PROCEEDING BOOK

THE 4th INTERNATIONAL CONFERENCE ON HEALTH SCIENCE 2017

“The Optimalization of Adolescent Health in The Era of SDGs”

INNA GARUDA HOTEL YOGYAKARTA, INDONESIA
November 5th, 2017

HEALTH POLYTECHNIC OF HEALTH MINISTRY
YOGYAKARTA Jl. Tata Bumi No.3, Banyuraden, Gamping, Sleman, Yogyakarta, Indonesia 55293 Phone/Fax.62-274-617601, Email : ichs@poltekkesjogja.ac.id
PROCEEDING BOOK

THE 4th INTERNATIONAL CONFERENCE ON HEALTH SCIENCE 2017

“The Optimalization of Adolescent Health in The Era of SDGs”

INNA GARUDA HOTEL YOGYAKARTA, INDONESIA
November 5th, 2017

Copyright is protected by Copyright Law year 1987
No part of publication may be reproduced in any methods without written permission of the publisher


Published by
Health Polytechnic of Ministry of Health in Yogyakarta 2017
Table of Contents

Page Address from The Chairman of The Conference........................................... viii
Address from Director of Health Polytechnic of Health Ministry Yogyakarta .......... ix
The 4th International Conference On Health Science 2017 Committee ................. x
List of Keynote Speaker ..................................................................................... xvi
List of Oral Presentation .................................................................................... xvii
List of Poster Presentation .................................................................................. xix
Abstract of Keynote Speakers ............................................................................ 1
Full text of Oral Presentation .............................................................................. 10
Full text of Poster presentation ........................................................................... 142

Keynote Speaker

I-01 Role of Regional Head in Order to Successful Community Movement
Health Living on Adolescent
Dra. Hj. Sri Muslimatun, M.Kes (Indonesia) ............................................................ 1

I-02 Health Ministry’s Policy to Improve Adolescent Health in The Era of SDGs
drg. Usman Sumantri, M.Sc (Indonesia) ................................................................. 2

I-03 Climate Change and The Health Consequences in The Population
Prof. Dr. Tengku Mohamad Ariff R. Husein (Malaysia) ........................................... 3

I-04 Overview for The Policy and Support of Government of Thailand
Prof Assoc. Prof. Patcharee Jearanaikoon, PhD (Thailand) .................................... 4

I-05 HIV Testing in Laboratory and Community to Detect Carrier Among Adolescence Immediately
Assistant Prof. Amonrat Jumnainsong, PhD (Thailand) ......................................... 5

I-06 Mental Health Detection in Teenagers

I-07 Youth Marriage on Reproductive Health
Dr. Yuni Kusmiyati, SST.,MPH (Indonesia) ............................................................. 7

I-08 Hormonal Changes in Tissue Periodontium in Adolescents
Dr. drg. Dahlia Herawati, SU.,Sp.Perio (K) (Indonesia) .......................................... 8

I-09 Improving Child Nutrition Literacy For Teenage Pregnant Women And Its Implication To The First 1000 Days Of Child Life: Arguments For Developing Social Media Based Adolescent Support Group In Indonesia
Dr Dr. Mubasyisyir Hasan Basri, MA (Indonesia) ................................................... 9
Oral Presentation

O-01 Identifying the Role of Hemoglobin in Intradialytic Nausea and Vomiting in Panembahan Senopati General Hospital in Bantul
Cornelia D.Y Nekada, Eva Ernawati, Tia Amestiasih (Indonesia)................................. 10

O-02 The Influence Of Early Breastfeeding Initiation On Postpartum Mother’s Breast Milk Production In Lismarini Independent Midwifery Practise Palembang
Indah Rahmadaniah, Lusi Meliani (Indonesia)............................................................ 18

O-03 Maternal Characteristics and Low Birth Weight
Tri Budi Winarsih, Hesty Widyasih, Margono (Indonesia)........................................... 22

O-04 Relationship of Obesity Early Pregnancy With Preeclampsia In RSUD Sleman 2016
Della Eprilian Sari, Dyah Noviawati Setya, Margono (Indonesia)................................. 30

O-05 The Effectiveness of Nipple Stimulation By Providing Supplementary Food to Successfull Breastfeeding Back (Relactation) To The Breastfeeding Mothers In Southern Tangerang 2016
Isroni Astuti (Indonesia)......................................................................................... 35

O-06 Factors Related to Breast Cancer Among Women in Yogyakarta City Public Hospital, Indonesia
Tia Arsittasari, Dwiana Etiwidani, Nanik Setiyawati (Indonesia)................................. 43

O-07 The Effectiveness of Health Education Through Smartphone and Booklet on Knowledge and Attitude of Adolesence Reproductive Health
Puspa Sari, Kusnandi Rusmil, Arief S. Kartasasmita, Farid, Tati Latifah Erawati Rajab, Deni K. Sunjaya, Tina Dewi Judistiani (Indonesia)................................. 51

O-08 Physical Activities and Snack Consumptions of Obese Adolescents In Bantul, Yogyakarta
Mellia Silvy Irdianty (Indonesia)................................................................................ 60

O-09 The Correlation Education About Health Reproductive and Knowledge and Attitude of Health Reproductive of Adolescent
Kusbaryanto, Hatiasari (Indonesia)............................................................................ 68

O-10 The Relationship Between Knowledge,Attitudes, Actions Related to The Clean and Healthy Behavior and Nutritional Status with Diarrhea Events In Islamic Boarding School
Sinta Mukti Permatasari, Ayu Rahadiyanti, Fathimahi (Indonesia)............................... 74

O-11 Factors Associated with Exclusive Breastfeeding among Working Mothers in Yogyakarta City, Indonesia
Sri Yunita, Munica Rita Hernayanti, Niken Meilani (Indonesia)................................. 79

O-12 Characteristics of Sexually Transmitted Infections In Polyclinic dr.Sardjito Hospital Yogyakarta
Atika Karunia Zulfa, Jenita Doli Tine Donsu, Sugeng (Indonesia)............................... 86

PROCEEDING BOOK
The 4th International Conference On Health Science 2017
O-13 Factors That Influences of People Living With HIV/AIDS (PLWHA) in VCT Division of General Hospital Waluyo Jati Kraksaan District Probolinggo
Cicilia Windiyaningsih, Iis Hanifah (Indonesia) ................................................................. 95

O-14 Advanced of Sarang Semut Infusion (Myrmecodia Pendens Merr & Perry) as Decreased Blood’s Uric Acid in Male Rats of Wistar Strain
Agus Supriyono, Ariani Hesti (Indonesia) ........................................................................... 102

O-15 The Meaning and Role of Spirituality in HIV/AIDS Patients
Agus Prasetyo, Sodikin, Widyoningsih (Indonesia) ............................................................... 107

O-16 Therapeutic Communications Reduce The Patient’s Anxiety of Pre Operation Patiens
Intan Mirantia, Harmilah, Surantana (Indonesia) ................................................................. 111

O-17 Analysis of Related Factors with A Subjective Complaint of Musculo Skeletal Diseases (Part II) : Characteristics and Relationship Characteristics Individual Factors on Workers Insurance Office
Arif Jauhari, Kuat Prabowo, Arfia Fridianti (Indonesia) ....................................................... 117

O-18 Effects of Husband’s Support in The Duration of Second Stage of Labor Among Primigravida in Indonesia
Sagita Darma Sari, Desi Ratnasari (Indonesia) .................................................................... 124

O-19 The Relationship Between Family Burden with Frequency of Recurrence Patient with Paranoid Schizophrenia
Livana PH, M Fatkhul Mubin (Indonesia) ........................................................................... 129

O-20 Information Through The Flipbook to The Level of Knowledge About Domestic Violence in Fertile Couples in Sleman in 2017
Yani Widyastuti, Khadizah Haji Abdul Mumin, Yuliantisari (Brunei Darussalam) 135

Poster Presentation
P-01 Experience of Adolescents with Premenstrual Syndrome and Information-Focused Therapy (IFT) For Reducing Its Affective Symptoms
Dewi Marfuah, Nunung Nurhayati (Indonesia) ................................................................. 142

P-02 Correlation of Amount of Parity and Menopause Age in Padukuhan Cangkringan, Argomulyo Village, Cangkringan District, Sleman Regency, Special Region of Yogyakarta
Ninyng Nurdianti, Sukmawati (Indonesia) ........................................................................ 152

P-03 The Risk of Obesity and Developmental Delay in 2-5 Year Old Stunted Children in Kaniqoro, Saptosari, Gunung Kidul, Yogyakarta
Rr Dewi Ngaisyah, Siti Wahyuningsih (Indonesia) ............................................................. 158

P-04 Giving of Catfish Abon to the Creatinine Level of Haemodialysis Patients
Fery Lusviana Widiany , Ari Tri Astuti (Indonesia) ........................................................... 163

P-05 Effect of Moringa Oleifera Cookies in Anemia Adolescent
Devillya Puspita Dewi, Farissa Fatimah (Indonesia) ......................................................... 167
P-06 Experiences of Drug Users In IIA Class Jail Yogyakarta
Sri Hendarsih, Wisnu Sadhana (Indonesia) ............................................................... 171

P-07 A Social Ecological Perspective on The Indonesian Maternal Mortality Problem; An Annotated Bibliography
Inraini Fitria Syah (USA) .................................................................................................. 177

P-08 The Importance of Assistance to Cancer Patients with Mental Disorders
Muhammad Raftaz Kayani, Jenita Doli Tine Donsu (Pakistan) ........................................ 183

P-09 Larvicidal Activity of Star Fruit Extract (Averhoa carambola linn) Against Larvae of Aedes aegypti
Siti Zainatun Wasilah (Indonesia) .................................................................................... 186

P-10 Factors Related to Decision Making Choosing Place of Delivery In Fakfak District West Papua Year 2017
Bernadet Dewi Kusuma Harimurti Kunde (Indonesia) ................................................... 193
The 4th International Conference on Health Science 2017 Committee

A. Steering Committee
Advisory Committee
1. The Head of Health Practitioners Training and Education Center of The Committee on Development and Empowerment of Health Human Resources of Health Ministry of Indonesia
2. The Head of Committee on Development and Empowerment of Health Human Resources of Health Ministry of Indonesia
3. Dr. Robert Priharjo, M.Sc, BSN PGCE RN
   Lecturer Anglia Ruskin University, United Kingdom

B. Organising Committee
Person in charge: Joko Susilo, SKM.,M.Kes
Chairman I: Sari Hastuti, S.SiT, MPH
Chairman II: Mohamad Mirza Fauzie, S.SiT.,M.Kes
Chairman III: Sri Arini Winarti Rinawati, SKM, M.Kep
Secretary: Yani Widyastuti, SSiT, M.Keb
Treasurer: Suwandi, SE
   Tanto Yuono, SE
   Ns Harmilah, M.Kep, Sp.MB

Members
1. Secretariat: Dasilah
   2. Evriyani, Amd
   3. Eva Lidya Yunita, AMd.Kg
   4. Astuti Dwi E, Amd
   5. Veronica Anindyatni Nugroho Putri, Amd

2. Scientific committee (keynote speaker+materials): Hesty Widyasih, SSiT, M.Keb
   2. Achmad Husein, SKM, MPd
   3. Sugeng, Ners.,M.Sc
   4. Almira Sitasari, S.Gz, MPH
   5. Aryani Widayati, SSiT.,MPH
   6. Eni Kurniati, S.Si.,M.Sc

3. Proceeding committee: Sabar Santosa, SPd, APP, M.Kes
   2. Dr. drg. Wiworo Haryani, M.Kes.
   3. Siti Nuryani, S.Si.,M.Sc
   4. Dr. Ir. I Made Alit Gunawan, M.Si.
   7. Dr. drg. Quroti Ayun, M.Kes
   8. Muryoto, SKM.,M.Kes
   9. Ayu Triani, S.T.
   10. Desi Rochmawati, SS,M,Hum
   11. Andika Trisurini, S.Pd
   12. Dina fadhilah, S.Tr
   13. Apriyatni Condro Ekarini, S.SiT.,M.Kes
   14. Sapto Harmoko, SIP

PROCEEDING BOOK
x
The 4th International Conference On Health Science 2017
4. Event Committee
   1. Yanuar Amin, S.ST.,SH
   2. Rosa Delima Ekwantini, S.Kp.,M.Kes
   3. Dra. Elza Ismail, M.Kes
   5. Sarka Ade, SIP, S.Kep. MA
   6. Rybob Khomes, S.Kom

5. Promotion, Publication and Business Committee
   1. Ika Prasetyo Nugroho, SE
   2. Uki Wulanggita, SST
   3. Nugraheni Tri Lestari, SKM, MPH
   4. Mina Yumei Santi, SST., M.Kes
   5. Etty Yuniarly, SST., MPH
   6. Haryono, SKM., M.Kes
   7. Trubus Basuki, AMd
   8. Bekti Irianto

6. Registration
   1. Drs. Harya Kunjana
   2. Narto, BE., STP., MP
   3. Siti Hani Istiqomah, SKM., M.Kes
   4. Nuriana Kartika Sari, SST
   5. Suhardjono, S.Pd., S.SiT., M.Kes

7. Logistics
   1. Tjarono Sari, SKM., M.Kes
   2. Puti Sudarwati, S.Si
   3. Sukarti, SIP

8. Decoration, Place
   1. Suharyana, SKM
   2. Purwanto

9. Documentation
   1. Heri Purwanto, SE
   2. Harsono, AMd.
   3. Abdul Hadi Kadarusno, SKM., MPH

10. Transportation
    1. Tri Widodo, AMd
    2. Agus Pamuji
    3. Giyanto
THERAPEUTIC COMMUNICATIONS REDUCE THE PATIENT’S ANXIETY OF PRE OPERATION PATIENTS

Intan Mirantia, Harmilah*, Surantana
Nursing Department of Health Polytechnic of Health Ministry Yogyakarta, Indonesia
Email: harmilah2006@yahoo..com

ABSTRACT

Operating or surgery act is a tense complex event, because beside having a physical disorder it will be able to generate psychological problems for the patients. Surgery can cause anxiety when it comes to dealing with it. Therapeutic communication actions involving patients can identify the problems. Interaction between the nurse and the therapeutic patient will produce information for the nurses about the condition of the patient and the nurse can provide information on how to solve the problem (preoperative anxiety) by helping the patient to clarify and reduce the burden of the mind and is expected to eliminate anxiety related to surgery act. To determine the effect of therapeutic communication on anxiety in preoperating patients. This study used experimental quasi. The design of the research is group pre test and post test with control. The technique of sampling uses consecutive sampling. The amount of sample of this research is 58 respondents. The data was collected using Independent T-Test. There was a difference anxiety before and after in the intervention group that was giving therapeutic communication through health education. The result of Independent T-Test was obtained p value = 0.000 (<0.05). There is a therapeutic communication reduce anxiety preoperative patient.

Keywords : Therapeutic communication, preoperative and anxiety.

INTRODUCTION

Surgery is a complex event that is stressful because in addition to experiencing physical impairment will be able to generate psychological problems for patients. Surgery can arouse anxiety when it comes to dealing with it, making it an uncomfortable feeling, anxiety or fear, fear of fear of physical change, and fear of failure in surgery.

Anxiety leads to unpleasant feelings generally cause physiological symptoms such as trembling, sweating, increased heartbeat and psychological symptoms such as panic, tension, shortness of breath, confusion, unable to concentrate, the emergence of panic, fear and anxiety at the same time or penance change. Physiological symptoms are caused by stimulation of the sympathetic and parasympathetic nerves, the endocrine system and the increase of the catecholamine hormone in response to stress resulting in unstable hypertensive and hemodynamic tachycardia.

The most common response in preoperative patients is psychological response (anxiety), mentally the patient who will face surgery should be prepared because there is always anxiety and fear of injection, wound pain, anesthesia, there is even possibility of defect or dies.

Preoperative anxiety occurs in patients undergoing elective surgery and surgery. Preoperative anxiety is considered a normal response in most patients. The sources of preoperative anxiety include two things, namely anxiety to anesthesia and anxiety about surgical procedures. An anesthetic nurse should be able to make an effort to reduce the anesthetic pre anxiety level. There are several ways that can be done to reduce anxiety is pharmacological and non-pharmacological (psychological) therapy. Pharmacological therapy...
includes medications such as anti-anxiety medications that can help reduce anxiety but have dependence effects while non-pharmacological therapy such as psychotherapy, laughter therapy, cognitive therapy, deep breathing relaxation and one of therapeutic communication.

Therapeutic communication is a media for giving and receiving between nurses both verbally and nonverbally. Therapeutic communication actions involving patients can identify problems. Therapeutic nurse and patient interactions will produce information for nurses about the state of the patient and the nurse can provide information on how to solve the problem (preoperative anxiety) by helping the patient to clarify and reduce the burden of the mind and is expected to eliminate anxiety related to the surgery.

Initial survey that the researchers did patient population who underwent surgery 139 pati, with general anesthesia action as much 87, and spinal anesthesia 52 patient. Based on preliminary study 7 out of 10 patients who will undergo surgery on average still experience anxiety. Based on the interview with one nurse in Hospital to overcome the anxiety of the patient using pharmacology technique that is giving medicine. Based on the above data the authors are interested to conduct research with the title of Anxiety Patient Pregnancy Reduce after the Therapeutic Communication.

METHODS

This research is a research using quasi experimental design with control group study pre test and post test.

<table>
<thead>
<tr>
<th>Subjek</th>
<th>Pre</th>
<th>Treatment</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eksperimen</td>
<td>01</td>
<td>X</td>
<td>02</td>
</tr>
<tr>
<td>Kontrol</td>
<td>03</td>
<td>-</td>
<td>04</td>
</tr>
</tbody>
</table>

Research of Design:
01 : Anxiety is measured before Therapeutic communication.
02 : Anxiety is measured after Therapeutic communication
03 : Anxiety pre test of control group, measured before pre anesthesia visit.
04 : Post-test group control anxiety, measured before patient was transferred to centre of surgical installation room.
X : Providing therapeutic communication.

The study was carried out in the treatment room, in the pre-anxiety control group performed one day before surgery 10 minutes before the anesthesia visit, and post test was done in the care room before the patient was transferred to the operating room. In the pre-test intervention group performed one day before surgery 10 minutes before therapeutic communication, post test was done in the care room before the patient moved into the operating room.

The study was carried out in the treatment room, in the pre-anxiety control group performed one day before surgery 10 minutes before the anesthesia visit, and post test was done in the care room before the patient was transferred to the operating room. In the pre-test intervention group performed one day before surgery 10 minutes before therapeutic communication, post test was done in the care room before the patient moved into the operating room.
RESULT

Table 2. Frequency Distribution of Respondent Characteristics

<table>
<thead>
<tr>
<th>Variable</th>
<th>Intervensi</th>
<th></th>
<th>Kontrol</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f</td>
<td>%</td>
<td>f</td>
<td>%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) 17-25 years</td>
<td>3</td>
<td>10.3</td>
<td>5</td>
<td>17.2</td>
</tr>
<tr>
<td>b) 26-35 years</td>
<td>8</td>
<td>27.6</td>
<td>6</td>
<td>20.7</td>
</tr>
<tr>
<td>c) 36-45 years</td>
<td>12</td>
<td>41.4</td>
<td>9</td>
<td>31.0</td>
</tr>
<tr>
<td>d) 46-55 years</td>
<td>4</td>
<td>13.8</td>
<td>5</td>
<td>17.2</td>
</tr>
<tr>
<td>e) 56-65 years</td>
<td>2</td>
<td>6.9</td>
<td>4</td>
<td>13.8</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Male</td>
<td>16</td>
<td>55.2</td>
<td>15</td>
<td>51.7</td>
</tr>
<tr>
<td>b) Female</td>
<td>13</td>
<td>44.8</td>
<td>14</td>
<td>48.3</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Elementary School</td>
<td>5</td>
<td>17.2</td>
<td>6</td>
<td>20.7</td>
</tr>
<tr>
<td>b) Junior School</td>
<td>5</td>
<td>17.2</td>
<td>6</td>
<td>20.7</td>
</tr>
<tr>
<td>c) Senoir School</td>
<td>16</td>
<td>55.2</td>
<td>13</td>
<td>44.8</td>
</tr>
<tr>
<td>d) University</td>
<td>3</td>
<td>10.3</td>
<td>4</td>
<td>13.8</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>100</td>
<td>29</td>
<td>100</td>
</tr>
</tbody>
</table>

Based on the Table 2 shows that respondents in the intervention group aged 34-45 years 12 people (41.4%). Most of the men were 16 peoples (55.2%) and Women 13 peoples (44.8%). Based on the level of education most of the senior high school respondents are 16 peoples (55.2%). In the control group the average responder aged 36-45 years is 9 people (31.0%). Most of the male respondents were 15 people (51.7%) and 14 women (48.3%). Furthermore, based on the level of education most of the senior high school respondents are 13 people (44.8%).

Table 3. Test Result Normality Data Score Anxiety Pre Intervention

<table>
<thead>
<tr>
<th>No</th>
<th>Group</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Intervention</td>
<td>0.055*</td>
</tr>
<tr>
<td>2</td>
<td>Control</td>
<td>0.078*</td>
</tr>
</tbody>
</table>

Based on the table 3. The result of normality test of data using shaphiro-wilk showed significant value (> 0.05). Thus it can be concluded that the data are normally distributed in both groups, so the Paired t-test is used to determine the difference between anxiety before and after

1. Uji Paired t-test

Table 4. Score mean of Anxiety on Intervention and Control Group

<table>
<thead>
<tr>
<th>Group</th>
<th>Std.</th>
<th>Mean</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before</td>
<td>2.307</td>
<td>20.66</td>
<td>0.000</td>
</tr>
<tr>
<td>After</td>
<td>2.213</td>
<td>15.31</td>
<td></td>
</tr>
<tr>
<td>Control</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before</td>
<td>2.979</td>
<td>20.41</td>
<td>0.003</td>
</tr>
<tr>
<td>After</td>
<td>2.661</td>
<td>19.55</td>
<td></td>
</tr>
</tbody>
</table>
Based on the table 4 shows the results of t-test statistical results obtained p-value results in the intervention group 0.000 (<0.05). And in the control group from the statistical test obtained the results of p-value value 0.003 so it can be concluded both in the intervention group and the control group are both reduced.

2. Differences Reduce Mean Scores Anxiety

   Both the Intervention group and the control group were both experiencing reduced anxiety, to determine the effect of therapeutic communication on anxiety significantly by the previous investigator should know the difference in anxiety reduction before and after the therapeutic communication between the intervention group and the control group, to determine the difference reduce anxiety score between intervention group and control group hence researcher do normality data test first. Normality test using Shapiro-Wilk test.

   The results of normality data test showed that for the pre and post anxiety score showed p value in intervention group 0.142 and in control group 0.099 significant value (> 0.05). It can be concluded that the data is normally distributed. Furthermore, because the data is normally distributed, then the data analysis using parametric test is using Independent t-test statistic test.

3. Uji Independent t-test

   Table 5 Differences Test of Mean Impairment of Anxiety Score on Intervention and Control Group

<table>
<thead>
<tr>
<th>Kelompok</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervensi</td>
<td>5.72</td>
<td>2.840</td>
<td>0.000</td>
</tr>
<tr>
<td>Kontrol</td>
<td>1.24</td>
<td>2.294</td>
<td></td>
</tr>
</tbody>
</table>

   Based on the Table 5 shows the result of statistical test of simple independent T-test obtained the result of p-value 0.000 in Independent T-Test (<0.05), it can be concluded that there is significant influence between therapeutic communication communication to preoperative patient anxiety.

DISCUSSION

1. Characteristics of Respondents

   The results of the data analysis show that the most frequent intervention and age control groups are 36-45 years of age. Anxiety is a feeling of discomfort or a vague worry accompanied by an autonomous response (the source is often non-specific or unknown to the individual), the fear surgical / surgical procedure) caused by anticipation of hazards 8. Age 36-45 years including middle adulthood, the period is a determination in the achievement of socio-economic stability and obtain a better life, so it requires a more optimal energy that often cause stress.

   Characteristics of each person is different so the understanding of each individual is different. To be able to solve the problem also everyone has their way each. Education is generally useful in changing the mindset, behavior patterns and decision-making patterns. It is in accordance with the characteristics of respondents that at age, gender, and education showed an almost the same anxiety response. The stimulation of the sympathetic and parasympathetic nerves, the endocrine system and the increase of the catecholamine hormone in response to stress resulting in unstable hypertensive and hemodynamic tachycardia are caused by anxiety can occur in all humans under any circumstances 5.
2. Anxiety scores of intervention groups and control groups.

Based on the table 4 shows the results of t-test statistics obtained the results of p-value 0.000 in the intervention group, in the control group p-value value of 0.003 so that there is a significant influence between the intervention group and the control group. This is because both groups were done during the pre-anesthesia visit. Pre-anesthetic visits include providing informed consent.

Both the intervention group and the control group performed during anesthesia pre anesthesia visit were both decreased. Patients do not experience a decrease in anxiety, if they do not get intervention about the disease and the procedure of action to be performed and the preoperative patient's anxiety will decrease after given adequate information and explanation by health personnel. Excessive anxiety will cause the patient to be uneasy in the face of action, so as to increase the dosage of some types of anesthetic drugs used, this will lead to an increase in patient costs, as for some factors that affect anxiety levels of patients to be performed surgery and anesthesia: genetic, demographic, psychological, trigger, parentan, and symptom-forming factors . Mental preparation is not less important in the process of preparation of surgery because the mental patients are not ready to affect his physical condition. The usual mental problem in preoperative patients is anxiety. Then a good pre-anesthetic step is needed to reduce anxiety.

3. Defferencesof the mean reduce in anxiety scores

The result of p-value 0.000. The p-value (<0.05). It can be concluded that there is a significant reduce in anxiety in preoperative patients after therapeutic communication through health education by using a flipchart on preoperative patient anxiety.

One of the factors that can reduce patient's anxiety level is by giving therapeutic communication to patient pre-operation. Therapeutic communication has a purpose in fostering effective and interdependent interpersonal relationships with others and self-reliant. Help take effective action to change the situation. Through therapeutic communication, clients learn how to accept and receive others. With open, honest, and accepting clients as they are, nurses will be able to improve the client's ability to build trusting relationships. Techniques used in therapeutic communication are able to explore the feelings of patients and can assist clients in solving problems and able to change the way the view of the client so that clients do not see something or problems from the negative aspect alone.

Therapeutic communication is a medium for giving and receiving between nurses both verbally and nonverbally. Therapeutic communication actions involving patients can identify problems. Therapeutic nurse and patient interactions will produce information for nurses about the state of the patient and the nurse can provide information on how to solve the problem (preoperative anxiety) by helping the patient to clarify and reduce the burden of the mind and is expected to eliminate anxiety related to the surgery.

The use of Therapeutic Communication in education is very influential to reduce anxiety. The use of media in education is very influential in accordance with the theory Factors that affect anxiety is the experience and information. The patient's initial experience in medicine is a great experience valuable that happens to the individual especially for the foreseeable future. This initial experience as part of an important and even crucial for the mental state of the individual in the future. Information for each person has their own meaning. The lack of information makes the respondent feel anxious about what will happen to him. Information is generally useful in changing mindsets and behavior patterns.
CONCLUSIONS

1. Respondents in the intervention group and dominant control at age 34-45. Most respondents in both the intervention group and the control group were male. Furthermore, based on the level of education most of the respondents have high school education.

2. There is an anxiety reduction in both the intervention group and the control group.

3. There was a difference in anxiety reduction in the intervention and control groups.

SUGGESTION

Based on the resultsof research and discussion then the researcher gives advice, as input material for ward nurses and nurse anesthesias as standard operating procedure (SOP) for nursing independent nursing intervention with therapeutic communication reduce anxiety in patient pre operation.

REFERENCES
