

PROCEEDING BOOK

THE 3rd INTERNATIONAL CONFERENCE ON HEALTH SCIENCE 2016

“Optimizing the Mental Health under SDGs”

INNA GARUDA HOTEL YOGYAKARTA, INDONESIA
November 6st, 2016



HEALTH POLYTECHNIC OF HEALTH MINISTRY YOGYAKARTA
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“Optimizing theMental Health under SDGs”

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Aryani Widayati, S.SiT.,M.PH

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Address from the Chairman of the Conference

Dear honorary guests and participants,

It is our great pleasure to invite you in The International Conference on Health Science Named “Optimizing the Mental Health under Sustainable Development Goals (SDGs)”. This event is held annually to improve the quality of Yogyakarta Health Polytechnic as a referral institution.

The third aim from SDGs’s seventeen aim is to ensure our life healthy and to improve welfare to all people in all ages. That aim has 13 targets of national health system, one of them is in 2030 can decrease one over three of premature death because of Non-communicable diseases and cares, and to improve health also mental health. Mental health is important same as physics health and we have to keep them. Mental health from one person is different from the other, they can change because environmental changes and we have to pass life phase. We hope that we can keep it to have a good mental health, and we hope this conference can give contribution to develop the role of institution supporting Sustainable Development Goals (SDGs).

In this meeting we present great qualification scientists to share knowledge and experiences in health sciences such as midwifery, nursing, dental health, environmental health, health analyst, nutrition, and health of community. Health practitioners, students and lecturer are also welcome to the conference. They can share and improve their knowledge in harmonic science atmosphere to get another view of health science.

We hope this conference can be one of tools to communicate and interact between those who related to health science. We hope you all enjoy this conference and we would like welcome you in Yogyakarta.

Sincerely,

Sari Hastuti, S.SiT, MPH
Chairman of the Conference

Address from the Director of Health Polytechnic of Health Ministry Yogyakarta

Dear honorary guests and participants,

Welcome to the International Conference which is held annually in our institution Yogyakarta Health Polytechnic. This is our second event of International Conference and of course there will be the third, the fourth and so on. We hope this event can be our place to share knowledge from many field study related to health science.

In accordance with our vision as a referral institution, it is a great pleasure to invite you in The International Conference on Health Sciences Named “*Optimizing Mental Health Under Sustainable Development Goals (SDGs)*”. We have missions to improve education, research and community service. This conference is one of the way to achieve our vision and mission. Yogyakarta Health Polytechnic should play significant role in the development of health science.

We have a great expectation that this conference can be our good environment to develop knowledge, to share experience, to have interaction between us and of course to give contribution for our health world. We do hope the success of the conference and we hope you all enjoy it.

Sincerely,

Abidillah Mursyid, SKM, MS

The Director of Health Polytechnic of Health Ministry Yogyakarta

The 3rd International Conference on Health Science 2016 Committee

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Lecturer Anglia Ruskin University, United Kingdom

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 6. Ns.Sutejo, M.Kep.Sp.Kep.J
 7. Dr. Iswanto, SPd, M.Kes

- | | | |
|---|---|--|
| 4. <i>Shortcourse committee</i> | : | <ol style="list-style-type: none"> 1. Handoko Riwidigdo, SKp 2. Dwiana Estiwidani, SST, MPH 3. Ardika Noviyawan 4. Felly Febriani 5. Saifullah Anwar |
| 3. Table Clinic Committee | : | <ol style="list-style-type: none"> 1 Aryani, SSiT, M.PH 2 Dewi Risnawati, SsiT |
| 4. Program Committee | : | <ol style="list-style-type: none"> 1. Drs. Harya Kunjana 2. Tri Prabowo, S.Kp.,M.Sc 3. Yanuar Amin, SST, SH 4. Abdul Majid, S.Kep. Ns.M.Kep. 5. Sarka Ade, SIP, S.Kep. MA 6. Dra. Elza Ismail, M.Kes 7. Rybob Khomes, S.Kom 8. Evicka Sekar A.A 9. Fauzan Anditya H 10. Siti Syarashinta C 11. Eko Suryani, S.Pd.,S.Kep.,MA |
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2. Agus Pamuji
3. Giyanto

TIME TABLE
THE 3RD INTERNATIONAL CONFERENCE ON HEALTH SCIENCE 2016
“Optimizing the Mental Health under SDGs”
Inna Garuda Hotel, November 6, 2016

No	Time	Event	People in charge
1	07.00 – 07.45 WIB	Registration	Committee
2	07.45 – 08.30 WIB	Opening Ceremony 1. Dance performance 2. Performing : Indonesia Raya, The Hymn of Poltekkes Kemenkes Yogyakarta, The march of Poltekkes Kemenkes Yogyakarta 3. Opening speech : a. The Chairman of The Conference b. The Director of Health Polytechnic of Ministry of Health in Yogyakarta	Event Coordinator + MC
3	08.30 09.15 WIB	Keynote Speaker : “Health Ministry’s Policy in Improving Mental Health in The Era of SDGs” by The Committee on Development and Empowerment of Health Human Resources of Health Ministry of Indonesia	Scientific committee
4	09.15 – 09.30 WIB	Coffee Break	Logistics committee
5	1.30 – 11.00 WIB	1. <i>“Supporting Women’s Mental Health Throughout Childbirth”</i> by D.R Khadizah Haji Abdul Mumin (University of Brunei Darussalam) 2. <i>“Update Dental and Oral Health in Elementary School Children to Prevent Caries Dental”</i> by Dr. Robert Achilles Quiambao (Chairman of Philipine Continuing Dental Education)	Scientific committee
6	11.00 – 11.10 WIB	Presentation by Sponsor exhibitor	
7	11.10 – 12.30 WIB	1. <i>“Nutrition in Patients with Autism Spectrum Disorder”</i> by Prof. DR. Dr. Elizabeth Siti Herini, Sp.A (K) (Academic Hospital of Gadjah Mada University). 2. <i>“Laboratory Testing on Drug Abuse”</i> by Muji Rahayu, S.Sl.,Apt.,M. Sc (Health Polytechnic of Ministry of Health in Yogyakarta)	Scientific committee

8	12.30 – 13.30 WIB	<ol style="list-style-type: none"> 1. <i>“Bullying and Suicide Risk”</i> by Prof. Dr. Budi Anna Keliat, S.Kp.,M.App.Sc (University of Indonesia) 2. <i>“Provision of Enviromental Health and Safety for People with Mental Disorder”</i> by Dr. Iswanto, S.Pd.,M.Kes (Department of Environmental Health, Health Polytechnic of Ministry of Health in Yogyakarta) 	Scientific committee
9	13.30 – 14.00 WIB	<i>Lunch break</i>	
10	14.00 – 17.00 WIB	Room 1 <ol style="list-style-type: none"> a. Table Clinic by drg. Yuniar and Cecep Setiadi, SE GC Corporation : Atraumatic Restorative Treatment b. Oral Presentation : Dental Nursing 	Table Clinic Committee
		Room 2-5 : Oral Presentation (Health Analyst, Nutrition, Midwefery, Nursing, Dental Nursing, Environmental Health)	Proceeding committee
11	17.00 WIB	Closing	Event Coordinator + MC

**ORAL PRESENTATION SCHEDULE ON THE 3rd INTERNATIONAL
CONFERENCE ON HEALTH SCIENCE 2016
November 6st, 2016**

TIME	ROOM I : SAMBISARI Main Moderator : Niken Meilani, S.Si.T., M.Kes	
	AUTHOR	TITLE
14.00-14.45	1. Yani Widyastuti	Relationship Of Attitude About Premarital Pregnancy And The Incidence Of Premarital Pregnancies In Kulon Progo In 2015
	2. Isroni Astuti	Immunization And Autism Of Children 3 To 16 Years Old In <i>Rumah Autis Bekasi</i>
	3. Risma Fitria Dianasari	Health Belief Model Of Reproductive Women Interests To <i>Pap Smear</i>
14.45-15.30	1. Yetti Anggraini	Quality Of Life: Tuberculosis In Pregnancy; The Metro City, Indonesia
	2. Ana Kurniati	The Effect Of Piper Betle Linn Leaf Infusa In Perineal Wound Healing In Privately Practicing Midwives
	3. Heni Puji Wahyuningsih	Correlation Between Characteristics And Pregnancyrisk Using Poedji Rochjati's Scoring Card
15.30-16.15	1. Tri Maryani	Effect of Warm Compress and Aromatherapy Inhaled Peppermint to Decrease the Intensity of Pain Menstruation (Dysmenorrhea)
	2. Yuni Kusmiyati	The Effect of Asphyxia on the Development of Children
	3. Sri Lestariningsih	Effect of Turmeric Tamarind Drinks to A Decrease in Primary Dysmenorrhea on Students in Metro Midwefery Studies Program
TIME	ROOM II : PRAMBANAN Main Moderator : Desi Rochmawati, SS.,M.Hum	
	AUTHOR	TITLE
14.00-14.45	1. Sri Puji Ganefati	Analysis of CL2 gas obtained from salt water electrolysisas disinfectan in the disinfection of care rooms in hospitals (A controlling Effort for nosocomial infection)
	2. Siti Hani Istiqomah	The formulation model of lime peel extract and pandan as an antimicrobial to decrease the number or air bacteria at bedroom
	3. Heru Subaris Kasjono	Strengthening Social Capital on Mosquito Eradication of Dengue Hemorrhagic Fever in Bantul Distric

14.45-15.30	1. Bambang Suwerda	Use Of Learning Media Campus Wall Mural (MUDIK) Toward Achievement At Waste Management Subject Of Students DIII Environmental Health Departement Of Health Polytechnic Of Health Ministry In Yogyakarta 2016
	2. Siti Zainatun W, S.Si, M.Sc	Detection of Transovarial Transmision on Dengue Virus in Aedesaegypti Mosquitoe with SBPC Imunohistokimia Technique
	3. Budi Setiawan, M.Sc	<i>Periodicity Of Microfilariae Malayi At Central Borneo Province</i>
TIME	ROOM III :KALASAN	
	Main Moderator : Tri Pabowo, SKp., M.Sc	
	<i>AUTHOR</i>	<i>TITLE</i>
14.00-14.45	1. Wahyu Rochdiat	Stressors Analysis in UNRIYO Students as A Basic to Develop Mental Health System in University
	2. Ice Yulia Wardani	Depression Among Adolescent In Bogor
	3. Sri Utami	Effect Of Warm The Influence Of The Safe Community Of Pregnancy Training Toward The Knowledge And Attitude Of Health Volunteers Of Community Health Center In The Primary Health Care Center Of Langsung Pekanbaru Riau Indonesia
14.45-15.30	1. Siti Rahmalia	The Relationship between Grade of Dyspnea with Quality of Life Patients With Tuberculosis
	2. Cecep Tri Wibowo	The Correlation Of Handover Implementation and Nurse Performance
	3. Atik Badiah	Stimulation Model Of Growth And Development Of Fine Motor Skills And Sensory Integration Of Children Autism In Health Promotion
15.30-16.15	1. Dodoh Khodijah	Age Relationship With Severe Pre Eclampsia Prevalence In Sundari Hospital Medan
	2. Yulina Dwi Hastuty	Comparation of Cholesterol Levels in Obesity And Non Obesity at Polytechnic Health Ministry of Medan

Model : Panel discussion PPT : English Time : Oral presentation 10 mnt/presenter (English/Indonesia)

List of Keynote Speakers

NO.	SPEAKER	TITLE
I-1	Dr. dr. Fidiansjah, Sp.KJ., MPH (Director of Prevention and Control of Mental Health Problems)	Health Ministry's Policy in Improving Mental Health in the Era of "SDGs"
I-2	D.R Khadizah Haji Abdul Mumin (University of Brunei Darussalam)	Supporting Women's Mental Health Throughout Childbirth
I-3	Ryan T. de Guzman, D.M.D. (Founder of Cavite Pediatric Dentistry Center)	Update Dental and Oral Health in Elementary School Children to Prevent Caries
I-4	Prof. DR. Dr. Elizabeth Siti Herini, Sp.A (K) (Academic Hospital of Gadjah Mada University)	Nutrition in Patients with Autism Spectrum Disorder
I-5	Muji Rahayu, S.SI.,Apt.,M.Sc (Health Polytechnic of Ministry of Health in Yogyakarta)	Laboratory Testing on Drug Abuse
I-6	Prof. Dr. Budi Anna Keliat, S.Kp.,M.App.Sc (University of Indonesia)	Bullying and Suicide Risk
I-7	Dr. Iswanto, S.Pd.,M.Kes (Department of Environmental Health, Health Polytechnic of Ministry of Health in Yogyakarta)	Provision of Environmental Health and Safety for People with Mental Disorders

List of Oral Presentation

NO.	AUTHOR	TITLE
O-01	Yani Widyastuti	Relationship of Attitude about Premarital Pregnancy and the Incidence of Premarital Pregnancies in Kulon Progo in 2015
O-02	Isoni Astuti	Immunization and Autism of Children 3 to 16 Years Old in <i>Rumah Autis Bekasi</i>
O-03	Risma Fitria Dianasari	Health Belief Model of Reproductive Women Interests to <i>Pap Smear</i>
O-04	Yetti Anggraini	Quality of Life: Tuberculosis in Pregnancy; The Metro City, Indonesia
O-05	Ana Kurniati	The Effect Of Piper Betle Linn Leaf Infusa In Perineal Wound Healing In Privately Practicing Midwives
O-06	Heni Puji Wahyuningsih	Correlation between Characteristics and Pregnancyrisk Using Poedji Rochjati's Scoring Card
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PROVISION OF ENVIRONMENTAL HEALTH AND SAFETY FOR PEOPLE WITH MENTAL DISORDERS

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Abstract

According to the Act of Republic of Indonesia No. 18 of 2014 about Mental Health, people with mental disorder are those who have disturbances in thought, behavior, and feeling that manifested by a group of symptoms and/or significant behavior changes, and can cause suffering and obstacles in their function as human beings. Data from the Health Department of Yogyakarta Special Region in 2015 showed that the number of visits for mental disorders in health services (community health centers and hospitals) was 72,558 or increase by 56.77 %, compared with that in 2014, i.e. 46,284.

Mental disorder is more often studied and attributed to socioeconomic factors rather than to environmental factors that consist of physical, chemical and biological aspects. Biomedical model tends to see mental disorder as a type that the decrease of mental functioning is caused by physical disease or medical condition, instead of a psychiatric disease. Furthermore, mental disorder is frequently associated with brain injury.

Physical or mechanical crash on head such as accident, fall, punch, and physical violence can lead to head injuries and brain trauma that may trigger mental disorders. A study that conducted by Orłowska, et al. (2014) in Denmark between 1987 and 2010 on 38,270 people with mental disorders, found that 1,304 (12%) of total people with schizophrenia (10,607) had previous head injury; meanwhile among people with depression (24,605), bipolar disorder (1,859), and organic mental disorder (1,199), the number of cases and percentages with previous head injury were 2,812 (11%), 191 (10%), and 322 (27%), respectively. The data shows the correlation between brain injury and mental disorder is significantly stronger.

Chemical pollutants, especially lead and mercury, that enter human body through inhalation, skin, oral and placenta can interfere brain development in fetuses, infants, children, adolescents, adults and elderly people. The toxic metals will be distributed and accumulated in some human organs including the brain. The presence of heavy metals in brain will disrupt the function of nerves and brain. The main sources of lead pollution are paint, fluorescent bulbs, lead acid batteries, electronic waste and metal smelting. Survey that had been conducted in Sleman Regency in 2013 come to results that concentration of lead in used batteries is 12.45 µg/g; in Tube Luminance (TL) fluorescent lamps is 191.69 µg/g; and in Compact Fluorescent Lamp (CFL) is 2,392.54 µg/g.

A research conducted by Blacksmith Institute in 2015 at Pesarean Village of Tegal Regency showed that lead level in the soil around the smelters of used lead acid battery and hazardous waste disposal sites were above the regulated threshold. The subsequent inspection of Blood Lead Levels (BLL) for adults in Pesarean showed that the majority (97.8%) of all respondents who are tested showed the levels exceeding the safe limit of BLLs (> 15 µg/g). Based on interviews with Pesarean Village's officers, it was revealed that as many as 16 people have mental retardation (Down Syndrome) and aged between 2.5 – 30 years old. The study surprisingly found one family that four out of their six children were suffering with physical and mental disorders.

Toxoplasma gondii and *Plasmodium falciparum* are parasites that can infect brain and cause cerebral toxoplasmosis and cerebral malaria. The ability of *Toxoplasma* to infect brain is thus consistent with this aspect of schizophrenia pathogenesis. Torrey and Yolken in 2003 wrote the results of their research that links between *Toxoplasma gondii* and bipolar disorder and

schizophrenia are existed. They have reported two studies that adults who have schizophrenia or bipolar disorder had greater exposure to cats in childhood. In the first study that employed matched control design, the result showed 84 (51%) of the 165 people with mental disorder had owned a house cat in their childhood, meanwhile in the control group they were 65 (38%) out of 165. In the second study, with same study design, the results were 136 (52%) of the 262 affected versus 219 (42%) of the 522 matched controls owned a cat between birth and age of 13.

In this context, the provision of environmental health and safety is needed to prevent and reduce risk factors of brain and mental disorders. Targets of the environmental health efforts are everyone, either healthy people or people at risk or people with mental disorders. Healthy people should be provided with safe and healthy environment in order to avoid and to protect them from the risk factors. In addition, people who are at risk of mental disorders are very sensitive and have high potential to be mentally disturbed. Therefore, the provision of more specific and more sufficient environmental health and safety aspects are essential for prevent the unwanted conditions. For affected people, it is important also that environmental health conditions that could accelerate the healing process and prevent the severity have to be provided. Meanwhile, environmental safety is important to protect the safety of sufferers as well as of the other people.

Keywords: environmental health, environmental safety, mental disorder

RELATIONSHIP OF ATTITUDE ABOUT PREMARITAL PREGNANCY AND THE INCIDENCE OF PREMARITAL PREGNANCIES IN KULON PROGO IN 2015

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Abstract

Based on Kulon Progo Health Department report in 2012, there were 25% of brides were positively pregnant. In 2013, around 44% of brides were already pregnant. Pre-marital pregnancy is influenced by internal and external factors, one of them is attitude about pre-marital pregnancy. This research aims to determine the relationship between attitude about pre-marital pregnancy and pre-marital pregnancy incidence in Kulon Progo. This research is observational research with cross sectional design. The population is brides in Kulon Progo in 2015. The sampel was obtained by simple random sampling, 120 respondents from 1 Community Health Center in every district with inclusive criteria of graduate from elementary school and exclusive criteria of health workers. The independent variable was attitude about pre-marital pregnancy. The dependent variable was pre-marital pregnancy. The instruments were questionnaire and data collecting format. The data were analyzed using correlation analysis chi-square with significant level of 5% ($p=0,05$). This study showed that most of the brides in Kulon Progo were in the age of 20-30 years old, midly educated, and employed. Pre-marital marriage in brides in Kulon Progo was 15 people (12,5). Most of the brides in Kulon Progo had positive attitude about pre-marital marriage. The Conclusion is there is a significant relationship between attitude about pre-marital marriage and pre-marital pregnancy incidence.

Keywords: pre-marital pregnancy, incidence of pre-marital pregnancy

Background

Adolescence is a transition period from childhood to maturity and some changes happen including physical, physiologic and psychosocial. Physical growth is a sign of the beginning of sexual maturity process. Sexual maturity is accompanied with desire that comes from sexual arousal.¹

Curiosity in teenagers and some stimulus that create sexual arousal cause the increasing of intention on sexuality problems so that teenagers eagerly find out about sexuality information by experiment, exploration, lack of responsibility and do not think for long term risk so that it can create some problems. There are few teenagers that get the information from family. They get information from friends, books about seks, mass media, or internet which encourage teenagers to try sexual intercourse.²

Indonesian Health and Demographic Survey (SDKI) 2012 stated that Age Specific Fertility Rate (ASFR) in age group of 15-19 years old reached 48 from 1000 pregnancies. The average score is higher than SDKI finding in 2007 that was 35 from 1000 pregnancies.³ Kusumaningtyas from Pengadilan Agama (PA) Tanjungpinang in 2013 gave dispensation to get married for 43 children under age. Most of the reasons in getting early married were because of pregnancy. The data from PA Mojokerto stated that in the last three years (2011-2013) there were 471 teenage couples that had marriage dispensation application because of pre-marital pregnancy. While the total number of marriage dispensation released by PA

Wonogiri in 2010 was 52 cases, 76 cases in 2011, 72 cases in 2012 and 25 cases in 2013. In 2013, PA Kediri got 37 cases of marriage dispensation application.

Based on Annual Report of Kulon Progo Regency in 2012, there were 25% of brides that were already pregnant. Based on Health Department Report in 2013, there were approximately 44% of brides had been identified being pregnant.⁵ Based on the preliminary test at Girimulyo Community Health Center in Kulon Progo Regency in November 2014, among 10 pregnant women that had anemia, there were 30% of women with premarital pregnancy.

Attitude is readiness to react towards an object with certain way. What is meant by readiness is potential tendencies to react by certain way if an individual is faced to a demanding stimulus.⁶ Spontan conception and the most vulnerable delivery process towards the increasing of mother's age that heads to delivery with treatment, complication incidence and high health care are found less in higher age.⁷

The impacts of premarital pregnancy are abortion, premature birth and baby with low birth weight.⁸ Premarital pregnancy is an unplanned pregnancy so that it can create patological cases in midwifery. One of the factors that gives influence is attitude on premarital pregnancy. The purpose of the research is to determine the relationship of attitude about sexuality and pregnancy and premarital pregnancy in Kulon Progo Regency

Method

This research is an observational research with cross sectional design. The research was conducted in August-October 2015 at one Community Health Center in every district in Kulon Progo Regency, Yogyakarta that were taken randomly. The population of the research was all brides in Community Health Center in Kulon Progo. The subject was brides that visited Community Health Center in Kulon Progo, Yogyakarta in August-October 2015.

The sampling collection was used simple random sampling. To determine the amount of sample was obtained 120 people as a total sample, so 10 people was taken from each Community Health Service. The inclusion criterion was a graduate from elementary school and the exclusive criterion was health worker. The research variables included dependent variable and independent variable. The independent variable was the attitude about sexuality and pregnancy and the dependent variable was premarital pregnancy. The instruments used in this research were filling form and questionnaire of attitude on premarital pregnancy. Questionnaire trial in Gamping Community Health Center on 30 respondents showed that the result of questionnaire was $>0,05$ significancy in number 1 for knowledge questionnaire and in number 6, 16, and 20 for attitude questionnaire so that those number should be eliminated when the questionnaires were distributed to respondents. The result of reliability test using alpha cronbach for knowledge questionnaire was $0,986 > 0,05$ which meant that it was reliable and $0,750 > 0,05$ for attitude questionnaire which showed that the attitude questionnaire was reliable. The data collected were primary data.

The researcher had a discussion to get the same perception with enumerator midwife and reproduction health midwives. The brides that had been checked using PP Test were given questionnaire and filling form. The data were analyzed using chi-square correlation and logistic regrestion with significancy level ($\alpha=0,05$) and Confidence Interval (CI)=95%. The researcher gave explanation to brides, and then informed consents were given. Ethical Clearance had been obtained form Tim Komite Etik Poltekkes Kemenkes Yogyakarta number LB.01.01/KE/IV/064/2015.

Results and Discussion

Tabel .1 Characteristics of Brides in Kulon Progo Regency in 2015

Characteristics	Category	Total Number	%
Age	>= 17	2	1,7
	17- 20	21	17,5
	20-35	84	74,2
	More than 35	8	6,7
	Total	120	100
Education	elementary	19	15.8
	Middle school	84	70.0
	university	17	14.2
	Total	120	100
Employment status	Working	91	75.8
	Unemployed	29	24.2
	Total	120	100

Table 1 showed that most of the brides in Kulon Progo were at the age of 20-30 years old (17%), having middle-school education (70%), and employed (75,8).

Tabel. 2 Premarital pregnancy on Brides in Kulon Progo in 2015

Premarital Pregnancy	Total Number	%
Yes	15	12,5
No	105	87,5
Total	120	100

Table 2 showed that premarital pregnancy on brides in Kulonprogo was 15 people (12,5). Premarital pregnancy prevalence in teenagers in Sumedang was high (40,55)⁹ with the average age of the respondents of 17,38 years old.⁹ Most of unmarried women in China induced abortion for unintended pregnancy (approximately 86% to 96%).¹⁰

Tabel 3. The relation between attitude on premarital pregnancy and premarital pregnancy incidence

attitude on premarital pregnancy	Total number	%
Negative	44	12,5
Positif	79	87,5
Total	120	100

Tabel 3 showed most of the brides in Kulon Progo that had positive attitude towards premarital pregnancy were 79 people (87,5%). Some factors that influence risky premarital sexual behavior toward unwanted pregnancy were religiosity, attitude toward sex, information media access and contact, the attitude of close friends and close friends' sexual behavior.¹¹ Knowledge is a factor that influenced premarital sexual behavior.¹²

Tabel 4. . The relation of attitude on premarital pregnancy and premarital pregnancy incidence.

Attitude	Pregnant				Total number	%	X ²	P value
	Yes		No					
	Total	%	Total	%				
Negatif	9	7,5	35	29,2	44	36,7	4,0	0,045
Positif	6	5,0	70	58,3	79	63,3		
Total	15	12,5	105	87,5	120	100,0		

Table 4 showed that the brides in Kulon Progo that were on negative attitude and having premarital pregnancy were 9 people, while on positive attitude and having premarital pregnancy were 6 people with P value 0.045<0.05. It means that there is a significant relation between attitude on premarital pregnancy and premarital pregnancy incidence.

There are various problems because of premarital sexual behavior, such as having sexual intercourse before married, premarital pregnancy, unplanned pregnancy, sexual transmitted diseases risk, and having sex with different partners. The factors that influence sexual problem in teenagers are (1) hormonal changes that increase teenager sexual desire. It causes they need to transfer into certain behavior; (2) Postponing the marital age as an implication of law and social norm that require high marital condition such as education, job, etc. (3) Religious norms that are implemented in which forbid premarital intercourse. (4) Parents that do not give information about sexual openly to children, consider it as taboo, so that this condition creates stimulus for children to get information from unreliable source. (5) Free tendency between man and woman as an implication of the development of women role and education.¹³

If in adolescence children do not get guidance and right information, this condition can bring teenager to destructive behaviours such as free sex and premarital pregnancy that can lead to abortion and Sexual Transmitted Diseases.¹⁴ Pregnancy planning becomes an important issue in promoting preconception health. Pregnancy planning is defined as the adoption of an attitude centered on conception, including sexual behaviors (proceptive or contraceptive) and timing. Pregnancy planning is defined as the adoption of an attitude centered on conception, including sexual behaviors (proceptive or contraceptive) and timing.¹⁵

CONCLUSION

1. Most of the brides in Kulon Progo are at the age of 20-30 years old, having middle-school education, and employed.
2. Premarital pregnancy on brides in Kulon Progo are 15 people (12.5%)
3. Most of the brides in Kulon Progo have positive attitude towards premarital pregnancy
4. There is a significant relation between attitude on premarital pregnancy and premarital pregnancy incidence.

SUGESTION

Midwives that manage Child and Mother Health in public health center (Puskesmas) can put into consideration in taking policy of helath promotion program in preconception/teenager reproduction health service to prevent premarital incidence

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- h. Intrauterine Growth Restriction.
- i. Fetal death in womb

The dangers that arise due to pregnant women with high risk.

The dangers that can arise as a result of pregnant women with high risk, among others:

1. Miscarriage (Abort)
2. Babies born prematurely
3. Low birth weight (less than 2500 g)
4. Dead Babies in the womb
5. Baby with congenital defects
6. The mother experiencing bleeding that can result in maternal death
7. The mother experiencing pregnancy poisoning (Toxemia gravidarum)
8. Mother's illness becomes more severe (father of the heart up to heart failure, asthma, weight diabetes mellitus etc.)
9. Labor long and or crashes
10. Emergency so that the baby must be born by caesarean section (Score card Poedji Rochjati, 2008)

Knowledge

a. Definition

According to Notoatmodjo, (2010),

knowledge is the result of people do know after sensing against a particular object. Sensing happens through the five senses of human beings, i.e. the sense of sight, hearing, smell, taste and feel. Most human knowledge is obtained through the eyes and ears. Based on Notoatmodjo, 2010 that knowledge is information or information which is known or understood by a person. Knowledge is not limited to descriptions, hypotheses, theories, concepts, principles and procedures in Bayesian Probability is true or useful.

According to the constructivist approach, knowledge is not the fact of a reality that is being studied, but rather as a person's cognitive construction against an object, experience, or environment. Knowledge is not something that is already there and available and while others lived to accept it. Knowledge is as a continuous formation by a person who at any time are experiencing a reorganization because of an understanding-new understanding.

In another sense, knowledge is the variety of symptoms that are found and retrieved by observation of the human intellect. Knowledge comes when someone uses their characters to recognize certain events or objects that have never been seen or felt before. For example when someone tastes acquaintance, he will gain knowledge about the shape, taste, and aroma of the dishes.

Factors that affect the level of knowledge

1. Education

Education is an attempt to develop the personality and ability on the inside and outside of school and last a lifetime. Education affects the learning process, the higher a person's education is the easier one to receive information. With higher education then a person will tend to get information, either from others or from the mass media. More and more health information that goes more and more also knowledge gained about the

health of a person. Knowledge is closely associated with education which is expected of a person with a college education, then that person will be more widely also knowledgeable. But it needs to be emphasized that an educated low does not mean absolute knowledgeable low anyway. Increased knowledge is not absolute obtained in formal education, but can also be obtained on the non formal education. A person's knowledge about something object also contains two aspects, namely the positive and negative aspects. The second aspect is what ultimately will determine the attitude of a person towards a particular object. The more positive aspects of the object is known, will foster a positive attitude towards the object gets worse.

2. Information/Mass Media

Information obtained from both the formal and non formal education can influence short-term (immediate impact) so that it generates a change or increase in knowledge. Its advanced technologies available all kinds of mass media that can affect public knowledge about new innovations. As a means of communication, the various forms of mass media such as television, radio, newspapers, magazines, and others have had a major influence on the formation of opinion and credibility of people. In the submission of information as the task anyway, the mass media also carried messages containing suggestions that can drive a person's opinion. The presence of new information about something it gives new cognitive Foundation for the formation of knowledge.

3. Socio-cultural and economic

Customs and traditions do people without going through reasoning what do good or bad. Thus, a person will increase his knowledge of the US that is necessary for a particular activity, so that socio-economic status this will affect a person's knowledge.

4. Environment

The environment is everything that exists around the individual, whether biological, physical, environmental and social. The environment influence on the process of entry into the knowledge of individuals who are in the environment. This occurs due to the interaction of reciprocity or which will be responded to as knowledge by each individual.

5. Experience

Experience as a source of knowledge is a way to gain knowledge of truth by way of looping back knowledge gained in solving problems encountered in the past. A learning experience in the work being developed provide professional knowledge and skills as well as learning to experience for work will be able to develop the ability of taking a decision that is the manifestation of Alignment of scientific reason and ethics who traveled from real problems in the field of work.

6. Age

Age affects the capture and power against one's mindset. Growing age will also capture power growing and he thought patterns, so that the knowledge that he is getting better. At the age of Vice, the individual will be more plays an active role in society and social life as well as doing more preparations for the sake of the success of efforts to

adapt towards old age, besides people age associate going to more use of a lot of time to read. Intellectual ability, problem solving, and verbal ability are reported almost no decline at this age.

Two traditional attitudes regarding the course of development over the life:

1. The older the more thoughtful, the more information that you found and the more things are done so that adds to the knowledge.
2. Not able to teach new cleverness to people who have been old because the decline either physical or mental. It can be estimated that the IQ will decrease in line with increasing age, especially in some other skills such as vocabulary and general knowledge. Some theorists argue it turns out a person's IQ is going downhill pretty quickly in line with increasing age.

The Attitude

Definition

According to (the goddess, 2012) identifies an attitude as a willingness to react (disposition to react) positively (favorably) or negatively (unfavorably) against a particular object – object. Kusmiyati (2008) argues that attitude as an organization that is settled from the motivational, emotional, perceptual, and cognitive about aspects of the world of the individual.

More Poerwadarminto, (2003) provides the definition of the attitude is the view or feelings that accompanied the tendency to act against certain objects. The attitude always directed toward something that means nothing without the attitude object. Attitudes directed towards objects, people, events, views, institutions, norms and others.

Although there are some differences of understanding attitude, but based on the opinions of the above then it can be inferred that the attitude is a State of self in man that moves to act or do in social activities with particular feelings on the situation or object in response to conditions in the surrounding environment. In addition to this attitude also gives the readiness to respond to a positive or negative nature toward an object or situation.

The factors which influence the attitude

1. Personal experience

To be the Foundation of attitudes, personal experience of having to leave a strong impression. Therefore, the attitude would be more easily formed when personal experience the emotional factors involved. In situations involving emotions, appreciation will experience will be more profound and longer trace.

2. Culture.

Azwar, (2010) emphasizes the influence of the environment (including culture) in shaping one's personality. Personality is nothing other than a consistent behavior patterns that describe the history of reinforcement (reinforcement, rewards). Reinforcement of patterns of behavior and attitudes to society These, not for attitude and behavior of others.

3. Others considered important.

In General, the individual being a conformist or in line with the attitude of those who he deems important. This tendency among others, motivated by a desire for affiliated and a desire to avoid conflict with those that are considered important.

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3. *UII Net*
4. *BNI 46*
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7. *Freeland*
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10. *CV. Alfa Kimia*
11. *Yogya Tronic*
12. *NU Skin*
13. *Anggun Modeste*
14. *Rumah Batik Kamila*
15. *ACE Life Insurence*

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