant amount if efforts are not made to improve the welfare and health of the elderly since now, because the elderly have some health problems

starting from the deterioration of body cells, so that the function and endurance of the body decreases and risk factors for disease also increase. Frequent health problems experienced by the elderly is malnutrition, balance disorders, sudden confusion, etc. In addition, several diseases that often occur in the elderly include hypertension, hearing and vision disorders, dementia, osteoporosis, etc. (Shrivastava, SRB, Shrivastava, PS, Ramasamy, J., 2013). On the other hand, an increase in the number of elderly shows an increase in life expectancy. The increasing population of the elderly reflects an increase in health services. A number of policies have been carried out by the government to address the problems faced by the elderly. Nurses have the opportunity to provide health services and health promotion for the elderly as an integral holistic nursing. This holistic assessment will help nurses identify realistic nursing interventions to improve the quality of health services of the elderly.

One way that can be done is to establish the Elderly Caring Nursing Center as an integrated service center for nursing services (Miceli, DG, Wilson, LD, Stanley, J., Watman, J., Shire, A., Sofaer, S., et al., 2014).

MATERIALS AND METHODS

Discussion

The discussion of this study will show the results regarding students' perceptions about the perceptions of nursing profession students in providing nursing services at the Elderly Caring Nursing Center. For students who have joined the Elder Caring Nursing Center, they feel that the activities carried out are important for the elderly and provide benefits to improve quality of health and quality of life of the elderly. Of the various activities carried out, all participants stated that foot gymnastic activities and health education were felt to provide considerable benefits for the elderly. Foot exercises are quite easy and only require a short amount of time, making the elderly interested to do it regularly again at their respective homes. While counseling given can increase the knowledge and understanding of the elderly related to the disease they suffer, so that the elderly can control their behavior in implementing a healthy lifestyle. According to Korostynski (2000), in her study entitled *Adult Learning Center: A Unique Adventure for a School Nurse*, after 10 months of activities at the Adult Learning Center in Nashua, New Hampshire, carried out by involving nursing students. They also said that this activity was felt to provide many benefits for the elderly and students themselves. Involvement of nursing students includes health assessments and providing appropriate nursing care for the elderly. They provide health services to elderly people who are at risk due to lack of health education, have bad health-related habits, or lack access to health care for the elderly. Involvement of students in the activities of the Elderly Caring Nursing Center, namely students doing health education, students become facilitators for

leg exercises for the elderly, students conduct health checks on elderly, such as checking blood pressure, weighing, checking blood sugar levels, uric acid, cholesterol. Students give new ideas for activities with the elderly. Elderly services at the Elderly Caring Nursing Center are different from elderly services in the elderly Posyandu. Elderly Caring Nursing Center is a way of overcoming elderly health problems by integrating management of education, health services, nursing research, and health information services so as to create integrated and comprehensive care for the elderly (Barger, S.E., 2004). Elderly Caring Nursing Center, as an effort to improve the performance of Puskesmas nurses in providing nursing services to the elderly so as to create integrated and comprehensive care for the elderly. The method of approach used in realizing nursing services for the elderly, with the main program of establishing the Elderly Caring Nursing Center. Furthermore, collaborating with Puskesmas to identify elderly problems, action plans / interventions, program socialization for service recipients, families and communities, service delivery, monitoring and evaluation (Oros, M., Johantgen, M., Antol, S., et al. (2001) So the services provided at the Elderly Caring Nursing Center are indeed only focused on the elderly, while the service at the Puskesmas is a health service facility that organizes public health efforts and first-level individual health efforts, with more emphasis on promoting and preventive efforts, to achieve the highest degree of public health in the working area, with the aim of realizing a community that has healthy behavior that includes awareness, willingness and ability to live healthy, able to reach quality health services, live in a healthy environment, and have optimal health degrees, both individuals , family, group and community (RI Ministry of Health (2014). . The range of activities carried out at the Elderly Caring Nursing Center is also quite extensive, including

foot gymnastics, counseling, medical check-ups, consultation and medical treatment by a medical team from the Puskesmas. The facilities used are also more leverage to support the various activities above, including checking uric acid, blood sugar and cholesterol, using the LCD, screen and TOA when counseling, as well as some snacks and drinks for the elderly who attended, the distribution of souvenirs and leaflets was also given to be taken home by the elderly. Benefits of the Elderly Caring Nursing Center for students namely, students can learn to communicate good and right directly to the elderly, students can provide nursing care to the elderly, adding to the experience of students in practicing their knowledge to the elderly. Nursing Center (NC) is an effort to improve nurses' performance in overcoming public health problems by integrating management of education, health services, nursing research, and health information services (Cleary, B. L., 2001). So that in this activity nurses and nursing students involved in providing nursing care for the elderly. Nursing care starts from nursing assessment to nursing intervention (Barger, S.E., 2004). According to Korostynski (2000), activities held by the Adult Learning Center in Nashua, New Hampshire, make nursing students interested in being involved continuously until they develop and this activity provides a challenge for them to provide support and health education for the elderly, so as to increase their experience. Likewise the nursing profession students who were directly involved in the elderly Caring Nursing Center activity. They feel the benefits in the form of being able to communicate good and right directly to the elderly, being able to apply the knowledge gained to the elderly directly and being able to provide new ideas for the various activities that will be carried out in the future.

Methods

This research is a qualitative research with a phenomenological approach (Pollit & Beck,

2012). . Research instruments in the form of interview guidelines, and voice recording devices. Data collected by in-depth interviews. Data saturation occurred in participants 5. The data were analyzed by the Colaizzi method by determining keywords, coding, and themes from the transcript script.

RESULT

Demographic Data

The total number of participants in the study were 5 in which all participants were women, aged 22-24 years and had completed the community profession stage. Demographic data from the participants are shown in Table 1. All participants were women and had graduated from nursing.

1. Research Participant Demographic Data

Data Analysis Results

In this study found five main themes that describe the perceptions of nursing profession students in providing nursing services in the elderly

Caring Nursing Center, namely: 1) Elderly Caring Nursing Center is a place to improve health, and a means to provide education for the elderly, 2) Elderly Caring Nursing Center activities are beneficial for the elderly, 3) A new atmosphere, a variety of activities, and different facilities are available in Elderly Caring Nursing Center, 4) Students can learn to become health educators, foot fitness facilitators and conduct health checks on the elderly, 5) Students apply therapeutic communication to the elderly directly.

Theme 1. Elderly Caring Nursing Center Is a place to improve health, and a means to provide education for the elderly

Elderly Caring Nursing Center is a place, specifically for the elderly to improve the health of the elderly, add insight into the health of the elderly, a means to provide health education for the elderly who have or are at risk of experiencing health problems. "Elderly nursing center is a special place for the elderly to be able to improve health and increase insight into elderly health" (P3).

"Elderly nursing center is a community facility that was formed to be a forum to improve the health status of the elderly and as a means to provide health education to the elderly who are already or are at risk of experiencing problems" (P1).

Theme 2. Elderly Caring Nursing Center activities benefit the elderly.

According to students, the activities held by the Elderly Caring Nursing Center every week are considered important and provide great benefits for the elderly. Where elderly people present are provided with nursing care services so as to improve the quality of health and the quality of life of the elderly.

"Where in this activity the elderly can have their health checked, there is a KGD check, uric acid and cholesterol, foot exercises, consulted about current health problems faced so that the elderly can prevent diseases that often occur in old age" (P2).

"There is, in the activities of the elderly Caring Nursing Center not only treatment but preventive against diseases or complications of the disease carried out here, such as foot gymnastics activities for the elderly to expedite blood circulation in the legs so as to reduce numbness and prevent complications especially in people with DM" (P5).

Theme 3. New atmosphere, variety of activities, and different facilities available at the Elderly Caring Nursing Center

Service differences according to students' perceptions namely, health services at the Elderly Caring Nursing Center is a new atmosphere for the elderly, health services at the Elderly Caring Nursing Center has a variety of activities for the elderly, health services at the Elderly Caring Nursing Center have various facilities such as LCD, TOA, leaflets, cakes "What else if held at the Faculty of Nursing can create a new atmosphere for the elderly" (P3). "In FKPEP, it can also use supporting facilities such as screens, projectors, speakers and a wide space, because sometimes when the Puskesmas is only done at home houses of citizens with limited facilities" (P1).

Theme 4. Students can learn to become health educators, foot fitness facilitators and health checks on the elderly.

Involvement of students in the activities of the Elderly Caring Nursing Center, namely students doing health education, students become facilitators for leg exercises for the elderly, students conduct health checks on elderly, such as checking blood pressure, weighing, checking blood sugar levels, uric acid, cholesterol. Students give new ideas for joint activities of the elderly.

"Yes, we students are very active and very enthusiastic to join because we can contribute in terms of providing practical knowledge in ecclesiastical care, such as counseling and leg exercises for the elderly and health checks" (P5). "In FKPEP many things and input can done and can certainly be different every week, and also here students can play a role in giving ideas that can be used for elderly nursing caring centers" (P3).

Theme 5. Students apply therapeutic communication to the elderly directly.

The benefits of the Elderly Caring Nursing Center for students namely, students can learn to communicate good and right terapeutik directly to the elderly, students can provide nursing care to the elderly, add to the experience of students in practicing their knowledge to the elderly. "And also the activities held at FKPEP then this activity can be used for students to learn how to deal with the elderly directly, communicate directly so that later in the profession they are no longer nervous" (P4).

"Yes, nursing students can be as providers of nursing care, where students can carry out assessments to the implementation of the elderly according to health problems faced" (P2).

CONCLUSION

The presence of the Elder Caring Nursing Center is felt to be very beneficial for students in applying science and as a place for channeling ideas related to the elderly program so as to make students feel enthusiastic and happy to join.

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THE RELATIONSHIP OF MATERNAL KNOWLEDGE OF THE COMPLETE BASIC IMMUNIZATION IN INFANTS AT THE PUBLIC HEALTH CENTER OF KUTAMBARU SOUTHEAST ACEH IN 2019

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ABSTRACT

Basic Immunization is an immunization that must be given to infants and children from birth so that the body is protected from harmful diseases. Immunization Program in Indonesia requires a complete basic Immunization for each infant (age 0 – 11 months) consisting of 1 dose of Hepatitis B, 1 dose of BCG, 3-dose DPT-Hib, 4 doses of polio, and 1 dose of measles. This Research aims to know the relationship of maternal knowledge about the with the complete basic immunization in infants at the care center of Kutambaru Southeast ACEH in 2019. *Cross Sectional Analytic Survey* Research method is a study to learn the dynamics of correlation between factors and effects, through the observation/data collection at one time, that each subject is only observed one time and the measurement of the subject variable is done at the time of the study. The results of the statistical analysis using the *Chi Square* Test stated that there is a mother of knowledge about immunization with basic the treatment in the baby at the health center of Kutambaru southeast ACEH year 2019 with *p-value* 0.015 (*P-value* < 0.05). The conclusion of this study is that there is a relationship of maternal knowledge about basic immunization in infants at the care center of Kutambaru Southeast Aceh in 2019 years, so it is advised to health workers who are concerned to do health counseling to mothers to improve the access to basic immunization.

Keywords: Knowledge, basic immunization

INTRODUCTION

Immunisation comes from the word *immune*, immune or resistant. Children are immunized, which means being given immunity to a particular disease. The child is immune or resistant to a disease but not necessarily immune to other diseases. Immunization is an attempt to raise/increase the person's immunity actively against a disease, so that when a time is exposed with the disease will not be sick or only suffer mild illness (Hadianti, 2015). The global child immunization prevalence in 2012 IS DPT 83%, Polio of 84%, measles of 84%, Hepatitis B of 79%, AND BCG amounting to > 80%. The global immunization percentage continues to increase from previous years (WHO, 2014).

The complete basic immunization coverage in Indonesia in the last five years has always been above 85%, but has not yet reached the specified ministry of Health

Renstra's target, in the tahun 2017 complete basic immunization in Indonesia amounted to 91.12, this figure is slightly below the target of Renstratahun 2017 by 92%. According to the province, there are 15 provinces that reached target Renstra in 2017 (Health profile of Indonesia RI, 2017).

Immunization Program 2012 – 2016, the achievement of antigen administration was decreased, but in 2014, BCG immunization coverage, Polio 4 dan Campak had increased but not for DPT3/HB3. In the year 2015, the measles cakupan immunization suffered considerable decline of 95.69% (2014) menjadi 89, 4% (2015); Similarly, the DPT3/HB3 coverage declined from 89.5% (2015) menjadi 88, 5% (2015). In 2016 the number of immunization coverage increased to BCG, DPT1/HB1, DPT3/HB3, and measles except for Polio 4 there was a decline of 97.77% (2015) to 90.30% (2016). Because

of the reduction of Polio 4 immunization coverage, it causes the average drop out rate to increase and reach sekitar 7%. This condition is very far above the number of tolerance which is 3.55% (Dinkes sumut, 2016).

Immunization administration is a preventive measure so that the body is not infected with certain infectious diseases such as tetanus, whooping cough (pertussis), measles, polio and tuberculosis or if exposed does not give a fatal effect to the body, while infants who do not get immunization will be susceptible to diseases such as lung tuberculosis, diphtheria, pertussis, tetanus and also measles.

From the health office data in a baby in the province of South Sumatera, Lampung, Jambi and West Nusa Tenggara have obtained complete basic immunization. While the lowest achievement province is North Kalimantan (66.2%), Papua (68.6%), and Aceh (70.0%). Data and information related to basic immunizations in infants detailed according to the provinces in 2017 (Dinkes RI, 2017)

From the introductory survey conducted by researchers obtained results from 10 mothers who have babies, 8 babies do not get complete basic immunization, still a lack of knowledge of the importance of basic immunization complete in the baby. Based on the problem above researchers are interested to raise the title of "Mother's knowledge about basic immunisation in the infant in the care center of Kutambaru southeast ACEH year 2019"

General purpose of this research to know the relationship of maternal knowledge about immunization with the provision of basic immunization in infants at the care center Kutambaru southeast ACEH year 2019.

MATERIALS AND METHODS

Design Research

This study uses desain's descriptive research of collation with a cross sectional approach which is a research relationship between the DUA variable in a situation or a group of subjects conducted to see the relationship between the variable satu with the other variables, which aims to know the Mother's knowledge relation to 2019 the complete basic Population and samples

The population is an area of generalization that has a specific quantity and characteristic set by the researcher to be studied and then pulled in its conclusion. That is the definition of the population in research (Siyoto, 2015). The population in this study is a mother who has children or infants aged 0-1 years in the month, amounting to 40 respondents.

Samples are part of the number and characteristics owned by the population, or small portions of population members taken according to certain procedures so that they can represent their population. The sampling techniques used in this study were total sampling. The total sampling technique is sampling techniques when all population members are used as samples, samples from the study used a saturated sample of all populations as samples amounting to 40 samples.

Data Collection Techniques

The data collection techniques are conducted by the researchers directly using the primary data, the interview techniques with respondents and the use of the questionnaire with the questions that have been compiled by researchers. The Association of Questionnaire is open based on the concept of Mother knowledge theory on basic immunisation in infants. Before the Rsponden record first to seek approval from the leadership of the Puskesmas by submitting a letter from the institution.

RESULT

Table 4.1
**Frequency distribution of respondents characteristics by age in health care center
Kutambaru ACEH Tenggara Year 2019**

Age	Amount	%
< 20 years	8	20
20-35 year	19	47.5%
> 35 years	13	32.5%
Amount	40	100%

Based on the table 4.1 above, it is revealed that from a total of 40 respondents studied, the result of the majority of the respondents was 25-35 years, which 19 respondents (47.5%) and minority respondents < 20 years of age: 8 respondents (20%).

Table 4.2
**Frequency distribution of respondents characteristics based on the health center of
Kutambaru ACEH Tenggara year 2019**

Job	Amount	%
Work	16	40,%
Not working	24	60%
Amount	40	100%

Based on the table 4.2 above, it is revealed that from a total of 40 respondents studied, the majority of respondents did not work for 24 respondents (60%).

Table 4.3
**Frequency distribution of respondents characteristics based on the Educative Health
center of Kutambaru ACEH Tenggara year 2019**

Education	Amount	%
Sd	13	32.5%
Junior	23	57.5%
Sma	3	7.5%
Pt	1	2.5%
Amount	40	100%

Based on the table 4.3 above, it is revealed that from a total of 40 respondents studied, the result of the majority of respondents with junior secondary education is 23 respondents (57.5%), and the minority of respondents PT is 1 respondent (2.5%).

4.2.2 Univariat Analysis

Table 4.4
**Frequency distribution based on the completeness of Immunization Medical Health
Center Kutambaru ACEH Tenggara Year 2019**

Immunization completeness	Amount	%
Complete	17	42.5%
Incomplete	23	57.5%
Amount	40	100%

Based on the table 4.4 above, it is revealed that from a total of 40 respondents studied, the majority of respondents did not get a complete basic immunization of 23 respondents (57.5%).

Table 4.5
Frequency distribution of respondents based on knowledge of the health care center of Kutambaru Aceh Tenggara year 2019

Knowledge	Amount	%
Good	14	35%
Enough	2	5
Less	22	60%
Amount	40	100%

Based on the table 4.5 above, it is known that from a total of 40 respondents were studied, the result of the majority of the knowledgeable respondents was 22 respondents (60%), and the minority received results of enough knowledgeable respondents 2 respondents (5%).

4.2.3 Bivariate Analysis

Table 4.7
Knowledge relationship with the completeness of immunization of the Health Care Center Kutambaru ACEH Tenggara Year 2019

Knowledge	Immunization completeness				Total		P-Value
	Complete		Not		N	%	
	N	%	N	%			
Good	10	25	4	10	14	35	0.015
Enough	2	2.5	2	2.5	4	5	
Less	5	12.5	17	42.5	22	60	
Total	32	40	13	60	40	100	

The results of the statistical analysis using the *Chi Square* test stated that there is a mother of knowledge about immunization with basic immunisation treatment in the baby at the health center of Kutambaru ACEH Tenggara year 2019 with *p-value* 0.015 ($P\text{-value} < 0.05$).

4.3.2 Bivariate Analysis

A. Contact mother about immunization with the introduction of basic immunization in infants

The results of the statistical analysis using the *Chi Square* test stated that there is a mother of knowledge about immunization with basic immunisation treatment in the baby at the health center of Kutambaru ACEH Tenggara year 2019 with *p-value* 0.015 ($P\text{-value} < 0.05$).

Knowledge is an understanding of some information and an objective introduction to objects or things. Knowledge can also be gained through the experience of a person and through the results of learning a person formally or informally knowledge can be influenced by fear so as to know more about it. The deeper the knowledge gained, the more wise the mother will be in perception of things and making decisions. The behavior that is founded by knowledge will be prolonged or persistent compared to the behavior that is based on compulsion (Toruntju, 2013).

According to the theory of Achmadi 2016 Explains that knowledge about immunization is very important for mothers, especially for mothers who have

just given birth to their babies. Immunization-giving vaccines in infants so that infant immunization can be increased and immune to disease. Because when they are born, immunization in the body of babies is still very weak and very easy to attack various diseases that are not even a little that leads to infant death. Maternal education is one of the factors affecting basic immunization completeness. The higher the education of a mother, then the knowledge of mothers about immunization better. This research shows that maternal education does not affect children's basic immunization.

The results of this research also in accordance with the research conducted by Sari in the year 2015 in the Bendo Puskesmas District Magetan. In this study, the results of 52.3% of mothers have good knowledge, of which 49.2% of them have complete immunization status. Meanwhile, there are 30.8% of infants with incomplete immunization status with poor maternal knowledge. The Research results in line with the research Puspita (2018) stating that the lower the knowledge of mothers, the more contributing to the incompleteness of immunization. Poor knowledge about immunization also relates to the role of mother in completing her baby immunization. The research of Dewi, DKK (2013) states that mothers with low knowledge are less likely to provide a complete basic immunization than a high-level mother (godness, 2013).

CONCLUSION

Based on statistical tests concluded that:

1. Characteristics of the age of majority respondent 25-35 years, which is 19 respondents (47.5%), the majority of respondents do not work is 24 respondents (60%), and the majority of SMP-educated respondents are 23 respondents (57.5%).
2. Distribution based on completeness of basic immunization i.e. the majority of infants do not get a complete basic

immunization of 23 respondents (57.5%).

3. Distribution of the knowledge of mothers about the complete and comprehensive majority of the less knowledgeable of 22 respondents (60%).
4. There is a relationship of maternal knowledge about immunization with the introduction of basic immunization in infants at the care center of Kutambaru Southeast Aceh in 2019.

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FACTORS THAT AFFECT ANEMIA OCCURRING IN PREGNANT WOMEN WITH COMPLIANCE WITH THE TABLETS OF THE FE IN THE CLINIC RIMENDA BR. TARIGAN MEDAN DENAI DISTRICT IN 2019

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ABSTRACT

Anemia is a problem that still occurs in women, especially in expectant mothers. The prevalence of anemia in pregnant women around the world is 41.8%. Incidence of anemia around the world, 50% iron reserves less. While the effect of anemia on pregnancy is miscarriage, partus premature which causes shock bleeding, Afibrinogemianhypofibrinogenemia, intrapartum infections, and in the case of Gravis anemia (Hb less 4 gr%) A terrible heart happens not only complicate pregnancy and childbirth, can even be fatal (Marmi,2011).

The research design is an analytical survey with a cross sectional approach which is a research between two variables in a situation or a group of subjects to see the relationship between the variables and samples of 34 pregnant women. In the clinic Rimenda Br. Taringan District Medan Denai conducted in February 2019.

The results of this study are known to respondents have sufficient levels of knowledge but are disobedient in the implementation; To consume Fe tablets in the clinicRimenda Br. Taringan as much as 4 (36,4%) While a small portion of mothers with less knowledge but not obedient to consume Fe tablets a number of 15 people (88.2%). Statistic test result obtained Pvalue = 0,000 or value $p > A$ or 0.05 thus, H_0 rejected and H_a received. This suggests that there is a knowledge relationship with compliance implementation in consuming Fe tablets.

Keywords: Anemia, Tablet Fe, Haemoglobin

INTRODUCTION

Anemia is the health problem of the world community that can increase morbidity and mortality rates. The prevalence rate of anemia is still high, evidenced by the World Health Organization (WHO) 2012 data, the global prevalence of anemia in pregnant women around the world is 41.8%. Population of anemia in pregnant mothers is estimated at 48.2%, Africa 57.1%, US 24.1%, and Europe 25.1%. In developing countries there are about 40% of maternal deaths related to anemia in pregnancy. Most Anemia in pregnancy is caused by iron defisiensi and acute bleeding, even the distance of both interacted (World Health Organization, 2012).

Based on data from the provincial health office of North Sumatera (2010), the

prevalence of pregnant women anemia in Indonesia amounted to 70% or 8-10 pregnant woman suffering from anemia. Iron defisiensi anemia found 40% pregnant women. Anemia found 40% pregnant women. It was noted that from 11,441 pregnant women there were 1,074 who had anemia during pregnancy. One component of pregnant women's health services is the delivery of iron as many as k 90 tablet (Fe). Iron is a mineral that the body needs to form blood cells (haemoglobin). Iron has a vital role in fetal growth. During pregnancy, the intake of iron should be coupled with the increase in the gestation, to be able to keep the maternal blindness increased, so that, to be able to fulfill the needs of mothers and supplying food and oxygen to the fetus through the placenta, it is needed more iron intake (Kemenkes RI,2015).

The coverage of pregnant women who got 90 iron tablets in North Sumatra showed a decrease of 84.3% in 2014, to 74.42% in 2015 this figure is still far from the specified target of 80% (Kemenkes, 2015).

The coverage of pregnant women who got 90 iron tablets in North Sumatra showed a decrease of 84.3% in 2014, to 74.42% in 2015 this figure is still far from the specified target of 80% (Kemenkes, 2015).

MATERIAL AND METHODS

The research method is an analytical survey with a *cross sectional* approach which is the translation of a relationship between two variables in a situation or a group of subjects conducted to see the relationship between the other variables. The goal is to know the factors that affect the anaemia in the clinic Rimenda Br Taringan District Medan Denai Kota Medan.

The population in this study is all expectant mothers about anemia at Rimenda Br. Tringan District of Medan Denai year 2019 from February – June 34 people. This research using the total sampling technique is the sampling is done by taking all the respondents of pregnant mothers who have anemia. Sample in the study of the total sampling amounting to 34 people.

RESULTS

Based on research conducted in the clinic working area Rimenda Br. Taringan obtained data that affects anemia occurs in pregnant women with compliance of consuming Fe tablets as much as 34 pregnant women. In this research the author used the sampling technique using a total sampling i.e. the overall number of the population as much as 34 pregnant women. The data retrieval technique in this study is that respondents were given questionnaire sheets and filled in the data form first. Then the respondent fills a knowledge questionnaire question sheet and a

knowledge questionnaire sheet that affects the anemia occurring in pregnant women with the compliance of consuming Fe tablets. Data obtained is the primary data, then data in the univariate analysis and sufficient with the program *Statistical Product and Service Solution (SPSS) 20 for Windows* and analyzed by the statistical calculation technique of *Chi Square*.

The following are the results of research on the display in the form of tables with several characteristics:

4.1 Univariat Analysis

Univariate analysis is a method to see the results of the research of each variable used that sees the frequency Distributi as well as a single percentage related to the research.

Variables in this study are the frequency of knowledge, education compliance, age and work against that affects Terjadi anemia in pregnant women with compliance of the Fe tablets in the clinic Rimenda Br. Taringan Medan Denai district year 2019.

4.1.1 Univariat Analysis

Table 4.1 frequency distribution Responden based on knowledge No Knowledge F% Affects anemia In pregnant women

1. Good	6	20.6
2. Simply	11	29.4
3. Less	17	50.0
Total	34	100.0

Source: Primary Data in August 2019

According to table 4.1 you can know the most respondents have a level of knowledge affecting mother anemia in pregnant women who are 17 (50.0%) And at least have a good level of knowledge 6 people (20.6%)

Table 4.2 frequency distribution based on age and education, work and mother

No Age F%		
1. < 20 years	18	52.9
2. 20-35 years	10	29.4
3. > 35 years	6	17.6
Total	34	100.0
No Education F%		
1. ELEMENTARY SCHOOL	7	20.6
2. JUNIOR HIGH SCHOOL	11	32.4
3. SMA	6	17.6
4. PT	10	29.4
Total	34	100.0
No Jobs F%		
1. work	22	64.7
2. does not work	12	35.3
Total	34	100.0

Source: Primary Data processed August 2019

According to table 4.2 It can be explained that from 34 mothers of the most aged are known to many respondents with age < 20 years 18 people (52.9%) and at least > 35 years 6 people (17.6%). Based on junior high school education at most 11 people (32.4%) and high school education at least 6 people (17.6%). It is based on the success, known that many respondents worked there 22 people (64.7%) and did not work less than 12 people (35.3%)

Table 4.3 frequency distribution compliance consuming Tablet Fe

No compliance consumes F% Fe tablet		
1. Obey	15	44.1
2. disobedient	19	55.9
Total	24	100.0

Source: Primary Data in August 2019

According to Table 4.1, the most respondents can know the level of disobedience to consume a tablet as much as 19 people (55.9) and at least a degree of obedience consumed 15 Fe tablets (44,1%).

4.1.2 Bivariate Analysis

4.4 Table of knowledge frequency distribution of mothers with compliance of consuming tablets Fe

No knowledge	Compliance				Amount		Q Value
	Obedient		Disobedient				
	N	%	N	%	N	%	
1. Good	6	100.0	0	00.0	6	100	0.000
2. simply	7	63.6	4	36.4	11	100	
3. less	2	11.8	15	88.2	17	100	
Total	15	44.1	19	44.1	34	100	

Source: Primary Data processed August 2019

According to table 4.3 shows that from 34 mothers mostly have sufficient levels of knowledge but are disobedient in the implementation; To consume Fe tablets in the clinic Rimenda Br. Tarigan as much as 4 (36,4%) While a small portion of mothers with less knowledge but not obedient to consume Fe tablets a number of 15 people (88.2%). The test result statistic obtained with p Pvalue= 0.000 or the value $p < \alpha$ or 0.05 thus, then H_0 rejected and H_a received. This indicates that there is a knowledge relationship with the adherence to the consumption of Fe tablets.

Table 4.5 frequency distribution of mothers age with compliance consuming Tablet Fe

No Age	Compliance				Amount		Q Value
	Obedient		Disobedient				
	N	%	N	%	N	%	
1. < 20 years	6	33.3	12	66.7	18	100	0.004
2. 20-35	9	81.8	2	18.2	11	100	
3. > 35 years	0	0.0	5	100.0	5	100	
Total	15	44.1	19	55.9	34	100	

Source: Primary Data processed August 2019

From the table 4.5 Most respondents were caught with the age of < 20 years but did not obey to consume Fe tablets of 12 people (66.7%) And the age of 20-35 years disobedient consume a Fe tablet that is 2 people (18.2). Statistical test results obtained $p = 0,004$ or value $p > a$ or 0.05. Thus, the H_a is accepted and H_0 is rejected. This suggests there is that the relationship age with compliance consuming the Fe tablets.

4.6 Table of education frequency distribution of mothers with compliance consuming Tablet Fe

No Educati on	Compliance				Amount		Q Value
	Obedient		Disobedient				
	N	%	N	%	N	%	
1. SD	0	0.0	7	100.0	7	100	0.004
2. SMP	3	27.3	8	72.7	11	100	
3. SMA	4	66.7	4	33.3	10	100	
4. PT	8	80.0	2	20.0	34	100	
Total	19	55.9	15	44.1	34	100	.0

Source: Primary Data processed August 2019

From table 4.5 Most respondents were known by junior high school education but did not obey to consume Fe tablets of 8 people (72.7%) and elementary school education is not obedient consume Fe tablets that is 4 people (33.3%). Ststistic test results obtained the value $p = 0,004$ or a value of $p > a$ or 0.05. Thus, the H_a was accepted and H_0 was rejected. This indicates there is a founding relationship with the compliance of consuming Fe tablets.

Table 4.7 Frequency distribution of mothers working with compliance to consume tablets Fe

No Jobs	Knowledge of pregnant women				Amount		Q Value
	Obedient		Disobedient				
	N	%	N	%	N	%	
1. work	9	75.0	3	25,0	12	100	0.020
2. does not work	6	27,3	16	72,7	22	100	
Total	15	44,1	19	55,9	34	100	

Source: Primary Data processed August 2019

From the table 4.7 Most respondents were known by not working but did not obey the Fe tablets consume 16 people (72.7%) and work less obediently consume a Fe tablet that is 3 people (25.0). The test results statistic at the Get value $p = 0,020$ or the value $p > a$ or 0.05. Thus, the H_a was accepted and H_0 was rejected. This suggests that Hubunga work with compliance consumes Fe tablets.

CONCLUSION

Based on the results of the study of the factors that affect the pregnant women with compliance with the consumption of Fe tablets in the clinic Rimenda Br Tarigan District Medan Denai Early 2019 then can be concluded as follows:

1. of 34 respondents who have a level of knowledge that affects mother anemia in pregnant women who are 17 people (50.0%) And at least have a good level of knowledge 6 people (20.6%)
2. of the 34 respondents most of the degree of disobedience consuming the tablet Fe 19 people (55.9) and at least a degree of obedience consumed as many as 15 Fe tablets (44,1%).
3. from 34 respondents Most of the age are known to many respondents with an age of < 20 years 18 people (52.9%) And at least the age of > 35 years 6 people (17.6%).
4. from 34 respondents SMP education Level 11 people (32.4%) and high school education at least 6 people (17.6%).
5. from 34 respondents , it is revealed that many respondents worked there 22 people (64.7%) and did not work less than 12 people (35.3%)

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CASE STUDY OF GERONTIC NURSING CARE IN FAMILY Ny M WITH HIPERTENS IN THE KWALA BEKALA VILLAGE MEDAN JOHOR SUB-DISTRICT, MEDAN CITY

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ABSTRACT

Aim/Objective: health development is an effort to fulfill one of the basic rights of the community, namely the right to obtain health services in accordance with the 1945 Constitution Article 29 H paragraph 1 and Law Number 23 of 1992 concerning health. This study aims to determine the general picture of a Case Study of Mrs. M. with hypertension in the kwala Bekala village, Medan Johor sub-district Medan city The research method used is the case study method is a study that explores a nursing problem in detail, has in-depth data collection and includes various sources of information. The results of the study after an assessment of Mrs. M. found that the lack of knowledge of hypertension and lack of information about one of the diseases that always occur in the elderly. After the Family Gerontik Nursing Care Actions were taken, Ms. M. could understand the importance of how to overcome hypertension problems by using herbal medicines or visiting community service centers that were available, Health Education became an important factor in the application of Gerontik Nursing Care for Ms. M.'s family.

Key words: Family Nursing, Gerontik, Hypertension

INTRODUCTION

Health development is an effort to fulfill one of the basic rights of the community, namely the right to obtain health services in accordance with the 1945 Constitution Article 29 H paragraph 1 and Law Number 23 of 1992 concerning health. Health development must be viewed as an investment to improve the quality of human resources which, among others, are a major component for education and the economy and health which also has a role in poverty reduction (Santosa, 2011 in Nurhikmah 2016).

Hypertension is a condition where systemic pressure is above 140 mmHg and diastolic pressure is above 90 mmHg (Brunner & Suddarth (2005) in Wijaya & Putri (2013).

Hypertension is also one degenerative diseases that occur a lot and have a fairly high mortality rate and affect one's quality of life and productivity. Hypertension can be classified as primary hypertension or essential hypertension which is 95% of all

patients with hypertension and secondary hypertension (Yolanda 2017).

Sugiharto (2007) in Masriadi (2016), argues that secondary hypertension is hypertension whose causes can be identified, often associated with several diseases such as kidney, coronary heart disease and diabetes, central nervous system disorders.

Meanwhile, according to Brunner & Suddart, (2015), the causes of primary hypertension are emotional disturbances, obesity, excessive alcohol consumption, coffee, drugs, heredity. Generally new symptoms are seen after complications occur. Complications that occur when high blood pressure is not treated and treated, then in the long run will cause damage to the arteries in the body until the organs that get blood supply from these arteries. Complications of hypertension can occur in heart, brain, kidney and eye organs, which can lead to heart failure, risk of stroke, kidney damage and blindness (Yolanda, 2017).

High blood pressure or hypertension kills 9.4 million people worldwide every year. World Health Organization (WHO) Figures estimate, the number of people with hypertension will continue to increase along with an increasing population. In the next 2025, it is projected that around 29% of the world population will be affected by hypertension. The highest percentage of hypertension sufferers is currently found in developing countries. Global Status Report on Noncommunicable Diseases 2010 data from WHO said that 40% of developing economies have hypertension, while developed countries only 35%. Africa holds the top position of hypertension sufferers as much as 46%. While the American region occupies a distended position with 35%. For the Asian region, this disease has killed 1.5 million people each year.

Theory Study on gerontik nursing care
The assessment process is characterized by continuous information gathering and professional decisions that contain meaning to the information collected. Family data collection comes from a variety of sources: interviews, observations of family homes and facilities, experiences reported by family members.

Understanding gerontik or elderly
Gerontik is the study of aging processes that occur in humans at the age of 60 years (Sofia, 2014). Diana is someone who has reached the age of 60 years and over. Aging is not a disease, but it is a process that gradually results in cumulative changes, it is a process of decreasing endurance in dealing with stimulation from within and outside the body. Many among the elderly are still productive and able to play an active role in social, national and state life. Efforts to improve social welfare of the elderly are essentially the preservation of national religious and cultural values (Siti Nur Khalifah, 2016).

MATERIALS AND METHODS

Hypertension can be defined as persistent blood pressure where the systolic pressure is above 140 mmHg and diastolic pressure above 90 mmHg. Hypertension is a major cause of heart failure, JDJDO JLQMDO 'LVHEXW VHEDJDL³SHPEXQXK GLDP-GLDP³ because people with hypertension often do not show symptoms (Brunner & Suddart, 2015).

Meanwhile according to Sheps (2005) in Masriadi (2016), hypertension is a disease with signs of systolic and diastolic blood pressure disorders that rise above pressure.n normal blood. Systolic blood pressure is the peak pressure that is reached when the heart contracts and pumps blood out through the arteries. Diastolic blood pressure is taken when the heart drops to the lowest pressure when the heart relaxes and fills the blood again (Yolanda, 2017).

Hypertension is a condition where a person experiences an increase in blood above normal as indicated by the systolic number (upper part) and diastolic number (lower part) in blood pressure examination using a blood pressure measuring device in the form of mercury cuff (Sphygomanometer) or other digital devices (Irwan, 2016).

Research methods

Case study research is a study that explores a nursing problem with detailed, has deep data retrieval and includes various sources of information. Case study research is limited by time and place, and cases studied are events, activities or individuals.

The method in preparing this case study is descriptive which is a form of case study in implementing nursing care in a case using the nursing process approach and describes nursing care actions given to families with elderly hypertension starting from assessment, nursing diagnosis, intervention, implementation and evaluation (Nursalam, 2015).

RESULT

Ny.M said that she often consumed excessive salt, consumed salted fish and

never followed hypertension gymnastics and exercising, and stated that the causes of hypertension were in accordance with (Brunner & Suddart, 2015) namely emotional disturbances, obesity, excessive alcohol consumption, coffee, medication, heredity, renal artery narrowing, renal parenchymal disease, various drugs, organ dysfunction, tumors and pregnancy. Another case according to (Black & Hawks, 2014) risk factors for hypertension that cannot be changed are family history, age, gender and ethnicity. While the risk factors that cannot be changed are diabetes mellitus, stress, obesity, nutrition (consuming excessive salt) and drug abuse.

Diagnosis

The first diagnosis is that there is a gap between the theories which the theory states Nonpharmacological countermeasures of hypertension according to (Brunner & Suddart, 2015) namely by reducing weight, limiting alcohol, sodium and tobacco, exercise and relaxation are mandatory interventions that must be performed on every anti-hypertension. (Ridnamirudin, (2007) in Wijaya & Putri, (2013) also said that nonpharmacological countermeasures consist of various ways of lifestyle modification to reduce hypertension.

The second diagnosis is Acute Pain b / d family's inability to care for a sick family this data is supported by Ny.M says the head feels pain, dizziness, pain in the neck and feels heavy, pain scale 5-6, Ny.M says pain disappear arises. While the objective data that supports are: TD: 160/90 mmHg, pulse 88 x / minute, Mrs. M. looks grimaced.

The third diagnosis is in accordance with the theory that obesity, emotional disorders. Excessive alcohol consumption, coffee drugs and heredity, reducing sodium intake, new symptoms appear after complications occur. Complications that occur if high blood pressure is not treated and overcome, then in the long run will cause damage to the arteries in the body until the organs that get blood supply from

these arteries. Complications of hypertension can occur in heart, brain, kidney and eye organs, which can lead to heart failure, risk of stroke, kidney damage and blindness. (Brunner & Suddart, 2015).

Nursing Interventions

Family nursing interventions are made based on assessment, nursing diagnosis, family statements, and family planning, by formulating goals, identifying alternative intervention strategies and sources, and determining priorities, interventions are not routine, random, or standard, but it is designed for certain families with whom the family nurse is working (Friedman, 2010).

Next treat family members by demonstrating relaxation techniques (deep breathing). Furthermore, counseling and motivating families to be able to modify a comfortable environment and Utilize health services to overcome the problem of hypertension. Third diagnostic intervention High risk of complications occurring b / d family inability to care for sick families In accordance with the task of the first family care namely recognize the problem by reviewing family knowledge about the aftermath of hypertension, and discussing the aftermath of hypertension. Next take a decision by discussing the actions that must be taken if there are problems in the family. Furthermore, caring for family members by demonstrating traditional medicine (grated cucumber juice). Furthermore, counseling and motivating to be able to modify a comfortable environment and Utilize health services to overcome the problem of hypertension

Nursing implementation

The implementation of the first diagnosis is in accordance with the theory according to Ridwanamiridin (2007) in Wijaya & Putri (2013) where in the management of non-pharmacology consists of various ways of lifestyle modification which is very important in preventing the increase in high blood pressure, which is a diet containing climates and calcium, reducing sodium

intake, reducing stress, avoiding smoking. Supported by Situmorang research (2015). Implementation of the second diagnosis of Acute Pain b / d family's inability to care for families who are aware of Ny.M recognizing the problem is done by assessing family knowledge about pain and discussing the causes of pain felt, then deciding the actions to be done, subsequent implementation further demonstrating relaxation techniques (deep breaths). Followed by modifying a comfortable environment and utilizing health services. Implementation of the third diagnosis High risk of complications arising from the inability of the family in caring for a sick family. In Mrs. recognizing the problem is done by reviewing family knowledge about the continued consequences of hypertension and discussing the further consequences of hypertension, then deciding the actions to be taken, subsequent implementation demonstration of traditional medicine for grated cucumber juice. Followed by modifying a comfortable environment and utilizing health services. Implementation of the third diagnosis is in accordance with the theory where the purpose of each treatment program for each patient is prevent occurrence morbidity and Accompaniment mortality by achieving and maintaining blood pressure below 140/90 mmHg. The effectiveness of each program is determined by the degree of hypertension, complications, cost of care and quality of life in relation to therapy (Brunner & Suddart, 2015).

Nursing Evaluation

Family nursing evaluation is a process to assess the success of the family in carrying out their health duties so as to have high productivity in developing each family member. As the fifth component in the nursing process, evaluation is the stage that determines whether the goals set will determine the ease or difficulty of carrying out the evaluation (Sugiharto, 2012).

CONCLUSION

After the authors do Nursing Care directly to Mrs. M with Hypertension In Kelurahan, Barombong, Tamalate District, Makassar City, several conclusions can be drawn as follows; after an assessment of Mrs. M. was obtained that the lack of knowledge of hypertension and the lack of information about one of the diseases that always occur in the elderly, after taking action to care for the family Gerontik Nursing Mrs. M. can understand the importance of how to overcome the problem of hypertension by using herbal medicines or visiting an available community service center, Healt Education is an important factor in the application of Gerontik Nursing Care for the Family of Mrs.

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APPLICATION OF SALT WATER WARM TO REDUCE HYPERTENSION IN ELDERLY

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ABSTRACT

One of the non-pharmacological therapies for hypertensive patients is hydrotherapy. Hydrotherapy can reduce blood pressure if done routinely. The types include warm baths, compresses, and soaking feet with warm water. The general objective of this case study is to find out the picture of salt warm water soak therapy in elderly with hypertension. The material used in this case study is a sphygmomanometer and the tools and materials used are warm water, salt, and basin. This writing method is an experimental case study with quantitative results by collecting data by means of observation to the elderly by conducting assessments and measuring blood pressure before and after therapy. The results obtained were during the 3 days of the implementation of the salt warm water foot soak therapy the author found a decrease in blood pressure. At least a decrease of approximately 10-20 mmHg for systole and approximately 5-10 mmHg for diastole. This is caused by the effect of warm water which can make relaxation and vasodilation (dilation of blood vessels) which can make blood flow smoothly, and the workload of the heart becomes lighter. The conclusion that salt warm water foot bath therapy in the elderly with hypertension can be done either in the elderly who are in the family or the elderly who are in the tresna werdha nursing home. This is caused by the effect of warm water which can make relaxation and vasodilation (dilation of blood vessels) which can make blood flow smoothly, and the workload of the heart becomes lighter. The conclusion that salt warm water foot bath therapy in the elderly with hypertension can be done either in the elderly who are in the family or the elderly who are in the tresna werdha nursing home. This is caused by the effect of warm water which can make relaxation and vasodilation (dilation of blood vessels) which can make blood flow smoothly, and the workload of the heart becomes lighter. The conclusion that salt warm water foot bath therapy in the elderly with hypertension can be done either in the elderly who are in the family or the elderly who are in the tresna werdha nursing home.

Keywords: elderly, hypertension, salt warm water soak therapy

INTRODUCTION

Hypertension is a cardiovascular disease which cannot be underestimated. Persistent increase in blood pressure (persistent) can cause damage to the kidneys (kidney failure), heart (coronary heart disease), and brain (causing strokes) if not detected early and receive adequate treatment. Hypertension is suffered by one billion people in the world and it is estimated that in 2025 it will surge to 1.5 billion people. Every year nearly 9.4 million people die of heart disease and stroke and these events are combined, these two diseases are the number one cause of death in the world

(WHO, 2013). Riskesdas (2018) shows that, hypertension cases in Indonesia have increased, in 2013 hypertension cases in Indonesia reached 25, 8% while in 2018 cases of hypertension increased to 34.1%. Cases of hypertension at the age of 18 in Indonesia diagnosed by doctors reached 8.4%, with the highest case of hypertension occurring in North Sulawesi (13.2%) followed by Yogyakarta and East Kalimantan. Hypertension cases in Yogyakarta in terms of ranking have increased, in 2013 Yogyakarta ranks 15th while in 2018 ranks 2nd (Riskesdas, 2013). Hypertension is more experienced by

women with a prevalence rate of 36.9% compared to men at 31.3%, and hypertension cases are most common in Indonesia (Riskesdas, 2018) 2%) followed by Yogyakarta and East Kalimantan. Hypertension cases in Yogyakarta in terms of ranking have increased, in 2013 Yogyakarta ranks 15th while in 2018 ranks 2nd (Riskesdas, 2013). Hypertension is more experienced by women with a prevalence rate of 36.9% compared to men at 31.3%, and hypertension cases are most common in Indonesia (Riskesdas, 2018) 2%) followed by Yogyakarta and East Kalimantan. Hypertension cases in Yogyakarta in terms of ranking have increased, in 2013 Yogyakarta ranks 15th while in 2018 ranks 2nd (Riskesdas, 2013). Hypertension is more experienced by women with a prevalence rate of 36.9% compared to men at 31.3%, and hypertension cases are most common in Indonesia (Riskesdas, 2018). Broadly speaking the treatment of existing diseases is divided into two namely medical / pharmacological treatment (using drugs with chemicals) and complementary or traditional / non-pharmacological treatment (using natural ingredients). One of the non-pharmacological therapies for hypertensive patients is hydrotherapy. Hydrotherapy can reduce blood pressure if done routinely. The types include warm baths, compresses, and soaking feet with warm water. The benefits of this warm soak therapy is the effect of hot spots / warmth which can cause liquids, solids and gases to expand in all directions and can increase chemical reactions. Hydrotherapy can reduce blood pressure if this therapy is done routinely. Scientifically, warm water has an impact and physiological factors for the body especially on blood vessels, where warm water makes the blood circulation smooth and strengthens the ligament muscles that affect the joints of the body (Lalage, 2015). Meanwhile salt solutions at high concentrations can kill bacterial growth by drawing water from the bacterial cells and causing lysis. This is related to the high osmotic pressure of salt

water. Salt solution with warm temperatures can increase local blood flow, causing vasodilation of blood vessels. Therefore, the authors are interested in doing a case study to see how the description of Nursing Care in the Elderly with Hypertension using Soak Foot Therapy Warm Salt Water where the warm water makes the blood circulation smooth and strengthens the ligament muscles that affect the joints of the body (Lalage, 2015). Meanwhile salt solutions at high concentrations can kill bacterial growth by drawing water from the bacterial cells and causing lysis. This is related to the high osmotic pressure of salt water. Salt solution with warm temperatures can increase local blood flow, causing vasodilation of blood vessels. Therefore, the authors are interested in doing a case study to see how the description of Nursing Care in the Elderly with Hypertension using Soak Foot Therapy Warm Salt Water where the warm water makes the blood circulation smooth and strengthens the ligament muscles that affect the joints of the body (Lalage, 2015).

Meanwhile salt solutions at high concentrations can kill bacterial growth by drawing water from the bacterial cells and causing lysis. This is related to the high osmotic pressure of salt water. Salt solution with warm temperatures can increase local blood flow, causing vasodilation of blood vessels. Therefore, the authors are interested in doing a case study to see how the description of Nursing Care in the Elderly with Hypertension using Soak Foot Therapy Warm Salt Water. Meanwhile salt solutions at high concentrations can kill bacterial growth by drawing water from the bacterial cells and causing lysis. This is related to the high osmotic pressure of salt water. Salt solution with warm temperatures can increase local blood flow, causing vasodilation of blood vessels. Therefore, the authors are interested in doing a case study to see how the description of Nursing Care in the Elderly with Hypertension using Soak Foot Therapy Warm Salt Water. Meanwhile salt solutions at high concentrations can kill

bacterial growth by drawing water from the bacterial cells and causing lysis. This is related to the high osmotic pressure of salt water. Salt solution with warm temperatures can increase local blood flow, causing vasodilation of blood vessels. Therefore, the authors are interested in doing a case study to see how the description of Nursing Care in the Elderly with Hypertension using Soak Foot Therapy Warm Salt Water.

MATERIALS AND METHODS

This scientific paper uses experimental case studies with quantitative results. By doing an Observer to find out the relationship about blood pressure using the Salt Warm Soak Foot Therapy by making measurements and measuring blood pressure before and after therapy. The method of collecting data is by observing (observing the elderly). The case study subject in scientific writing is Elderly Ny. M is 77 years old who has hypertension. The material in this paper is a blood pressure gauge that is a sphygmomanometer and the tools and materials used are warm water, salt, basin

RESULT

Assessment. Based on the results of the study, it was found that the client's main complaint was that it was a bit dizzy, but not too dizzy. The client says stiff in the neck area. Pain scale 4. The client looks grimaced, the client's eyes appear red and less radiant, appear chaotic, TD: 150/80 mmHg. The pattern of the client's daily habits is good, the client's physical examination results are good, there are no abnormalities. Good mental status, good independence, no cognitive impairment, no depression. History of drug use; the client consumes high blood pressure medication (Kaptopril) if the blood pressure is high.

Nursing diagnoses. From the analysis results obtained nursing diagnoses in the elderly are 1) Acute pain associated with biological injury agents: ischemia, 2) Knowledge deficiency is related to lack of information, and 3) The risk of decreased

cardiac output is related to changes in afterload.

Nursing orders. Nursing care plans in the elderly with a diagnosis of pain are a) Perform a comprehensive pain assessment that includes location, characteristics, onset / duration, frequency, quality, intensity or severity of pain and precipitating factors.

Teach the use of non-pharmacological techniques: distraction (listening to music), b) Provide information about pain such as the cause of pain, how long the pain will be felt and anticipation of discomfort due to the procedure. c) Control the environmental factors that can affect the patient's response to discomfort and d) Encourage the patient to monitor pain and treat pain appropriately. In diagnosing the risk of decreased cardiac output after a change in afterload are: a) Perform a comprehensive assessment of the hemodynamic status (ie, check blood pressure, heart rate, pulse) appropriately, b) Reduce anxiety by providing accurate information and correcting any misunderstanding, c) Perform salt warm water foot bath therapy, d) Explain the treatment goals and how progress will be measured.

Implementation. At the stage of implementing priority diagnoses, acute pain. Implementation in accordance with the case is with pain management. Namely by conducting a comprehensive pain assessment including, location, duration, characteristics, frequency, quality, intensity or severity of pain, also by conducting distraction or diversion techniques (inviting clients to listen to music). Diagnosis of risk of decreased cardiac output. Implementation in accordance with the case is measuring vital signs, creating a comfortable environment, and conducting salt warm water foot soak therapy. This therapy is carried out for 30 minutes. The tools and materials used are a basin, salt, and warm water with a temperature of 38 oC and a thermometer to measure temperature. For 3 days the implementation of salt warm water foot soak therapy the author found a

decrease in blood pressure. On the first day before the salt warm water foot bath therapy, the client's BP is 150/80 mmHg, and after the client's blood pressure therapy is 130/70 mmHg. On the second day, before therapy, the client's BP is 140/70 and after therapy is 130/70 mmHg. On the third day before TD client therapy is carried out 140/70 mmHg to 130/60 mmHg. This shows that there is an effect of warm salt water therapy on the client's blood pressure. At least a decrease of approximately 10-20 mmHg for systole and approximately 5-10 mmHg for diastole. This is caused by the effect of warm water which can make relaxation and vasodilation (dilation of blood vessels) which can make blood flow smoothly, and the workload of the heart becomes lighter.

Evaluation. In conducting salt warm water therapy, the authors found that there was an influence on the decrease in client blood, at least 10-20 mmHg for systole and 5-10 mmHg for diastole. From the writer's observation, the client seemed calm and relaxed during the therapy process. Supporting factors that we found were openness from the client regarding the perceived condition and cooperative client making it easier for the writer to do salt warm water therapy.

CONCLUSION

From the results of TD measurements for 3 days, a decrease was obtained after doing salt warm water therapy for 30 minutes, the first day before TD client therapy was 150/80 mmHg, and after the client's blood pressure therapy was 130/70 mmHg. On the second day, before therapy, the client's BP is 140/70 and after therapy is 130/70 mmHg. On the third day before TD client therapy is carried out 140/70 mmHg to 130/60 mmHg. This shows that there is an effect of warm salt water therapy on the client's blood pressure. At least a decrease of approximately 10-20 mmHg for systole and approximately 5-10 mmHg for diastole. This is caused by the effect of warm water which can make

relaxation and vasodilation (dilation of blood vessels) which can make blood flow smooth

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IMPROVING THE QUALITY OF LIVING AGE (LANSIA) IN DEPOK CITY WITH BALANCE TRAINING

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Abstract

The quality of life of the elderly is affected by various factors such as physical health, psychological health, social relations and the environment. This study aims to determine the effect of balance training on the quality of life of the elderly in the city of Depok. This quasi-experimental study was conducted in two groups; 30 elderly as a control group and 30 elderly as a treatment group. The sampling technique used is multistage random sampling. The results showed that balance training had a significant effect, improving the quality of life of the elderly ($p < 0.001$). This is because balance training can improve physical health, psychological health, social relations and the environment. Elderly balance training can be used as an effort to improve the quality of life of the elderly in the community.

Keywords: elderly, exercise balance, quality of life

INTRODUCTION

The elderly population is increasing very fast. In 2020, the number of elderly is predicted to equal the number of children under five. Eleven percent of the 6.9 billion people in the world are elderly (WHO, 2013). Indonesia's population is the fourth largest population after China, India and the United States. According to 2013 World Health Statistics data, China's population is 1.35 billion, India is 1.24 billion, the United States is 313 million and Indonesia is fourth with 242 million population (WHO, 2013). According to the projection of the Central Statistics Agency (2013) in 2018 the proportion of the population aged 60 years and over is 24,754,500 people (9.34%) of the total population.

Elderly is one group or population at risk (population at risk) which is increasing in number. Allender, Rector, and Warner (2014) say that population at risk is a collection of people with health problems have the risks including risks related to age, social and environmental risks as well as behavioral or lifestyle risks. possibility of developing worse because of the risk factors that influence. Stanhope and Lancaster (2016) say the elderly as a population at risk

has three characteristics of health risks, namely, biological

Stanhope and Lancaster (2016) revealed that biological risks include risks related to age in the elderly, namely the occurrence of various declines in biological function due to aging. Social and environmental risk in the elderly is the presence of an environment that triggers stress. The economic aspect of the elderly is the decrease in income due to retirement. Risk of behavior or lifestyle such as the pattern of lack of physical activity and consumption of unhealthy foods can lead to illness and death. Miller (2012) in his theory functional consequences said the decline in various bodily functions is a consequence of increasing age. Lansia is synonymous with various declines in health status, especially physical health status. Various theories about the aging process show the same thing. Health status of the elderly decreases with age will affect the quality of life of the elderly. Increasing age will be accompanied by the emergence of various diseases, decreased body function, body balance and the risk of falling. The declining health status of the elderly is contrary to the wishes of the elderly to remain healthy, independent and able to carry out activities

as usual, for example bathing, dressing, moving independently. Discrepancy in the condition of the elderly with their expectations can even cause the elderly to experience depression. The results of the research of Brett, Gow, Corley, Pattie, Starr, and Deary (2012) show that depression is the biggest factor affecting quality of life ($p = 0,000$). Some of these things can cause a decrease in the quality of life of the elderly. Increasing age will be accompanied by the emergence of various diseases, decreased body function, body balance and the risk of falling. The declining health status of the elderly is contrary to the wishes of the elderly to remain healthy, independent and able to carry out activities as usual, for example bathing, dressing, moving independently. Discrepancy in the condition of the elderly with their expectations can even cause the elderly to experience depression. The results of the research of Brett, Gow, Corley, Pattie, Starr, and Deary (2012) show that depression is the biggest factor affecting quality of life ($p = 0,000$). Some of these things can cause a decrease in the quality of life of the elderly. Increasing age will be accompanied by the emergence of various diseases, decreased body function, body balance and the risk of falling. The declining health status of the elderly is contrary to the wishes of the elderly to remain healthy, independent and able to carry out activities as usual, for example bathing, dressing, moving independently. Discrepancy in the condition of the elderly with their expectations can even cause the elderly to experience depression. The results of the research of Brett, Gow, Corley, Pattie, Starr, and Deary (2012) show that depression is the biggest factor affecting quality of life ($p = 0,000$). Some of these things can cause a decrease in the quality of life of the elderly. The declining health status of the elderly is contrary to the wishes of the elderly to remain healthy, independent and able to carry out activities as usual, for example bathing, dressing, moving independently. Discrepancy in the condition of the elderly

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Physical exercise is very important for the elderly in improving quality of life. Regular exercise can improve social relationships, improve physical health and mental health. Exercise also plays an important role in reducing the risk of disease and maintaining the functioning of the body of the elderly (Ko& Lee, 2012). Exercise can prevent physical fatigue because it improves cardiovascular function, the central nervous system, the immune system and the endocrine system. Exercise can also reduce symptoms of depression (Chung, 2008).

Various studies on the effectiveness of balance exercises have been conducted. However, little research has been done to determine the effectiveness of balance training on the quality of life of the elderly. Therefore, this study was conducted with

the aim to determine the effect of balance training on the quality of life of the elderly in the city of Depok.

Materials and Methods

The research design used in this study is a quasi experiment with a pre and post with control group design approach. The sampling technique used in this study is multistage random sampling. The selection technique is as follows; from 11 sub-districts in Depok City were chosen randomly namely, Pancoran Mas District; Pancoran Mas Village was chosen as a control group; Depok Jaya Kelurahan was chosen as the intervention group (treatment); RW 01 is selected from 21 RWs in Pancoran Mas Kelurahan as a control group; RW 02 was selected from 14 RWs in Depok Jaya sub-district as the treatment group. Samples were 60 elderly (30 controls from Pancoran Mas and 30 treatments from Depok Jaya).

The inclusion criteria in this study were willing to be respondents, aged 60–74 years, able to walk, not using walking aids, able read and write, Mini Mental State Exam (MMSE) more than 23, no having visual impairment, not experiencing hearing loss, not experiencing postural hypotension, not following routine exercise.

Balance training performed by the elderly consists of 8 main movements, namely: (1) heating; (2) rotate the shoulder; (3) running around to ping; (4) crossing over; (5) walking with heels and fingers; (6) standing one foot; (7) getting up from sitting; (8) cooling. This exercise was modified from the National Health Services-United Kingdom (NHS-UK) and the Center for Disease Control and prevention (CDC). This balance training is conducted twice a week, Monday and Wednesday every 09.00 WIB for eight weeks. Each exercise is 30 minutes long with each heating and cooling done for 5 minutes.

Quality of life in the elderly is measured by using WHOQOL-BREF. This instrument measures 4 important

components namely the physical, psychological, social and environmental components (WHO, 2012a). This instrument consists of 26 question items that have represented components to be measured from the quality of life. This questionnaire uses a Likert scale with a rating scale of 1–5. Consisting of 26 question items (WHO, 2012b). Caballero, et al. (2013) said the WHOQOL instrument has the reliability shown by Cronbach's alpha values between 0.84-0.88. The validity value indicates the value of $r = 0.75$. This research has passed the ethical test by the University of Indonesia health ethics committee. The number that passes the ethical test is 0205.UN2.F12.D / HKP.02.04 / 2015.

Data analysis uses data analysis software. Paired t-test (dependent t-test) is used to compare the quality of life before and after treatment in both the treatment and control groups, while the t-independent test (pooled t-test) is used to analyze the mean difference after treatment at treatment and control groups (Dahlan, 2009).

Results

The average quality of life of the elderly in the treatment group after treatment was 6.10 higher than before. Further test results using paired t-test obtained p value <0.001 . This shows an increase in the quality of life in the elderly after giving balance training. The average quality of life of the elderly in the control group was lower 0.83 compared to before treatment. Further test results using paired t-test obtained p value = 0.147. This shows that there is no difference

Table 1. Differences in Mean and Significance Before and After Intervention in Both Groups

Group	Mean difference	p
Treatment	6.10	<0.001
Control	-0.83	.147

Table 2. Effects of Balance Training on Quality of Life of Elderly in Depok City

Group	The mean	Elementary school	95% CI	p
Treatment (n = 30)	68.39	9.01	65.02–71.75	<0.001
Control (n = 30)	54.22	8.17	51.17–57.27	

* SD: Standard Devias

et al. (2012) showed that balance training combined with flexibility and toning or FlexToBa™ can improve functional performance, limited bodily functions, quality of life. Taracki, Yeldan, Huseyinsinoglu, Zenginler, and Eraksoy (2013) studied 110 elderly (analyzed of only 99 elderly due to dropout) with multi-pel sclerosis. The exercise is carried out for 12 weeks which is guided by a physiotherapist. The results of the analysis show that balance training can improve significant on the average quality of life of the elderly after receiving balance training in the control group.

Statistical test results used an independent t-test to compare the effect of balance training between the treatment and control groups. The results showed a significant difference ($p < 0.001$).

Discussion

Balance training improves the quality of life of the elderly. This is in line with Hewitt, Refshauge, Goodall, Henwood, and Clemson (2014) stating that balanced training conducted on 300 elderly people for six months in Australia showed a significant influence on the quality of the life of the elderly in nursing homes. The reduced quality of life due to aging can be improved by this exercise. Santos, Dantas, and Moreira (2011) said that the exercise which included balance training performed by 323 elderly women (average 69 years) could improve the quality of life by 9.19% ($p = 0.001$).

Research conducted by McAuley the quality of life of the elderly ($p = 0.006$). Furthermore, research conducted by Sun, Aodeng, Tanimoto, Watanabe, and Han

(2015) states that to improve the quality of life in the elderly in the community, it is very important to do this by maintaining health.

Healthy life. Park, Han, and Kang (2014) say that the exercise program in the elderly is effective in improving quality of life, self-esteem and reducing depression symptoms. Lai, Leung, Kwong, and Lee (2015) conducted a study in Hong Kong, the results showed that pain is one of the factors that can reduce the quality of life of the elderly in nursing home residents. Tavares, Dias, Santos, Hass, and Miranzi (2013) say that the decline in quality of life is caused by limited bodily functions, illness, education, low income and less related to others.

Research conducted by Tse, Tang, Wan and Vong (2014) in Hong Kong shows the effect of muscle strength training, stretching and balance on pain and psychosocial well-being or quality of life (happiness, solitude, life satisfaction, and depression). The average age of respondents was 85.44 years. The treatment group consisted of 225 elderly while the control group consisted of 171 elderly. After eight weeks of exercise by physiotherapists and nurses showed significant results in the treatment group compared with the control group where pain decreased ($p < 0.05$). Whereas psychosocial well-being / quality of life increased significantly ($p < 0.05$). Balance exercise can compensate for the decrease in the function of the musculoskeletal system. Physiologically, balance training can increase range of motion, muscle strength, total body calcium, improve body coordination, prevent loss of muscle mass and improve body function (Miller, 2012). This will improve the quality of life because the elderly feel healthier for activities.

Campos, Ferreira, Vargas, and Albala (2014) conducted research with WHOQOL-BREF on elderly people living in communities in the Brazilian region showing that women who have good physical and psi-cosocial health have a

higher quality of life. While, the best life is related to high social economy and good physical condition and psychosocial health. Healthy elderly people do have a better quality of life. According to Strupeit, Wolf-Ostermann, Buss and Dassen (2014), the elderly QOL as measured by WHOQOL-BREF when entering rehabilitation facilities in Hamburg, Germany was 57.85 but after six months the function status improved and its QOL became 67, 85 This approached QOL in research on balance training.

Another study was carried out by Alexandre, Cordeiro and Ramos (2009) of 120 elderly people in the cities of Sao Paulo and Sao Jose dos Campos, parts of the south-east of Brazil. The instrument used was WHOQOL-BREF. The results of his study showed the average quality of life of the elderly in the physical domain of 62.11. The average psycho-logical domain is 62.22. The average domain of social relations was 72.15, while the environmental domain was 66.30. This average quality of life is almost the same as the average quality of life in this research about balance training. The similarity in average quality of life is caused by the physical and psychological health status that tends to be the same. The results of the pre-test research on balance exercises obtained a physical domain re-average of 64.38. The average psycho-logical domain for the elderly is 65.42. The average social relations domain of the elderly 58, 33 and the environmental domain average of 61.04. The difference lies in the domain of social relations.

The domain of social and environmental relations in the elderly in the Brazilian region is higher than that of the elderly in Depok, Indonesia. This shows that the quality of life of the elderly in the Brazilian region in terms of social and environmental relations is better compared to the elderly in Depok, Indonesia. This is due to the fact that in Brazil the health service system is more advanced compared to Indonesia. With the existence of balance training conducted in Brazil, it is possible

for elderly people who were previously alone at home to get together in a way that the elderly are physically healthier than before participating in balance training. In vain become more satisfied with the ability to carry out daily activities. This makes sleep calmer. Cheon et al. (2014) said that sleep is highly influenced by one's health. Regular physical activity is very good for maintaining health. Miller (2012) said that through an active lifestyle the decline in the function of the musculoskeletal system can be compensated. Physiologically, exercise can increase range of motion, increase muscle strength, increase total body calcium, improve body coordination, prevent loss of muscle mass and improve body function. Therefore, balance training is very beneficial for the elderly. improve the body's choir, prevent loss of muscle mass and improve body function. Therefore, balance training is very beneficial for the elderly. improve the body's choir, prevent loss of muscle mass and improve body function. Therefore, balance training is very beneficial for the elderly.

Balance training also increases psychological play. This is because balance training increases the ability to concentrate, increases the body's acceptance of appearance, makes the life of the elderly more meaningful, increases satisfaction with self, reduces anxiety, loneliness, despair and depression. Miller (2012) says exercise increases neuromuscular coordination. The elderly are more able to concentrate. Marques, Sánchez and Vicario (2014) mentioned that 48 elderly who participated in their research in Portugal said that quality of life means having a healthy body, getting peace, harmony of life, feeling happy, life satisfaction, engaging in happiness, having relationships with friends and neighbors.

In general, balance training improves the quality of life of the elderly. Improving the quality of life of the elderly proves that balance training is a good intervention to be applied in the community. Mauk (2014) says that successful seniors

are those who are active and participate in many activities. Elderly synonymous with a decrease in various bodily functions. Therefore, so that body function does not continue to decline the elderly need to interact.

The elderly who meet and interact make them support each other, motivate and need. It is different with what happens in developing countries, elderly people always meet every day, often exchanging greetings so that aspects of social relations that include satisfaction with personal or social relationships and satisfaction with support from friends increases not as much as an increase in the domain of the elderly in Brazil (Gomes, et al., 2014). This means that social relations have become a habitual pattern in developing countries so that these aspects are not too highly elevated.

The improvement of the environmental domain includes feeling of security, environmental health, having enough money, availability of information, opportunities to have fun or recreation, satisfaction with living conditions, satisfaction with access to health services and satisfaction with transportation. In the elderly in Brazil this domain is quite high because older people more often access health services that were only once a week when training became more frequent (Gomes et al., 2014). In addition, the elderly feel more secure because they are close to their friends, relax or have fun, the information obtained also increases because the elderly exchange information with their friends and satisfaction with access to health services is also better.

Conversely the physical domain and psychological domain are higher in the elderly in Depok. The effect of balance exercise is greatest on increasing the physical domain which consists of decreasing pain. With the balance exercise can reduce joint pain experienced by the elderly. Some elderly people say that the pain they have experienced has been reduced. This decrease in pain causes the dependence on medication to decrease. In

addition, the ability of the elderly to carry out daily activities increases. The elderly say their ability to increase in some daily activities such as lifting flower pots, sweeping and dressing. It means balance training so that the elderly remain healthy and of high quality.

Conclusion

Balance exercise affects the quality of life of the elderly. The quality of life of the treatment group was better than the control group after treatment. The quality of life of the elderly increases because balance training has an influence on physical function, psychology, social relations and the elderly environment. The domain of the highest quality of life improvement is physical health and the lowest is the environment (AF, AYN, TN).

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THE RELATIONSHIP OF MATERNAL KNOWLEDGE OF THE COMPLETE BASIC IMMUNIZATION IN INFANTS AT THE PUBLIC HEALTH CENTER OF KUTAMBARU SOUTHEAST ACEH IN 2019

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Abstract

Basic Immunization is an immunization that must be given to infants and children from birth so that the body is protected from harmful diseases. Immunization Program in Indonesia requires a complete basic Immunization for each infant (age 0– 11 months) consisting of 1 dose of Hepatitis B, 1 dose of BCG, 3-dose DPT-Hib, 4 doses of polio, and 1 dose of measles. This Research aims to know the relationship of maternal knowledge about the with the complete basic immunization in infants at the care center of Kutambaru Southeast ACEH in 2019. *Cross Sectional Analytic Survey* Research method is a study to learn the dynamics of correlation between factors and effects, through the observation/data collection at one time, that each subject is only observed one time and the measurement of the subject variable is done at the time of the study. The results of the statistical analysis using the *Chi Square* Test stated that there is a mother of knowledge about immunization with basic the treatment in the baby at the health center of Kutambaru southeast ACEH year 2019 with *p-value* 0.015 (*P-value* < 0.05). The conclusion of this study is that there is a relationship of maternal knowledge about basic immunization in infants at the care center of Kutambaru Southeast Aceh in 2019 years, so it is advised to health workers who are concerned to do health counseling to mothers to improve the access to basic immunization.

Keywords: Knowledge, basic immunization

Introduction

Immunization comes from the word *immune*, immune or resistant. Children are immunized, which means being given immunity to a particular disease. The child is immune or resistant to a disease but not necessarily immune to other diseases. Immunization is an attempt to raise/increase the person's immunity actively against a disease, so that when a time is exposed with the disease will not be sick or only suffer mild illness (Hadianti, 2015). The global child immunization prevalence in 2012 IS DPT 83%, Polio of 84%, measles of 84%, Hepatitis B of 79%, AND BCG amounting to > 80%. The global immunization percentage continues to increase from previous years (WHO, 2015). The complete basic immunization coverage in Indonesia in the last five years has always been above 85%, but has not yet reached the specified ministry of Health Renstra's target, in the

2017 complete basic immunization in Indonesia amounted to 91.12, this figure is slightly below the target of Renstrahun 2017 by 92%. According to the province, there are 15 provinces that reached target Renstra in 2017 (Health profile of Indonesia RI, 2017). Immunization Program 2012 – 2016, the achievement of antigen administration was decreased, but in 2014, BCG immunization coverage, Polio 4 dan Campak had increased but not for DPT3/HB3. In the year 2015, the measles cakupan immunization suffered considerable decline of 95.69% (2014) menjadi 89, 4% (2015); Similarly, the DPT3/HB3 coverage declined from 89.5% (2015) menjadi 88, 5% (2015). In 2016 the number of immunization coverage increased to BCG, DPT1/HB1, DPT3/HB3, and measles except for Polio 4 there was a decline of 97.77% (2015) to 90.30% (2016). Because of the reduction of Polio 4 immunization

coverage, it causes the average drop out rate to increase and reach sekitar 7%. This condition is very far above the number of tolerance which is 3.55% (Dinkes sumut, 2016). Immunization administration is a preventive measure so that the body is not infected with certain infectious diseases such as tetanus, whooping cough (pertussis), measles, polio and tuberculosis or if exposed does not give a fatal effect to the body, while infants who do not get immunization will be susceptible to diseases such as lung tuberculosis, diphtheria, pertussis, tetanus and also measles. From the health office data in a baby in the province of South Sumatera, Lampung, Jambi and West Nusa Tenggara have obtained complete basic immunization. While the lowest achievement province is North Kalimantan (66.2%), Papua (68.6%), and Aceh (70.0%). Data and information related to basic immunizations in infants detailed according to the provinces in 2017 (Dinkes RI, 2017). From the introductory survey conducted by researchers obtained results from 10 mothers who have babies, 8 babies do not get complete basic immunization, still a lack of knowledge of the importance of basic immunization complete in the baby. Based on the problem above researchers are interested to raise the title of "Mother's knowledge about basic immunisation in the infant in the care center of Kutambaru southeast ACEH year 2019". General purpose of this research to know the relationship of maternal knowledge about immunization with the provision of basic immunization in infants at the care center Kutambaru southeast ACEH year 2019.

Method

This study uses desain's descriptive research of collation with a cross sectional approach which is a research relationship between the DUA variable in a situation or a group of subjects conducted to see the relationship between the variable satu with the other variables, which aims to know the Mother's knowledge relation to 2019 the

complete basic .The population is an area of generalization that has a specific quantity and characteristic set by the researcher to be studied and then pulled in its conclusion. That is the definition of the population in research (Siyoto, 2015). The population in this study is a mother who has children or infants aged 0-1 years in the month, amounting to 40 respondents. Samples are part of the number and characteristics owned by the population, or small portions of population members taken according to certain procedures so that they can represent their population. The sampling techniques used in this study were total sampling. The total sampling technique is sampling techniques when all population members are used as samples, samples from the study used a saturated sample of all populations as samples amounting to 40 samples. The data collection techniques are conducted by the researchers directly using the primary data, the interview techniques with respondents and the use of the questionnaire with the questions that have been compiled by researchers. The Association of Questionnaire is open based on the concept of Mother knowledge theory on basic immunisation in infants. Before the Rsponden record first to seek approval from the leadership of the Puskesmas by submitting a letter from the institution.

Result

Table 4.1
Frequency distribution of respondents characteristics by age in health care center Kutambaru ACEH Tenggara Year 2019

Age	Amount	%
< 20 years	8	20
20-35 year	19	47.5%
> 35 years	13	32.5%
Amount	40	100%

Based on the table 4.1 above, it is revealed that from a total of 40 respondents studied,

the result of the majority of the respondents was 25-35 years, which 19 respondents (47.5%) and minority respondents < 20 years of age: 8 respondents (20%).

Table 4.2
Frequency distribution of respondents characteristics based on the health center of Kutambaru ACEH Tenggara year 2019

Job	Amount	%
Work	16	40,%
Not working	24	60%
Amount	40	100%

Based on the table 4.2 above, it is revealed that from a total of 40 respondents studied, the majority of respondents did not work for 24 respondents (60%).

Table 4.3
Frequency distribution of respondents characteristics based on the Educative Health center of Kutambaru ACEH Tenggara year 2019

Education	Amount	%
Sd	13	32.5%
Junior	23	57.5%
Sma	3	7.5%
Pt	1	2.5%
Amount	40	100%

Based on the table 4.3 above, it is revealed that from a total of 40 respondents studied, the result of the majority of respondents with junior secondary education is 23 respondents (57.5%), and the minority of respondents PT is 1 respondent (2.5%).

4.2.2 Univariat Analysis

Table 4.4
Frequency distribution based on the completeness of Immunization Medical Health Center Kutambaru ACEH Tenggara Year 2019

Immunization completeness	Amount	%
Complete	17	42.5%
Incomplete	23	57.5%
Amount	40	100%

Based on the table 4.4 above, it is revealed that from a total of 40 respondents studied, the majority of respondents did not get a complete basic immunization of 23 respondents (57.5%)

Table 4.5
Frequency distribution of respondents based on knowledge of the health care center of Kutambaru Aceh Tenggara year 2019

Knowledge	Amount	%
Good	14	35%
Enough	2	5
Less	22	60%
Amount	40	100%

Based on the table 4.5 above, it is known that from a total of 40 respondents were studied, the result of the majority of the knowledgeable respondents was 22 respondents (60%), and the minority received results of enough knowledgeable respondents 2 respondents (5%)

4.2.3 Bivariate Analysis

Table 4.7
Knowledge relationship with the completeness of immunization of the Health Care Center Kutambaru ACEH Tenggara Year 2019

Knowledge	Immunization completeness				Total		P-Value
	Complete		Not		N	%	
	N	%	N	%			
Good	10	25	4	10	14	35	0.015
Enough	2	2.5	2	2.5	4	5	
Less	5	12.5	17	42.5	22	60	
Total	32	40	13	60	40	100	

The results of the statistical analysis using the *Chi Square* test stated that there is a mother of knowledge about immunization with basic immunisation treatment in the baby at the health center of Kutambaru ACEH Tenggara year 2019 with *p-value* 0.015 (*P-value* < 0.05).

Discussion

Knowledge is an understanding of some information and an objective introduction to objects or things. Knowledge can also be gained through the experience of a person and through the results of learning a person formally or informally knowledge can be influenced by fear so as to know more about it. The deeper the knowledge gained, the more wise the mother will be in perception of things and making decisions. The behavior that is founded by knowledge will be prolonged or persistent compared to the behavior that is based on compulsion (Toruntju, 2013). According to the theory of Achmadi 2016 Explains that knowledge about immunization is very important for mothers, especially for mothers who have just given birth to their babies. Immunization-giving vaccines in infants so that infant immunization can be increased and immune to disease. Because when they are born, immunization in the body of babies is still very weak and very easy to attack various diseases that are not even a little that leads to infant death. Maternal education is one of the factors affecting basic immunization completeness. The higher the education of a mother, then the knowledge of mothers about immunization better. This research shows that maternal education does not affect children's basic immunization. The results of this research also in accordance with the research conducted by Sari in the year 2015 in the Bendo Puskesmas District Magetan. In this study, the results of 52.3% of mothers have good knowledge, of which 49.2% of them have complete immunization status. Meanwhile, there are 30.8% of infants with incomplete immunization status with poor maternal knowledge. The Research results in line with the research Puspita (2018) stating that the lower the knowledge of mothers, the more contributing to the incompleteness of immunization. Poor knowledge about immunization also relates to the role of mother in completing her baby immunization. The research of Dewi, DKK (2013) states that mothers with low

knowledge are less likely to provide a complete basic immunization than a high-level mother (goddess, 2013).

Conclusion

Based on statistical tests concluded that:

1. Characteristics of the age of majority respondent 25-35 years, which is 19 respondents(47.5%), the majority of respondents do not work is 24 respondents (60%), and the majority of SMP-educated respondents are 23 respondents (57.5%).
2. Distribution based on completeness of basic immunization i.e. the majority of infants do not get a complete basic immunization of 23 respondents (57.5%).
3. Distribution of the knowledge of mothers about the complete and comprehensive majority of the less knowledgeable of 22 respondents (60%).
4. There is a relationship of maternal knowledge about immunization with the introduction of basic immunization in infants at the care center of Kutambaru Southeast Aceh in 2019.

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CASE STUDY OF GERONTIC NURSING CARE IN FAMILY Ny M WITH HIPERTENS IN THE KWALA BEKALA VILLAGE MEDAN JOHOR SUB-DISTRICT, MEDAN CITY

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ABSTRACT

Aim/Objective: health development is an effort to fulfill one of the basic rights of the community, namely the right to obtain health services in accordance with the 1945 Constitution Article 29 H paragraph 1 and Law Number 23 of 1992 concerning health. This study aims to determine the general picture of a Case Study of Mrs. M. with hypertension in the kwala Bekala village, Medan Johor sub-district Medan city The research method used is the case study method is a study that explores a nursing problem in detail, has in-depth data collection and includes various sources of information. The results of the study after an assessment of Mrs. M. found that the lack of knowledge of hypertension and lack of information about one of the diseases that always occur in the elderly. After the Family Gerontik Nursing Care Actions were taken, Ms. M. could understand the importance of how to overcome hypertension problems by using herbal medicines or visiting community service centers that were available, Health Education became an important factor in the application of Gerontik Nursing Care for Ms. M.'s family.

Key words: Family Nursing, Gerontik, Hypertension

INTRODUCTION

Health development is an effort to fulfill one of the basic rights of the community, namely the right to obtain health services in accordance with the 1945 Constitution Article 29 H paragraph 1 and Law Number 23 of 1992 concerning health. Health development must be viewed as an investment to improve the quality of human resources which, among others, are a major component for education and the economy and health which also has a role in poverty reduction (Santosa, 2011 in Nurhikmah 2016).

Hypertension is a condition where systemic pressure is above 140 mmHg and diastolic pressure is above 90 mmHg (Brunner & Suddarth (2005) in Wijaya & Putri (2013).

Hypertension is also one degenerative diseases that occur a lot and have a fairly high mortality rate and affect one's quality of life and productivity. Hypertension can be classified as primary hypertension or essential hypertension which is 95% of all

patients with hypertension and secondary hypertension (Yolanda 2017).

Sugiharto (2007) in Masriadi (2016), argues that secondary hypertension is hypertension whose causes can be identified, often associated with several diseases such as kidney, coronary heart disease and diabetes, central nervous system disorders.

Meanwhile, according to Brunner & Suddart, (2015), the causes of primary hypertension are emotional disturbances, obesity, excessive alcohol consumption, coffee, drugs, heredity. Generally new symptoms are seen after complications occur. Complications that occur when high blood pressure is not treated and treated, then in the long run will cause damage to the arteries in the body until the organs that get blood supply from these arteries. Complications of hypertension can occur in heart, brain, kidney and eye organs, which can lead to heart failure, risk of stroke, kidney damage and blindness (Yolanda, 2017).

High blood pressure or hypertension kills 9.4 million people worldwide every year. World Health Organization (WHO) Figures estimate, the number of people with hypertension will continue to increase along with an increasing population. In the next 2025, it is projected that around 29% of the world population will be affected by hypertension. The highest percentage of hypertension sufferers is currently found in developing countries. Global Status Report on Noncommunicable Diseases 2010 data from WHO said that 40% of developing economies have hypertension, while developed countries only 35%. Africa holds the top position of hypertension sufferers as much as 46%. While the American region occupies a distended position with 35%. For the Asian region, this disease has killed 1.5 million people each year.

Theory Study on gerontik nursing care
The assessment process is characterized by continuous information gathering and professional decisions that contain meaning to the information collected. Family data collection comes from a variety of sources: interviews, observations of family homes and facilities, experiences reported by family members.

Understanding gerontik or elderly
Gerontik is the study of aging processes that occur in humans at the age of 60 years (Sofia, 2014). Diana is someone who has reached the age of 60 years and over. Aging is not a disease, but it is a process that gradually results in cumulative changes, it is a process of decreasing endurance in dealing with stimulation from within and outside the body. Many among the elderly are still productive and able to play an active role in social, national and state life. Efforts to improve social welfare of the elderly are essentially the preservation of national religious and cultural values (Siti Nur Khalifah, 2016).

Limitation of the elderly

- a. WHO (1999) explains the limits of the elderly as follows:
 1. Elderly (elderly) between the ages of 60-74 years.
 2. Old age: 75-90 years.
 3. Very old age is > 90 years.
- b. The Indonesian Ministry of Health (2005) explains that the boundaries of the elderly are divided into three categories, namely:
 1. Presenilis advanced age is between the ages of 45-59 years
 2. Old age is 60 years and above.
 3. Elderly at risk, namely the age of 70 years and over or age 60 years and over with health problems

MATERIALS AND METHODS

Hypertension can be defined as persistent blood pressure where the systolic pressure is above 140 mmHg and diastolic pressure above 90 mmHg. Hypertension is a major cause of heart failure, referred to as "the silent killer" because people with hypertension often do not show symptoms (Brunner & Suddart, 2015).

Meanwhile according to Sheps (2005) in Masriadi (2016), hypertension is a disease with signs of systolic and diastolic blood pressure disorders that rise above normal blood. Systolic blood pressure is the peak pressure that is reached when the heart contracts and pumps blood out through the arteries. Diastolic blood pressure is taken when the heart drops to the lowest pressure when the heart relaxes and fills the blood again (Yolanda, 2017).

Hypertension is a condition where a person experiences an increase in blood above normal as indicated by the systolic number (upper part) and diastolic number (lower part) in blood pressure examination using a blood pressure measuring device in the form of mercury cuff (Sphygomanometer) or other digital devices (Irwan, 2016).

Research methods

Case study research is a study that explores a nursing problem with detailed, has deep data retrieval and includes various sources of information. Case study research is limited by time and place, and cases studied are events, activities or individuals.

The method in preparing this case study is descriptive which is a form of case study in implementing nursing care in a case using the nursing process approach and describes nursing care actions given to families with elderly hypertension starting from assessment, nursing diagnosis, intervention, implementation and evaluation (Nursalam, 2015).

RESULT

Assessment

Ny.M said that she often consumed excessive salt, consumed salted fish and never followed hypertension gymnastics and exercising, and stated that the causes of hypertension were in accordance with (Brunner & Suddart, 2015) namely emotional disturbances, obesity, excessive alcohol consumption, coffee, medication, heredity, renal artery narrowing, renal parenchymal disease, various drugs, organ dysfunction, tumors and pregnancy. Another case according to (Black & Hawks, 2014) risk factors for hypertension that cannot be changed are family history, age, gender and ethnicity. While the risk factors that cannot be changed are diabetes mellitus, stress, obesity, nutrition (consuming excessive salt) and drug abuse.

Diagnosis

The first diagnosis is that there is a gap between the theories which the theory states Nonpharmacological countermeasures of hypertension according to (Brunner & Suddart, 2015) namely by reducing weight, limiting alcohol, sodium and tobacco, exercise and relaxation are mandatory interventions that must be performed on every anti-hypertension. (Ridnamirudin, (2007) in Wijaya & Putri, (2013) also said that nonpharmacological countermeasures

consist of various ways of lifestyle modification to reduce hypertension.

The second diagnosis is Acute Pain b / d family's inability to care for a sick family this data is supported by Ny.M says the head feels pain, dizziness, pain in the neck and feels heavy, pain scale 5-6, Ny.M says pain disappear arises. While the objective data that supports are: TD: 160/90 mmHg, pulse 88 x / minute, Mrs. M. looks grimaced.

The third diagnosis is in accordance with the theory that obesity, emotional disorders. Excessive alcohol consumption, coffee drugs and heredity, reducing sodium intake, new symptoms appear after complications occur. Complications that occur if high blood pressure is not treated and overcome, then in the long run will cause damage to the arteries in the body until the organs that get blood supply from these arteries. Complications of hypertension can occur in heart, brain, kidney and eye organs, which can lead to heart failure, risk of stroke, kidney damage and blindness. (Brunner & Suddart, 2015).

Nursing Interventions

Family nursing interventions are made based on assessment, nursing diagnosis, family statements, and family planning, by formulating goals, identifying alternative intervention strategies and sources, and determining priorities, interventions are not routine, random, or standard, but it is designed for certain families with whom the family nurse is working (Friedman, 2010).

Next treat family members by demonstrating relaxation techniques (deep breathing). Furthermore, counseling and motivating families to be able to modify a comfortable environment and Utilize health services to overcome the problem of hypertension. Third diagnostic intervention High risk of complications occurring b / d family inability to care for sick families In accordance with the task of the first family care namely recognize the problem by reviewing family knowledge about the aftermath of hypertension, and discussing

the aftermath of hypertension. Next take a decision by discussing the actions that must be taken if there are problems in the family. Furthermore, caring for family members by demonstrating traditional medicine (grated cucumber juice). Furthermore, counseling and motivating to be able to modify a comfortable environment and Utilize health services to overcome the problem of hypertension

Nursing implementation

The implementation of the first diagnosis is in accordance with the theory according to Ridwanamiridin (2007) in Wijaya & Putri (2013) where in the management of non-pharmacology consists of various ways of lifestyle modification which is very important in preventing the increase in high blood pressure, which is a diet containing climates and calcium, reducing sodium intake, reducing stress, avoiding smoking. Supported by Situmorang research (2015).

Implementation of the second diagnosis of Acute Pain b / d family's inability to care for families who are aware of Ny.M recognizing the problem is done by assessing family knowledge about pain and discussing the causes of pain felt, then deciding the actions to be done, subsequent implementation further demonstrating relaxation techniques (deep breaths). Followed by modifying a comfortable environment and utilizing health services.

Implementation of the third diagnosis High risk of complications arising from the inability of the family in caring for a sick family. In Mrs. recognizing the problem is done by reviewing family knowledge about the continued consequences of hypertension and discussing the further consequences of hypertension, then deciding the actions to be taken, subsequent implementation demonstration of traditional medicine for grated cucumber juice. Followed by modifying a comfortable environment and utilizing health services. Implementation of the third diagnosis is in accordance with the theory where the purpose of each treatment

program for each patient is prevent occurrence morbidity and Accompaniment mortality by achieving and maintaining blood pressure below 140/90 mmHg. The effectiveness of each program is determined by the degree of hypertension, complications, cost of care and quality of life in relation to therapy (Brunner & Suddart, 2015).

Nursing Evaluation

Family nursing evaluation is a processto assess the success of the family in carrying out their health duties so as to have high productivity in developing each family member. As the fifth component in the nursing process, evaluation is the stage that determines whether the goals set will determine the ease or difficulty of carrying out the evaluation (Sugiharto, 2012).

CONCLUSION

After the authors do Nursing Care directly to Mrs. M with Hypertension In the kwala Bekala village, Medan Johor sub-district Medan city, several conclusions can be drawn as follows; after an assessment of Mrs. M. was obtained that the lack of knowledge of hypertension and the lack of information about one of the diseases that always occur in the elderly, after taking action to care for the family Gerontik Nursing Mrs. M. can understand the importance of how to overcome the problem of hypertension by using herbal medicines or visiting an available community service center, Healt Education is an important factor in the application of Gerontik Nursing Care for the Family of Mrs.M

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THE IMPORTANCE OF RAISING INDIVIDUAL AWARENESS TO IMPROVE REPRODUCTIVE HEALTH AS AN EMERGENCY MANAGEMENT OF CORONA VIRUS (COVID 19)

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ABSTRACT

This article will discuss about individual awareness in the 2019 Corona Virus Disease pandemic (Covid-19), namely the formation of individual awareness as citizens. In addition, this article also discusses the reproductive health of citizens in the management of Corona Virus Disease 2019. The key concept in raising individual awareness during the covid 19 pandemic is Mindfulness. In its implementation, mindfulness is believed to be one of the ideal meditation efforts and attains the right attitude for you during the Covid-19 pandemic. Data is obtained using three research tools, namely; live and online interviews, observations and analyzes obtained from news searches on television, online media and social media (documentation) to explore more deeply the phenomena that occur. Online interviews are conducted through social media; Whatsapp, Instragram, and Facebook for several residents who have different occupational, educational and residential backgrounds. Direct observations on the environment of community members during the pandemic were also carried out. The results of the study, showed that Mindfulness. in the emergency period Covid-19 encouraged the formation of a shared awareness and obedience of Indonesian citizens to the appeal of the country. Community observance is driven by; the choice to obey because of the threat of a pandemic, the strengthening of social solidarity and human values, togetherness in the community at the RT and RW levels, in addition to the rule of law that contains sanctions. In addition, this study found the importance of raising awareness among citizens to adhere to the health protocol in facing the spread of Covid-19 through social capital in the form of social nets within the community

Keywords: pandemic, Covid-19, mindfulness, reproductive health

Introduction

The Indonesian nation is struggling with the spread of corona virus disease 2019 (Covid-19). This global pandemic occurred and spread throughout the world in various countries, causing the Indonesian government to adopt Covid-19's emergency policy. Although it was rather late, various efforts were made in dealing with various problems that occurred during the emergency.

Covid-19 Emergency is determined based on Presidential Decree (Keppres) No. 11 of 2020 concerning the Implementation of Public Health Emergency, considering that the number of deaths due to Covid-19 has increased and spread across regions and impacted on political, economic,

community welfare, social, cultural, and defense and security. This stipulated Presidential Decree pays attention to the contents of Law Number 6 Year 2018 regarding Health Quarantine. The 1945 Constitution, Article 12 and Article 22, has provided a basis if a situation of danger and compulsion arises. The 1945 Constitution of the Republic of Indonesia, protecting all citizens and bloodshed of Indonesia, and the government is obliged to guarantee the safety of its citizens.

Specifically, to describe what is meant by coercive urgency, the Constitutional Court ruled that there are three categories of coercive urgency in the Constitutional Court Decision No. 38 / PUU-VII / 2009, namely; (1) there are conditions, conditions where

an urgent need to resolve legal issues quickly based on the law, (2) if there is a legal vacuum, when the required law does not exist, or if there is but the rule is inadequate, (3) if The legal vacuum cannot be overcome by making laws due to the urgent time.

Based on these rules, an emergency is a disaster emergency Those considered threatening and disrupting people's lives are caused by nature, non-nature which is dangerous, resulting in casualties, damage, and psychological impacts (Elnizar, 2020). The coercive urgency that is the basis for determining health emergencies and various anticipations that have been made, but can not control the situation. The Covid Pandemic on April 13, 2020 was designated a National Disaster, with the Non-Natural Disaster Determination of the Corruption Virus Disease 2019 (Covid-19) taking into account the contents of Law No. 24 of 2007 concerning Disaster Management.

Facing a pandemic caused by the spread of Covid-19, government alacrity is needed as well as public awareness and obedience to all elements. In the beginning, the government was less prepared to educate the public. Government elites, through their comments in the media, do not try to provide sufficient knowledge to the public, even if they do not consider the distribution of Covid-19 to be dangerous. Even the impression shown to the public seems to be indifferent to the problems to be faced, for example the statement of the Minister of Health (in m.detik.com (02 Meret 2020); Suara.com (4 March 2020); m.liputan6.com (10 March 2020), It seems that the government has not prepared enough to anticipate the safety of its citizens, however, the determination of the national health emergency status was carried out and finally the government inevitably had to be ready to fight the spread of the virus, and the state in an emergency, fear and social panic increased.

In the current context, awareness as part of a mutually supporting society, awareness as citizens is needed as a sense of

awareness that arises from the hearts and minds of people to behave and take action. Awareness of their rights and obligations as citizens so that a sense of responsibility as a citizen emerges. Building citizen awareness is really not easy, influenced by many things. Especially in the past decade, the Indonesian nation was confronted with many things that often divide people into opposing interest groups. The Covid-19 disaster should have been the driving force for each group to place conflicts between various parties that had been occurring between community groups, and the community and the government.

The public is called upon to help government efforts to stop the spread of Covid-19 silently at home, and each individual implements a preventative protocol. In subsequent developments, the reality is that the number of positive sufferers of Covid 19 is increasing every day (data from April 1 to May 5, 2020 is seen in <http://Covid-19.go.id>). This was allegedly due to the lack of law-abiding culture in the community which could extend the period of handling the pandemic. In fact, disobedience that can be seen from undisciplined, can lead to other regulations that are more pressing and have a more difficult impact on this society itself. Until the beginning of May 2020, 3 (three) provinces have established a PSBB (Large-scale Social Limitation) policy which had previously been regulated in Government Regulation No. 21 of 2020 at the end of March 2020.

This research also discusses the implementation of covid 19 management with individual awareness namely Mindfulness and will simultaneously improve reproductive health in the community where the covid pandemic 19 and is expected to reduce mortality due to covid 19.

Method

This study uses a qualitative method with an exploratory approach. Data is accessed using three research tools, namely;

online interviews, observations, and analysis obtained from news searches on television, online media, and social media (documentation).

Result and Discussion

Basic Concepts of Mindfulness and Their Implementation in the Field

Mindfulness is believed to be an ideal meditation effort and attains the right attitude for us during the Covid-19 pandemic.

According to Meidy Marsella L. Panglewai, a psychologist from the Faculty of Psychology, Atma Jaya University Makassar in the journal Scientific Psychology Consortium, said that Covid-19 since it first appeared in Indonesia has indeed created impulsive community actions, for example panic buying or stockpiling important material stocks.

Meidy assessed that these forms of behavior arose because of the people's confusion in responding to new and threatening things. It can be said that the COVID-19 virus has caused mass stress.

When humans experience stress, there are two primitive responses in dealing with it, the response is "fight-or-flight," The concept developed by Cannon in 1932 meant that a "fight-or-flight" response was a condition in which an individual instinctively would take a series of aggressive actions to protect himself (fight) or withdraw or be apathetic to avoid situations that were considered dangerous (flight).

Meidy assessed that aggressive responses and efforts to be calm were both not to blame, because they were a set of natural responses that existed in humans. However, in the Covid-19 case there were some individuals who responded inappropriately because of concerns. Meidy asserted, the impact of actions without proper thought will lead to psychological symptoms, such as excessive anxiety, easy to receive wrong information without being digested, and others. Thus, one effort that

can be done to overcome stress is through mindfulness.

Mindfulness is an individual condition that has full awareness of the things that happen around him. Individuals who are in a mindful condition become more aware, sensitive, able to balance themselves, and able to position themselves to the situation that is happening.

Mindfulness acts as an individual psychological effort to correct confusion in the thoughts and feelings of worry that are being experienced.

Mindful individuals will be able to take rational actions, be able to analyze situations clearly, and have a more open mind. Individuals are also able to be fully aware of the context and situations that occur around them.

The advantage of having mindfulness is that individuals will tend to have lower stress levels. So that it can reduce anxiety and anxiety that is too excessive which can actually worsen physical condition or endurance.

steps that can be taken to achieve mindfulness in the midst of the current situation:

1. Look for a quiet place to do focused meditation.

Focused meditation is done in a comfortable sitting position while focusing on something, for example to relax stiff muscles and relieve stress, then calm yourself by closing your eyes then slowing down the breath while imagining stiff muscles becoming relaxed. It can also be done with your eyes open while looking at certain objects that provide a sense of comfort while giving positive suggestions to yourself.

2. Wash your hands mindfully.

You need to do the process of washing your hands slowly, starting from opening the water tap, scrubbing soap, and rinsing it. Feel and enjoy the sensation in the hand while giving positive suggestions to yourself that the body will stay healthy and the viruses will disappear after washing hands.

3. Enjoy the food mindfully.

Prepare food that is good for the body dannikmati slowly. See the shape, inhale the aroma of the food, feel the texture, then imagine that the body is grateful for the nutritious intake that has been given. Don't forget, convince yourself that the body will be healthy.

4. Calm down when you panic.

When the body feels the symptoms of panic the first thing to do is calm yourself in accordance with the manner and comfort of each individual. For example, the way to do this is by hugging yourself, taking a deep breath, rubbing your arms gently, and so on.

5. Give a positive suggestion

Talk to yourself to give positive suggestions. In this way the individual will always be aware of the thoughts and feelings that he is experiencing so that he can analyze the situation appropriately. This method can also increase self-respect.

Basic Concepts of Reproductive Health and Their Implementation in Covid Pandemic 19

Reproductive health according to the World Health Organization (WHO) is physical, mental and social well-being as a whole and not only the absence of disease or weakness, in all matters relating to the reproductive system and its functions and processes (Harahap, 2003).

In the era of globalization and modernization, there have been changes and progress in all aspects in dealing with the development of the environment, health and hygiene, where people are required to always maintain physical and organ hygiene or organs. One of the organs of the body that is important and sensitive and requires special care is a reproductive tool. Good knowledge and care is a determining factor in maintaining reproductive health. If the reproductive organs are not kept clean it will cause infection, which can eventually lead to disease (Harahap, 2003).

Coronavirus is a single positive, encapsulated and non-strained RNA virus

segmented. Coronavirus belongs to the order Nidovirales, Coronaviridae family. The structure of the coronavirus forms a cube-like structure with the S protein located at the surface of the virus. S protein or spike protein is an antigen protein main virus and is the main structure for writing genes. This S protein plays a role in the attachment and entry of viruses into host cells (protein interactions S with its receptor in the host cell) (Wang, 2020).

Coronavirus is heat sensitive and can effectively activated by disinfectants containing chlorine, lipid solvents with a temperature of 56 °C for 30 minutes, ether, alcohol, perioxyetic acid, non-ionic detergent, formalin, oxidizing agent and chloroform. Chlorhexidine is not effective in deactivating the virus (Wang, 2020; Korsman, 2012).

Early symptoms of Corona virus infection or COVID-19 can resemble flu symptoms, namely fever, runny nose, dry cough, sore throat, and headache. After that, the symptoms can disappear and heal or even aggravate. Patients with severe symptoms can experience high fever, cough with phlegm and even bleeding, shortness of breath, and chest pain. These symptoms appear when the body reacts against the Corona virus. In general, there are 3 general symptoms that can indicate a person is infected with the Corona virus, namely: Fever (body temperature above 38 degrees Celsius) Coughing, Shortness of breath.

The symptoms of COVID-19 generally appear within 2 days to 2 weeks after the patient is exposed to the Corona virus.

Fever is the most common symptom, although some older people and those who have other health problems experience a fever later in life. In one study, 44% of people had a fever when they came to the hospital, while 89% had a fever at some point during their stay in the hospital.

Corona virus infection or COVID-19 can not be treated, but there are several steps that doctors can take to reduce

symptoms and prevent the spread of the virus, namely:

1. Referring patients with severe COVID-19 to undergo treatment and caratina in a referral hospital
2. Provide a fever and pain reliever that is safe and in accordance with the patient's condition
3. Encourage sufferers of COVID-19 to do independent isolation and adequate rest
4. Encourage sufferers of COVID-19 to drink lots of water to maintain body fluid levels

In severe cases, Corona virus infection can cause the following complications:

Pneumonia (lung infection) Secondary infection in other organs Renal failure, Acute cardiac injury Acute respiratory distress syndrome Death.

In some people, this disease can develop into pneumonia, multi-organ failure, and death. Neurological manifestations including seizures, strokes, encephalitis, and Guillain-Barré syndrome. Complications related to cardiovascular may include heart failure, irregular electrical activity, blood clots, and inflammation of the heart.

In some people, COVID-19 can affect the lungs that cause pneumonia. In those most severely affected, COVID-19 can quickly develop into an acute respiratory distress syndrome (ARDS) that causes respiratory failure, septic shock, or multi-organ failure.

Complications related to COVID-19 including sepsis, abnormal clotting, and damage to the heart, kidneys, and liver. Clotting abnormalities, specifically an increase in prothrombin time, have been explained in 6% of those who are hospitalized with COVID-19, while abnormal kidney function is seen in 4% of this group. About 20-30% of people who present with COVID-19 show an increase in liver enzymes(transaminase). Liver injury as indicated by a blood marker of liver damage is often seen in severe cases. Until now, there is no vaccine to prevent Corona

virus infection or COVID-19. Therefore, the best way to prevent it is to avoid the factors that can cause you to be infected with this virus, namely:

1. Apply physical distancing, which is to maintain a minimum distance of 1 meter from other people, and do not leave the house unless there is an urgent need.
2. Use a mask when on the move in public places or crowds, including when going grocery shopping.
3. Routinely wash your hands with water and soap or hand sanitizer containing at least 60% alcohol, especially after doing activities outside the home or in public places.
4. Don't touch your eyes, mouth, and nose before washing your hands. Increase endurance with a healthy lifestyle.
5. Avoid contact with sufferers of COVID-19, people suspected of being positively infected by the Corona virus, or people who are sick with a fever, cough, or runny nose.
6. Cover your mouth and nose with tissue when coughing or sneezing, then throw the tissue in the trash.
7. Keep clean objects that are often touched and environmental cleanliness, including cleaning the house.

Conclusion

COVID-19 is a virus that damages the respiratory system and can cause several complications due to infection until death.

Don't feel too depressed and overburdened during this pandemic outbreak, because what is needed is a strong immune system or metabolism and can increase immunity by exercising and eating healthy foods.

Apply how to prevent the spread of COVID-19 in everyday life.

And also the concept of Mindfulness is the condition of individuals who have full awareness of the things that happen around them. Individuals who are in a mindful condition become more aware, sensitive, able to balance themselves, and able to

position themselves to the situation that is happening.

The concept of Mindfulness goes hand in hand with reproductive health during the Covid 19 pandemic, and it is endeavored to be able to carry out all procedures to avoid covid 19 by avoiding direct contact with others, and try not to leave the house except at the crucial moment. meeting with people who are sick, avoid sharing the use of eating and drinking utensils, toiletries, and sleeping equipment with others, wear masks and gloves when in a public place or are with other people, use tissue to cover mouth and nose if you cough or sneeze, then immediately throw the tissue in the trash.

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THE RELATIONSHIP OF BREASTFEEDING TECHNIQUE WITH THE OCCURRENCE OF BLISTERS ON NIPPLES MILK IN BREASTFEEDING MOTHERS IN THE WORK AREA OF THE GLUGUR DARAT HEALTH CENTER IN EAST MEDAN DISTRICT 2019

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Abstract

Chafed nipples are pain in the nipples, cracking when breastfeeding is caused by improper breastfeeding or breast care. Common breastfeeding problems include engorgement, nipple abnormalities, cracked nipples, obstructive duct, breast inflammation (mastitis) and breast abscess. World Health Organization (WHO) estimates mastitis in breastfeeding mothers is around 2.6% - 33% and the global prevalence is around 10%. breastfeeding women. The aim of the study: to determine the relationship between breastfeeding techniques and the incidence of nipple blisters in the work area of the Medan Glugur Ground Health Center in 2019. Design: cross-sectional with total sampling, where the population in this study was 118 people, data collection checklist and questionnaires which were then processed Editing, Coding Scoring, Tabulating and using the Chi Square Test. Results: Of the 54 respondents, there were 34 (63%) respondents who had the correct breastfeeding technique and 20 (37%) respondents had the wrong breastfeeding technique, while 37 (68.5%) had blistered nipples and those who did not experience blistered nipples. 17 (31.5%), so that it was found that there was a correlation between incorrect breastfeeding techniques and the incidence of blistered nipples in nursing mothers $p = (0,000) \alpha < 0.05$. The conclusion of the study: that there is a relationship between breastfeeding techniques and the incidence of nipple blisters in breastfeeding mothers in the working area of the Glugur Public Health Center. The suggestion in this research is that it is hoped that health workers can improve health services and counseling on correct breastfeeding techniques for breastfeeding mothers.

Keywords: Breastfeeding Techniques, Nipples Blisters

Preliminary

Breastfeeding problems generally occur in the first two weeks of the puerperium, so during this period the supervision and attention of health workers is needed so that breastfeeding problems can be resolved immediately and not become difficult and interfere with breastfeeding. Common breastfeeding problems include engorgement, nipple abnormalities, nipple pain (sore nipple), cracked nipple, obstructive duct, breast inflammation (mastitis) and breast abscess (Djamhoer, 2016). Breastfeeding technique is one of the factors that affect milk production where if the breastfeeding technique is not correct, it can cause nipple blisters and make the mother reluctant to

breastfeed so that the baby rarely breastfeeds. Reluctance to breastfeed will result in unfavorable consequences, because the baby's suction is very influential in stimulating further milk production. However, mothers occasionally do not get information about the benefits of breastfeeding and about correct breastfeeding (Lodan, 2015). According to the World Health Organization (WHO) estimates mastitis in breastfeeding mothers is around 2.6% - 33% and the global prevalence is around 10%. breastfeeding women. Based on research (Hasanah, 2017), in Indonesia, 22.5% had blistered nipples, 42% of mothers had breast milk dams, 18% of mothers had blocked milk, 11% had mastitis, and 6.5% of mothers had breast

abscesses. caused by the mother's mistake in breastfeeding her baby. In the research of Risneni (2015) states that the results of mothers who breastfeed their babies with wrong breastfeeding techniques and experience the incidence of blisters on the nipples as many as 24 people or (68.6%) The results of the statistical test can be concluded that there is a significant relationship between breastfeeding techniques. with the occurrence of nipple blisters in postpartum mothers. The preliminary survey at Puskesmas Glugur Darat on May 16, 2019, obtained the results of 15 mothers who breastfed and those who experienced blistered nipples with an initial survey of 8 people by observing mothers breastfeeding babies and seeing the condition of the mother's nipples. Among them are mothers who experience peeling, red, and scaly nipples.

Care during the postpartum period needs attention because around 60% of the Maternal Mortality Rate (MMR) occurs during this period. Midwives have a very important role in providing midwifery care for postpartum and breastfeeding mothers (Maritalia, 2012).

Method

The research design used in this study was cross sectional. Cross Sectional Research is a research design by measuring

or observing at the same time between factors (Notoadmodjo, 2012), which aims to determine the relationship of Breastfeeding Technique with the Occurrence of Blisters on Nipples Milk in Breastfeeding Mothers. The subjects of this study were breastfeeding mothers from May-July 2019 in the work area of the Glugur Darat Public Health Center in Medan. The sample technique used in this research is purposive sampling. The number of respondents or the sample in this study with the Solvin formula, namely: $n = \frac{N \cdot e}{1 + N(e)}$

$$n = \frac{N \cdot e}{1 + N(e)}$$

Information:

n = sample size / number of respondents

N = Population size

E = tolerable percentage of allowance for accuracy of sampling error; e = 0,

So the sample in this study was 54 people. Data collection was carried out by researchers directly using primary data, namely a questionnaire to determine the mother's knowledge of various factors such as education, parity, occupation and socio-culture which contained several questions about the correct breastfeeding technique, the characteristics of blistered nipples. and checklists, that is, by observing the techniques used by mothers in breastfeeding their babies. The data obtained will be analyzed using the Chi Square test with the SPSS program.

Result

Table 4.1. Frequency distribution based on the characteristics of respondents in the Work Area of the Medan Glugur Darat Health Center in 2019

No	Characteristics	Measurement results	Frequenci	Percentage (%)
1	Age	a. < 20 Years	16	29,6
		b. 20-35 Years	23	42,6
		c. > 35 Years	15	27,8
		Total	54	100
2	Parity	a. Primipara	22	40,7
		b. Multipara	22	40,7
		c. Grandepara	10	18,5
		Total	54	100
3	Work	a. IRT	20	37
		b. Farmers	3	5,6
		c. Private employees	19	35,2
		d. PNS	12	22,2
		Total	54	100

From table 4.1 it can be seen that The majority of respondents were aged 20-35 years as many as 23 respondents (42.6%), at > 35 years old were 15 respondents (27.8%), and aged <20 years were 16 respondents (29.6%), the majority of respondents Parity is Primipara as many as 22 respondents (40.7%), for Multipara as many as 22 respondents (40.7%), for Grandepara as many as 10 respondents (18.5%). The majority of respondents whose jobs are IRT as many as 20 respondents (37%), for private employees as many as 19 respondents (35.2%), civil servants as many as 12 respondents (22.2%), farmers as many as 3 respondents (5.6%).

Table 4.2 Characteristics of Breastfeeding Technique Variables in the Work Area of the Medan Glugur Darat Health Center in 2019

No	Breastfeeding Technique	Frequenci	Percentage (%)
1	True	34	63
2	False	20	37
Total		54	100

From table 4.2 it can be seen that 34 respondents (63%) did the correct breastfeeding technique and 20 respondents (37%) did the wrong breastfeeding technique.

Table 4.3 Characteristics of Variable Nipple Blisters in the Work Area of the Medan Glugur Darat Health Center in 2019

No	Nipple Blisters	Frequenci	Percentage (%)
1	Blisters	37	68,5
2	Not Blisters	17	31,5
Total		54	100

From the table 4.3 it can be seen that There were 37 respondents (68.5%) who experienced blisters (68.5%) and 17 respondents (31.5%) who did not experience blisters.

Table 4.4 The Relationship Between Breastfeeding Techniques and the Incidence of Blisters in the Work Area of the Medan Glugur Darat Community Health Center in 2019

No	Breastfeeding Techniques	Blisters nipples				Total	
		Blisters	%	Not Blisters	%	F	Percentag e
1	True	17	31,5	17	31,5	34	63
2	False	20	37	0	0	20	37
Total						54	100

From the table 4.4 it can be seen that 20 (37%) respondents with wrong breastfeeding techniques who experienced blistered nipples, 0 respondents with wrong breastfeeding techniques, 17 (31.5%) 17 (31.5%) respondents, the correct breastfeeding technique that did not experience sore nipples. This study was supported by the chi square test with p value

(0,000). If the p value $\alpha < 0.05$ then H_a is accepted where there is a relationship between incorrect breastfeeding techniques and the incidence of blistered nipples.

Discussion

Providing information about breastfeeding techniques to mothers will increase knowledge about correct

breastfeeding techniques, because knowledge plays a very important role so that breastfeeding mothers can anticipate the occurrence of blistered nipples. The results of this study are in accordance with the opinion of the research journal Ulfa Farah, (2017) that in order for the breastfeeding process to run smoothly, a mother must have breastfeeding skills so that milk can flow from the mother's breast to the baby effectively. Good breastfeeding skills include position, breastfeeding and attachment of the baby to the right breast. From the table 4.4 it can be seen that 20 (37%) respondents with wrong breastfeeding techniques who experienced blistered nipples, 0 respondents with wrong breastfeeding techniques, 17 (31.5%) 17 (31.5%) respondents, the correct breastfeeding technique that did not experience sore nipples. This study was supported by the chi square test with p value (0,000). If the p value $\alpha < 0.05$, Supported by Research Results (Lodan, 2015) Breastfeeding technique is one of the factors that affect milk production where if the breastfeeding technique is not correct, it can cause the nipple to become chafed and make the mother reluctant to breastfeed so that the baby rarely breastfeeds. Reluctance to breastfeed will result in unfavorable consequences, because the baby's suction is very influential in stimulating further milk production. However, occasionally mothers do not get information about the benefits of breastfeeding and about correct breastfeeding.

The results of this study are in accordance with Risneni's research (2015) which states that the results of mothers who breastfeed their babies with wrong breastfeeding techniques and experience abrasions on the nipples as many as 24 people or (68.6%). The results of the statistical test can be concluded that there is a relationship. There is a significant difference between breastfeeding technique and the occurrence of nipple blisters in postpartum mothers. The theory put forward by Sutanto (2010) in his book entitled

Textbook of Midwifery Care for Nursing Mothers, the main cause of blisters in breastfeeding mothers is the improper attachment position. With these results it is necessary to make efforts to improve the implementation of good breastfeeding techniques, namely by providing health education or counseling conducted by researchers and health workers, especially about correct breastfeeding techniques, so that respondents can make efforts to be able to implement good and correct breastfeeding techniques.

Conclusion

From the results of the research on the Relationship between Breastfeeding Technique and the Incidence of Blisters in Breastfeeding Mothers in the Work Area of the Glugur Darat Public Health Center in Medan in 2019, conclusions can be drawn:

1. Breastfeeding mothers in the working area of Puskesmas Glugur Darat Medan had 34 (63%) correct breastfeeding techniques, compared to 20 (37%) mothers who breastfed incorrectly.
2. Breastfeeding mothers in the working area of the Puskesmas Glugur Darat Medan had 37 more breastfeeding nipples (68.5%), compared to those who were not 17 (31.5%).
3. There is a relationship between breastfeeding techniques and the incidence of blistered nipples in breastfeeding mothers in the working area of the Puskesmas Glugur Darat Medan, where the p value (0.000) is $\alpha < 0.05$.

It is hoped that health workers can provide counseling or counseling in order to increase knowledge of breastfeeding mothers about correct breastfeeding techniques so that they can increase knowledge in breastfeeding and breast care. From the results of this study, it is hoped that it can be an input for Puskesmas to provide education and health education to breastfeeding mothers about correct breastfeeding techniques. It is hoped that further researchers can continue this research with different variables.

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NURSING CARE FOR CLIENTS WITH BONE METABOLISM DISORDERS OSTEOPOROSIS

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ABSTRACT

Nurse's duty in treating osteoporosis patients to reduce the occurrence of a decrease in total bone mass. Osteoporosis is a disorder in which there is a decrease in total bone mass. There are changes in bone homeostasis normal, the speed of bone resorption is greater than the speed of bone formation, resulting in a decrease in total bone mass. Bones are progressively porous, fragile and easy broken; bones become easily fractured with stress that won't cause influence on normal bone. This disease does not raise a fatal state but raises a limitation in sufferers. Get knowledge about osteoporosis and treatment programs. Mention the relationship between calcium intake and exercise bone mass. Consuming dietary calcium in an amount Adequate Increase the level of exercise Use hormone therapy prescribed Undergo screening procedures as directed Getting pain relief. Experiencing pain relief when rest.

Keywords : Nurse intervention, Elderly, bone pain patient

INTRODUCTION

During this osteoporosis synonymous with parents, but the facts bone loss can affect anyone including at a young age. Recent research from the International Osteoporosis Foundation (IOF) revealed that 1 in 4 women in Indonesia with a range aged 50-80 years have a risk of osteoporosis. And also risks osteoporosis of women in Indonesia is 4 times higher than that of men.¹ This is indicated by the low calcium consumption of the average person Indonesia, which is only 254 mg per day.² Premenopause occurs 4–5 years before menopause, where climacteric complaints arise, but the hormone estrogen is still formed. When estrogen levels decrease, bleeding does not occur regularly.³ Premenopause, this period usually occurs for about 4-5 years, and starting before menopause itself, the first time feel symptoms of menopause such as hot flashes, night sweats, irregular periods. If a woman does not experience menstruation for one year with age under 50 years, then this is a sign of the end of premenopause and initially menopause.⁴ According to osteoporosis WHO is a disease characterized by a reduction in mass bone

and bone tissue microarchitecture abnormalities, with consequences increased bone fragility and the risk of bone fractures.

MATERIAL AND METHODS

Type of quantitative research, analytic design with cross approach sectional namely using primary data. Population from this study are women in the premenopausal period between the ages of 40-50 year. Osteoporosis is a condition where bones become porous, without changing the shape or structure of the outer bone, but the inner area the bones become hollow so they break easily. In fact the term osteoporosis has been known since ancient Greek, meaning osteo bone and porosis means a hole or a hollow bone. The cause of osteoporosis is a disturbance in metabolism bone. Under normal circumstances, bone cells, which are building cells (osteoblasts) and dismantling cells (osteoclasts) work in turn, mutually filling, balanced, so that the bones become whole. If osteoclasts work exceeds the work of osteoblasts, then bone density becomes less and finally porous. Bone metabolism can be disturbed by a variety conditions, i.e. reduced estrogen hormone, reduced intake calcium and

vitamin D, reduced mechanical stimulation (inactive) on bone, side effects of several types of drugs, drinking alcohol, smoking, and so on.¹

RESULTS

The results of this study will describe the frequency distribution of each respondent's characteristics in premenopausal women. Factors affecting bone reduction in elderly: O Mass Determinants Bone Genetic Factors Genetic differences have an influence on degrees bone density. Some people have enough bone the other big and small. For example, black people on generally have stronger bone structure / weight than pacia Caucasian people. Jacii someone who has strong bones (especially Black Americans), relatively immune to fractures due to osteoporosis. Mechanical factor Mechanical load affects the bone mass on the side geneti factor. Increasing weight will increase mass bone and reduced burden will result reduced bone mass. In other words you can mentioned that there is a direct and tangible relationship between muscle mass and bone mass. Both of these indicate a response to work mechanics Heavy mechanical loads will cause mass large muscles, and also large bone mass. As an example is a tennis player or pedicab pedicab, will be found hypertrophy both in the muscles and bones, especially in the arms or legs; conversely atrophy both in the muscles and his bones will be found in patients who have to rest on bed for a long time, poliomyelitis or on space flight. However not yet known exactly how much mechanical load is needed and Food and hormone factors In someone with growth hormone with nutrients enough (protein and minerals), bone growth will reach the maximum according to its genetic influence concerned. Excessive feeding (for example calcium) above the maximum requirement during the growing period, doubt that it can produce bone mass in excess the ability of the relevant bone growth accordingly with genetic capabilities. Non-invasive

examination that is; Examination analysis of the activation ofm neutrons aims to check total calcium and bone mass. Absorpsiometry examination Computer tomography (CT) examination Biopsy examination is invasive and useful for provide information about the state of osteoclasts, osteoblasts, trabecular thickness and quality of bone mineralize. Biopsy is done in the sternum or iliac crest. Laboratory tests are blood chemistry and chemical tests urine is usuall y examination is not helped a lot except for the examination of osteocalcin biomarkers examination is not helped a lot except for the examination of osteocalcin biomarkers (GIA protein bone mineralize. Biopsy is done in the sternum or iliac crest. Laboratory tests are blood chemistry and chemical tests urine is usually within normal limits. so that this

DISCUSSION

Health promotion, identification of individuals at risk osteoporosis and the discovery of problems associated with osteoporosis forms the basis for nursing assessment. Interviews include questions about the occurrence of osteoporosis in the family, previous fractures, daily consumption of calcium diet, training patterns, onset of menopause and the use of corticosteroids besides alcohol, cigarette and caffeine intake. Every intentionally experienced by patients, such as pain, constipation or image disturbances self must be dug up. Physical examination sometimes finds kyphosis fractures thoracic vertebrates or shortening of height. Problem mobility and breathing can occur due to changes in posture and muscle weakness. Constipation can occur due to inactivity.

Lack of knowledge about the osteoporosis process and programs therapy

Pain associated with muscle fractures and spasms Constipation related to immobilization or occurrence ileus (intestinal obstruction)

Risk of injury: fracture, which is associated with bone osteoporotic AIM general target patients can include

knowledge about osteoporosis and action programs, pain reduction, improvement emptying of the intestine and no additional fractures Understanding Osteoporosis and Action Programs. Teach the client about the influencing factors occurrence of osteoporosis. Advise an adequate diet or calcium supplement

Weigh regularly and modify lifestyle like Reducing caffeine, cigarettes and alcohol, this can help maintain bone mass.

Encourage Exercise physical activity which is the main key to grow high-density, resistant bones on the occurrence of osteoporosis.

Encourage the elderly to continue to need calcium, vitamin D, sunlight and adequate exercise to minimize the effects of osteoporosis.

Provide patient education regarding side effects of use drug. Because stomach pain and abdominal distension are effects the side that often occurs in calcium supplements, the patient You should take calcium supplements with food for reduce the occurrence of these side effects. In addition, intake adequate fluid can reduce the risk of stone formation kidney.

When prescribed HRT, patients must be taught about its importance periodic screening for breast and endometrial cancer. Relieves Pain.

1. Relief of back pain can be done by resting in bed on your back or side on a few days.

The mattress must be solid and not supple.

2. Knee flexion can increase comfort by relaxing muscle.

3. Intermittent heat compresses and back massage muscle relaxation.

4. The patient is asked to move the torso as one unit and avoid twisting movements.

5. Good posture is recommended and body mechanics must be taught. When the patient is helped get out of bed,

6. attach the lumbosacral corset to support and immobilize while, although similar devices sometimes feel uncomfortable and less tolerable by most elderly people.

When the patient can spend more time at outdoor beds need to be recommended for frequent bed rest reduce discomfort and reduce stress due to posture abnormal in weakened muscles.

Oral opioids may be needed for the first days after onset back pain. After a few days, non-analytic opioid can reduce pain. Improving intestinal emptying. Constipation is a matter related to immobility, treatment and the elderly.

CONCLUSION

Get knowledge about osteoporosis and programs handling it. State the relationship between calcium intake and exercise bone mass Consuming dietary calcium in an amount Sufficient O Increases the level of exercise Use prescribed hormone therapy Undergo screening procedures accordingly suggest, activity everyday life Indicates reduced pressure in the fracture site

Diligent in undergoing weight-loss surgery exercises (walks every day) Rest with lying down several times a day Participate in activities outside the home Creating a safe home environment Receive assistance and supervision as needed

Getting pain relief Experience pain relief when rest Experience minimal discomfort during activity everyday life Indicates reduced pressure in the fracture site Shows normal bowel emptying - Noisy active intestine Regular bowel movements No new fractures Maintain good posture Use good body mechanics Eat a balanced diet high in calcium and vitamin D

Diligent in undergoing weight-loss surgery exercises (walks every day) Rest with lying down several times a day Participate in activities outside the home Creating a safe home environment Receive assistance and supervision needed

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THE NUTRITIONAL STATUS OF THE ELDERLY BASED ON KNOWLEDGE AND PHYSICAL ACTIVITY, IN THE WORKING AREA OF PUSKESMAS SUKAWATI 1, GIANYAR, BALI

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ABSTRACT

Nutritional status of the elderly based on knowledge and physical activity, in the work area of the Sukawati 1 health center, Gianyar, Bali. Increased life expectancy and the number of the elderly population may trigger an epidemiological transition in the health sector due to the increasing number of morbidity because of degenerative disease. Various studies have been conducted showing that the results are still a lot of the prevalence of malnutrition in the elderly. However, until now there has been no data collection on the nutritional status of the elderly in Puskesmas Sukawati I. The researcher wants to assess the nutritional status of the elderly in Puskesmas Sukawati I to know the state of nutrition of the elderly in the region. This research uses descriptive quantitative approach to the cross-sectional design. The total sample obtained amounted to 72 people and in their implementation in all samples was conducted interviews and anthropometric measures. Based on the calculation of waist hip ratio, 77.8% had central obesity, with an average waist hip ratio in the studied sample of 0.95 for men who belong to a lower risk of obesity and 0.92 for women belonging to the high risk of obesity. Based on the level of knowledge about nutrition, 71.4% samples are overnourished in less knowledge group, as well as with good level of knowledge group also showed the highest proportion 86.7% that is overnourished status. When viewed from the physical activity, the distribution of samples have light activity mostly in "over nutrition" status (92.7%). PHC is advised to conduct anthropometric measurement and recording of the elderly health status comprehensively on Card Towards Healthy for the elderly as well as counseling with a nutritionist about the health of the elderly to resolve the issue.

Keywords: *Nutritional status, prevalence of obesity, elderly, physical activity, knowledge*

1. Introduction

Increased life expectancy (UHH) is one indicator of the success of development in the health sector and population welfare. This has an impact on increasing the number of elderly people (elderly). Based on the United Nations report in 2013, UHH in 2013 was 71 years (with the percentage of the elderly population reaching 12%). It is recorded that the number of elderly people in Indonesia is 18,043,712 people or around 7.59% of the entire population of Indonesia.¹ Provinces with elderly with the highest proportion were DI Yogyakarta (13.20%), Central Java (11.11%), East Java (10.96%) and Bali (10.07%).²

The World Health Organization (WHO) classifies the elderly into four,

namely:(*middle age*middle age) 45-59 years, elderly (*elderly*) 60-74 years, elderly (*old*)years and very old age (*very old*) over 90 years. According to Law No. 13 of 1998 which was updated from Law no. 23 of 1992 said that old age is someone who has reached the age of 60 years and over. Biologically, the elderly are people who experience a continuous aging process, which is characterized by a decrease in physical endurance, namely the increasing susceptibility to disease attacks that can cause death.³

Various studies that have been conducted have shown that there is still a large number of malnutrition in the elderly.⁴ According to WHO, malnutrition basically means wrong nutrition and clinically,

malnutrition is a nutritional status where there can be a deficiency, excess or imbalance of the nutrients in a food, causing measurable side effects on body tissues, body function and impacting health deterioration. . Based on this definition, malnutrition can be either *overnourished* or *undernourished*.^{5,6}

However, currently the threat of degenerative diseases such as coronary heart disease, hypertension, and diabetes mellitus has increased. This can be seen from WHO data, the highest cause of death in the world in 2012 was coronary heart disease.⁴ Risk factors that are closely related to this degenerative disease are lifestyle, including excess body weight (obesity). The prevalence of central obesity at the national level is 18.8%, where there is a tendency to remain high when entering the elderly, namely 23.1% (55-64 age group), 18.9% (group 65-74 age) and 15.8% (group 75 years and over).⁷

According to Monica in the Indonesian Ministry of Health, being overweight or obese will increase the risk of suffering from coronary heart disease 1-3 times, hypertension 1.5 times, diabetes mellitus 2.9 times and bile disease 1-6 times. The Indonesian Ministry of Health explained that excess nutrition in the elderly is usually related to a lifestyle and excessive consumption patterns from a young age even from childhood. In addition, decreased metabolic processes in the elderly if it is not matched by increased physical activity or decreased amount of food results in excess calories being converted into fat, causing obesity. This shows that overweight and obesity should also remain a concern because they can spur the onset of degenerative diseases.⁴

Based on data from Puskesmas Sukawati I in 2014, Puskesmas Sukawati I has six units of Supporting Puskesmas (Pustu), each of which is located in Kemenuh Village, Batuan Kaler Village, Batuan Village, Sukawati Village, Guwang Village and Ketewel Village. In addition, Puskesmas Sukawati I has four units of

Integrated Service Post (posyandu) for the elderly, each located in the villages of Batuan, Sukawati, Guwang and also Ketewel. The number of elderly people in the working area of Puskesmas Sukawati I is 6076 people. However, the average number of visits by the elderly aged 60 years and over to the elderly posyandu in July 2015 was still very small, namely around 418 elderly people (6.8%). The elderly who came to receive health services in the form of measuring blood pressure, weighing and general health checks. However, until now there has been no data collection regarding the nutritional status of the elderly at Puskesmas Sukawati I.⁸

Based on preliminary calculations made by researchers from secondary data based on the register book of the Elderly Posyandu in Batuan Village in July 2015, it shows that 79% of the elderly are malnourished (based on BMI calculations). Furthermore, in a preliminary survey conducted by researchers on 10 people, 6 people with over nutritional status were also found in the same village. Of course this is seen as a gap between the prevalence of malnutrition which is still high and the existence of an existing posyandu program. Therefore, the researcher wanted to assess the nutritional status of the elderly in the working area of Puskesmas Sukawati I to determine the nutritional status of the elderly in that area.

2. This method

Research used a quantitative descriptive approach with a design *cross-sectional* in 2015. This study was conducted to obtain an overview of the nutritional status of the elderly (elderly) in the working area of Puskesmas Sukawati I. Sampling began by selecting one of the six villages in the working area. Puskesmas Sukawati I was random, and Ketewel village was chosen. Then, the researcher got a list of elderly names 180 from the Village Head of Ketewel who were randomly selected from 15 banjars in the village. Then out of 180, we systematically selected 72 samples,

that is, taking samples with serial numbers every multiple of 2.5. If the sum shows a decimal, it will be rounded up. Then to find the serial number, the result is the addition of the previous decimal. This research was started from 7 August - 8 September 2015.

Assessment of nutritional status can be done directly and indirectly. Direct assessment of nutritional status is divided into four methods, namely: anthropometric, biochemical, biophysical and clinical. Meanwhile, indirectly divided into three methods, namely: food consumption survey, vital statistics and ecological factors.⁹ RLPP was chosen in the measurement method because RLPP can be used as a simple indicator to determine the risk of degenerative diseases. Additionally waist hip ratio can also be used as an alternative to the Body Mass Index (BMI) in predicting obesity in adults⁶

Respondents are elderly aged ≥ 60 years who lives in Puskesmas and registered as a resident of the village of Ketewel and not suffering from physical disabilities or mental disorders on examination. The nutritional status variable was determined by calculating the ratio of waist circumference and abdominal circumference. Other variables that were also assessed were physical activity and knowledge of nutrition. Data collection in this study was carried out by interviewing the sample, which was then carried out by anthropometric measurements (abdominal circumference and waist circumference). Data collection was carried out for 20 minutes and the results were recorded in a questionnaire that had been provided. The data obtained were analyzed descriptively quantitatively using *SPSS 17.0* and presented in tabular and narrative form.

3. Results The

Total sample obtained was 72 people and in practice interviews and were carried out in all samples anthropometric measurements. From Table 1, it can be seen that the distribution of samples based on age obtained an average age of 65.54 years.

The majority of the sample aged 60-69 years, are male, still have a partner, have low education and do not work. Most samples have complaints of joint pain and easily tingling. Aside from that, one respondent may complain of several complaints.

Judging from the calculation of RLPP, 77.8% have central obesity, with an average RLPP in the sample studied of 0.95 doing household chores. This shows that most of the habits of the elderly are less active.

Based on the level of knowledge about nutrition, the distribution of the sample that had the least knowledge on the nutritional status was 71.4%, as shown in Table 4. Fairly lame with those who had normal nutritional status, namely 28.6%. Likewise, the group with a good level of knowledge also showed the largest proportion of over nutritional status, namely 86.7%.

When viewed from physical activity, the distribution of samples that had the most light activity was in excess nutritional status (92.7%). The group that did moderate activity also showed the highest proportion of over nutritional status at 86.7%. This is in contrast to strenuous activity, where this category has the highest proportion of normal nutritional status only 23.1%. This is different because 87.5% of respondents when interviewed said that in a day, they ate three times or more. However, most of the physical activities carried out by respondents were included in light activity. This is in accordance with the theory expressed by Beck that obesity usually occurs as a result of not reducing energy input when physical activity has decreased. Obesity is usually caused by eating a lot from a young age. Many detrimental things can arise due to obesity in the elderly, including the movement of obese elderly people will be even more difficult and will be more susceptible to degenerative diseases.¹⁰

As a primary service provider in this research area, Puskesmas Sukawati I needs

to make efforts to overcome the high prevalence of excess nutrition through the elderly posyandu program. In this program, comprehensive anthropometric monitoring and health status of the elderly is carried out. This program can be integrated with a nutrition program to allow for counseling with nutritionists regarding their nutritional status. It is hoped that with this, each elderly person can achieve ideal nutrition and reduce disease morbidity.

Based on the data from the Sukawati I Health Center Profile, the highest prevalence rate of disease in the elderly is hypertension.⁸ Several studies stated that the risk of hypertension with a pattern of excess salt consumption is 2.643 times compared to a low salt consumption pattern.¹¹ This supports the results of this study that the lack of knowledge about reducing salt consumption is probably related to the high prevalence rate in the working area of this Puskesmas.

Several studies stated that the level of knowledge was not related to nutritional status, such as the Thakur study which stated that there was no significant difference in knowledge among students obese and non-obese. This is because the knowledge they have is only information that does not encourage them to have an ideal weight.¹² Research by Brien and Davies

Table. Cross tabulation of RLPP based on knowledge level about nutrition, physical activity, and number of teeth

	<u>waist hip ratio</u>			
	Normal		More	
Nutrition		F%		F%
Less than	1	28.6	30	71.4
	2			
Good	4	13.3	26	86.7
Physical Activity				
Light	3	7.3	38	92.7
Medium	2	13.3	13	86.7
Weight	1	68.8	5	31.3
	1			

4. Discussion

According to the results of the calculation of the ratio of waist to hip and more, it is included in central obesity (RLPP > 1 for men and RLPP > 0.9 for women). The proportion of central obesity is higher than the 2007 Basic Health Research data, which states that the prevalence of obesity in the elderly group is only 23.1%. This is different because 87.5% of respondents when interviewed said that in a day, they ate three times or more. However, most of the physical activities carried out by respondents were included in light activity. This is in accordance with the theory expressed by Beck that obesity usually occurs as a result of not reducing energy input when physical activity has decreased. Obesity is usually caused by eating a lot from a young age. Many detrimental things can arise due to obesity in the elderly, including the movement of obese elderly people will be even more difficult and will be more susceptible to degenerative diseases.¹⁰

As a primary service provider in this research area, Puskesmas Sukawati I needs to make efforts to overcome the high prevalence of excess nutrition through the elderly posyandu program. In this program, comprehensive anthropometric monitoring and health status of the elderly is carried out. This program can be integrated with a nutrition program to allow for counseling with nutritionists regarding their nutritional status. It is hoped that with this, each elderly person can achieve ideal nutrition and reduce disease morbidity.

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Several studies stated that the level of knowledge was not related to nutritional status, such as the Thakur study which stated that there was no significant difference in knowledge among students obese and non-obese. This is because the knowledge they have is only information that does not encourage them to have an ideal weight.¹² Research by Brien and Davies in Ireland also stated that there was no significant relationship between knowledge and BMI. Knowledge about nutrition is considered important, but does not change behavior because behavior change is more influenced by personal, habit, and environment.¹³ However, this is different from the theory put forward by Darmojo, which explains that the risk factors for malnutrition in the elderly are due to lack of knowledge about nutrition and research from Sakamaki, et al, which states that knowledge and awareness of nutrition in Chinese students is related to weight gain. ideal.^{14,15}

5. Conclusion

Based on the level of knowledge about nutrition, the distribution of the sample that had the least knowledge on over nutritional status was 71.4%, as well as the group with a good level of knowledge also showed the highest proportion at over nutritional status, namely 86.7%. When viewed from physical activity, the distribution of samples that had the most light activity was in excess nutritional status (92.7%). Puskesmas are advised to take anthropometric measurements and record the health status of the elderly in a comprehensive manner on the Card Towards Healthy for the elderly as well as counseling with nutritionists regarding elderly health to overcome these problems.

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PENGARUH PENYULUHAN TERHADAP PENGETAHUAN DAN SIKAP IBU HAMIL TENTANG *HYPNOBIRTHING* DI KLINIK PRATAMA VINA KECAMATAN MEDAN BARU TAHUN 2018

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Abstract

Material and method is *quasi experiment* dengan desain *one group pre test and post test design*. Results : there is an influence of counseling on the knowledge of pregnant women about hypnobirthing p value $0.037 < 0.05$ and there is an effect of counseling on the attitude of pregnant women about hypnobirthing p value $0.014 < 0.05$. Conclusion : There is a difference in the average knowledge of pregnant women about hypnobirthing before and after intervention through counseling at the Pratama Vina Clinic, Medan Baru District with an average difference of 0.500. There is a difference in the average attitude of pregnant women about hypnobirthing before and after intervention through counseling at Pratama Vina Clinic, Medan Baru District with an average difference of 1,400. There is an influence of counseling on the knowledge of pregnant women about hypnobirthing in Pratama Vina Clinic, Medan Baru District with a p value of $0.037 < 0.05$. There is an influence of counseling on the attitude of pregnant women about hypnobirthing in Pratama Vina Clinic, Medan Baru District with a p value of $0.014 < 0.05$.

Keywords: Counseling, Knowledge, Attitude, Hypnobirthing

INTRODUCTION

Pregnancy and childbirth are chain reactions that cannot be separated in a normal woman's life. When we prepare thoroughly (body, mind and spirit), the process of pregnancy and childbirth can take place safely and comfortably. However, not a few mothers experience childbirth problems and even death of mothers and babies (Kuswandi, 2013).

Data from the World Health Organization (WHO) report in 2014 the maternal mortality rate (MMR) in the world is 289,000. The United States is 9300 people, North Africa 179,000 people and Southeast Asia 16,000 people. The maternal mortality rate in Southeast Asian countries is Indonesia 214 per 100,000 live births, the Philippines 170 per 100,000 live births. Vietnam 160 per 100,000 birthslife, Thailand 44 per 100,000 live births, Brunnei 60 per 100,000 live births and Malaysia 39 per 100,000 live births. (Rohfiin, 2015).

Meanwhile, according to ASEAN in 2010, the Maternal Mortality Rate (MMR)

of 170,000 per live birth, and the Infant Birth Rate (IMR) of 1.3 live births. Nearly a third of maternal and infant deaths occur in Asia (Dewi, 2018).

Indonesia's Demographic and Health Survey (SDKI) in 2012, the maternal mortality rate (MMR) in Indonesia is still high at 359 per 100,000. Based on data from the Indonesian Midwives Association (IBI), the causes of AKI include bleeding, which is 30% of the total cases of death, eclampsia (pregnancy poisoning) that is 25%, infection is 12%, abortion is 5%, parturitionduration is 5%, obstetric embolism is 3%, complications of the puerperium is 8% and other causes are 12%. The main cause of AKI is bleeding. One of the bleeding that occurs in pregnant women is caused by placenta previa (SKDI, 2012).

District / city health profile report the number of maternal deaths in 2016 was reported as many as 239 deaths. Based on the results of the Maternal Mortality Rate (MMR) & Infant Mortality Rate (IMR) conducted by the North Sumatra Provincial

Health Office with the Faculty of Public Health (FKM) of the University of North Sumatra in 2016, it states that the MMR in North Sumatra is 268 per 100,000 live births. Based on these estimates, the maternal mortality rate has not decreased significantly until 2016 (North Sumatra Health Profile, 2016).

The benefit of the hypnobirthing method for mothers is to relax deeper so that all stress and fears & worries before birth that can cause tension, pain and pain during childbirth can be eliminated. For the fetus it is useful for healthier growth because calm conditions will provide balanced hormones to the fetus through the placenta. For husbands / childbirth companions, the husband / childbirth companion becomes calmer in accompanying the childbirth process (Aprilla, 2010).

Hypnobirthing teaches breathing, relaxation, affirmation and visualization techniques, and deepening. In breathing techniques, mothers can save energy during the depletion phase during cervical opening. Slow breathing that is taught can thin and open the cervix which can shorten the duration of labor. Relaxation, visualization, and affirmation help mothers deal with tension, stress, and discomfort during labor. Deepening techniques are also very useful during the advanced phase of labor. Hypnobirthing method can accelerate the first stage of labor (\pm 3 hours in primipara and 2 hours in multipara), reduce the risk of complications, and accelerate the healing process in post partum (Aprilia, 2010).

The effectiveness of an extension method will also depend on the size of the target and the media used. Good health education media are media that are able to provide information or health messages in accordance with the level of acceptance of the target, so that the target is willing and able to change behavior in accordance with the message delivered (Notoatmodjo, 2010).

Based on preliminary surveys at the Pratama Vina Clinic in Medan, it is known

that the number of pregnant women from January to April 2018 amounted to 60 people including 30 people entering the third trimester of pregnancy. The number of women giving birth to as many as 15 people included 10 normal births, and 5 old parturition. Hypnobirthing method is taught to pregnant women in dealing with and preparing for labor. This situation is the reason researchers want to know the knowledge and attitudes of pregnant women about hypnobirthing. Based on the background description, the researchers felt interested in conducting research on the Effects of Counseling on Knowledge and Attitudes of Pregnant Women about Hypnobirthing at the Pratama Vina Clinic in Medan in.

MATERIAL AND METHODS

This research is a quasi-experimental study with the aim of finding out the effect of the independent variable (counseling) on the dependent variable (knowledge and attitude). According to Arikunto (2012) the experimental design is research carried out in the absence of a comparison class or a control class.

The design used is a one group pre-test and post-test design, a research design that is used by providing a preliminary test and a final test of a single group research sample. One group research design pre-test and post-test design

1. Population

The population in this study were all pregnant women who visited the Pratama Vina Clinic Medan in January - June 2018.

2. Sample

3. The sample is the object to be studied and is considered to be representative of all research. So the sample in this study were pregnant women who visited the Pratama Vina Clinic Medan in January - June 2018 as many as 40 people.

RESULT

Tabel 4.1
Distribution of Respondent
Characteristics at Klinik Pratama Vina
Kecamatan Medan Baru
Tahun 2018

No.	Variable	Total (n)	Percentage (%)
1.	Age		
	< 30 tahun	33	82,5
	≥ 30 tahun	7	17,5
	Total	40	100,0
2.	Pendidikan		
	Junior high school	4	10,0
	High school	31	77,5
	Bachelor	5	12,5
	Total	40	100,0
3.	Pekerjaan		
	Housewife	21	52,5
	Laborer	8	20,0
	Traders	6	15,0
	Employees	5	12,5
	Total	40	100,0
4.	Paritas		
	Pirigravida	9	22,5
	Multigravida	31	77,5
	Total	40	100,0

Based on table 4.1, the results show that the characteristics of respondents according to age are at most under 30 years old as many as 33 people (82.5%) were over or equal to 30 years old (17.5%). The results also showed that the characteristics of respondents according to formal educational background that were completed were the highest number of Senior High School (SMA) as many as 31 people (77.5%) and the least number of junior high school graduates (SMP) was 4 people (10%). Most respondents do not have a job or as housewives as many as 21 people (52.5%) and at least 5 people work as employees (12.5%). Respondents at most had given birth to babies, namely 1 or 5 times or called multigravida as many as 31 people (77.5%) and the rest were pregnant for the first time (primigravida) as many as 9 people (22.5%).

Respondents' Knowledge of Hypnobirthing Before Intervention (Pre Test) at the Pratama Vina Clinic, Medan Baru District, 2018

Table 4.2
Frequency Distribution of Respondents' Knowledge about Hypnobirthing Before Intervention (Pre Test) at the Pratama Vina District Clinic Medan New Year 2018

No.	Knowledge	Total (n)	Percentage (%)
1.	Less	19	47,5
2.	Enough	16	40,0
3.	Well	5	12,5
	Total	40	100,0

Based on table 4.2, the results of the study indicate that the respondent's knowledge of hypnobirthing before the intervention was carried out by giving Extension (pre test) had the least knowledge of 19 people (47.5%) and the least knowledge was good as many as 5 people (12.5%).

4.1.1 Attitude of Respondents about Hypnobirthing Before Intervention (Pre Test) at the Pratama Vina Clinic, Medan Baru District, 2018

Table 4.3
Frequency Distribution of Respondents' Attitudes about Hypnobirthing Before Intervention (Pre Test) at Pratama Vina Clinic, Kecamatan Medan New Year 2018

No.	Attitudes	Total (n)	Percentage (%)
1.	Negatif	26	65,0
2.	Positif	14	35,0
	Total	40	100,0

Based on table 4.3, the results showed that the attitude of the respondents about hypnobirthing before the intervention by providing counseling (pre test) had the most negative attitude as many as 26 people (65%) and the least positive attitude as many as 14 people (35%).

Respondents' Knowledge of Hypnobirthing After Intervention (Post Test) at the Pratama Vina Clinic, Medan Baru District, 2018

Table 4.4

Frequency Distribution of Respondents' Knowledge about Hypnobirthing After Intervention (Post Test) at Pratama Vina Clinic, Kecamatan Medan New Year 2018

No.	Knowledge	Total (n)	Percentage (%)
1.	Less	15	37,5
2.	Enough	19	47,5
3.	Well	6	15,0
Total		40	100,0

Based on table 4.4, the results of the study show that the knowledge of respondents about hypnobirthing after intervention by providing counseling (post test) has the most sufficient knowledge of 19 people (47.5%) and at least 6 people (15%) have less knowledge. An increase in respondents' understanding of hypnobirthing.

Attitudes of Respondents about Hypnobirthing After Intervention (Post Test) at the Pratama Vina Clinic, Medan Baru District in 2018

Table 4.5

Frequency Distribution of Respondents' Attitudes about Hypnobirthing After Intervention (Post Test) at Pratama Vina Clinic, Kecamatan Medan New Year 2018

No.	Attitudes	Total (n)	Percentage (%)
1.	Negatif	19	47,5
2.	Positif	21	52,5
Total		40	100,0

Based on table 4.5, the results show that the respondent's attitude about hypnobirthing after the intervention was carried out by providing counseling (post test) with the most positive attitude as many as 21 people (47.5%) and the least positive attitude as many as 19 people (47.5%). There was a change in the respondent's attitude about hypnobirthing in a good

direction.

Table 4.6

The Effect of Education on Knowledge of Pregnant Women about Hypnobirthing Before and After Intervention at the Pratama Vina Clinic, Medan Baru District in 2018

Variabel	Extension			
	Mean	Sd	Mean Diff	p Value
Knowledge Before	11,08	3,092	-0,500	0,037
after	11,58	2,763		

Based on table 4.6, the results of the study using the paired t test show that there is a difference in the knowledge of the respondents before the intervention through counseling with a mean value of 11.08 and after the intervention the train has increased to 11.58. Respondents' knowledge increased after intervention through counseling with a mean difference of 0.500 and a p value of 0.037. This is meaningful Statistically, there is an effect of counseling on pregnant women knowledge about hypnobirthing before and after intervention.

Table 4.7

The Effect of Education on Attitudes of Pregnant Women about Hypnobirthing Before and After Intervention at the Pratama Vina Clinic, Medan Baru District in 2018

Variabel	Extension			
	Mean	Sd	Mean Diff	p Value
Attitudes Before	35,40	7,844	1,400	0,014
After	36,80	7,254		

Based on table 4.7, the results of the study using the paired t test showed that there were differences in the attitudes of respondents before the intervention through counseling with a mean value of 35.40 and after the intervention the mean attitude increased to 36.80. The attitude of the respondents increased after intervention through counseling with the mean difference (mean difference) of 1,400 and p

value was 0.014. This means that statistically there is an effect of counseling on the attitudes of pregnant women about hypnobirthing before and after the intervention.

PEMBAHASAN

4.3.1 Knowledge of Pregnant Women about Hypnobirthing Before and After Intervention at the PratamaVina Clinic, Medan Baru District, 2018 Based on the results of the study, it is known that before intervention through counseling about hypnobirthing, the respondent's knowledge tends to be less than 19 people (47.5%), and good as many as 5 people (12.5%). Once done intervention with counseling occurred decreasing the respondents with less knowledge to 15 people (37.5%) and an increase in good knowledge to 6 people (15%). This shows that the delivery of health information about hypnobirthing through counseling effectively increases the respondent's knowledge.

4.3.2 Attitudes of Pregnant Women about Hypnobirthing Before and After Intervention at the PratamaVina Clinic, Medan Baru District, 2018

Based on the results of the study, it is known that before intervention through counseling about hypnobirthing, 26 people (65%) tended to have a negative attitude and 14 people (35%) had a positive attitude. After the intervention with counseling, there was a decrease in negative respondent attitudes to 19 people. (47.5%) and being kind increased to 21 people (52.5%). This shows that the delivery of health information about hypnobirthing is effective in increasing the respondent's attitude.

CONCLUSION

Based on the results of research and discussion, the authors conclude:

1. There is a difference in the average knowledge of pregnant women about hypnobirthing before and after intervention through counseling at the PratamaVina Clinic, Medan Baru

District with an average difference of 0.500.

2. There is a difference in the average attitude of pregnant women about hypnobirthing before and after intervention through counseling at PratamaVina Clinic, Medan Baru District with an average difference of 1.400.
3. There is an influence of counseling on the knowledge of pregnant women about hypnobirthing in PratamaVina Clinic, Medan Baru District with a p value of $0.037 < 0.05$.
4. There is an influence of counseling on the attitude of pregnant women about hypnobirthing in PratamaVina Clinic, Medan Baru District with a p value of $0.014 < 0.05$.

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MENSTRUAL CYCLE DISORDERS DURING THE COVID-19 PANDEMIC

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ABSTRACT

Menstrual disorders are very common in adolescence, and can be the cause of a significant amount of stress to both the patients and their parents. Variations of the menstrual cycle in this age are very broad and are mainly caused by the immaturity of the hypothalamic-pituitary-ovarian (HPO) axis. Amenorrhea (either primary or secondary), abnormal uterine bleeding and dysmenorrhea are conditions that require careful evaluation through a stepwise and logical manner. The term primary amenorrhea refers to the condition when menarche fails to occur, while secondary amenorrhea refers to the cessation of menses once they have begun. The occurrence of irregular, prolonged or heavy abnormal uterine bleeding is one of the most urgent gynecological problems in adolescence and the diagnosis of dysfunctional uterine bleeding should be used only when all other organic and structural causes of abnormal vaginal bleeding have been ruled out. Dysmenorrhea refers to painful menstruation and is the most common reason for which a young girl may refer to a gynecologist. It is characterized as primary in the absence of an underlying organic disease, and as secondary when there is evidence of pelvic pathology. Appropriate and early management of the patient is necessary in order to minimize the possibility of future complications regarding woman's reproductive ability. Data shows that 50% of women in the world experience menstrual disorders. In Indonesia, the rate of menstrual disorders reached 55% and 64.25% experienced dysmenorrhea. The process of collecting data is done by interviewing on the assessment of menstrual disorders. A qualitative research using focus group discussions (FGD) and questions and answers. The data can be analyzed using models or object. Menstrual disorders in women are still fairly frequently especially during the covid-19 pandemic, there are menstruation comes 2 months and some even don't menstruate for 5 months. Therefore, health services must provide health education and approach the community so that they receive advice or input from health services. This research was conducted in Suka Maju Village, Sunggal Sub-District, Deli Serdang District. From the research conducted, many women experience menstrual disorders due to PSBB, lockdown, quarantine, during the covid-19 pandemic.

Keyword : Menstrual disorders, teenage women, adult women, women who aren't yet menopause, Covid-19

Pendahuluan

Menstruation is bleeding from the uterus that occurs periodically and cyclically. This is due to the release (desquamation) of the endometrium due to ovarian hormones (estrogen and progesterone) which change in levels at the end of the ovarian cycle, usually starting on day 14 after ovulation. Menstruation is a natural process commonly experienced by women but this will become a problem if menstrual disorders²

Menstrual disorders can be in the form of disturbances in the length and amount of menstrual blood, menstrual cycle disorders, bleeding disorders outside the menstrual cycle and other disorders related to menstruation. The normal length of menstruation occurs between 4-8 days. If menstruation occurs for less than 4 days, it is said to be hypomenorrhea and if it is more than 8 days it is said to be hypermenorrhoea. Women usually have menstrual cycles between 21-35 days. It is

called polimenorrhea if the menstrual cycle is less than 21 days and oligomenorrhea if the menstrual cycle is more than 35 days. Non-menstrual bleeding is bleeding that occurs between 2 periods. In women who have menstrual cycles of more than 90 days, they are said to have amenorrhoea. Other disorders related to menstruation can include dysmenorrhea and premenstrual syndrome (PMS). Dysmenorrhoea is pain or discomfort in the lower abdomen that occurs during menstruation that can interfere with daily activities. Premenstrual syndrome (PMS) appears before menstruation and disappears when menstruation. The symptoms can be physical, psychology⁴

Menstrual disorders can be serious. Irregular menstruation can be a sign of the absence of ovulation (anovulation) in the menstrual cycle. This means that a woman is infertile (tends to find it difficult to have children). Menstruation with a large amount of bleeding that occurs over a long period of time can cause anemia in adolescents. Other disorders such as PMS and dysmenorrhoea can interfere with productivity. Complaints related to physical conditions such as pain around the head and pain in the lower abdomen that can disrupt the routine. Emotional impacts can be in the form of uncontrolled emotions, anxiety, irritability, panic and in the end, they will cry easily¹

The average menstrual cycle lasts for 28 days. However, sometimes there are irregularities that can be caused by health conditions such as endometriosis or polycystic ovary syndrome (PCOS). But during the corona virus pandemic, many women also experience menstrual cycle disorders due to stress⁵

According to a poll of 5,677 women in the UK conducted by obstetrician Anita Mitra, as quoted by Independent.co Sunday, May 17, 2020, menstrual cycle disorders are quite common. When asked if women had seen changes in menstrual cycle or hormonal symptoms during lockdown, more than half (65%) of respondents answered yes⁷

Sarah Toler, a nursing health doctor and science writer in women's health applications, Clue says this is because stress activates certain hormone pathways that release cortisol, also known as stress hormones. Excess cortisol release can suppress normal reproductive hormone levels. Potentially causes abnormal ovulation, which can interfere with your (menstrual) cycle. One of the health conditions that might occur is amenorrhea, which is when a person doesn't experience menstruation at all. Toler explained, this condition is common in people who have recently experienced certain trauma. However, daily stress can also affect how long a person's menstrual cycle. So, there will be several factors that can cause a person really doesn't menstruate in certain months⁵

Method

Research conducted using qualitative research. Research implementation at Suka Maju Village. This research is an exploratory study with a qualitative approach, which explores and reviews information about how menstrual cycles occur each month. This qualitative approach is carried out to obtain rich descriptions and conclusions about the context under study and understand the meaning that underlines people's behavior. The location of Suka Maju Village, Sunggal Sub-District, Deli Serdang District. The data collection is done through Face to Face and Door to Door techniques conducted by researchers who are assisted by trained and capable staff^{4,11}

With the consideration of these rules, the number of informants for women is 10, including teenage women. Other informants are 5 adult women. To complete the results of the question and answer, in depth interviews with midwife (1 person). Especially for ages 14-18 years⁹

Data analysis in this study uses an interactive analysis model in qualitative research, data analysis is carried out since the beginning of the research and

throughout the research process. Data is obtained, then collected for systematic processing. Start from interviews, observations the presenting activity data and concluding data ⁷

Result

Based on the results of the research conducted, it can be seen that of the 98 respondents, it was found that the respondents' ages ranged from 14-18 years, including adolescents. It can be seen in table 1, most of the respondents were 16 years old, amounting to 42.9%.

Tabel 1. Karakter Responden Berdasarkan Usia

Characteristic	n	%
Age		
14 years old	4	4,10
15 years old	22	22,40
16 years old	42	42,90
17 years old	27	27,60
18tahun	3	3,10
Total	98	100,00

The results of the study indicate that there is a relationship between the pandemic period and the menstrual cycle. Menstrual disorders are an important clue in seeing the reproductive system dysfunction associated with risks.

Conclusion

Lockdown which is applied in a number of countries and regions or known as PSBB in Indonesia due to the COVID-19 corona virus pandemic apparently can also have an impact on the menstrual cycle. This impact is in the form of menstrual cycle disorders due to stress experienced by women ¹⁰

When in isolation due to this pandemic, many women experience menstrual cycle disorders caused by stress. This stress certainly occurs not apart from factors of financial instability, social isolation and phsycological difficulties. These general changes that women may experience as a result of stress not only

cause menstrual delays, but also even cause stalling, shortening their time, or experiencing more severe periods ^{8,10}

For that, to overcome this is to rebalance the hormones in the body. Frodsham advised to practice yoga, adjust focus and meditation, in addition to doing regular aerobic exercise ⁶

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ELDERLY COMPLIANCE WITH HYPERTENSION IN DIET FULFILLMENT HYPERTENSION

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ABSTRACT

The purpose of this study was to know about the pursuit of elderly hypertension in compliance hypertension diet. The research was conducted in the working area of Sidomulyo health care center, in the Village of West Sidomulyo, Pekanbaru City. The respondents in this study are 60 people with a purposive random sampling method. This study is the simple descriptive design with a Cross-Sectional approach. The data is collected by questionnaires. The data analysis by univariate in frequency distribution to know the pursuit of elderly hypertension in compliance hypertension diet. The result is a study that found that 26 people (43.3%) the hypertension elderly are pursuance in the hypertension diet and 34 people (56.7%) the hypertension elderly are not pursuance in the hypertension diet. Recommendations to health workers to provide counseling about hypertension specifically about diets of hypertension, so the incidence of hypertension can be significantly reduced.

Keywords: elderly, pursuance, diet of hypertension

INTRODUCTION

Modernization is currently causing changes in lifestyle in the community, such as excessive eating habits, too much activity, lots of smoking, and lack of rest. These patterns and lifestyle cause heart disease many blood vessels attack, especially residents aged over 40 years. False one of them is the emergence of high blood pressure or often referred to as hypertension (Wiryowidagdo, 2002).

Hypertension or better known as high blood pressure is a circumstances where a person's blood pressure is above the normal or optimal limit 120 mmHg for systolic and 80 mmHg for diastolic. This disease is categorized as *the silent disease* because the patient did not know he had hypertension before check his blood pressure. Hypertension that occurs in a long time and can continuously trigger a stroke, heart attack, and heart failure the main cause of chronic kidney failure (Purnomo, 2009). Hypertension is not yet known the cause, but several factors are found risks that can cause high blood pressure are old age and a history of high blood pressure in the family. In addition there are also factors can cause

high blood pressure, which is being overweight followed with a lack of exercise, and eating fatty and fatty foods high salt (Palmer, 2007). So many causes of hypertension that causes hypertension is a disease with many sufferers.

Nearly 1 billion or about a quarter of the world's adult population has high blood pressure, and this number tends to increase. The disease is estimated to affect more than 16 million people in the UK, with 34% of men and 30% of women having high blood pressure above 140/90 mmHg. In the elderly population, the number of people with high blood pressure is even more, experienced by more than half the population of people aged over 60 years. In 2025 it is estimated that sufferers of high blood pressure reach nearly 1.6 billion people in the world (Palmer, 2007).

Based on data from the Indonesian Ministry of Health, the prevalence of hypertension in Indonesia reaches 31.7% of the population aged 18 years and over. About 60% of people with hypertension end in stroke. While the rest resulted in heart disease, kidney failure, and blindness. Riskesdas data (2007) mentions

hypertension as the number 3 cause of death after stroke and tuberculosis, the number reaching 6.8% of the proportion of causes of death at all ages in Indonesia (Yoga, 2009). This phenomenon is caused by changes in people's lifestyles globally, such as the ease of getting ready meals to make consumption of fresh vegetables and fiber is reduced, then the consumption of salt, fat, sugar, and calories continues to increase so it plays a major role in increasing the incidence of hypertension.

Foods that are eaten directly or indirectly affect the stability of blood pressure. The content of nutrients such as fat and sodium have a close relationship with the emergence of hypertension. Implementation of a regular diet can normalize hypertension, namely by reducing foods with high salt, fatty foods, eating foods that are high in fiber and doing sports activities (Julianti, 2005).

Patients with hypertension in the city of Pekanbaru as many as 12781 people, the highest number of people with hypertension are in the Work Area Sidomulyo Puskesmas Pekanbaru City as many as 3723 people (Pekanbaru City Health Office, 2010). Data obtained from the Sidomulyo Community Health Center in January to May 2011 reported the number of hypertension sufferers as many as 1734 people. The highest number of hypertension sufferers is in West Sidomulyo Village, as many as 963 people. Most hypertension sufferers are in the age of 40-65 years, as many as 591 people.

The results of interviews with hypertension sufferers at the Sidomulyo Health Center in Pekanbaru City in March 2011, found that sufferers said they had received information from Puskesmas staff to reduce salty and high-fat foods. After being confirmed directly by the puskesmas officer, it turned out that the officer had given a suggestion to reduce salty and high-fat foods to hypertensive sufferers. Although health workers have recommended to go on a diet for hypertension sufferers, the numbers are

hypertension is still high in the community. Therefore it is necessary to do research on how to describe the compliance of elderly hypertension sufferers in fulfilling the hypertension diet in Sidomulyo Barat Village, Handsome Pekanbaru City ". The purpose of this study was to determine the description of adherence of elderly people with hypertension in meeting the hypertension diet.

MATERIAL AND METHODS

The research design used in this study was a simple descriptive study using a cross sectional approach. The sample in this study amounted to 60 people with hypertension over the age of 40 years who were taken by purposive random sampling in the village of West Sidomulyo. Data was collected using a questionnaire containing the characteristics of respondents (age, sex, occupation, education) and data on the fulfillment of a daily hypertension diet using a Likert scale (very often, often, rarely, and never). Data collection tools have been tested for validity and reliability. Data that can be categorized into obedient and not compliant. Data retrieved, analyzed using univariate analysis which is displayed in the form of frequency distribution tables (%)

RESULT

Characteristics of Respondents

Respondent characteristics (age, sex, education, occupation), knowledge, attitude and compliance. The results of each univariate analysis are described as follows:

1. Age

Table 1. Frequency Distribution of Respondents by Age of Patients with Hypertension in Sidomulyo Barat Village, Pekanbaru City

No	Age	Total	Percentage
1	40-50 years	27	45
2	51-65 years	33	55
	total	60	100

Table 1 shows the distribution of respondents according to the age of

hypertension sufferers in Sidomulyo Barat Village, Pekanbaru City, found that respondents aged 40-50 years were 27 people (45%) and respondents aged 51-65 years were 33 people (55%).

Sugiharto et al (2003), the incidence of hypertension is directly proportional to the increase in age. Arterial blood vessels lose elasticity or flexibility with age, most people have increased blood pressure when they are 50-60 years and older. Nursalam (2002) states that the more a person is of age, the level of maturity and one's ability to think will be better. However, one's level of maturity and thinking is also influenced by experience and information in daily life. Researchers can conclude that age does not guarantee a person to have good knowledge and a positive attitude if it is not supported by factors such as level of education, personal experience, or information from the surrounding environment.

2. Gender

Table 2. Frequency Distribution of Respondents by Gender of Hypertension Patients in Kelurahan Sidomulyo Barat Handsome Pekanbaru City

No	Gender	Total	Percentage
1	Male	25	41.7
2	Girl	35	58.3
	Total	60	100

Table 2 shows the distribution of respondents according to the sex of hypertension sufferers in Sidomulyo Barat Kelurahan in Pekanbaru City, it was found that there were 35 female respondents (58.3%) and 25 male respondents (41.7%).

Female sex is more prominent than men, this can be associated with greater hormonal factors found in the body of women compared to men. These hormonal factors cause an increase in body fat or obesity. In addition to hormonal factors that cause obesity in women, obesity is also caused by lack of activity in women and more often spends time relaxing at home. (Junaidi, 2010).

3. Education

Table 3. Distribution of Frequency of Respondents by Education of Patients with Hypertension in Sidomulyo Barat Village, Handsome, Pekanbaru City

No	Education	Total	Percentage
1	Elementary school	13	21.7
2	JSS	18	30
3	SLTA	22	36.7
4	PT	7	11.7
	total	60	100

Table 3 shows the distribution of respondents according to the education of hypertension sufferers in Sidomulyo Barat Kelurahan in Pekanbaru City, it was found that the highest number of respondents having high school education was 22 people (36.7%) and the respondents who were the least educated PT were 7 people (11.7%).

Sugiharto et al (2003), the level of education can affect one's ability and knowledge in implementing healthy living behaviors, especially in preventing hypertension. The higher the level of education, the higher the ability someone in maintaining a healthy lifestyle. According to Nursalam (2002), that the higher a person's education, the easier it is to receive information so that the more knowledge he has. Respondents who are highly educated will easily absorb information and will have better knowledge than respondents with low levels of education. The higher education the respondent has, the easier it is to receive the information provided so that he can carry out a hypertension diet properly.

4. Work

Table 4. Frequency Distribution of Respondents by Occupation of Hypertension Patients in Sidomulyo Barat Village, Pekanbaru City

No	Profession	Total	Percentage
1	Private	8	13.3
2	entrepreneur	10	16.7
3	Civil servants	7	11.7

No	Profession	Total	Percentage
4	Trade	16	26.7
5	IRT	19	31.7
	total	60	100

Table 4 shows the distribution of respondents according to the work of hypertension sufferers in Sidomulyo Barat Kelurahan in Pekanbaru City, it was found that the most respondents worked as IRTs as many as 19 people (31.7%) and the respondents who worked the least as civil servants were 7 people (11.7%).

Women who do not work or only as housewives are at higher risk of suffering from hypertension compared to women who work. This is probably caused by the lack of activities carried out by housewives, where most just stay at home with routines that make it too late. Unlike working mothers, there are more activities and take time to do sports. In addition, usually working mothers are more active than mothers who do not work or only as housewives. Individuals whose activity is low are at risk of developing hypertension 30-50% of active individuals (Waren, 2008).

Modern life makes people lazy to move, time is spent watching TV or working at the dining table until every day. Likewise with hypertension sufferers who work as housewives, because being busy with household chores makes mothers become lazy. After the work is finished, the mother stays more at home by watching TV, eating food (snacking) is not according to the diet, taking a long nap, and rarely doing sports so that the implementation of the hypertension diet does not work properly.

5. Compliance

Table 5. Distribution of Respondents Frequency Based on Compliance of Patients with Hypertension in Sidomulyo Barat Village, Handsome, Pekanbaru City

No	Obedience	Total	Percentage
1	Obedient	26	43.3
2	Not obey	34	56.7
	Total	60	100

Table 5 shows the distribution of respondents according to the dietary compliance of hypertension sufferers in Sidomulyo Barat Village Pekanbaru City, it was found that respondents in the category of non-compliance were 34 people (56.7%) and respondents in the obedient category were 26 people (43.3%).

In general, respondents are not compliant to go on a hypertension diet. This can be influenced by the knowledge or attitude of hypertension sufferers themselves. Lack of knowledge due to lack of information obtained by sufferers, both from health workers and print or electronic media. The factor of negative attitudes that often arises is due to the saturation and unfamiliarity of hypertension sufferers to follow a hypertension diet, which is caused by the respondent's own culture which is inherent from birth so it is very difficult to eliminate.

Kharisna research (2008), which links cucumber juice with hypertension, shows that patients who are diligent in consuming cucumber juice regularly can lower blood pressure. The results of research conducted by Mardiyati (2009) also showed that compliance with hypertension sufferers in implementing a hypertension diet such as a low salt diet can prevent the onset of hypertension. From these studies it can be concluded that, behavior is related to habits that can produce something that is positive or negative. So that the behavior of hypertensive sufferers who regularly consume cucumber juice can reduce blood pressure in the body of hypertension sufferers, and the behavior of patients who avoid salt consumption every day can prevent hypertension. Likewise in this study,

A behavior is also influenced by the belief that, the behavior will bring the desired or undesirable results that are normative and motivate to act in accordance with expectations. These normative expectations form subjective norms in individuals. This is determined by past

experiences and experiences of people around and individuals about how difficult or easy it is to carry out the behavior.

The results of Ginting's research (2006), entitled "the relationship between knowledge and adherence to the diet of hypertension in the elderly in Medan Johor District" states that there is a significant relationship between knowledge and hypertension diet compliance. In the research, it was found out that the elderly who have good knowledge obediently follow the hypertension diet. This means, the decision of hypertension sufferers to adhere to a hypertension diet will also be better if their knowledge is high. Vice versa, if the patient's knowledge is low, then the decision of hypertension sufferers to adhere to a hypertension diet will also be reduced.

CONCLUSION

The results showed that as many as 34 people (56.7%) of respondents were not compliant in fulfilling the hypertension diet and as many as 26 people (43.3%) were compliant in fulfilling the hypertension diet. This is the cause of the increasing number of hypertension sufferers and the recurrence of hypertension in hypertensive patients. Food factors (diet compliance) are important things to consider in patients with hypertension. Patients with hypertension should adhere to a hypertension diet in order to prevent further complications. Patients with hypertension must continue to run a hypertension diet every day, with the presence or absence of pain and symptoms that arise. This is so that the blood pressure condition of hypertension sufferers remains stable so that they can avoid hypertension and its complications.

It is recommended for health workers to more often provide counseling and socialization about hypertension to hypertension sufferers, especially about hypertension diet that is good and right. Counseling should be done not only when patients come for treatment at the health center but will immediately go down to the field to meet patients with hypertension.

Counseling materials provided to hypertension sufferers must vary, meaning that not only prohibits salty and fatty foods but must be informed in detail about the use of salt of less than 1 teaspoon / day, as well as what foods are recommended for hypertension sufferers. Media delivery of material should use written media such as leaflets or brochures so that patients will easily understand and not forget what was said before.

It is recommended for further researchers to conduct research on the influence of the role of hypertension sufferers' families on the compliance of diets of hypertension sufferers and the effect of providing health education to hypertension sufferers compliance with hypertension diets.

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THE EFFECT OF CLASSICAL MUSIC THERAPY ON THE LEVEL OF LABOR PAIN IN ACTIVE 1-PHASE INPARTU MOTHER IN BPM VILLAGE SAWIT SEBERANG KABUPATEN LANGKAT 2018

Evi Rosida Sihombing, Try Mely Cristiani Pinem

ABSTRACT

Labor pain is a physiological condition, labor pain begins to appear in the first stage of labor. Pain during labor is 30-40 out of 50 scores set by Wall & Mellzack. This score is higher than clinical pain syndromes such as chronic back pain, pain due to cancer, leg pain and others. Pain during the first stage of labor occurs due to dilatation of the cervix, lower uterine segment, the presence of opposing resistance, pulling and injury to the muscle tissue and ligaments that support the structures above it (Asrinah, 2010)

Key words: labor pain intensity, classical music therapy

Premiliary

Childbirth is the process of removing the product of conception from the uterus through the vagina to the outside world. Normal delivery is a process of vaginal discharge that occurs at term (37-42 weeks), born spontaneously with a percentage of the back of the head, without complications from either the mother or the fetus. There are several factors that influence the labor process, namely the strength of his and pushing (power), the birth canal (passage), the fetus and the placenta (passenger), psychological and helper (provider). These factors greatly affect whether or not the delivery is good (Rohani, 2016).

Labor pain is a physiological condition, labor pain begins to appear in the 1st stage of labor. Pain during labor is 30-40 out of 50 scores set by Wall & Mellzack. This score is higher than clinical pain syndromes such as chronic back pain, pain due to cancer, leg pain and others. Pain during the first stage of labor occurs due to dilation of the cervix, lower uterine segment, the presence of opposing resistance, pulling and injury to the muscle tissue and ligaments that support the structures above (Asrinah, 2010). With increasing both the volume and frequency of uterine contractions, the pain felt will get stronger, the peak of pain occurs in the active phase, where the complete opening is up to 10 cm and lasts about 4-6 hours for

primiparous and 2-4 hours for multiparous (Reeder, et al. , 2011).

Labor pain can cause stress which causes excessive release of hormones such as catecholamines and steroids. This hormone can cause smooth muscle tension and vasoconstriction of blood vessels. This can result in decreased uterine contractions, decreased uteroplacental circulation, reduced blood flow and oxygen to the uterus, and the emergence of uterine ischemia which makes pain impulses increase (Marpaung, 2011). Labor pain can also lead to hyperventilation so that oxygen demand increases, blood pressure increases.

Various attempts have been made to reduce pain in labor, both pharmacologically and non-pharmacologically. Pharmacological pain management is more effective than non-pharmacological methods, but pharmacological methods are more expensive, and potentially have unfavorable effects. Meanwhile, non-pharmacological methods are cheap, simple, effective, and without any adverse effects. Non-pharmacological methods can increase satisfaction during delivery if the mother can control her feelings and fears. Relaxation techniques, breathing techniques, movement and position changes, massage, hydrotherapy, hot / cold therapy, music, guided imagery, acupuncture, aromatherapy are some

nonpharmacological techniques that can increase maternal comfort during labor and have an effective influence on the experience of labor (Yuliatun, 2008).

The labor pain experienced by the mother will cause the mother to switch to labor by cesarean section. The World Health Organization (WHO) estimates the standard average cesarean section in a country is 5 to 15 percent per 1,000 live births. The incidence of cesarean section in Indonesia has increased in 2000 the number of mothers giving birth with cesarean section 47.22%, 2001 as much as 45.19%, in 2002 as much as 47.13%, in 2003 as much as 46.7%, in 2004 as many as 53.2%, in 2005 as much as 51.59% and in 2006 as much as 53.68% and in 2007 there was no significant data (Depkes RI, 2012).

Music therapy is a method of relaxation techniques that is rarely applied in nursing and midwifery practice, even though music therapy is an effective distraction technique that can reduce physiological pain, stress and anxiety by distracting someone from pain (Potter, 2006).

Research conducted by Oktifa et al, 2012 shows that of 15 respondents after doing Birthing Ball and Music therapy, 10 respondents (66.7%) experienced a decrease in pain intensity and 5 respondents (33.3%) did not experience changes in pain intensity. In addition, one method for relaxation techniques, which is rarely applied in nursing and midwifery practice, is music therapy.

Music also functions as a controller and is a technique to create a comfortable environment when women give birth in the delivery room. Music for healing does not need to be favorite music, but it should be clear and pleasant (Campbell, 2003). Instrumental music (classical) is preferred by mothers in labor, compared to other types of music (Jordan, 2006) and is the choice for women (Birth Organization Resources and Networks, 2007). Research conducted by Kathryn Fulton (2005) on women who experienced pain during the

active phase of intercourse showed that there was a significant reduction in pain perception by using music as therapy compared to groups who did not receive this therapy and music therapy is also an effective technique for women who experience coping disorders with pain problems. Music used as therapy should be simple, soothing, regular tempo, and have soft strains (Potter, 2006). Somoyani's study, 2015 also states that Mozart's classical music has a good impact on reducing labor pain,

Method

Initial survey conducted by researchers at 4 BPM Desa Sawit Seberang. The average number of delivery assistance was 4-5 cases / week of application related to non-pharmacological pain management that has not been implemented yet. Even if there is an effort to reduce pain non-pharmacologically, it is only done as a routine without clearly knowing the effectiveness of the actions the midwife is taking. Given the importance of efforts to reduce pain in labor as an effort to care for the mother's love and remember that non-pharmacological pain reduction is the most preferred effort by mothers in labor.

Based on the above problems, the authors are interested in researching the effect of classical music therapy on the level of pain in active phase I stage I in BPM Desa Sawit Seberang, Langkat Regency in 2018.

The Independent Practice Midwives used were 5 BPM, namely the Rusnah Midwife Practice, Am.KebDusun I Banyu Urip Sawit Seberang, Midwife Dawiyah Practice, AM.KebDusun Lingkungan V Vegetable Garden Seberang, Midwife Practice Ranti, AM.KebDusun VII SeiLitur Sawit Seberang, Practice of Midwife Eli Rustika Dusun Fractionation Sawit Seberang, and Practice of Midwife Nila, AM.Keb Environmental Tax Center of Palm Oil Seberang. This clinic consists of several rooms and is equipped with complete equipment, namely an examination room (outpatient treatment,

pregnant women, family planning), delivery room, postpartum room, baby room, inpatient room and medicine room

Result

TABLE 4.1 Frequency Distribution of Stage I Inparticular Motherhood in Active Phase in BPM DesaSawitSeberang in 2018

No.	Age	Total	
		F	%
1	<20 years	10	31,2
2	20-35 years	17	53,1
3	>35 years	5	15,7
Total		32	100

Based on Table 4.1 above, it can be seen that of the 32 respondents, the majority were 20-35 years old as many as 17 respondents (53.1%) and the minority aged > 35 years were 5 respondents (15.7%).

TABLE 4.2 Frequency Distribution of Stage I Partition Parity in Active Phase in BPM DesaSawitSeberang in 2018

No.	Paritas	Total	
		F	%
1	Primipara	8	25
2	Secundipara	12	37,5
3	Multipara	10	31,2
4	Grandemultipara	2	6,3
Total		32	100

Based on Table 4.2 above, it can be seen that of the 32 respondents, the majority were 12 respondents (37.5%) and the Grandemultipara minority were 2 respondents (6.3%).

TABLE 4.3 Frequency Distribution of Stage I Inparticular Mother Education in the Active Phase of BPM DesaSawitSeberang in 2018

No.	Education	Total	
		F	%
1	SD	7	21,9
2	SMP	8	25
3	SMA	13	40,6
4	Higher Education	4	12,5
Total		32	100

Based on Table 4.3 above, it can be seen that of the 32 respondents, the majority have high school education as many as 13 respondents (40.6%) and the minority have a tertiary education as many as 4 respondents (12.5%).

TABLE 4.4 Distribution of the Frequency Intensity of Stage I Intensive Mother Pain in the Active Phase Before and After Classical Music Therapy in the Intervention Group

No.	Pain Intensity	Before		After	
		F	%	F	%
1	Mild pain	0	0	8	50
2	Moderate pain	5	31,2	8	50
3	Severe pain	11	68,8	0	0
Total		16	100	16	100

Based on Table 4.4 above, it can be seen that of the 16 respondents in the intervention group before being given therapy the majority felt severe pain as many as 11 respondents (68.8%) and after being given classical music therapy the majority felt mild and moderate pain respectively as many as 8 respondents (50%).

TABLE 4.5 Distribution of the Frequency Intensity of Stage I Intensive Pain in the Active Phase Before and After Non-Classical Music Therapy in the Control Group

No.	Pain Intensity	Before		After	
		F	%	F	%
1	Mild pain	2	12,5	3	18,7
2	Moderate pain	12	75	6	37,5
3	Severe pain	2	12,5	7	43,8
Total		16	100	16	100

Based on Table 4.5 above, it can be seen that of the 16 respondents in the control group before being given the therapy, the majority felt moderate pain as many as 12 respondents (75%), the minority felt mild and severe pain respectively 2 respondents

(12.5%) and after being given non-classical music therapy, the majority felt severe pain as many as 7 respondents (43.8%), the minority felt mild pain as many as 3 respondents (18.7%).

TABLE 4.6 Results of the T-Test Independent T-Test for the Intensity of Pain in the Intervention and Control Group Stage I Partial Mother in the Active Phase

	Group	N	Mean	SD	SE	<i>p-value</i>
Pain before	intervention	16	7.31	1.662	.416	0,01
	kontrol	16	4.88	1.962	.491	
Pain after	intervention	16	3.69	1.138	.285	
	kontrol	16	5.56	2.421	.605	

Based on Table 4.6, it can be seen that the average intensity of the intervention group was 7.31 and after being given classical music therapy it decreased to 3.69. In the control group the average pain intensity in the intervention group was 4.88 and after being given non-classical music therapy, it increased to 5.56. The results of statistical tests showed that the p value (sig) was 0.01 <0.05. This may imply that there is an effect of pain intensity on mothers during the first stage of the active phase who are given classical music therapy and non-classical music therapy.

TABLE 4.7 Paired Sample T-Test Results for the Intervention Group and the Control Group for Stage I Particular Women in the Active Phase

	Mean	N	SD	SE	<i>p-value</i>
Pain before	6.09	32	2.176	.385	0,004
After pain	4.62	32	2.091	.370	

Based on Table 4.7, it can be seen that the average pain intensity in the intervention and control groups before being given

therapy was 6.09 and after being given therapy was 4.62. The results of statistical tests showed that p (sig) was 0.004 <0.05, it can be concluded that there was a significant difference in pain intensity in the first stage of the active phase in the intervention group and the control group.

Discussion

Labor pain is a physiological condition, labor pain begins to appear during the 1st stage of labor. Pain during labor is 30-40 out of 50 scores set by Wall & Mellzack. This score is higher than clinical pain syndromes such as chronic back pain, pain due to cancer, leg pain and others. Pain during the first stage of labor occurs due to dilatation of the cervix, lower uterine segment, the presence of opposing resistance, pulling and injury to the muscle tissue and ligaments that support the structures above (Asrinah, 2010).

Music therapy is a non-pharmacological method for relaxation techniques that is rarely applied in nursing and midwifery practice, even though music therapy is an effective distraction technique that can reduce physiological pain, stress and anxiety by diverting one's attention from pain.

Instrumental music (classical) is preferred by mothers in labor, compared to other types of music (Jordan, 2006) and is the choice for women (Birth Organization Resources and Networks, 2007). Music used as therapy should be simple, soothing, regular tempo, and have soft strains (Potter, 2006). Research (Somoyani, 2015) also states that Mozart's classical music has a good impact on reducing labor pain.

This research was conducted on Active Phase I Inpartu Women in BPM Desa Sawit Seberang 2018 with 32 respondents in the first stage of the active phase, consisting of two groups, namely the intervention and control groups with 16 respondents each indicating compatibility with the theory, that classical music can reduce the intensity of pain in active phase I stage I inpartum mothers.

The results of this study indicate that the average pain intensity of the intervention group was 7.31 and after being given classical music therapy it decreased to 3.69. In the control group the average pain intensity in the intervention group was 4.88 and after being given non-classical music therapy, it increased to 5.56. The statistical test results showed that the p value (sig) was $0.01 < 0.05$, meaning that there was an effect of pain intensity in the active phase of the inpartum mother who was given classical music therapy and non classical music therapy.

This is in line with the research conducted by HendriTobing with a research sample of 40 respondents who were divided into 2 groups of 20 respondents each with a sampling technique using the Slovin formula and the results of the T-Test statistical test sig value. 0.428 shows that there is an effect of birthing ball and music on the decrease in the level of pain during the active phase of labor.

Furthermore, the results of research conducted by WardatiHumaira to mothers during the first stage of the active phase showed that the mean intensity of labor pain in the intervention group on a scale of 5.09 and in the control group on a scale of 7.05. Based on the statistical test with the T - Independent Test, it was found that there was an effect of music therapy on reducing the intensity of labor pain with $p = 0.001$.

Then the research conducted by HerniAstuti to 30 active phase I stage I mothers with each intervention and control group as many as 15 respondents. The results showed that the pre-test mean value was 7.0 and the post-test decreased by - 1.4. The calculated value obtained from the paired t-test with the sig value. 0.000, this shows that there is an effect of giving music therapy on the level of labor pain in mothers in labor.

Conclusion

Based on the research results, the following conclusions can be drawn:

1. From the results of the study, it was found that out of 32 respondents, the majority were 20 -35 years old as many as 17 respondents (53.1%), a minority aged > 35 years were 5 respondents (15.7%), the majority of skundipara were 12 respondents (37, 5%), a minority of grandemulitipara as many as 2 respondents (6.3%), the majority had a high school education as many as 13 respondents (40.6%), and a minority with a tertiary education education as many as 4 respondents (12.5%).

2. From the results of the study, it was found that of the 16 respondents in the control group before being given therapy the majority felt moderate pain as many as 12 respondents (75%), a minority felt mild and severe pain respectively 2 respondents (12.5%), and after being given non-Classical music therapy, the majority felt severe pain as many as 7 respondents (43.8%), the minority felt mild pain as many as 3 respondents (18.7%).

3. From the research results, it was found that the average pain intensity of the intervention group was 7.31 and after being given classical music therapy it decreased to 3.69. In the control group the average pain intensity in the intervention group was 4.88 and after being given non-classical music therapy, it increased to 5.56. The results of statistical tests showed that the p value (sig) was $0.01 < 0.05$. This may imply that there is an effect of pain intensity on mothers in the first stage of the active phase who are given classical music therapy and non-classical music therapy.

4. From the results of the study, it was found that the average pain intensity in the intervention and control groups before being given therapy was 6.09 and after being given therapy was 4.62. The results of statistical tests showed that p (sig) was $0.004 < 0.05$, it can be concluded that there was a significant difference in pain intensity in the first stage of the active phase in the intervention group and the control group.

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RELATIONSHIP OF MIDWIFERY SERVICE EXCELLENT SERVICE WITH MATERNITY SATISFACTION AT TANJUNG PURA REGIONAL HOSPITAL

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ABSTRACT

The National Health System (SKN) states that the goal of health development is the achievement of the ability to live a healthy life for every population in order to achieve an optimal health degree as an element of general welfare, one of the efforts to achieve this goal is to make comprehensive, integrated and equitable health efforts that can be achieved, accepted and reached by all people with an active role in the community, namely hospital referrals. Customer satisfaction can be improved by improving service quality by using customer analysis, including reliability, credibility, competence, tangible and responsiveness. This study aims to determine the Relationship between Excellent Service Midwifery Services and Maternal Patient Satisfaction at the Tanjung Pura Regional Hospital in 2018. The population in this study were all women giving birth at the Tanjung Pura Hospital in 2018. The number of samples in this study were taken randomly. 63 people. The results obtained in this study on 63 respondents at the Tanjung Pura Regional Hospital in 2018 stated that there were 35 people who were dissatisfied with good service towards maternal satisfaction who were dissatisfied with 35 people (83%) and for service excellence. %). There is a variable reliability with good service with bad patient satisfaction as many as 34 people (83%) and good service with good patient satisfaction as many as 7 people (17%). There is a variable credibility with good service with bad patient satisfaction as many as 18 people (53%) and good service with good patient satisfaction as many as 16 people (47%). There is a Competence variable with good service with bad patient satisfaction as many as 33 people (80%) and good service with good patient satisfaction as many as 8 people (19%). There is a Tangible variable with good service with bad patient satisfaction as many as 35 people (83%) and good service with good patient satisfaction as many as 7 people (17%). There is a responsiveness variable with good service with bad patient satisfaction as many as 34 people (83%) and good service with good patient satisfaction as many as 7 people (17%).

Keywords: *Midwifery Service, Excellent Service, Maternal Satisfaction*

PRELIMINARY

The national health system (SKN) is said that the goal of health development is the achievement of the ability to live a healthy life for each population so that optimal health status can be realized as one of the elements of general welfare, one of the efforts to achieve these objectives is a comprehensive, integrated and equitable health effort that can accepted and affordable by all people with an active community role, namely hospital referrals (Sornauli, 2008).

Health services in hospitals are basically public service organizations. The hospital has a mission to provide quality and affordable health services to the community in order to improve community health status. In addition, the hospital also implements health service efforts in an efficient and effective manner in order to prioritize the healing and recovery of patients in an integrated manner, therefore hospitals need to have excellent service quality characteristics in accordance with patient expectations (Adenan, 2016).

According to the results of research conducted by Wulandari (2012) conducted on December 23, 2012 on 10 outpatients by conducting a short interview at RSIA Aura Syifa showed that 6 patients (60%) were satisfied and 4 patients (40%) felt dissatisfied with the services provided, due to the lack of communicative officers in responding to patient complaints, and based on the results of research on 32 patients RSIA Aura Syifa Gampengrejo Kediri known satisfaction as a large respondent to the services provided by midwives at RSIA Aura Syifa Gampengrejo Kediri are satisfied, (31 %) feel very satisfied, (63%) feel satisfied, (6%) feel dissatisfied with the services provided by RSIA Aura Syifa Gampengrejo Kediri.

Based on preliminary surveys conducted at Tanjung Pura Hospital there were 178 maternal patients, from January to June 2018. Where researchers interviewed several patients at Tanjung Pura Regional Hospital to find out the satisfaction of maternity patients about Midwifery Services Excellent Service in the Tanjung Pura Regional Hospital, apparently from a number of patient opinions the researcher got, Kuarang patients were satisfied with the midwifery services at the Tanjung Pura Regional Hospital.

RESEARCH METHODS

This study uses analytic observational research. This research is to find out the relationship between midwifery services and satisfaction of maternity patients in Tanjung Pura Regional Hospital in 2018 with analytical observational research, with a sample of 63 people

The location chosen as a place of research on the relationship of midwifery service is excellent and the level of satisfaction of maternal patient satisfaction is in Tanjung Pura Regional Hospital, while the reason for selecting a research site are : The location is easy to reach, Availability of sampel sources expected by researchers, Time cost and energy efficiency.

RESEARCH RESULT

From the results of the study titled "The Relationship of Excellent Service Midwifery Services and Maternal Satisfaction at Tanjung Pura Regional Hospital with a total of 63 respondents with the following results.

A. Characteristics of Respondents

1. Univariate Analysis

can be seen that respondents based on the age of the majority of respondents aged 28-32 years were 19 people (31%) and the minority aged 18-22 years were 12 people (19%). Based on education the majority of respondents have an elementary education of 32 people (51%) and a minority of PT education respondents are 10 people (16%). Based on work, the majority of respondents have 22 employees (17%) and the minority as IRT are 10 people (32%).

2. Bivariate Analysis

can be seen that based on midwifery services most respondents rated it in the good category of 41 people (65%). The results of the Bivariate analysis stated that there was a relationship between midwifery services and patient satisfaction with a p value <of 0.05 (p = 0,000).

3. Multivariate Analysis

Tabel : Frequency Distribution of Relationship of Midwifery Service Excellent Service and Maternal Patient Satisfaction in Tanjung Pura Regional Hospital in 2018

independent variable	B	Wald	Sig	Exp (B)	98% Confidence Interval	
					Lower	Upper
Reability	0.128	0.000	0.001	0.131	0.044	0.462
Credibility	0.152	1.557	0.005	0.163	1.598	19.430
Tangible	0.731	0.000	0.000	0.740	0.037	0.408
Competance	0.262	0.000	0.004	0.269	0.065	0.632
Responsiveness	0.128	0.274	0.001	0.131	0.044	0.462

Shows the influence of the independent variables on related variables using logistic regression analysis with the enter method. The analysis shows that there is one variable whose value is <0.05, this means that statistically has an influence on the dependent variable.

4.2.4 DISCUSSION

From the results of research conducted on the relationship of excellent service midwifery service with maternal patient satisfaction at the Tanjung Pura Hospital 2018, the discussion is as follows:

4.2.1 Frequency Distribution of Respondents Characteristics in the Delivery Room at the Tanjung Pura Hospital in 2018

Based on the results of the study, the number of cases in the delivery room of the Tanjung Pura Hospital in 2018 were 63 mothers giving birth and 19 respondents based on the age of the majority aged 29-33 years (30.2%), and a minority 18-23 years of 12 people (19, 0%). Based on the results of the study, the number of cases in the delivery room at the Tanjung Pura Hospital in 2018 were 63 mothers giving birth and respondents based on education, the majority of respondents had elementary education, namely 30 people (50.8%) and a minority of respondents from high school and university education (universities) as many as 10 people 15.9%.

This research is in line with the research of Arisa Wulandari (2016), with the title Patient Perception Relationship in inpatient administrative services with family satisfaction of patients participating in national health insurance, it is known that there are most respondents, there are 18 respondents (30%) who expressed dissatisfaction with the services provided. This could have an effect on hospital services.

According to the assumptions of the researcher, seeing from the data taken from the research questionnaire conducted at the Tanjung Pura Regional Hospital, there are still many ages and education who do not understand about the excellent service midwifery services available at the Tanjung Pura Hospital.

4.2.2 Frequency Distribution Based on Variable Reability With Maternal Satisfaction in Midwifery Services Excellent Service at Tanjung Pura Hospital in 2018

Based on the results of the research, the number of cases in the delivery room of the Tanjung Pura Hospital in 2018 was 63 mothers giving birth and respondents based on the reliability above it can be seen that in good service there are 41 people, of which 41 people are good service with bad satisfaction 34 people, 7 people feel service good with good satisfaction. There are 22 bad knowledge, where 13 people have good satisfaction and 9 people have bad satisfaction. The majority of good service relationships with patient satisfaction were not good as many as 34 people (83%), the minority of good service relations with good patient satisfaction were 7 people (17%). This study is in line with Tjiptono's research (2004) in Wira DIA (2014) which states that the main factors that can determine patient satisfaction are reliability, trust, ability, physical evidence and responsiveness. Based on the research, there were 7 respondents (30%) who had bad perceptions and were not satisfied with the services provided there were 11 respondents (11%) who had good perceptions but were still not satisfied with the services provided by the hospital.

This study is in line with the research of Sondang (2007), in his research on 95 inpatients at the Bhayangkara Hospital Medan stated that patient satisfaction on the reliability dimension which stated satisfaction was 41.1% and 34.75% dissatisfied.

According to the research assumptions, seeing from the data taken from the research questionnaire conducted at the Tanjung Pura Regional Hospital, there are still many patients who do not understand about the excellent service midwifery services available at the Tanjung Pura Regional Hospital in the category of reliability.

4.2.3 Frequency Distribution Based on Credibility Variables With Maternal Satisfaction in Midwifery Services Excellent Service at Tanjung Pura Hospital in 2018

Based on the results of the research, the number of cases in the delivery room at the Tanjung Pura Hospital in 2018 was 63 mothers giving birth and respondents based on the credibility above it can be seen that in good service there are 34 people, where 34 people are good service with bad satisfaction 18 people, 16 people feel good service with good satisfaction. Knowledge is not good amounted to 29 people where 4 people with good satisfaction and 25 people with bad satisfaction. The majority of good service relationships with patient satisfaction were 18 people (53%), the minority of good service relationships with good satisfaction were 16 people (47%).

This study is in line with Sangadji's (2013) research, which states that most of the respondents, there are 11 respondents (11%) who have a good perception but are still not satisfied with the services provided by the hospital.

According to the assumptions of the researcher, seeing from the data taken from the research questionnaire conducted at the Tanjung Pura Regional Hospital, there are still many patients who do not understand the excellent service midwifery services available at the Tanjung Pura Hospital in the category of Credibility.

4.2.4 Frequency Distribution Based on Tangible Variables With Maternal Satisfaction in Midwifery Services Excellent Service at Tanjung Pura Hospital in 2018

Based on the results of the research, the number of cases in the delivery room at Tanjung Pura Hospital in 2018 was 63 mothers giving birth and respondents based on the above tangible can be seen that in good service there were 67 people, where 67 people were good service with bad satisfaction 35 people, 7 people felt good service with good satisfaction. Bad

knowledge amounted to 33 people where 13 people with good satisfaction and 8 people with bad satisfaction. The majority of good service relations with patient satisfaction were not good as many as 35 people (83%), the minority of good service relations with good satisfaction were 7 people (17%). This research is in line with Arisa Wulandari's research (2016), with the title The Relationship Between Perceptions of Inpatient Administration Services and Family Satisfaction of Patients Participating in National Health Insurance, it is known that 18 respondents (30%) expressed dissatisfaction with the services provided. This could have an effect on services in hospital services.

This study is in line with the research of Sondang (2007), in his study there were 95 inpatients at the Bhayangkara Hospital Medan who stated that 60% of patients' satisfaction on the Tangible dimension stated that they were satisfied and 35.8% were dissatisfied.

According to the research assumptions, seeing from the data taken from the research questionnaire conducted at the Tanjung Pura Regional Hospital, there are still many patients who do not understand about the excellent service midwifery services available at the Tanjung Pura Hospital in the Tangible category (reliability).

4.2.5 Frequency Distribution Based on Competence Variables With Maternal Satisfaction in Midwifery Services Excellent Service at Tanjung Pura Hospital in 2018

Based on the results of the research, the number of cases in the delivery room of the Tanjung Pura Hospital in 2018 was 63 mothers giving birth and respondents based on the above competencies can be seen that in good service there are 41 people, where 41 people are good service with bad satisfaction 33 people, 8 people feel good service with good satisfaction. Bad knowledge amounted to 22 people where 12 people with good satisfaction and 10 people with bad satisfaction. The majority of good

service relationships with patient satisfaction were not good as many as 33 people (80%), the minority of good service relations with good satisfaction were as many as 8 people (19%). This research is in line with Arisa Wulandari's research (2016), with the title The Relationship Between Perceptions of Inpatient Administration Services and Family Satisfaction of Patients Participating in National Health Insurance, it is known that 18 respondents (30%) expressed dissatisfaction with the services provided. This could have an effect on services in hospital services.

This study is in line with the research of Sondang (2007), in his study there were 95 inpatients at the Bhayangkara Hospital Medan who stated that 60% of patients' satisfaction on the competence dimension stated that they were satisfied as much as 60% and 35.8% who were dissatisfied. According to the research assumptions, seeing from the data taken from the research questionnaire conducted at the Tanjung Pura Regional Hospital, there are still many patients who do not understand the excellent service midwifery services available at the Tanjung Pura Hospital in the category of Competance

4.2.6 Frequency Distribution Based on Responsiveness Variables With Maternal Satisfaction in Midwifery Services Excellent Service at Tanjung Pura Hospital in 2018

Based on the results of the research, the number of cases in the delivery room at the Tanjung Pura Hospital in 2018 was 63 mothers giving birth and respondents based on the responsiveness above, it can be seen that in good service there are 41 people, where 41 people are good service with bad satisfaction 34 people, 7 people feel good service with good satisfaction. Bad knowledge numbered 22 people, where 13 people with good satisfaction and 9 people with bad satisfaction. The majority of good service relationships with patient satisfaction were not good as many as 34

people (83%), the minority of good service relations with good satisfaction were 7 people (17%).

This study is in line with the research of Sondang (2007), in his research there were 95 inpatients at the Bhayangkara Hospital Medan who stated that patient satisfaction on the responsiveness dimension who expressed satisfaction was 72.6% and 49.4% dissatisfied.

According to the research assumptions, seeing from the data taken from the research questionnaire conducted at the Tanjung Pura Regional Hospital, there are still many patients who do not understand the excellent service midwifery services available at the Tanjung Pura Hospital in the Responsiveness category.

CONCLUSIONS AND RECOMMENDATIONS

1. Based on maternal satisfaction in excellent service midwifery services in Tanjung Pura Regional Hospital in 2018 the majority of service excellent service Good to the satisfaction of dissatisfied maternity mothers there were 35 people (83%) and minority in excellent service services Good satisfaction of satisfied maternity satisfaction there were 7 people (17%).
2. Based on the variable Reability with maternal satisfaction in excellent service midwifery services in Tanjung Pura Regional Hospital in 2018, it can be seen that the majority of good service relationships with bad patient satisfaction are 34 people (83%), the minority of good service relationships with good patient satisfaction is 7 people (17%).
3. Based on the variable credibility with maternity satisfaction in excellent service midwifery services in Tanjung Pura Regional Hospital in 2018, it can be seen that the majority of good service relationships with bad patient

satisfaction are 18 people (53%), minority good service relationships with good patient satisfaction are 16 people (47%).

4. Based on the variable Competance with maternal satisfaction in excellent service midwifery services in Tanjung Pura Regional Hospital in 2018
5. it can be seen that the majority of good service relationships with bad patient satisfaction are 33 people (80%), the minority of good service relationships with good patient satisfaction are 8 people (19%).
6. Based on the Tangible variable with maternal satisfaction in excellent service midwifery services in Tanjung Pura Regional Hospital in 2018 it can be seen that the majority of good service relationships with poor patient satisfaction by 35 people (83%), minority good service relationships with good patient satisfaction by 7 people (17%).
7. Based on the variable Responsiveness with maternal satisfaction in excellent service midwifery services in Tanjung Pura Regional Hospital in 2018, it can be seen that the majority of good service relationships with bad patient satisfaction are 34 people (83%), the minority of good service relationships with good patient satisfaction is 7 people (17%).

SUGGESTION

5.2.1. For Health Workers

It is hoped that health workers can provide information or counseling in order to increase maternal knowledge about good and correct service excellent midwifery services so that satisfactory results can be obtained by patients.

5.2.2. For Tanjung Pura Hospital

It is hoped that Tanjung Pura Hospital will improve its midwifery service

excellent service and provide adequate facilities.

5.2.3. For Further Researchers

It is hoped that the next researchers can continue this research with more and more in-depth variables

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RELATIONSHIP TYPE OF LABOR TO POSTPARTUM DEPRESSION RISK IN THE MIDWIFERY ROOM OF THE PUBLIC HOSPITAL MUHAMMAD ALI KASIM DISTRICT GAYO LUES YEAR 2020

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ABSTRACT

Background: Depression most experienced by the community. Depression is a real disease or real public health problem. The incidence of depression in the world is very high, reaching 18%, from 2005-2015 there were 300 million of the world's total population who experienced depression in their lives. The high incidence of depression has caught the attention of the world community, so the *world health organization* (WHO) has made depression the theme of the 2017 World Health Day commemoration (Kemenkes RI, 2017).

Methods: This type of research is an analytical survey with a retrospective cohort design. The population in this study were all postpartum mothers who gave birth at the General Hospital Muhammad Ali Kasim, Gayo Lues Regency, the obstetrics room. The population in this study were all postpartum mothers who gave birth at the Muhammad Ali Kasim General Hospital, Gayo Lues Regency, the obstetrics room from June 1 to July 14, 2020. The population in this study were all postpartum mothers on days 7-14 who gave birth at Muhammad Hospital. Ali Kasim.

Results: The results of univariate analysis were conducted to determine the distribution of research subjects by calculating the frequency and percentage of each research variable. The results of statistical tests show that mothers with cesarean delivery have a 3.7 times greater risk of postpartum depression than mothers who deliver vaginal deliveries.

Conclusion: The type of delivery affects the risk of postpartum depression because the mother's bad experience during childbirth and physical trauma during childbirth will affect the mother's psychology. The risk incidence of postpartum depression in postpartum mothers at Muhammad Ali Kasim General Hospital is 36.3%, with 3.7 times greater risk of postpartum depression in cesarean delivery than vaginal delivery.

Key words: Type of Labor, Psychology, Postpartum Depression, Childbirth Sc and vaginal delivery

BACKGROUND

Depression is one of the problems or mental health problems that most people experience. Depression is a real disease or real public health problem. The incidence of depression in the world is very high, reaching 18%, from 2005-2015 there were 300 million of the world's total population who experienced depression in their lives. The high incidence of depression has caught the attention of the world community, so the *world health organization* (WHO) has made depression the theme of the 2017 World Health Day commemoration (Kemenkes RI,

2017). Part of the depression rate is depression experienced by mothers during the *postpartum* or childbirth period. The postpartum period is a critical period in the survival of mothers and newborns. Most of maternal and newborn deaths occurred within the first 1 month after delivery. Infant mortality rate (IMR) 24 deaths per 1,000 live births. The percentage of women who received their first postnatal care after giving birth to a child with a birth order of 6 or more (65%) was lower than that of women who had had their first child (88%). The percentage of women who receive

postnatal care at health care facilities (94%) is higher than that of women who give birth elsewhere (56%) (IDHS, 2017).

The incidence of postpartum depression globally is between 10-15%, a meta-analysis study conducted in 23 developing countries in 2016 with 38,142 participants, it was found that the incidence of depression *postpartum* was 19.7% (16.9-22.8%). During the postpartum period, mood disorders are common in women up to 85%, although only 10-15% of women experience significant clinical symptoms (Sylvén et al., 2017). However, 10-15% of mothers who experience further symptoms and until they get worse are diagnosed with postpartum depression (Cirik et al., 2016). The prevalence of depression incidence is *postpartum* 10-15% in developed countries and about 20% -40% in developing countries. *Postpartum* depression has a significant negative impact on cognitive, social and developmental children. The effects of depression are not only on mothers, but babies on depressed mothers will experience delays in cognitive, psychological, neurological and motor development (Diniyah, 2017). The prevalence of postpartum depression in the world varies from 6.5% to 15% during 1 year after delivery (Misri et al., 2016; Rambelli et al., 2010; Tang et al., 2016). The prevalence of postpartum depression in developing countries ranges from 2% -74% with the greatest prevalence in Turkey (Norhayati et al., 2016). Research conducted in Brazil states that the prevalence of postpartum depression increases every year with the predictor factor being the mother's lack of understanding to check the condition of herself and the baby so that screening and preventive efforts can be made (Correa et al., 2016).

Previous research has revealed that postpartum depression is also experienced by women in Indonesia, however national data cannot yet be explored for the prevalence rate. In Indonesia (Jakarta, Yogyakarta and Surabaya), in 1998-2001

data was obtained that the incidence of postpartum depression was between 15-20% (Elvira, 2011). In 2007 in Indonesia, the incidence of postpartum depression found at 6 weeks postpartum was 6.6% and 6 months postpartum was 8.2% (Rommruangwong, 2011).

Women who do not adapt to their new roles and activities are likely to experience psychological disturbances in a variety of symptoms called *postpartum depression*. WHO predicts depressive disorder will be the second highest problem in 2020. Based on several studies, the postpartum period or what is known as *postpartum* is a high risk period for depressive disorders in women (Khojinayati, 2017). WHO states that the factors that contribute to the occurrence of postpartum depression are stress conditions, negative behavior during pregnancy and lack of social support (Ayoub, 2014; Norhayati et al., 2016). *Postpartum* depression poses a risk to postpartum mothers because of the length of labor, type of delivery, and medical interventions during labor. *Postpartum* depression in mothers will affect children's behavior disorders, low thinking functions and cognitive impairment and children's growth (Ariyanti, et al, 2017).

Other studies suggest that a decrease in the ratio of *Luteinizing Hormone (LH) - Follicle Stimulating Hormone (FSH)* postpartum is associated with an increased risk of postpartum depression (Raji et al., 2016). A decrease in this ratio can be used as a chemical predictor of postpartum depression. The existence of problems with sleep patterns and fatigue in the legs during pregnancy have contributed to the symptoms of postpartum depression (Okun, 2016; Sarberg et al., 2016). *Postpartum* depression poses a risk to postpartum mothers because of the length of labor, type of delivery, and medical interventions during labor. *Postpartum* depression in mothers will affect the child's behavior disorders, low thinking function and cognitive impairment and child growth. Knowing the effect of the type of delivery

on the risk of postpartum depression in postpartum mothers. The incidence of risk of postpartum depression in postpartum mothers in Sleman Hospital was 36.3%. Type of delivery had a significant effect on the risk of postpartum depression with a value (OR = 3,716, 95% CI 1,620-8,522) (Ariyanti et al, 2017).

Muhammad Ali Kasim General Hospital is the only hospital in Gayo Lues Regency to date and accepts patients via the BPJS line and the public route. Muhammad Ali Kasim General Hospital is a referral place from 11 sub-districts and 136 villages who make referrals. There are quite a lot of visits to deliveries at the Muhammad Ali Kasim General Hospital, because it accommodates referrals for each sub-district in Gayo Lues Regency. The survey results obtained that the number of vaginal deliveries amounted to 42 people and 32 deliveries by cesarean section in 2018. The data obtained in 2019 of maternity patients increased from the previous year. The number of patients giving birth by vaginal delivery was 313 and the number of patients giving birth by cesarean section was 163 people. There are some patients who look gloomy, and do not have passion during direct contact with their babies, in the midwifery room of Muhammad Ali Kasim General Hospital, this is the background for the author to conduct research, whether the signs and symptoms experienced by postpartum mothers in the midwifery room are postpartum depression or still level of baby blues or worse postpartum psychosis. Because in the midwifery room there are 2 types of delivery, both vaginal delivery and by cesarean section, so the authors want to know whether there is an influence and relationship between types of delivery that are at risk of depression in mothers *postpartum*. Based on the description above,

it is necessary to conduct research on the relationship between the type of delivery and the risk of depression *postpartum* in the midwifery room of the General Hospital Muhammad Ali Kasim, Gayo Lues Regency to find out how the effect of the type of delivery on the risk of postpartum depression.

METHOD

This study was an analytical survey with a retrospective cohort design. The population in this study were all postpartum mothers who gave birth at the General Hospital Muhammad Ali Kasim, Gayo Lues Regency, the obstetrics room. The type of data in this study is primary data. The data collection technique was done by giving questionnaires to respondents according to the criteria that had been made. Univariate analysis of data obtained from the collection results can be presented in the form of a frequency distribution table. In this bivariate analysis, statistical tests were carried out on interrelated variables, the correlation statistics used were using the chi-square test. The number of questions on the EPDS instrument has 10 items, where the questions are easy to understand, which allows clients to fill them out and does not make clients tired when answering the questionnaire. Questions in the instrument are classified with a sign (*) and without a sign (*). For questions without a sign (*), namely questions 1,2 and 4, the top answer box is given a value of zero (0) and the lowest answer box is given a value of three (3). Questions with a sign (*), namely the number 3,5,6,7,8,9,10, the top answer box is given a value of three (3) and the lowest answer box is given a value of zero (0). The maximum value of EPDS is 30 with interval 0-9 normal, ≥ 15 depression.

RESULTS

Characteristics of Respondents

Table 1 Frequency distribution of respondents based on age, education, occupation, parity, type of delivery, economic status, family support, married status, planned pregnancy and incidence of postpartum depression at Muhammad Ali Kasim General Hospital in 2020

Variable	Frequency	%
Education		
P. Low: SD-SMP	28	42.4
P. High: SMA-PT	38	57.5
Work		
Mother is working	23	34.8
Mother does not work	43	65.1
Parity		
Primipara	30	45.4
Multipara	36	54.5
Economic status		
Low	42	63.6
Medium	12	18.1
High	12	18.1
Family support status		
Yes	62	93.9
None	4	6.0
Pregnancy		
Planned	48	72.7
Unplanned	18	27.2
Type of delivery		
Pervaginam	34	51.5
Sectio by	32	48.4
Postpartum depression		
Yes	22	33.3
No	24	36.3

Based on the results of statistical tests, it is known that the frequency distribution of the respondent variables. A total of 28 respondents (42.4%) with low education ranging from elementary to junior high school level, 23 respondents (34.8%) working mothers, 30 respondents (45.4%) primiparous parity, 42 respondents (63.6%) economic UMR $\leq 3,165,031$, 62 respondents

(93.9%) had family support, 65 respondents (98.4%) married status, 48 respondents (72.7%) planned pregnancy, 34 respondents (51.5%) gave birth vaginal discharge and 22 respondents (33.3%) who experienced postpartum depression for 7 days after delivery.

Table 2 Effect of independent variables with dependent variables

Type of Labor	EPDS I		Frequency EPDS II	
	DP	TDP	DP	TDP
Vaginal	9	25	11	23
Sectio	13	19	13	19
Total	22	44	24	42

Based on the table above 9 respondents experienced postpartum depression during vaginal delivery with EPDS examination the first stage, during the postpartum period 7 days postpartum. 11 respondents who experienced vaginal delivery postpartum depression at the second EPDS examination at the postpartum period. Among respondents who gave birth by section by section, there was no change in the EPDS I examination with the EPDS II examination, but the rate of postpartum depression was more in postpartum mothers who gave birth by section section.

The relationship between the type of delivery and the risk of postpartum depression. The analysis in this study aimed to determine the relationship between the type of delivery and the incidence of postpartum depression at Muhammad Ali Kasim General Hospital in 2020. Statistical testing using chi-square with a confidence level of 95% and a p-value less than 0.05. The results of the analysis are presented as follows:

Table 3 Cross table of research subjects based on the type of delivery with the incidence of postpartum depression at Muhammad Ali Kasim General Hospital in 2020

Type of delivery	OR	95% CI
Vaginal	3,716	1,620-
Seccio	1	8,522

The results of statistical tests show that mothers with cesarean delivery have a chance the risk of postpartum depression was 3.7 times greater than that of mothers who had vaginal delivery.

DISCUSSION

This study found 66 respondents. The factors in the incidence of postpartum depression in this study were age, type of delivery, level of education, employment status, social support, parity, family support, planned pregnancy, economic status, and married status.

The incidence of the risk of postpartum depression in postpartum mothers at Muhammad Ali Kasim General Hospital is 36.3%, the type of delivery has a significant effect on the risk of postpartum depression with a value of OR = 3.7 This means that mothers with cesarean delivery have a 3.7 times the risk of postpartum depression. greater than mothers who gave vaginal delivery. Experience during childbirth, responsibility for the role of mother, the existence of a new family member (baby) and a new role as a mother are psychological changes that occur in mothers during the postpartum period (Maryuani, 2009). The type of delivery affects the risk of postpartum depression because the mother's bad experience during childbirth and physical trauma during childbirth will affect the mother's psychology. This is in accordance with the opinion of Kruckman in Marni (2014), that postpartum depression is a risk to postpartum mothers because of the length of labor, the type of delivery, and medical interventions during labor. Mothers with cesarean delivery have longer recovery

times compared to vaginal deliveries, thus preventing the mother from fulfilling her new role as a mother which makes mothers with cesarean delivery more at risk of postpartum depression. Conduct early detection to see the risk of postpartum depression in postpartum mothers so that they can immediately get treatment that has not been done at the Obstetrics and Gynecology Poli Muhammad Ali Kasim Hospital, Gayo Lues Regency.

According to a study by Patel et al., (2005) in the UK on the analysis of the effect of operative delivery with postpartum depression in postpartum mothers, which was conducted in a prospective cohort, it was found that vaginal delivery had a 9.3% risk of postpartum depression, while for mothers who did cesarean delivery has a 10.1% risk of developing postpartum depression, so mothers who deliver cesarean delivery have a greater risk of developing postpartum depression.

Research by Goker et al., (2012), in Turkey, analyzed whether the type of delivery was a risk factor for postpartum depression, it was found that the type of delivery influenced the occurrence of postpartum depression with vaginal delivery having a 27.6% risk of suffering from postpartum depression. Research by Bahadoran et al., (2014), in Iran with a meta-analysis of the type of delivery on postpartum depression, shows that mothers who have had a cesarean delivery have a risk of postpartum depression that is two times greater than vaginal delivery, or whether or not postpartum depression in the mother has an effect. The occurrence of postpartum depression due to the type of labor experienced by postpartum mothers is influenced by other variables. The results of this study conclude that the type of delivery has an influence on the risk of postpartum depression so that routine screening during postpartum visits can identify the risk of postpartum depression effectively, simply and easily, so that mothers at risk of postpartum depression can immediately get optimal midwifery care. Apart from being

able to be immediately referred to a psychiatrist for further diagnosis and treatment.

CONCLUSION

The risk incidence of postpartum depression in postpartum mothers at Muhammad Ali Kasim General Hospital is 36.3%, with a 3.7 times greater chance of having a risk of postpartum depression in cesarean delivery compared to vaginal delivery. Early detection as prevention of postpartum depression by screening using the Edinburgh Postnatal Depression Scale (EPDS). The need to prepare yourself during pregnancy by attending classes for pregnant women during pregnancy so that mothers are better prepared for the postpartum period after giving birth.

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KNOWLEDGE'S RELATIONSHIP WITH THE ATTITUDE OF THE MOTHER WEEKING BABIES UNDER 1 YEAR IN THE REGION THE WORK OF PUSKESMAS MEDAN JOHOR

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ABSTRACT

A good weaning time is done when the child reaches 2 years of age. Weaning that is done at the age of less than the year causes problems in children. The causative factor for weaning less than 2 years is knowledge with the mother's attitude about weaning time. Information is very important given to increase knowledge and give a positive attitude. This study aims to determine the relationship between knowledge and attitudes of mothers who love babies under 1 year of age. The research design used survey analytic and cross sectional approach. The study population of mothers who weaned infants under 1 year of age were 31 mothers, a sample of 31 respondents in the work area of Medan Johor Public Health Center with a total sampling technique. The data analysis used is the Chi Square test. The results showed that the knowledge of mothers who weaned babies under 1 year of age were mostly in the Less category as many as 15 (48.38%) respondents, most of the negative attitudes were 1 (3.22%) respondents, the results of the analysis concluded that there was a significant relationship. between knowledge and the attitude of mothers who wean ($p\text{-value} = 0.817 < \alpha (0.05)$) or it can be concluded that the hypothesis is rejected, the significant value is less than 0.05, the correlation value is significant, meaning that there is a relationship between the level of knowledge and attitudes of mothers who Weaning a 1 Year Old Baby in the Work Area of the Medan Johor Health Center. It is hoped that the mother will give exclusive breastfeeding to her baby until the age of 6 months and breast milk until the age of 2 years so that the child gets the best food from the mother so that the baby is not prone to infection.

Keywords: Relationship between Knowledge and Attitude of Weaning Mothers Under 1 year of age

PRELIMINARY

Babies are the most beautiful gifts given by the creator to humans. For some humans, caring for a baby may be very difficult, if they only think about the expenses that will be given to the baby. But if you think about it logically, caring for a baby is very easy. By only giving breast milk to babies, it does not need a lot of expenditure and energy (Rizki Natia Wiji, 2015).

According to the World Health Organization (WHO), a baby during the womb has undergone a process of growth and development in such a way that when he is born his body weight has reached a normal weight. The growth and development of the baby continues into adulthood. Growing process This flower affects the food given to children. The appropriate food is breast milk, because breast milk is intended for babies as the

baby's staple food. The WHO / UNICEF recommendations at the 1979 meeting in Geneva on infant and child food included: "Breastfeeding is an integral part of the reproductive process that provides the biological and psychological blood needed for growth. Providing additional formula milk for any reason in newborns must be avoided" (Maritalia, 2012).

Infant Mortality Rate (IMR) is the number of people who die before reaching the age of 1 year which is expressed in 1,000 live births in the same year. Infant age is a condition that is prone to both illness and death. According to the results of the Indonesian Health Demographic Survey (IDHS) there was a sharp decrease in IMR between 1991 and 2003, from 68 per 1000

live births to 35 per 1000 live births. The IMR 32 achievement in 2012 is less than encouraging compared to the Ministry of Health Strategic Plan target to be achieved, namely 24 in 2014 as well as the MDG target of 23 per 1000 live births in 2015. IMR decreased which slowed down between 2003 to 2012, from 35 to 32 per 1,000 births life, requires access of all infants to key interventions such as exclusive breastfeeding or basic immunization, while based on Riskesdas 2010 the coverage of exclusive breastfeeding is 15%. ([http://www.kematian bayi 2012.researchmenkes.com](http://www.kematian_bayi_2012.researchmenkes.com)).

International guidelines that recommend exclusive breastfeeding for the first 6 months are based on scientific evidence of the benefits of breastfeeding for a baby's survival, growth and development. Breastfeeding provides all the energy and nutrients (nutrients) a baby needs during the first 6 months of his life. reduce infant mortality due to various diseases commonly afflicting children, such as diarrhea and pneumonia, and speed up recovery when sick and help sparse pregnancies (Arini, 2012).

According to the Indonesian Demographic and Health Survey (IDHS) data for 2002-2003, the coverage of exclusive breastfeeding for babies up to four months is only 55%, and up to 6 months of age is 39.5%, whereas the target for healthy Indonesia in 2010 is 80%, babies are given ASI. exclusive for up to 6 months (Maryunani, 2012). Basic Health Research Data (Riskesdas) in 2010, the percentage of babies who were exclusively breastfed for up to 6 months was only 15.3%. This is because public awareness in encouraging increased breastfeeding is still relatively low. Low level of understanding of its importance his parents and it really needed the child and made him feel full of affection. Independence is what the parents taught them, not because they are always breastfed (Arini, 2012).

Weaning can increase the risk of infection, especially the effects of diarrhea. This is because babies are not consuming breast milk that contains anti-infective factors. Some communities do not wean babies before they are six months old, and this can last until they are more than two years or four years old. However, some people wean their babies early (Prasetyono, 2012).

Based on the initial survey that was conducted in the Medan Johor Health Center Work Area, that the 10 mothers of children under five had the most knowledge of good early weaning by 4 respondents. Mothers with the most attitudes about early weaning were good, namely 4 respondents. Based on the above background, I as the author is interested in conducting research on the relationship of knowledge with the attitudes of mothers who wean their babies under 1 year in the work area of the Puskesmas Medan Johor.

METHOD

This type of research is analytic observational, which means that this research was conducted to determine the magnitude of the problem of the relationship between knowledge and attitudes of mothers who wean babies under the age of 1 year in the working area of the Medan Johor Health Center. Observational research is research in which the researcher only makes observations, without giving intervention on a variable to be studied. The design of this research is that this researcher uses a cross sectional design, which means that the independent variable and the dependent variable are examined simultaneously and at one time using primary data. After the data is processed further analyzed by univariate analysis. In this univariate analysis, analysis was carried out for the results of tabulation of data on the attitudes of mothers who weaned babies under the age of 1 year, each of which was entered into a frequency distribution table then proceeded to bivariate analysis used to determine whether there was a relationship between independent and dependent variables then followed by chi-square (χ^2).

RESULTS

Based on research conducted on "The relationship between knowledge and attitudes of

mothers who wean babies under 1 year old in the Medan Johor Health Center Work Area.

Distribution Based on Mother Demographic Characteristics of Respondents Weaning Infants Under 1 Year In The Work Area Puskesmas Medan Johor

Respondent Characteristics	N	%
Age		
<20 years	0	0
20-35 years	22	71
>35 years	9	29
Parity		
Primipara	5	16,2
Skundipara	8	25,8
Multiparaous	18	58,0
Grandemultipara	0	0
Education		
Tidak Sekolah	1	3,2
SD	3	9,7
SMP	21	67,7
SMA	5	16,2
PT	1	3,2
Profession		
IRT	7	22,6
Petani atau buruh	3	9,7
Pegawai swasta	20	64,5
PNS	1	3,2
Total	31	100

Based on age group, the majority of respondents are in the age range of 20-35 years as many as 22 people (71%). Based on parity skundipara as many as 18 people (58.0%), based on junior high school education as many as 21 people (67.7%). Based on the occupation of 20 private employees (64.5%).

In table 4.1.2 it can be seen that the distribution of maternal characteristics is below

Frequency Distribution of Mother's Knowledge Level of Weaning Infants Under 1 Year of Work in the Work Area Puskesmas Medan Johor

Knowledge	F	Percentage (%)
Baik (7-10)	4	12,9%
Cukup (4-6)	11	35,5%
Kurang (1-3)	16	51,6%
Total	31	100

Based on the results of categorizing the mother's attitude, data obtained from 31 mothers were more likely to be kind, namely as many as 4 people (12.9%), and being sufficiently as many as 11 people (35.5%) and less (51.6%).

Frequency Distribution of Attitude of Mothers Who Weaned Underage 1 Years in the Work Area Puskesmas Medan Johor

Sikap	Frekuensi	Presentase
Positif	29	93,5 %
Negatif	2	6,5 %
Total	31	100%

Based on the table above, it can be seen that the highest respondent has a Positive Attitude 29 (93.5%) respondents and the lowest has a Negative Attitude 2 (6.5%) respondents.

Cross-Tabulation of Frequency Distribution of Based Knowledge Age in the working area of Medan Johor Health Center

Age		Knowledge						Total	
		Baik		Cukup		Kurang		f	%
		f	%	f	%	f	%		
20-35	Count	2	6,45%	9	29,03%	11	35,48%	22	70,96%
>35	Count	2	6,45%	2	6,45%	5	16,12%	9	29,03%
Total	Count	4	12,90%	11	35,48%	16	51,62%	31	100%

Based on the table above, data is obtained based on age, the highest knowledgeable is less at the age of 20-35 years as many as 11 (34.58%) respondents, and the lowest knowledgeable well at the age <20 as much as 2 (6.45%) and > 35 years as many as 5 (16.12%) respondents.

Cross-tabulation of Knowledge Frequency Based on Parity In the working area of the Medan Johor Health Center

Responden		Pengetahuan						Total	
		Baik		Cukup		Kurang		f	%
		f	%	f	%	f	%		
Primi		1	3,22%	2	6,45%	2	6,45%	5	32,24%
Skundi		1	3,22%	2	6,45%	5	16,12%	8	25,07%
Multi		2	6,45%	7	22,58%	9	29,03%	18	58,07%
Total	Count	4	12,90%	11	35,48%	16	51,62%	31	100%

Based on the table above, it was obtained from 31 respondents, the highest had less knowledge of Multiparity Parity as many as 9 (29.03%) respondents and the lowest had Good Knowledge on Primiparous Parity and Skundipara as many as 1 (3.22%) respondents.

Cross Tabulation of Knowledge based Frequency Distribution Education in the Work area Puskesmas Medan Johor

Respondent		Knowledge						Total	
		Baik		Cukup		Kurang		f	%
		F	%	F	%	f	%		
Tidak Sekolah		1	3,22%	1	3,22%	-	-	2	6,45%
SD		-	-	1	3,22%	2	3,22%	3	9,68%
SMP		2	6,45%	7	22,58%	12	38,70%	21	67,45%
SMA		1	3,22%	2	6,45%	2	6,45%	5	16,12%
Total	Count	4	12,90%	11	35,48%	16	51,62%	31	100%

Based on the table above, it was obtained from 31 respondents with the highest knowledge of respondents with less knowledge with junior high school education as many as 12 (38.70%) and the lowest with good knowledge with PT education as many as 0 (0%) respondents.

Cross Tabulation of the Distribution of Knowledge Frequency by Occupation In the working area of the Puskesmas Medan Johor

Respondent	Pekerjaan	Knowledge						Total	
		Baik		Cukup		Kurang		f	%
		f	%	F	%	f	%		
IRT		-	-	3	9,68%	4	12,90%	7	22,58
Petani/ Buruh		-	-	2	6,45%	1	3,22%	3	9,68
Pegawai Swasta		3	9,68%	6	19,36%	11	35,48%	20	67,45%
PNS		1	3,22%	-	-	-	-	1	3,22%
Total	Count	4	12,90%	11	35,48%	16	51,62%	31	100%

Based on the table above, it was obtained from 31 respondents with the highest knowledge of less with private employees as many as 11 (35.48%) respondents, and the lowest knowledgeable either on IRT 0 (0%) and Farmers / Laborers as many as 0 (0%) respondents.

Tabulasi Silang Frekuensi Sikap Berdasarkan Usia Di Wilayah Cross-tabulation of Attitude Frequency Based on Age in Region Puskesmas Medan Johor

Responden	umur	Sikap				Total	
		Positif		Negatif		f	%
		f	%	f	%		
20-35 years		20	64,51%	2	6,45%	22	70,96%
>35 years		9	29,04%	-	-	9	29,04%
Total	Count	29	93,55%	2	6,45%	31	100%

Based on the table above, data is obtained based on age, the highest has a positive attitude at the age of 20-35 years as many as 20 (64.51%) of respondents, and the lowest has a positive attitude at the age > 20 years as many (0%) of respondents and > 35 years as many as 9 (29.04%) respondents, and have negative knowledge at the age of 20-35 years as many as 2 (6.45%) of respondents.

Cross tabulation of the distribution of attitudes based on parity in the working area of the Puskesmas Medan Johor

Responden	Paritas	Sikap				Total	
		Positif		Negatif		F	%
		f	%	f	%		
Primipara		5	16,13%	-	-	5	16,13%
Skundipara		7	22,59%	1	3,22%	8	25,81%
Multipara		17	54,83%	1	3,22%	18	58,06%
Total	Count	29	93,55%	2	6,45%	31	100%

Based on the table above, it was obtained from 31 respondents, the Pling High had a Positive Attitude at Multipara parity as many as 17 (54.83%) respondents, and the lowest had a Positive Attitude on Grandemultipara parity as many as 0 (0%) respondents, as well as negative knowledge. in Multipara and Skundipara parity as much as 1 (3.22%) respondents.

**Tabulation of Attitude Frequency Distribution Based on Education in the Region Work
 Puskesmas Medan Johor**

Responden	Pendidikan	Sikap				Total	
		Positif		Negatif		f	%
		f	%	f	%		
	Tidak Sekolah	2	6,45%	-	-	2	70,96%
	SD	3	9,68%	-	-	3	29,04%
	SMP	19	61,29%	2	6,45%	21	100%
	SMA	5	16,12%	-	-	5	16,12%
Total	Count	29	93,55%	2	6,45%	31	100%

Based on the table above obtained from 31 respondents, the highest has a positive attitude with junior high school education as many as 19 (61.29%) respondents and the lowest has a positive attitude with no school education as many as 2 (6.45%) respondents, and the lowest 2 (6.45%) respondents have a negative attitude with junior high school education.

**Tabulation of Attitude Frequency Distribution by Occupation
 In the working area of the Puskesmas Medan Johor**

Responden	Pekerjaan	Sikap				Total	
		Positif		Negatif		f	%
		f	%	f	%		
	IRT	7	22,59%	-	-	7	22,59%
	Petani/Buruh	3	9,68%	-	-	3	9,68%
	Pegawai Swasta	18	58,06%	2	6,45%	20	64,51%
	PNS	1	3,22%	-	-	1	3,22%
Total	Count	29	12,90%	2	35,48%	31	100%

Based on the table above, it was obtained from 31 respondents who had the highest positive attitude with private employee jobs as many as 18 (58.06%) respondents, and the lowest had a positive attitude with civil servant work as many as 1 (3.22%) respondents, as well as those who have negative attitudes with private employees as much as 2 (6.45%) of respondents.

The Relationship Between Knowledge and Mother's Weaning Attitude

Variable	r	p-value
Pengetahuan Sikap	0,817	0,404

Results of Analysis of Mother's Knowledge and Attitudes About Knowledge of Mother's Attitudes Who Weaned Infants Under 1 Year In The Work Area Puskesmas Medan Johor

Knowledge	Sikap						KK	r	p-value
	Positif		Negatif		Total				
	f	%	f	%	F	%			
Baik	4	9,67%	0	0	4	12,90%	p>0,817	0,817	0,404
Cukup	10	32,25%	1	3,22%	11	35,48%			
Kurang	15	48,38%	1	3,22%	16	51,62%			
Total	29	93,55%	2	6,45%	31	100%			

From the table above, we can see that of the 31 respondents, the highest level of knowledge is less and a positive attitude is 15 (48.38%) of respondents, and the lowest is good knowledge and a negative attitude is 1 (3.22%) respondents. To see the relationship between knowledge and attitudes of mothers who weaned babies under 1 year of age in the Medan Johor Health Center Work Area, a significant test was carried out with Chi-Square. The results of the Chi-Square Correlation Analysis obtained p value > 0.817 ($0.817 < 0.05$) which indicates that H_0 is rejected, which means that there is a relationship between knowledge and attitudes of mothers who wean babies under 1 year of age in the work area. Puskesmas Medan Johor

DISCUSSION

Based on the number of respondents, 31 mothers who weaned were the highest age at 20-35 years as many as 22 (71%) respondents. The lowest age is at the age of < 20 as many as 0 (0%) respondents and > 35 years as many as 9 (29%) respondents. According to (Mubarak, 2012), with increasing age a person will experience changes in physical and psychological (mental) aspects. On the aspect, physical growth consists of four categories of change, namely change in size, change in proportion, loss of old characteristics, and emergence of new characteristics.

From the results of the research, the authors conclude that this is in accordance with the respondent's theory of age according to the research results.

1. Parity

The number of respondents as many as 31 mothers who weaned their babies, the highest in the Parity category was Multipara with 18 (58.0%) respondents and the lowest in Skundipara as many as 8 (25.8%) respondents. The level of parity has attracted the attention of researchers in the relationship between the health of mothers and children, there is a tendency for the health of mothers with low parity to be

better than those with high parity (Notoatmodjo, 2012).

2. Education

The highest percentage of respondents' education has junior high school education as many as 21 (67.7%) of respondents, and the lowest is in PT education as many as 1 (3.2%) respondents. According to (Ariani, 2014), education is an activity or guidance by someone for the development of others towards certain ideals to fill life so as to achieve happiness. From the results of the research, the authors conclude that this is in accordance with the theory because education is a persuasive effort or learning to society to take actions or practices to maintain and improve their health.

3. Work

From the research results, the highest number of mothers who weaned their babies worked as private employees as many as 20 (64.5% (respondents) and the lowest worked as civil servants as many as 2 (3.2%) respondents. According to (Mubarak, 2012), work is an environment which can make a person gain experience and knowledge, either directly or indirectly. The results of the research are carried out in accordance with the theory which says that working someone is able to gain knowledge and experience from other people, either directly or indirectly.

4. Knowledge of Mothers Weaning Infants Under 1 Year Old

In this study, of the 31 respondents of mothers who weaned babies under 1 year of age, it can be seen that the highest respondent has less knowledge as many as 15 (48.38%) of respondents, thus this condition shows that the respondent of mothers who wean in the work area of the health center has lack of knowledge about weaning. According to the author's assumption, this knowledge is influenced by several factors, including parity and education. Knowledge is the result of knowing humans who simply answer questions (Notoadmojo, 2012).

5. Mother's Attitude Towards Weaning Infants Under 1 Year Old

The results of the study obtained a description of the attitude of the respondent with the highest positive attitude for 29 (93.55%) respondents. The supportive attitude of the weaning mother can be seen from the 16 questions that were given, many of which answered that led to agreement. According to (Notoadmojo, 2012) Attitude is a reaction or response that is still closed from someone to a stimulus or object. Meanwhile, according to (Ariani, 2014), Attitude is the feeling or view of a person who is accompanied by a tendency to act on an object or stimulus. Attitude is the most important concept in social psychologists who discuss elements of attitude both as individuals and groups.

6. The Relationship between Knowledge and Early Weaning Mother Attitudes

The results of the cross tabulation of this study indicate that mothers who wean under the age of 1 year are adequate and have a positive / supportive attitude about weaning.

7. Research Limitations

Collecting data in this study using a questionnaire, while conducting direct interviews. In addition, there is still the possibility of respondents answering dishonest questionnaires because a lie-test was not carried out from the respondents so that it can affect the accuracy of the research so that the respondent's data collection is very limited. Limited research time so that the respondent's data collection is very limited.

CONCLUSION

Based on the results of the research that has been carried out, the following conclusions can be formulated: Mothers who have the most knowledge about weaning babies under 1 year are less, namely 16 (51.6%) respondents. The most mothers had attitudes about weaning babies under 1 year, which were 11 (35.5%) and good, namely 4 (12.9%). After the chi square test was carried out, the results showed that there was a relationship

between the knowledge and attitudes of mothers about weaning babies under 1 year old in the work area of the Medan Johor Health Center of $r = 0.817$

SUGGESTION

Based on the results of research carried out in accordance with the conclusions obtained from the results of the research and discussion, the researcher wants to provide suggestions to various parties related to this research, including: book. It is hoped that health workers, especially midwives, can further increase their knowledge about weaning during posyandu and other activities. It is necessary to conduct further research on the relationship between knowledge and attitudes of mothers who wean babies under 1 year, considering this is a limited scope.

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THE EFFECT OF COUNSELING ON THE KNOWLEDGE AND ATTITUDES OF PREGNANT WOMEN ABOUT HYPNOBIRTHING AT PRATAMA VINA CLINIC, KECAMATAN MEDAN BARU 2019

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ABSTRACT

Counseling can increase the knowledge of pregnant women about hypnobirthing is an effort to use hypnosis to obtain a smooth, safe and comfortable delivery. Data from the Medan Vina Pratama Clinic in 2018, the number of pregnant women from January to April was 60 people, of which 30 were entering their third trimester of pregnancy. The number of mothers giving birth as many as 15 people with normal delivery 10 people, and 5 people long time delivery.

The research objective was to determine the effect of counseling on the knowledge and attitudes of pregnant women about hypnobirthing at Klinik Pratama Vina Medan. This type of research is a quasi experiment with one group pre test and post test design carried out in August 2018. The population is pregnant women who visited 40 people and all of them were used as research samples. Collection using a questionnaire and analyzed using the paired sample t test at the significance limit $\alpha = 0.05$.

The results showed that there was an effect of counseling on the knowledge of pregnant women about hypnobirthing p value $0.037 < 0.05$ and there was an influence of counseling on the attitudes of pregnant women about hypnobirthing p value $0.014 < 0.05$.

It is recommended that the clinical leadership provide health education about hipnobirthing regularly with other methods to increase the knowledge and attitudes of pregnant women. Health workers can provide brochures and leaflets as a source of health information to supportive mothers.

Keywords: *Counseling, Knowledge, Attitude, Hipnobirthing*

INTRODUCTION

Pregnancy and childbirth are inseparable chain reactions in a normal woman's life. When we prepare thoroughly (body, mind and spirit), the process of pregnancy and childbirth can take place safely and comfortably. However, not a few women who give birth experience labor problems and even death of mothers and babies (Kuswandi, 2013).. The 2012 Indonesian Demographic and Health Survey (IDHS), the Maternal Mortality Rate (MMR) in Indonesia is still high at 359 per 100,000.

Based on data from the Indonesian Midwives Association (IBI), the causes of AKI include bleeding, namely 30% of the total cases of death, eclampsia (pregnancy poisoning) which is 25%, infection is 12%,

abortion is 5%, prolonged labor is 5%, obstetric embolism is 3%, complications of the postpartum period were 8% and other causes were 12%. The main cause of AKI is bleeding. One of the causes of bleeding that occurs in pregnant women is placenta previa (SKDI, 2012). One of the efforts to maintain uterine contraction at delivery is using hypnobirthing techniques.

Hypnobirthing method is a combination of natural birth processes with hypnosis to build positive perceptions and self-confidence as well as reduce fear, anxiety and tension, and panic before, during and after childbirth). One of the techniques is autohypnosis (self-hypnosis) or self-suggestion in dealing with and undergoing pregnancy and preparation for childbirth so that pregnant women are able

to go through pregnancy and childbirth in a natural, smooth, and comfortable way (without pain), and more importantly to mental health of the baby it is carrying. When a woman giving birth is free from fear, her body muscles, including the uterine muscles, will experience relaxation which makes the birth process easier and stress free (Kuswandi 2013)

The benefit of the hypnobirthing method for the mother is to relax more deeply so that all stress and fears & worries before birth that can cause tension, pain and pain during childbirth can be eliminated. For the fetus it is beneficial for healthier growth because calm conditions will provide balanced hormones to the fetus through the placenta. For husbands / birth attendants, they are husbands / birth attendants who become calmer in accompanying the delivery process (Aprilla, 2010).

Hypnobirthing teaches breathing techniques, relaxation, affirmations and visualization, and deepening. In this breathing technique, the mother can save energy during the thinning phase during the cervical opening. The taught slow breathing can thin and open the cervix which can shorten the duration of labor. Relaxation, visualization, and affirmations help mothers cope with tension, stress, and discomfort in the face of childbirth. The deepening technique is also very useful during the later phases of labor opening. Hypnobirthing method can accelerate the first stage of labor (\pm 3 hours in primiparous and 2 hours in multiparous), reduce the risk of complications, and accelerate the healing process in post partum (Aprilia, 2010).

Hypnobirthing exercises can be done from the time of pregnancy, the success of this method depends on the routine of exercises that the pregnant woman does herself. Along with the usual relaxation of the mother, the birth canal for the fetus will open more easily so that the mother will not be too tired during childbirth (Andriana, 2013).

The side effects caused by using this method are very small, apart from being safe, practical and also more economical, when compared to other methods such as music or murotal where you need a tool to play music and need money to buy the instrument, and not everyone likes music. certain. In addition, this method is without the use of drugs, surgery and medical devices. This method only uses the power of suggestion which will immediately relax the patient's condition so that it can be more comfortable in a short time (Marliana, 2016).

However, many pregnant women still do not know about the hypnobirthing method in dealing with childbirth due to a lack of counseling from health personnel. Extension is a health education activity that is carried out by spreading messages and instilling confidence. Thus, people are not only aware, know and understand, but also want and can make recommendations related to health (Maulana, 2009).

The effectiveness of an extension method will also depend on the size of the target and the media used. A good health education media is a medium that is able to provide health information or messages according to the target acceptance level, so that the target is willing and able to change behavior according to the message conveyed (Notoatmodjo, 2010). Several studies have explained that health education or counseling can increase pregnant women's knowledge about health.

Research conducted by Fatimah (2017) explained that the attitudes of primigravida mothers in implementing the hypnobirthing method before being given counseling were mostly negative attitudes of 21 respondents (70.0%), positive attitudes of 9 respondents (30.0%), after being given counseling most of the attitudes positive mothers 16 respondents (53.3%), negative attitudes 14 respondents (46.7%). The Wilcoxon test results obtained a significance result of (0.008) so ($p < 0.05$). The conclusion of this study is that there is the effect of counseling about hypnobirthing

on the attitudes of primigravida mothers in dealing with childbirth at Kabuh Health Center, Kabuh District, Jombang Regency.

Research by Marlina (2016) states that the level of depression or anxiety in the first trimester of pregnancy during the first trimester of pregnancy is the same as the second and third trimesters, almost twice and almost twice that of the first semester. Research in Sweden on antenatal care at 35 weeks of pregnancy as much as 24% experienced anxiety and 22% experienced depression, in Hong Kong on pregnant women in the 1st, 2nd and 3rd trimesters, 54% experienced anxiety, 37% experienced depressive symptoms, and research in Pakistan from Of the 165 pregnant women, 70% experienced anxiety and / or depression.

The results of the research on anxiety conducted in the third trimester primigravida were 33.93% experiencing anxiety. Another study states that normal pregnant women in the face of childbirth experience 47.7% severe anxiety, 16.9% moderate anxiety, and 35.4% (Ranita, 2016).

Based on the initial survey at the Vina Pratama Clinic, Medan, it is known that the number of pregnant women from January to April 2018 was 60 people, of which 30 were entering their third trimester of pregnancy. The number of mothers gave birth as many as 15 people, including 10 normal deliveries, and 5 old labor. Hypnobirthing method is taught to pregnant women in dealing with and preparing for the delivery process. This situation is the reason researchers want to know the knowledge and attitudes of pregnant women about hypnobirthing.

Based on the background description, the researcher was interested in conducting research on the Effect of Education on Knowledge and Attitudes of Pregnant Women about Hypnobirthing at the Pratama Vina Medan Clinic in 2019.

METHODS SECTION

This study is a quasi-experimental study with the aim of knowing the effect of the independent variable (counseling) on the dependent variable (knowledge and attitude). According to Arikunto (2012), quasi experimental design is research carried out without a comparison class or control class.

The design used was a one-group pre-test and post-test research design, which is a research design that is used by giving a pre-test and a final test to a single group research sample. The research design of one group pre test and post test design is described according to the concept of Arikunto (2012).

RESULTS SECTION

Based on the results of statistical tests, it shows that there is an effect of counseling on the attitudes of pregnant women about hypnobirthing at the Pratama Vina Clinic, Medan Baru District with a value of $p = 0.014 < 0.05$. In accordance with Fatimah's research (2017) that there is an effect of counseling on hypnobirthing on the attitudes of primigravida mothers in facing childbirth at Kabuh Puskesmas Kabuh District, Jombang Regency.

Supriati's (2016) research shows that the average attitude value before being given the lecture method is 37.00 with a standard deviation of 2.951 and after being given a lecture there is an increase of 45.22 with a standard deviation of 3.55, with a mean difference of -8.222 which means that on average -The average attitude of mothers increased by 8,222 after being given the lecture method.

The method of extension through lectures is a way of conveying information and knowledge orally. The lecture method can be said to be the most economical method of conveying information. What the participants do is listen carefully and take notes on the important points raised by the person giving the lecture. Therefore, in this method the participants are more passive

because they focus on the lecturer (Syafudin, 2009).

There is an influence of counseling on the attitudes of pregnant women about hypnobirthing, it can be caused by pregnant women who have graduated from high school education are good enough in receiving and reviewing health information about hypnobirthing than those who graduated from low education such as SD or SMP. In addition, pregnant women also have easy jobs or have heard health information about hypnobirthing so that the delivery is safe and smooth from the surrounding environment, so that when given counseling with lectures, it is easier to receive the information. In the future, health workers need to provide brochures and leaflets about hypnobirthing to mothers who examine pregnancy as health information that can be carried and read at leisure to increase knowledge and attitudes.

CONCLUSIONS SECTION

1. There is a difference in the mean knowledge of pregnant women about hypnobirthing before and after intervention through counseling at the Pratama Vina Clinic, Medan Baru District with a mean difference value of 0.500.
2. There was a mean difference in the attitude of pregnant women about hypnobirthing before and after intervention through counseling at the Pratama Vina Clinic, Medan Baru District with a mean difference value of 1,400.
3. There is an effect of counseling on the knowledge of pregnant women about hypnobirthing at the Pratama Vina Clinic, Medan Baru District with a p value of $0.037 < 0.05$.
4. There is an effect of counseling on the attitudes of pregnant women about hypnobirthing at the Pratama Vina Clinic, Medan Baru District with a p value of $0.014 < 0.05$.

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