



2nd ICHMS & 2nd LSC

PROCEEDING

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The 2nd International Conference of Medical and Health Sciences (ICMHS) and The 2nd Life Sciences Conference (LSC) 2016

*"Towards a Better Quality of Life
through Interdisciplinary Research"*

Yogyakarta, 9th-10th December 2016
The Alana Hotel and Convention Center

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**The 2nd International Conference of Medical & Health Sciences
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**Chair person of The 2nd International Conference of Medical and
Health Sciences and The 2nd Life Sciences Conference 2016**



Welcome to Jogja, sugeng rawuh!

For the second time, the Faculty of Medicine and Health Sciences Universitas Muhammadiyah Yogyakarta is going to conduct the 2nd International Conference of Medical and Health Sciences (ICMHS) this December in vibrant Yogyakarta, Indonesia. This year we are going to collaborate with the Life Sciences Society of Pakistan for their 2nd Life Sciences Conference (LSC) with Dr. Zahid Iqbal as the general secretary.

This year's conference theme "Towards a better quality of life through interdisciplinary research" will be celebrating an era of seamless interdisciplinary integration and collaboration in scientific innovations with the involvement of more extensive topics and disciplines in the conference. We aim to exhibit the products of that kind of approach in solving challenges, improving the quality of life, and creating sustainable developments. We are happy to announce that our conference is filled with Invited speakers from Pakistan, United States of America, Uni Emirates Arab, Malaysia and Indonesia. Presentations will be conducted in oral as well as poster that covers topics from medicine, public health, dentistry, pharmacy, biomedical to agriculture. To put more credibility to the conference we are collaborating with Isra Medical Journal and the Asian Journal of Agriculture and Biology to publish selected papers from the event. Other paper will be published in the ISBN Proceeding book.

The last but not least, enjoy the conference, start networking and sharing ideas, and let immerse yourself to the heritage cultural ambient of Jogja, sumonggo!

Yogyakarta, 1st December 2016

dr. Iman Permana, M.Kes, Ph.D.

**The 2nd International Conference of Medical & Health Sciences
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**Dean of Faculty of Medicine and Health Sciences,
Universitas Muhammadiyah Yogyakarta**



Assalamu'alaikum Wr. Wb.

Science, especially in the areas of health and life growing more rapidly. We need to work together in the research of various disciplines to the advancement of science and to provide benefits to human life.

After successfully organized international scientific meeting last year, the Faculty of Medical and Health Sciences Universitas Muhammadiyah Yogyakarta, held the second scientific meeting ICMHS along with "2nd Life Sciences Conference". In this second scientific meeting, FKIK UMY collaborates with various researchers, among others from Pakistan, Malaysia, and the United States. Taking the theme "Towards a better quality of life through interdisciplinary research" we hope to establish cooperation with various parties to be able to contribute ideas to the civilization of human life.

Finally, we congratulate the scientific meeting in the city of Yogyakarta Indonesia. Enjoy the beautiful city of Yogyakarta with priceless historical relics. We hope that this meeting can run smoothly and provide benefits to the advancement of knowledge.

Wassalamu'alaikum Wr. Wb.

Yogyakarta, 1st December 2016

dr. Ardi Pramono, M.Kes, Sp.An.

**The 2nd International Conference of Medical & Health Sciences
and
The 2nd Life Sciences Conference 2016**

Rector of Universitas Muhammadiyah Yogyakarta



Assalaamu'alaikum Wr. Wb.

Ladies and Gentlemen,

Welcome to the 2nd International Conference on Medical and Health Science in conjunction with the 2nd Life Sciences Conference 2016

Welcome to Yogyakarta City of Tolerance

Our Faculty of Medicine and Health Sciences has been doing such international conference almost every year for the last ten years. This and other previous conferences are the things that supporting our vision as an excellence and Islamic university, a young and global university. We will always try to keep monitoring the development of science through sending more lecturers to do the sabbatical leave overseas, doing international research collaborations and also the international conference. Each department should do this strategy of internationalization so that each department has its own network. Faculty of medicine and health science is one of the most progressive units in implementing this strategy by inviting international experts on a regular basis. This program will certainly strengthen our vision.

International conference on medicine and health sciences is a smart choice to offer our lecturers access to the most recent development of the subjects. The participants will also gain the same knowledge and latest information on medicine and health sciences. As everyone knows that the development of science and technology are faster today compared to the previous period. Information technology, computer, and other development havefastened the transformation of medicine and health science into the different and more complex stage.

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Cellular technology, for instance, can be used for several functions including those that directly impacts our daily life. There is no long distance call anymore today because cellular phone can do everything we need to contact other people far from where we stand anytime anywhere. People will finally innovate cellular phone for the sake of personal health services. We will in the future using our simple cellular phone to detect our body temperature, blood pressure, even how much fat we have in our body and how much it is supposed to be. We may also be able to check the health of our body without leaving our house and order medicine without going into the drug store. Everything is almost possible as long as we think hard for the better of people in the future. Enjoy the conference and don't forget to visit our rich tourist destinations, mountains, beaches or caves (underground waterways).

Thank you

Wassalaamu'alaikum Wr. Wb.

Prof. Dr. Bambang Cipto, MA

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Keynote Speech

**by Head of Provincial Health Office Special Region of Yogyakarta
in International Conference
of Medical and Health Sciences and Life Sciences Conference**

The Alana Hotel and Convention Center, Yogyakarta, December 9-10, 2016

The honorable:

- Rector of Muhammadiyah University of Yogyakarta,
- The Dean of Medical and Health Sciences Muhammadiyah University of Yogyakarta,
- The chairman of organizing committee of the international conference of medical and health,
- Distinguished guests and colleagues.

Assalamu'alaikum Warahmatullahi Wabarakatuh,

First of all, we thank God for His blessings that today we may attend the International Conference of Medical Health Towards a Better Quality of Life Through Interdisciplinary Research in Yogyakarta.

My distinguished colleagues,

In Indonesia National Long Term Development Plan (2005-2024), the Indonesian Ministry of Health have determined a paradigm shift that have governed health services in health development plan. There has been a shift from Curative Health Services to Preventive and Promotive Health Services.

Recently, Indonesia suffers from a triple burden of diseases as health development challenges. The triple burden of diseases are: 1) the backlog of common infections, undernutrition, and maternal mortality; 2) the emerging challenges of non-communicable diseases (NCDs), such as cancer, diabetes, heart disease; and 3) mental illness, and the problems directly related to globalization, like pandemics and the health consequences of climate change.

Dear colleagues,

Here are some data that show several health problems in Indonesia:

1. Maternal mortality rate in 2015 is 4,809 cases, infant mortality rate in 2015 is 22,267 cases;
2. Regarding to children under the age of five, the national stunting rate is 37.2% which consists of 18% for very short dan 19.2% for short (Riskesdas 2013);

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3. HIV testing coverage is 14% dan antiretroviral (ARV) therapy coverage is 65.58% (Directorate General of Disease Control and Prevention Ministry of Health, 2015);
4. Tuberculosis (TB) notification rate in 2015 is 73.5% and tuberculosis treatment success rate is 72% (Directorate General of Disease Control and Prevention Ministry of Health, 2015).

Distinguished guests,

Indonesia Health Development Program in 2015-2019 strengths in improving human quality life through Health Indonesia Program with family approach. The Indonesian Ministry of Health issued The Minister of Health Regulation (Permenkes) No. 39 Year 2016 as a Guideline of Implementation of Health Indonesia Program with Family Approach. This program has 12 main indicators as markers of a family health status. Currently, many health programs have been implemented by Indonesian Ministry of Health, Provincial Health Offices, and District Health Offices. However, many health problems, some as mentioned above, still become health burdens. We may ask a question whether the programs that we conducted have answered the health problems we have in Indonesia.

It would be better if all health programs that we implement based on scientific health research, especially interdisciplinary research. The research should be related to detection, prevention, and treatment of diseases or problem solving for better health.

My dear colleagues,

Being a province with speciality, Special Region of Yogyakarta placed Traditional Medicine as one of the priority programs in Provincial Medium Term Development Plan (2017-2022). We still encounter many challenges in developing Traditional Medicine, especially in providing services which are based on scientific evidence.

Distinguished colleagues,

We look forward to results of interdisciplinary research which would support health problem solving, especially by developing traditional medicine in Yogyakarta. We believe that collaboration in interdisciplinary research would improve quality of human life.

Finally,

Thank you for your attention. We wish you a successful conference.

Wassalamu'alaikum Warahmatullahi Wabarakatuh,

On behalf of
the Head of Provincial Health Office
Special Region of Yogyakarta

Drg. Pembajun Setyaningastutie, M.Kes

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**SPEAKER OF
INTERNATIONAL CONFERENCE**

Zahid Iqbal

Al-Nafees Medical College Isra University Islamabad Campus Islamabad, Pakistan
“One Health Program for Public Health Benefit”

Prof. Dr. Abdul Khaliq

Professor, Department of Agronomy, University of Agriculture, Faisalabad
“Role of Agriculture in Poverty Alleviation of Rural Areas”

Fitri Arofati

Universitas Muhammadiyah Yogyakarta, Indonesia
“Continuing Professional Development of Practicing Nurses in Indonesia”

Tri Wahyuliati

Universitas Muhammadiyah Yogyakarta, Indonesia
“Diabetic Neuropathy - A Chance Towards A Better Treatment”

Mohammad Khalid Ashfaq

University of Mississippi, USA
“Natural Products –Use or Misuse”

Muhammad Mukhtar

American University of Ras Al Khaimah, United Arab Emirates
“Emerging Biotechnologies and Genomic Medicines in Human Health and Well-Being”

Muhammad Sasmito Djati

Brawijaya University Malang, Indonesia
“Herbal Medicine a Holistic Approach: in case of food supplement formulation of Sauropusandrogynus and Elephantopuscaberto modulate immune and hormonal system in pregnant Salmonella typhi infected mice”

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REVIEWER

1. Dr. Zahid Iqbal, Ph.D (Isra University, Islamabad, Pakistan)
2. Prof. Dr. Abdul Khaliq (University of Agriculture, Faisalabad)
3. Dr. Mohammad Khalid Ashfaq, DVM, DTVM, MS, Ph.D (University of Mississippi, USA)
4. Dr. Muhammad Mukhtar, Ph.D (American University of Ras Al Khaimah, United Arab Emirates)
5. Dr. Ir. Muhammad Sasmito Djati, MS. (Brawijaya University Malang, Indonesia)
6. Fitri Arofiati, S.Kep., Ns., MAN., Ph.D (Universitas Muhammadiyah Yogyakarta, Indonesia)
7. Dr. SN Nurul Makiyah, S.Si., M.Kes (Universitas Muhammadiyah Yogyakarta, Indonesia)
8. dr. Iman Permana, M.Kes, Ph.D (Universitas Muhammadiyah Yogyakarta, Indonesia)
9. Dr. dr. Ikhlas M. Jenie, M.Med, Sc (Universitas Muhammadiyah Yogyakarta, Indonesia)
10. Dr. dr. Arlina Dewi, M.Kes, AAK (Universitas Muhammadiyah Yogyakarta, Indonesia)
11. dr. Oryzati Hilman, M.Sc, CMFM (Universitas Muhammadiyah Yogyakarta, Indonesia)
12. Dr. Dra. Yoni Astuti, M.Kes, Ph.D (Universitas Muhammadiyah Yogyakarta, Indonesia)
13. Dr. drg. Tita Ratya Utari, Sp. Ort (Universitas Muhammadiyah Yogyakarta, Indonesia)
14. Dr. dr. Tri Wahyuliati, Sp.S, M.Kes (Universitas Muhammadiyah Yogyakarta, Indonesia)
15. Dr. Elsy Maria Rosa, M.Kep (Universitas Muhammadiyah Yogyakarta, Indonesia)
16. Dr. dr. Titiek Hidayati, M.Kes (Universitas Muhammadiyah Yogyakarta, Indonesia)
17. Dr. Shanti Wardaningsih, M.Kep., Ns., Sp.Kep.J., Ph.D. (Universitas Muhammadiyah Yogyakarta, Indonesia)
18. Dr. dr. Sri Sundari, M.Ke (Universitas Muhammadiyah Yogyakarta, Indonesia)
19. Dra. Lilis Suryani, M.Kes (Universitas Muhammadiyah Yogyakarta, Indonesia)
20. Drh. Tri Wulandari K, M.Kes (Universitas Muhammadiyah Yogyakarta, Indonesia)
21. Dr. dr. Wiwik Kusumawati, M.Kes (Universitas Muhammadiyah Yogyakarta, Indonesia)
22. Sabtanti Harimurti, S.Si., M.Sc., Ph.D., Apt. (Universitas Muhammadiyah Yogyakarta, Indonesia)

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**SPEAKER OF
INTERNATIONAL CONFERENCE**

ICMHS-P-1-33

The Effect of Interpersonal Relationship toward Birth Satisfaction

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Abstract

The interpersonal relationship was important factor to gain upgrading birth services. There was decline of birth rate from 2014 to 2015, which following with several patient unsatisfaction in interpersonal relationship include the aspect of communication and humanistic in Roemani Muhammadiyah Semarang hospital. This research purpose to analysed the effect of interpersonal relationship toward birth satisfaction in Roemani Muhammadiyah Semarang hospital. A cross sectional that involved an exit interview was conduct from July to August 2016. A total of 79 women were enrolled in the study that fulfill the inclusion and exclusion criteria. The interpersonal relationship and birth satisfaction were measured using survey instruments from the transforming maternity team concept and birth satisfaction journal which measured the reliability and validity test. The linier regression were applied. The majority of the patients (94,9%) were 21-40 years old, 67,1% were univercity graduated, 40,5% were housewife, 62% were multigravida, and 57% were delivered by cesarean section. There was significant effect between interpersonal relationship and birth satisfaction ($p=0,0001$). The better interpersonal relationship between patient and medical staff could appear patient safety and high level of trust that can raise the birth satisfaction. The respon time to early service for less than 15 minutes was the patient prospect from interpersonal relationship aspect.

Keywords: interpersonal relationship, birth satisfaction

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INTRODUCTION

Aspects of interpersonal relationships is one of the important aspect of service delivery.^{1,2} Based on the journal Women's Health, delivery service covers six dimensions of service, which is centered on the mother (women centered), a safe, effective, timely, efficient and equitable (equal rights and obligations for each patient).^{2,3} Interpersonal relationships include six dimensions of these services, because it covers the relationship between patients and health workers.^{2,3} There was decline of birth rate from 2014 to 2015, which following with several patient unsatisfaction in interpersonal relationship include the aspect of communication and humanistic aspects in Roemani Muhammadiyah Semarang hospital.

MATERIALS AND METHODS

A cross sectional that involved an exit interview was conduct from July to August 2016. A total of 79 women were enrolled in the study that fulfill the inclusion and exclusion criteria. The interpersonal relationship and birth satisfaction were measured using survey instruments from the transforming maternity care team concept and birth satisfaction journal which measured the reliability and validity test.^{1,3} The scale of measurement using a variable differential semantics of the range 0-10. The linier regression were applied.

RESULTS

The majority of the patients (94,9%) were 21-40 years old, 67,1% were univercity graduated, 40,5% were housewife, 62% were multigravida, and 57% were delivered by cesarean section (Table 1).

Table 1. Patients Characteristics

Characteristics	Frequency	Percentage
Level of education		
- SLTP	3	3,8
- SLTA	23	29,1
- PT	53	67,1
Job		
- Private employees	29	36,7
- Government employees	15	19
- Entrepreneur	2	2,5
- Student	1	1,3
- Housewife	32	40,5
Parity number		
- Primigravida	30	38
- Multigravida	49	62
- Grande Multipara	0	0

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Characteristics	Frequency	Percentage
Labor technique		
- Spontaneous	32	40,5
- Vacuum, foceps	2	2,5
- Sectio cesarea	45	57

Table 2. shows the mean scores of interpersonal relationships was 7.79 from the range of 0-10. The services that have the lowest average was waiting time of the patient's initial service, while having the highest average was staff appearance who impressed neat and clean.

Table 2. Assessment of respondents in the aspect of interpersonal relationship

Statement	Mean	Score < mean	%	Score > mean	%
Intertwined relationship of trust between the patient and hospital personnel	8,33	16	20,3	63	79,7
Patients are treated as partners in the care of themself	8,19	23	29,1	56	70,9
The medical staff gives the patient the opportunity to tell their grievances, complaints or ask questions about the patient's condition, not to interrupt when the patient speaks	8,27	15	19	64	81
The medical staff asks the questions about the complaint or patients condition	8,28	17	21,5	62	78,4
The medical staff gave an explanation of what the examination will be done	8,06	20	25,3	59	74,7
The medical staff gave an explanation of examination result	8,09	21	26,6	58	73,4
The staff use understandable words describing the state of the patient / therapy, and or technical words to patient	8,24	15	19	64	81
The staff answered questions patients clearly unimpressed criticize or patronize patients	8,18	20	25,3	59	74,7
The medical staff following information about patients condition	8,24	18	22,8	61	77,2
There is no difference in the information on the condition, treatment, examination results were delivered between medical personnel	8,01	26	32,9	53	67
The medical team can overcome the problems of patients with either	8,20	19	24,1	60	76
The medical staff provide sufficient privacy when checking out or talking with patients	8,20	18	22,8	61	77,2

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Statement	Mean	Score < mean	%	Score > mean	%
The medical staff assured and controlled medical acts performed on patients	8,28	11	13,9	68	86,1
The medical staff not ignored or looked bored with the patient	8,22	18	22,8	61	77,2
The medical staff testified that to be honest with patients, do not seem to cover up the patient's condition	8,30	17	21,5	62	78,5
The medical staff did not seem in a hurry in giving service to patients	8,29	18	22,8	61	77,2
The medical staff kept his promise to the patient	8,14	22	27,8	57	72,2
The medical staff was impressed neat and clean	8,53	43	54,4	36	45,5
Waiting time for initial service patients ≤15 minutes	7,70	30	38	49	62
Total Average	8,19				

Table 3. describes the patients birth satisfaction, which is assessed on the aspects of service delivery procedures, facilities, interpersonal aspects of care, and access to services. Average total satisfaction is 8.09 from the range of 0-10. The majority of birth satisfaction ratings in Roemani Hospital has a score above the average total satisfaction.

Table 3. Assessment of the patients birth satisfaction

Aspects of birth satisfaction	Total mean	Highest mean	Score	Lowest mean	Score
Service delivery procedures	8,09	Effort towards healing and patients safety	8,41	Patients waiting time towards services	7,68
Facilities		Cleanliness delivery room	8,30	The adequacy of parking space	7,19
Interpersonal aspects of care		Explanation of the patient's health condition	8,32	The time devoted to patient care	7,96
Access to services		The ease of getting drugs	8,24	-	-

Table 4. denotes the relationship between the variable of interpersonal relationships and patient satisfaction is very strong. There was significant effect between interpersonal relationship and birth satisfaction (p=0,0001).

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Table 4. Simple linear regression variables interpersonal relationship to birth satisfaction

Variable	R	R Square	p (ANOVA)	Constanta	Stand coeff β	p (coeff)
Interpersonal relationship	0,904	0,817	0,0001	10,472	0,904	0,0001

DISCUSSION

Interpersonal relationship aspects include good communication and trust relationship that exists between hospital personnel and patients, the treatment of the patient as a partner, as well as the opportunity provided for patients to express their wishes in medical decision making in relation to delivery faced.^{3,4} In Roemani Muhammadiyah Semarang Hospital most of patients believed to medical staff in the management for themself. Patients also rate well on communication, humanistic and medical staff performance. Aspects of interpersonal relationship is an important factor of childbirth satisfaction in Roemani hospital. This is in line with research conducted Melese et al. (2014),⁵ stated that the staff communications, information given to patients, attitude, friendliness and empathy given the clerk, and the privacy given to the checkout process affect pasien. Similarly satisfaction with research conducted by Tricas et al. (2011),⁶ mentioning the main pillars of the satisfaction of other dimensions of labor between humanism and the relationship between officers and pasien. There are includes attitude and friendliness of the hospital staff, professionalism, and staff communication. Statement of services under the average is waiting time which is related to the patient's initial service. The ideal waiting time of patient care delivery is ≤ 15 minutes.⁷ Most patients enter through the emergency department of labor, so the response time should be faster.⁸ Based on the interviews, most of the medical staff had done its job by providing initial services ≤ 15 minutes. But there are some respondents stated that long time due to the initial service when a patient comes at the turn hour of guard. Respondent characteristics such as the number of parity, and delivery techniques can also affect satisfaction.⁹ In this study primigravida patients rate higher against the perceived satisfaction compared with multigravida. This is likely due to primigravida patients can not compare with the previous delivery, whereas multigravida patients can compare with previous childbirth experience.¹⁰ Although in the previous labor for multigravida patients not always give birth in Roemani hospital Roemani. Research conducted in the service delivery is likely influenced by treatment class, and delivery techniques are acceptable to the patient.

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CONCLUSION

The good interpersonal relationship between patients and medical staff includes communication and humanistic aspects may increase the degree of patient confidence to service providers that will increase labor satisfaction. The respon time to early service for less than 15 minutes was the patient prospect from interpersonal relationship aspect.

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