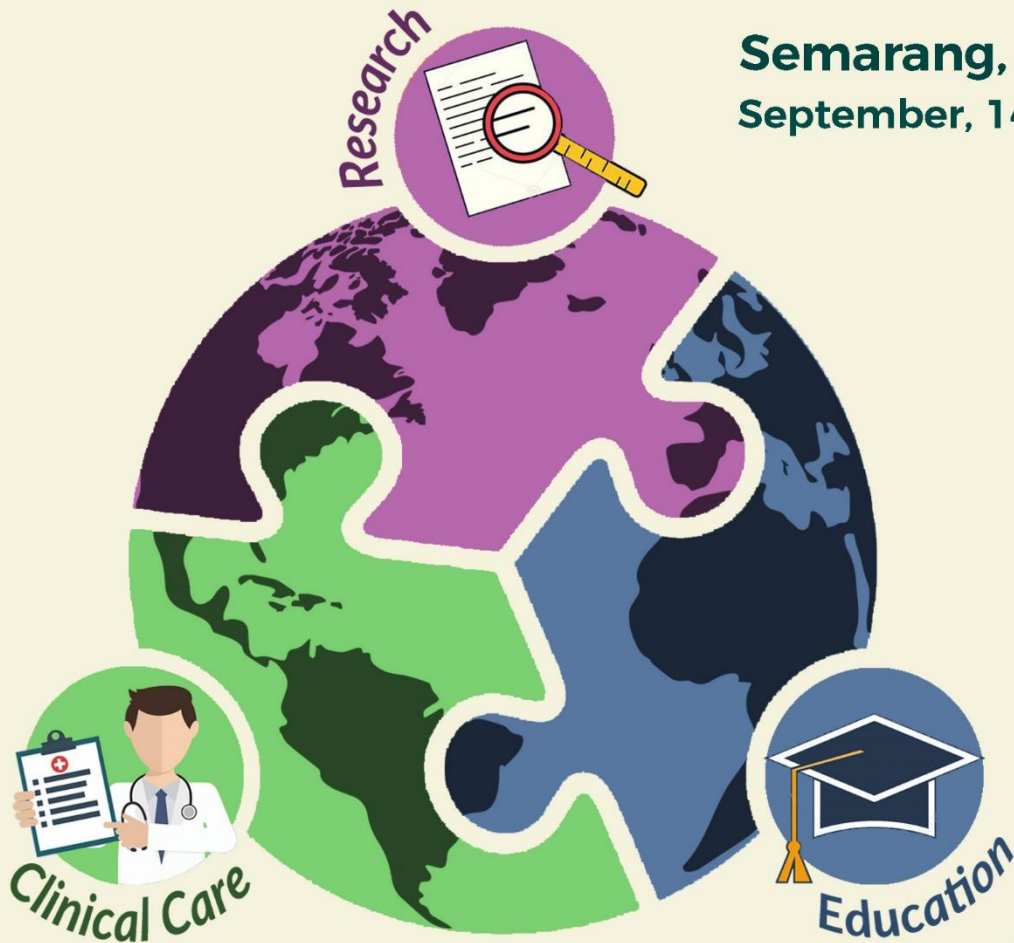




PROCEEDING

**2ND INTERNATIONAL CONFERENCE ON TRANSLATIONAL MEDICINE
AND HEALTH SCIENCES (ICTMHS)**
in conjunction with
**4TH JAVA INTERNATIONAL
NURSING CONFERENCE (JINC)**

Semarang, Indonesia
September, 14th-15th, 2018



**"Creating a Better Future of Health Care:
Partnerships in Research, Education, and Clinical Care"**



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HEALTH SCIENCES

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4th JAVA INTERNATIONAL NURSING CONFERENCE 2018

***“Creating A Better Future of Health Care: Partnership
in Research, Education and Clinical Care”***

Patra Semarang Hotel & Convention, Central Java, Indonesia

14 – 15 September 2018

Published by:


Faculty of Medicine, Diponegoro University

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Proceeding of 2nd International Conference of Translational Medicine and Health Sciences in
Conjunction with 4th Java International Nursing Conference 2018
“Creating Better Future Health Care: Partnership in Research, Education and Clinical Care”

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Cover Design: Fida’ Hussain, S. Kep., Ns.

ISBN 978-602-5560-75-0

Published By

Faculty of Medicine, Diponegoro University

Jl Prof. Soedharto, SH, Tembalang, Semarang

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Semarang: Faculty of Medicine, Diponegoro University, 2018

1 exemplar, 217 pages, 8.27 x 11.69 inch

Collaboration or partnership is a term which is often used in the fields of research, clinical practice and health professional education. Collaboration occurs when two or more people work together to achieve common goals and shared outcomes. Collaboration includes a commitment to reciprocal relationships to achieve certain goals and is developed in conjunction with mutually supportive resources. Research, education and clinical practice are interrelated; research informs education, which in turn will affect the provision of care to patients.

In the area of health, it is believed that collaboration leads to better health services and improves patient satisfaction. Science is the foundation for providing quality service to patients and research is one of the means of doing so. The complexity of patient problems nowadays requires inter-professional collaborations among the health professions since the problems may not be solved when a profession is working alone. Collaboration in research occurs when researchers from more than one profession or disciplines work together to achieve common goals in generating new scientific findings.

Collaboration in the health services occurs when two or more people from multidisciplinary areas work together to solve the problems of the patients comprehensively. This collaboration may occur when each individual mutually respects and contributes according to his/her position to create a conducive environment to optimize the patient's health. WHO states that the health workers who perform collaborations in caring for patients will gain more success in resolving complex patient problems. Collaborations in health services are useful for improving the skills to provide comprehensive care, developing innovations and creativity, and focusing more on patient-centered care.

Collaboration in education or known as inter-professional education (IPE) occurs when two or more students from multidisciplinary studies learn together on a particular topic and jointly solve the case. Collaborations in education does not only occur in the university contexts but also in the clinical practice areas. These collaborations are closely related. IPE is part of the professional practice before the health workers implement it in the healthcare services.

The international conference which focuses on “Creating a Better Future of Healthcare: Partnership in Research, Education, and Clinical Care” is a way to create successful collaborations among the health workers. The conference also aims to introduce the public that the Faculty of Medicine Diponegoro University is committed to creating harmonious collaboration between health workers, including doctors, nurses, nutritionists, pharmacists, and dentists.

Organizing Committee

2nd INTERNATIONAL CONFERENCE OF TRANSLATIONAL MEDICINE AND HEALTH SCIENCES *in conjunction with* **4th JAVA INTERNATIONAL NURSING CONFERENCE 2018**

“Creating Better Future Health Care: Partnership in Research, Education and Clinical Care”

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First of all, thanks to **Almighty Allah**, the most merciful, beneficent and compassionate, for His blessing that this conference could be held today.

I would like to express my greatest gratitude to Prof. Dr. Yos Johan Utama, S.H., M.Hum; Rector of Diponegoro University, Prof. Dr. dr. Tri Nur Kristina, DMM., M.Kes.; Dean of Faculty of Medicine Diponegoro University, Prof. Dr.rer.nat Heru Susanto, S.T., M.M., M.T.; Director of LPPM, dr. Ahmad Zulfa, Sp.And., Ph.D, vice dean of research and innovation Faculty of Medicine for all of their kind supervision during the preparation of this event. I would like to express my sincere gratitude to all of the committee members for all of your hard work, kind help, and best effort as a solid team work, by which this event can be held successfully today. I would like to thank all of the honorable speakers for your willingness to come and give lectures here, and all of participants from various institutions in the world. Welcome to **2nd International Conference on Translational Medicine and Health Sciences (ICTMHS) in conjunction with 4th Java International Nuraing Conference 2018**. It is a great pleasure to have all of you here in Semarang Indonesia, on this September 14-15, 2018.

ICTMHS is an annual routine program that began in 2017 initiated by the faculty to support the university's vision of becoming a world class university. Nursing, a part of the faculty of medicine, has previously held international nursing conferences since 2010. This time we are together to support UNDIP as a research university by organising this event. The theme of this conference is "Creating a Better Future of Healthcare: Partnership in Research, Education and Clinical Care". The focuses of this conference are Interprofessional Education and Research, Collaborative Practice, Translational Medicine, and Nutrition, Dietetic and Food. This is an interesting theme that invites all health workers to unite to increase collaboration in various aspects to produce quality services. Through this conference, we hope to contribute in introducing and educating the scientific community on the nowadays advance in medical and health sciences. As a major goal of this event, we hope that it can be an excellent chance to discuss interesting ideas and develop fruitful project in the future, network opportunities with old and new colleagues, coordination new partnerships which advance collaboration either about the research field or not, as well as the careers of all participants.

Please enjoy your participation in ICTMHS-JINC 2018 and have a great experience during your stay in Semarang.

Wish you the best in all your work.

Ns. Reni Sulung Utami, S. Kep., M.Sc

Organizing Chairperson

Praise to the God Almighty for the International Conference on Translational Medicine and Health Science (ICTMHS) in conjunction with Java International Nursing Conference (JINC) 2018, Faculty of Medicine Diponegoro University and I are very excited for this event and we welcome to all of the participants and speakers to this event.

The special acknowledgement, I address to the distinguished speakers dr. Bambang Wibowo, Sp. OG(K), MARS from Ministry of Health Republic of Indonesia, dr. Soetedjo, Sp.S(K) from The Indonesian Medical Association, Prof. Sandra Capra, PhD, FDAA from The University of Queensland-Australia, Prof. Dr.dr Kristina, DMM., M.Kes from Diponegoro University-Indonesia, Prof. Dra. Setyawati, M.App.Sc., Ph.D from Faculty of Nursing University of Indonesia, Fiona Miller from Griffith University-Australia, Lybrich Kramer from Hanze University-The Netherland, Anne Hyre from Jhon Hopkins University-United States of America, Kjara Bernadette V. Agatep from St. Paul University-Philippines, Dr. dr. Mexitalia Setiawati, Sp. A(K) from Diponegoro University-Indonesia, dr.JC. Susanto, Sp.A (K) from Diponegoro University-Indonesia

I am very grateful for your willingness to attend and share your knowledge to us. Faculty of Medicine Diponegoro University has a vision to be the centre for medical and health sciences. ICTMHS is an annual routine program that began in 2017 initiated by the faculty to support the university's vision of becoming a world class university. Nursing, a part of the faculty of medicine, has previously held international nursing conferences since 2010. This time we are together to support UNDIP as a research university by organising this event. The theme of this conference is "Creating a Better Future of Healthcare: Partnership in Research, Education and Clinical Care". This is an interesting theme that invites all health workers to unite to increase collaboration in various aspects to produce quality services.

I hope, from this event we will increase the number of Faculty of Medicine and Diponegoro University's international publications as well as promoting international collaboration. I wish that this event will give a big contribution on sharing knowledge and information about medical and health sciences for the academic members, researchers and all of the participants. I also would like to appreciate to all of the committee members for their effort and hard work so that this event can happen.

Once again, welcome to the International Conference on Translational Medicine and Health Science (ICTMHS) in conjunction with Java International Nursing Conference (JINC) 2018. I hope that all of you enjoy your stay at Semarang and we will see you again on the next event.

Prof. Dr. dr. Tri Nur Kristina, DMM, M.Kes

Dean of Faculty of Medicine

Diponegoro University

Assalamulaikum Warahmatullahi Wabarakatuh

Praise goes to the most merciful God Allah SWT for the blessings of life and knowledge for us to gather in this meaningful occasion.

It is a great pleasure and honour for our University to be the host of 2nd International Conference on Translational Medicine and Health Sciences (ICTMHS) in conjunction with 4th Java International Nursing Conference (JINC). The special acknowledgement, I address to the distinguished speakers dr. Bambang Wibowo, Sp. OG(K), MARS from the Ministry of Health Republic of Indonesia, dr. Soetedjo, Sp.S(K) from The Indonesian Medical Association, Prof. Sandra Capra, PhD, FDAA from the University of Queensland-Australia, Prof. Dr.dr Kristina, DMM., M.Kes from Diponegoro University-Indonesia, Prof. Dra. Setyawati, M.App.Sc., Ph.D from Faculty of Nursing University of Indonesia, Fiona Miller from Griffith University-Australia, Lybrich Kramer from Hanze University-The Netherland, Anne Hyre from Jhon Hopkins University-United State of America, Kjara Bernadette V. Agatep from St. Paul University-Philippines, Dr.dr. Mexitalia Setiawati, Sp. A(K) from Diponegoro University-Indonesia, and dr.JC. Susanto, Sp.A (K) from Diponegoro University-Indonesia. Thank you for the valuable time to deliver knowledge and share scientific information at this conference. I believe that this opportunity will provide the valuable information for us and deliberate some new research ideas for participants of this conference.

For all participants, I would also like to welcome you at this conference. The origin of the conference theme is reflected from the idea of our Center of Excellence (CoE) which was established in 2012 representing our priority as a research university. Since the declaration of Diponegoro University as a research university, the main theme of every research result will be enhanced to the level of international benchmarking. Diponegoro University, has strong human resources and research background related to translational medicine and health sciences. It is also supported by laboratory such as Center for Biomedical Research.

The theme of this conference is "Creating a Better Future of Healthcare: Partnership in Research, Education and Clinical Care". This interesting issue needs to be discussed in this conference by sharing research findings and ideas. Therefore I believe this international conference will be able to present an interesting discussion with prominent speakers from Indonesia, Australia, Netherland, United States of America and Philippines, giving a contribution the to the development of science and hopefully will encourage more research on this area.

I am grate full to see that this conference has enormous responses from the participants either from domestic or from other countries. The number of publication indexed by reputable database has been set as an indicator for world university rank including Indonesia. Therefore, Diponegoro University also encourages all scientists and academic staffs to increase their publication records in these international reputation journals.

Currently, Diponegoro University is in the 7th position among universities in Indonesia for the number of publications in reputable international journals. The number of Undip scientific publications indexed in Scopus is 2350 documents. I sincerely express appreciation to the organizing committee for their effort to realize this conference. By the end of my short welcome address, I hope our foreign guests take advantage of their stay here to enjoy our beautiful city, Semarang.

Finally, once again I would like to convey a warmest welcome to all the distinguished guests and participants of the conference. Diponegoro University is giving the best to assist you in every way, therefore please enjoy our hospitality and have a delightful experience in the conference.

Wassalamulaikum Warahmatullahi Wabarakatuh

Thank you for your kind attention.

Prof. Dr. Yos Johan Utama, S.H., M.Hum

Rector of Diponegoro University

Cover page	i
Preface	iii
Organizing committee	iv
Welcome message from the Organizing Chairperson	vi
Welcome message from the Dean, Faculty of Medicine, Diponegoro University	vii
Welcome message from the Rector Diponegoro University	viii
Table of content	x
Plenary Session I	
Implementation Inter-professional Education in the Community	1
<i>Prof. Dr. dr. Tri Nur Kristina, DMM., M.Kes</i>	
Plenary Session II	
Nutrition during the first 1000 days of life	2
<i>Professor Lybrich Kramer, MSc IBCLC</i>	
Fail to thrive and to overcome	3
<i>Dr. dr. Mexitalia Setiawati E., Sp. A(K)</i>	
Interventions to Prevent Stunting in Early Life	4
<i>dr. JC. Susanto, Sp. A(K)</i>	
Stunted Growth among Children in Cabagan Isabela; a Population- Based Cross-Sectional Study	5
<i>Kjara Bernadette Agatep, PhDNSc</i>	
Plenary Session III	
Dietetics in Maternal Emergency	6
<i>Professor Sandra Capra AM BSc (Hons), DipNutr&Diet, MSocSc, PhD, FDAA</i>	
Capacity Building Approaches to Create Effective Teamwork in Obstetrics Emergencies	7
<i>dr. Ratnasari Dwi Cahyanti, Sp. OG(K), M.Si.Med</i>	
Perception, Experience and Expectation of Pregnant Women about Emergency Care during Pregnancy and Labor ...	8
<i>Professor. Dra. Setyowati, MApp.Sc, PhD</i>	
The Quality of Health Care Services and Referring in Maternal Emergency: Based on EMAS	9
<i>Anne Atkinson Hyre CNM, MSN, MPH</i>	
Invited Lectures	
Functional Outcome, Cognitive and Coping in Stroke Ischemic Survivors after Three Months Onset: Comparison between Post Stroke Depression and Non-Post Stroke Depression Groups	10
<i>Fitria Handayani, Setyowati, Dwi Pudjonarko, Dian Ratna Sawitri</i>	
Neurology Impacts Related on Mercury Intoxication, from In-vivo to Population Studies in Indonesia	11
<i>Muflihatul Muniroh</i>	
Optimizing Intervention for Perinatal Women with Management Cortisol	12
<i>Anggorowati</i>	
Stress Level and Coping Strategies in Elderly in Nursing Homes	13
<i>Gladis Risna Aisya, Nurullya Rachma</i>	
Cognitive Disorder in Epilepsy Patients.....	14
<i>Yuriz Bakhtiar, M Thohar Arifin, Zainal Muttaqin, Erie BPS Andar, Aris Catur, Happy Kurnia B, Dody Priambada, Hardian</i>	
Finding The Link between Hyperuricemia and Atrial fibrillation and Its Potential Therapeutic Strategy	15
<i>Nani Maharani</i>	
Life Skills as a Behaviour Change Strategy in the Prevention of HIV and AIDS in Central Java School	16
<i>Untung Sujianto</i>	
Enzymatically Modified Resistant Starch from Banana	17
<i>Diana Nur Afifah</i>	
Nutraceuticals Encapsulation by Modified Liposome Study in Vitamin D3	18
<i>Gemala Anjani</i>	
Assessment of Inter-Professional Education	19
<i>Fatikhu Yatuni Asmara</i>	
Caring in the Health Care Team to Improve Patient Safety Goals	20

<i>Luky Dwiantoro</i>	
LQT Syndrome Type 2: A Focus on the Enhancement of Mutant hERG Protein Expression	21
<i>Endang Mahati</i>	
The Effect of Cloud Ear Fungus (<i>Auricularia Polytricha</i>) on Lipid Profile on Wistar Rats Induced by Reused Cooking Oil	22
<i>Henna Rya A, Nyoman Suci W, Ratih Budinastiti, I Made Miarta Yasa</i>	
The Social and Humanistic Nursing Technology Model to Enhance the Quality of Patient Care for Critically Ill Patients: A Feature Perspective	23
<i>Suhartini Ismail</i>	
Thromboprophylaxis: Prevention and Treating of Venous Thromboembolism	24
<i>Satrio Adi Wicaksono</i>	
Telenursing for Haemodialysis Patients based on Empowering with Self Efficacy Training as an Effective Nursing Care Intervention	25
<i>Henni Kusuma</i>	
Spirituality to Promote Recovery among People with Schizophrenia	26
<i>Sri Padma Sari</i>	
Discharge Planning Elements for Prisoners with TB	27
<i>Megah Andriany, Umaporn Boonyasopun, Pajongsil Perngmark</i>	
Family Income Rate, Maternal Knowledge and Nutritional Status among Stunted Children under Five Years Old in Mlonggo Sub-district, Jepara District	28
<i>Ani Margawati, Ari Budi Himawan, Arwinda Nugraheni, Dea A Adespin</i>	
Oral Presentation	
Paediatrics	
Relationship of Affective Function of Families with Behavior of Temper Tantrum of 3-5 Years Old Children in Patrang Sub-District of Jember District	29
<i>Latifa Aini Susumaningrum, Emi Wuri Wuriyaningsih, Lisca Nurmalika Fitri</i>	
Development and Trial of a Paediatric Falls Screening Tool for Use in an Indonesian Context	30
<i>Natalia R. Yulianti, Dianne Noviandini, Kasmirah, Sri E. P. Sudarko, Ann Bolton, Kobi Schutz, Cheryl Hunt, David G. Arthur</i>	
Differences in Children's Physical Activity after a Self-Management Program of 5A Methods in an Elementary School	31
<i>Puji Purwaningsih</i>	
Milk and Fish Consumption of Preschool Children with Stunting in Developing Country	32
<i>Rina Pratiwi, Sherly Mediana, Annisa Fathia, Maria Mexitalia</i>	
Identifying Factors Influencing Survival in Pediatric Sepsis Using Various Analysis Model	33
<i>Asri Purwanti</i>	
The Effects of Zinc Supplementation on Immune Response of Obese Children with Family History of Atopy	34
<i>Dewi Ratih, Mulyono, Saekhol Bakri, Wistiani</i>	
Neurology	
The Effect of Addition Kinesio Taping to McKenzie Exercise for Functional Status in Chronic Mechanical Low Back Pain Patient	35
<i>Maya Puspa Rini, Rudy Handoyo</i>	
The Effects of Duration of Antiepilepsy Drugs Use on IQ of Focal Cortical Dysplasia Patients	36
<i>Zahranatha Dzaky Fadhila, Yuriz Bakhtiar, Zainal Muttaqin, Muhammad Thohar Arifin, Hardian, Muhammad Rully Zen, Annisa Fadhillah Al Hanif</i>	
Usefulness of Intraoperative Ultrasonographic For Brain Surgery	37
<i>Thohar Arifin</i>	
Association of Executive Functions and Post Stroke Depression among Stroke Survivor after Three Months Onset: Preliminary Study	38
<i>Fitria Handayani, Setyowati, Dwi Pudjonarko, Dian Ratna Sawitri</i>	
Sensitivity Evaluation of Magnetization Transfer Ratio for Diagnosing Intractable Medial Temporal Lobe Epilepsy with Normal MRI: Experience in Indonesia	39
<i>Hermina Sukmaningtyas, Jacob Pandelaki, Meira Dewi Kusuma Astuti, Diah Fauziah, I.Riwanto, Zainal Muttaqin</i>	

Assosiation of Interleukin-10 (IL-10) Serum Levels with Clinical Outcomes Patients of Acute Ischemic Stroke	40
<i>Dwi Pudjonarko, Endang Kustiowati, Thoiful Chakim</i>	
Factors Associated with Physiological Response of Acute Ischemic Stroke Patients	41
<i>Dwi Mulianda, DwiPudjonarko, HennyKusuma</i>	
Prospective Study: Clinical Outcomes of Epidurolysis and Laminectomy on Lumbar Disc Herniation Treatment in Dr. Kariadi Hospital Semarang- Indonesia.....	42
<i>Trianggoro Budisulistyo, Jamilah</i>	
Critical-Emergency	
Visiting Hour's Policies in Intensive Care Unit: Exploring Families' Views	43
<i>Endri Styani, Reni Sulung Utami</i>	
Critical Care Nurses' Perception of Barriers and Supportive Behaviors in End-of-Life Care	44
<i>Reni Sulung Utami, Eka Permatasari</i>	
An evaluation of Code Blue System Implementation to Manage Cardiac Arrests: A qualitative Study	45
<i>Nana Rochana, Feri Cahyanto</i>	
Reproduction	
eNOS Gene Polymorphism of Follicular Fluid on Patient's Endometriosis	46
<i>Cahyono Hadi</i>	
Comparison of the Efectiveness of Therapy Abdominal Strecthing Exercise and Watermelon against Dysmenorrhea	47
<i>Hasnah, Harmina, La Ode Agustino Saputra, Andi Budiyanto Adi Putra</i>	
The Experiences of Commercial Sex Workers in Decision Making and Walking on VCT	48
<i>Nila Titis Asrining Tyas</i>	
The Effectiveness of Premarital Screening for Secondary Infertility in the Second Pregnancy after 5 Years in Public Health Centers in Semarang-Indonesia	49
<i>Dewi Puspitaningrum¹, Nuke Devi Indrawati¹, Indri Astuti Purwanti</i>	
Sperm DNA Fragmentation Index and Malondialdehyde of Diabetic Rat Treated by Aloe Vera Peel Extract	50
<i>Wulan Christijanti, Lisyani B. Suromo, Achmad Zulfa Juniarto</i>	
Pain Level and Interleukin-6 using Counter-Pressure During the 1st Stage of Labor	51
<i>Sri Rejeki, Tri Hartiti, Machmudah, Achmad Solichan</i>	
Exploring Javanese Women's Level of Pregnancy Knowledge: A Cross-Sectional Study	52
<i>Anggorowati, Fatikhu Asmara, Sari Sudarmiati, Elsa Naviati, Dwi Susilowati</i>	
The Association of Maternal Antenatal Oral Glucose Tolerance Test and Fetal Congenital Heart Disease	53
<i>Fanti Saktini, Tuntas Dhanardhono, Puspita K. Dewi, Wei Xing, Edwin W.H. Thia, George S.H. Yeo</i>	
Maternal Characteristics and Serum Zinc Levels with Birth Weight	54
<i>Banun Lentini, Ani Margawati, Maria Mexitalia</i>	
8-Hydroxy-2 Deoxyguanosine (8-Oh-Dg) in the Follicular Fluid in Endometriosis Patients	55
<i>Cahyono Hadi, Djaswadi Dasuki, Ahmad Hamim Sadewa, Indwiani Astuti, Awal Prasetyo</i>	
Application of Monitoring Card in Fe Tablets Consumption during Pregnancy	56
<i>Fatikhu Asmara, Anggorowati Anggorowati, Elsa Naviati, Sari Sudarmiati</i>	
Cardiovascular	
Correlation between Levels of Biomarkers and Thickness of Fibrous Cap of Coronary Atherosclerotic Plaque Detected by Optical Coherence Tomography: a Meta-analysis	57
<i>Udin Bahrudin, Pipin Ardhhianto, Sefri Sofia, Sulistiyati Utami, Mochamad Sobirin, Ilham Uddin</i>	
Nurse's Mental Model and Performance in Cardiopulmonary Resuscitation Skill for Acute and Critical Patients	58
<i>Suhartini Ismail, Dewi Ulfah</i>	
Correlation between Atherogenic Index of Plasma, Serum Amyloid A, Mean Platelet Volume and Stenosis Degree in Coronary Artery Disease	59
<i>Nuraddiyani Hidayah, Purwanto AP, Edward Kurnia SL</i>	
IL-10 Gene Promoter Region -1082 A/G Polymorphism and IL-10 Expression in Indonesian Rheumatic Mitral Valve Patients	60
<i>Jarot Widodo, Fanti Saktini, Sefri Noventi Sofia, Hardian, Tri Indah Winarni, Susi Herminingsih</i>	
The Correlation between Neutrophil to Lymphocyte Ratio (NLR) with TIMI and GRACE Risk Stratification Scores in Patients with Acute Myocardial Infarction with ST segment Elevation (STEMI)	61
<i>Sulistiyati Bayu Utami, Asri Rizqi Matondang , Satrio Adi Wicaksono</i>	

Ectopia Cordis with Tricuspid Atresia as a Part of Pentalogy of Cantrell: a Case Report	62
<i>Astri Pinilih, Anindita Soetadji</i>	
Nutrition	
Study of Goat Milk Kefir with Vitamin D3 Fortified on Blood Glucose and Insulin in Rats	63
<i>Reza Achmmad Maulana, Diana Nur Afifah, Ninik Rustanti, Gemala Anjani, Binar Panunggal</i>	
Comparative Analyses of Antioxidant Activity, Aloin and Mannose Content of Aloe Vera (Aloe vera Barbadensis).....	64
<i>Septiani, Siti Fatimah-Muis, Gemala Anjani</i>	
The Comparative Role between Cape Gooseberry Juice and Quercetin in Increasing Antioxidant Capacity and Adiponectin in Diabetic Rat	65
<i>Luthfia Dewi, Mohammad Sulchan, Heri Nugroho Hario Seno, Gemala Anjani, Kis Djamiatun</i>	
Study of Goat Milk Kefir Fortified with Vitamin D3 on Malondialdehyde (MDA) Levels in Diabetes Rats.	66
<i>Muhammad Tri Putra Utomo, Binar Panunggal, Diana Afifah, Ninik Rustanti, Gemala Anjani</i>	
Potential of Rice Bran Extract to Body Weight, Triglyceride, and Malondialdehyde Levels in Obese Rat	67
<i>Naro Elyas Sueratman AR, RA Kis Djamiatun, Ahmad Zulfa Juniarto</i>	
Anti-Diabetic Potential of Golden Berry Juice in Diabetic Rats	68
<i>Larasati Sekar Kinasih, Ahmad Ni'matullah Al-Baarri, Kis Djamiatun</i>	
Utilization of Banana Peel as Pectin Source for Antidiarrheal Drug in Castor Oil-Induced Wistar Rats	69
<i>Martin Adhitya Subagio, Cecilia Noviyanti Salim, Qorina Putri Srisantoso, Yora Nindita, Astika Widy Utomo, Nani Maharani</i>	
Correlation between Visceral Fat and Hepcidin, Hemoglobin, Iron Serum, HBA1C in Overweight and Obesity	70
<i>Meita Hendriangtyas, Villa Sekar Cita, Edward KSL</i>	
Association between Healthy Eating Index and Nutritional Status of Women across Two Seasons	71
<i>Imia Fahmi, Rina Agustina, Luh A. A. Wiradnyani, Nia N. Wirawan, Betha Lusiana, Ratna C. Purwestri</i>	
Analysis of Correlation between Self-Efficacy of Self-care and Demographic Characteristic with Attitude of Low Salt Diet among Patients with Hypertension	72
<i>Maida Yuniar Benita, Henni Kusuma</i>	
Milk Protein Supplementation Improves Muscle Performance and Total Antioxidant Status in Soccer Athletes	73
<i>Muhammad Irwan Setiawan</i>	
Nutritional Status and Hemoglobin Levels among HIV/AIDS Patients Receiving High Energy and High Protein Diet	74
<i>Leny Budhi Harti, Gatot Ismanoe, Romizah Harun</i>	
Patient's Perception of Food Correlates with the Amount of Patient's Plate Waste	75
<i>Hesti Retno Budi Arini, Laksmi Karunia Tanuwijaya, Yudi Arimba Wani, Eva Putri Arfiani</i>	
The Optimal Efforts in The Prevention of Muscle Fatigue by Palm date and Cashew Nut Intervention	76
<i>Mursid Tri Susilo, Mardiana Mardiana</i>	
Effect of Zinc on Milkfish Nastar-Cookies to Albumin and Hemoglobin Levels in HIV/AIDS Patients	77
<i>Nurul Hindaryani, Muchlis Achsan Udji Sofro, Tri Winarni Agustini</i>	
Intake of Sugar Sweetened Beverages as a Risk Factor for Central Obesity among Women in Reproductive Age	78
<i>Nabila Rifka Annisa, Fillah Fithra Dieny, Choirun Nissa, A. Fahmy Arif Tsani</i>	
IPE Management	
Inter-Professional Education (IPE) in Developing Countries: Challenges and Lesson Learnt from its Implementation in United Kingdom: a Systematic Review.....	79
<i>Endah Sulistyowati, Louise Walker</i>	
The Competency of Clinical Educators in Guiding the Students	80
<i>Devi Nurmalia, Sarah Ulliya, Muhamad Hasib Ardhani</i>	
Effect of Team Build Training on Perception towards Communication & Teamwork for Students of FMPHN-UGM	81
<i>Widya Wasityastuti, Sri Mulyani, Aviria Ermamilia, Rosalia Harisaputra, Ayuningtyas Satya Lestari</i>	
Roles and Responsibilities among Nurse, Medical and Nutrition Student	82
<i>Braghmandita Widya Indraswari Indraswari, Purwanata Purwanta, Lastdes Cristiany Friday, Mirza Hapsari Sakti Titis Penggalih Penggalih, Sifak Nikmatul Fitri</i>	
Students Perception about Work Team Ability after Implementation of IPE Program in the Community	83
<i>Mega Kumala, Fatikhu Yatuni Asmara, Saekhol Bakri, Diana Nur Afifah, Tri Nur Kristina</i>	

Chief Nurses' Self-Management during the Application of 'Relactor' Nursing Delegation Model in Roemani Hospital, Semarang	84
<i>Vivi Yosafianti Pohan, Dewi Gayatri, Eni Hidayati</i>	
Factors Analysis towards Behavior of Nosocomial Infection Control on Patient's Family	85
<i>Ratnasari, Anggorowati, Madya Sulisno</i>	
The Effect of Ten Carative Factors Application on the Improvement of Nurses Caring Skills and Patient Satisfaction in Regional Public Hospital Jombang	86
<i>Amalia Mastuty, Bambang Edi Warsito, Tri Hartiti, Endang Mahati, Luky Dwiantoro</i>	
Activity	
Oxidative Stress after Long-Distance Cycling (Indonesian North Coast & Tour De Borobudur 2017 Study)	87
<i>Mahalul Azam, Sri Ratna Rahayu, Nova Alvia Fitriani, Arulita Ika Fibriana, Hardhono Susanto, Martha Irene Kartasurya, Udin Bahrudin</i>	
Prevalence and Risk Factors for Low Back Pain in Food Processing Factory Workers in Semarang Indonesia	88
<i>Dea Amarilisa Adespin, Hari Peni Julianti, Ani Margawati, Arwinda Nugraheni, Aras Utami</i>	
Effects of Progressive Muscle Relaxation on Sleep Quality and Fatigue in Cancer Patients undergoing Chemotherapy: A Systematic Review	89
<i>Devi Setya Putri Muchlis AU Sofro Nana Rochana</i>	
A Study on Body Temperature Variation on Basic Organ Stretching Posture of Mompyeong Movement Exercise ...	90
<i>Swanny T Widyaatmadja, Kim Young Duk</i>	
Effect of Green Tea (<i>Camellia sinensis</i>) on Erythrocytes Stability in Exercise-Induced Oxidative Stress Condition .	91
<i>Dwi Ngestiningsih, Iklima Lintang, Faizah Fulyani</i>	
Infection	
Factors that Influence the Length of Hospitalization after Appendectomy in Acute Appendicitis Patients in dr. Kariadi Hospital	92
<i>Yogi Ajik Yudoyono, Saekhol Bakri, Eka Yudhanto, Abdul Mughni</i>	
Carbohydrate Restriction Alleviate Inflammatory Responses	93
<i>Nurina Tyagita</i>	
The Effect of Hibiscus rosa-sinensis L. Extract on Improvement of Macrophage Phagocytosis Activity	94
<i>Antari Leniseptaria Arlita, David Pakaya, Indah Saraswati, Eva Annisaa, Astika Widy Utomo</i>	
<i>Annona muricata</i> Increases IL-27, CXCL12 Levels and Spleen-White-Pulp-Diameter in Severe Malaria.....	95
<i>Kis Djamiatun, Sudaryanto, Noor Wijayahadi, Astika Widy Utomo, Qurrata Áyuni Wae, Ika P Miranti, Djoko Nugroho</i>	
Drug discovery	
The Effects of Phaleria Macrocarpa Extract on Mitotic Index and Tumor Mass Progression on Epidermoid Carcinoma of Swiss Mice in vivo: Experimental Study in Swiss Mice Treated with Neoadjuvant Paclitaxel and Cysplatin.....	96
<i>Vito mahendra Ekasaputra, M. Thohar Arifin, Djoko Handojo</i>	
The Use of Datura Metel's Extract as Medical Balm to Cure Irritant Contact Dermatitis on Fishermen	97
<i>Jihan Farhana, Widya Wati, Starry Ivorynanga, Banis Afifah</i>	
Effectiveness of Eugenol Ointment to Reduce Cutaneous Candidiasis Lesion	98
<i>Vania Avisasalsabila, Nadila Shafa Firdaus, Raditya Afnadisa Putro, Lusiana Batubara</i>	
Comparison of Bee Products and Burn Ointment to Healing Speed of Second Degree Burns	99
<i>Haris Alwafi, Ayyasi Izaz Almas, Edsel Abi Yazid Al-Busthami</i>	
Influence of Actinidia Deliciosa Extract on Toxicity of Acetaminophen in Wistar Rats	100
<i>Amallia N. Setyawati, Naufal Ihsan</i>	
The Effect of Green Tea Leaf Extract on Caspase-3 Protein Level in D-Galactose Induced Balb/C Mice	101
<i>Ainun Rahmasari Gumay, Saekhol Bakri, Lusiana Batubara, Dwi Retnoningrum</i>	
Activation of IL-6 and MIP-2 by Non-toxic Methylmercury and Its Suppression by N-acetyl-L-cysteine	102
<i>Muflihatul Muniroh</i>	
Screening of Spongesp-Associated Bacteria Producing Protease Inhibitor	103
<i>Dede Mahdiyah, Helmia Farida, Aris Tri Wahyudi, Widanarni</i>	
Effect of Cinnamon Powder to Oxidative Stress: A Study with Mice Exposed to Reheated Cooking Oil	104
<i>Swara Wida Shakti, Margaret Damaiyanti, Fatimah Al Atsariyah, Yosef Purwoko</i>	

Eyes-Ear

- Aflibercept and Bevacizumab Injection Effects on Visual Acuity Post Vitrectomy Diabetic Retinopathy 105
Arief Wildan, Winarto, Tri Nur Kristina
- The Effect of Ranitidine Administration Time to Axon Degeneration due to Optic Nerve Neuropathy 106
Galih Ricci Muchamad, Dwi Pudjonarko
- Correlation between Blood Cotinine, Colour Vision, and Contrast Sensitivity: Study in Tobacco Farmer 107
Riski Prihatningtias
- Effects of Modified Ninja Hijab Inner Usage on Hearing Acuity and Sound Localization 108
Salma Adhenia
- The Effect of Various Topical Concentration of DLBS1425 Towards cPLA2 Expression in Wistar Mouse Cornea after Alkali Burn..... 109
Rima Octaviani, Trilaksana Nugroho, Sri Inakawati

Endocrine-Kidney

- Effect of Noni (*Morinda citrifolia*) Juice to Decrease Blood Uric Acid Level and Carrageenan Paw Edema in Model Rats (*Rattus norvegicus*)..... 110
Alvira Firdausi Ali, Lingga Agustina, Muhammad Mufaiduddin, Desy Armalina
- The Effects of Alkaline Ionized Water Administration to the Fasting Blood Glucose Levels in Patients with Type 2 Diabetes Mellitus..... 111
Satrio Adi Wicaksono, Sulistiyati Bayu Utami, Dina Nabyla
- Turmeric as a Preventive Agent of Oxidative Stress and Diabetic Nephropathy in Alloxan Induced Wistar Rats 112
Annisa Dentin Nugroho, Kiki Nilasari, Vanessa Andhani Putri, Ainun Rahmasari Gumay, Tanjung Ayu Sumekar, Vega Karlowee, Hardian
- The Lived Experience of Patients with 5th Stage Chronic Kidney Disease undergoing Peritoneal Dialysis..... 113
Icha Gamelia Prisma Pradita, HenniKusuma, Susana Widyaningsih
- Kidney Transplantation in Indonesia: A Multicentre Study 114
Eriawan Agung Nugroho, Tommy Supit, Ardy Santosa, Nanda Daniswara, Sofyan Rais Addin

Psychiatrics

- The Effect of Chewing Gum to the Level of Concentration in Student with Anxiety 115
Siska Tanwina, Buwono Puruhito, Yosef Purwoko
- Differences of Beck Depression Inventory-II Score before and after Probiotics Administration 116
Rines Harlen Theodora, Widodo Sarjana, Alifiaty Fitrikasari, Darmono SS
- Combination of Cognitive Behavior Therapy (CBT) and Self-Help Group (SHG): Case Series in Adolescence with Anxiety 117
Mariyati, Novy H.C Daulima, Mustikasari

Elderly

- Association between Geriatric Hospitalized Patients' Frailty Status and Outcomes in Dr. Kariadi Hospital Semarang 118
Yosef Purwoko, Kris Pranarka, Rejeki Andayani
- Effects of Circuit Training on Balance in Elderly 119
Ramandhani Agustiawan, Tanti Ajoie Kesoema
- Formal Caregiver Burden of Elderly with Dementia in Nursing Home 120
Nur Ayun R. Yusuf, Anggorowati, Rita Hadi Widyastuti
- The Relationship of Marital Status, Physical Activity and Gender with Depression Level in Elderly 121
Wachidah Yuniartika, Dian Nur Wulanningrum, Debby Clara Sinta

Respiratory

- Nasal Irrigation Effects towards Nasal Mucociliary Transport Time in Active Smokers 122
Trikaya Cuddhi, Anna Mailasari K. D, Dwi Marliyawati
- The Effects of TB Survivors Empowerment as Indicators of Tuberculosis Program Achievement 123
Sulidah Sulidah, Agus Purnamasari, Dewy Parman
- Potency of *Nephrolepis exaltata* Herbal Mask to Increase Nasal IgA Levels of Textile Factory Workers 124
Aryoko Widodo, Awal Prasetyo, Indah Saraswati, Fathur Nur Kholis, Arindra Adi Rahardja
- GPAP (Gel Pengharum Anti Polutan): Utilization of Snake Plant (*Sansevieria trifasciata*) Extract to Neutralize CO₂, NO₂, and SO₂ Indoor Pollutant 125

Irfan Kesumayadi, Luh Ayu Nanamy KES, Ericko Hartanto, Darmawati Ayu Indraswari
 Effects of Beta-Glucan on IFN γ and IL-12 Production in PBMCs Induced by M. Tuberculosis DNA 126
Meira Erawati, Nyoman Suci Widyastiti, Tri Indah Winarni, Edi Dharmana

Poster Presentation

Cardiovascular-Paediatrics-Infection

The Association between Serum Malondyaldehyde and Nitric Oxide Level of Children Living in Area of Chronic Pesticide Exposure 127
Astra Parahita, Galuh Hardaningsih, Anindita Soetadji

Relating Factors of Adherence in Following PROLANIS on Hypertension Patients 128
Isnaini Nur Faizah, Henni Kusuma, Untung Sujianto, Sarah Ulliya

Atypical Mononuclear Cell in Immune Thrombocytopenia Purpura (ITP) with Massive Bleeding 129
Edward Kurnia SL, Meita Hendrianingtyas, Imam Budiwijono

Correlation between HbA1c Level and Monocyte Percentage in Obesity 130
Edward Kurnia SL, Meita Hendrianingtyas, Banundari Rachmawati

Impact of GANCHI (Green Tea and Chia Seed) on the Pathology of Atherosclerosis 131
Chairunnisa Wirdina, Adrina Nur Saffira, Arteria Dewi Nurhutam, Hermawan Istiadi

The Effectiveness between Diphenhydramine and Clonidine Reduce Post-Sevofluran Agitation in Pediatric 132
Satrio Adi Wicaksono, Riken Mediana Eka Putri, Heru Dwi Jatmiko

The Correlation between Neutrophil to Lymphocyte Ratio (NLR) with TIMI and GRACE Risk Stratification Scores in Patients with Acute Myocardial Infarction without ST segment Elevation (NSTEMI) 133
Sulistiyati Bayu Utami, Asri Rizqi Matondang, Satrio Adi Wicaksono

Effect of Supportive Group Therapy on Stress Elderly with Hypertension in Pudukpayung Public Health Center... 134
Lisnawati, M. Thohar Arifin, Rita Hadi Widyastuti

A Comparison between Emla and Cold Compress Used on School Aged Children's Level of Pain during Venipuncture Procedure in Dahlia Room, Regional Public Hospital H Soewondo, Kendal..... 135
Tri Sakti Widyarningsih, Dwi Nur Aini

Head Circumference and Seizure, Leucocyte Count, Phymosis can Help Doctors Make Etiological Diagnosis in Pediatric Patients with Prolonged Fever..... 136
Erna Mirani, Helmia Farida, Mmdeah Hapsari

The Effect of Circuit Relationship Germs Cause Health Care Associated with Germs Endogenous Nasal Infections in Children with Leukemia..... 137
E Dimas Tri Anantyo, MMDEAH Hapsari, Anindita Soetadji

The Effective Comprehensive Management Service Model of Transdiscipline Team Child with Down's syndrome 138
Asri Purwanti

The Effect of Circuit Training on Peak Expiratory Flow of Elderly 139
Go Linda Sugiarto, Endang Ambarwati

Streptococcus pneumoniae: from Growth Characteristics to the Occurrence of Meningitis 140
Indri Putri

Secret Culture Check as Supporting Diagnosis of VAP on Posted Surgery in ICU dr. Kariadi hospital 141
Johan Arifin, Hari Hendriarto Satoto, Anindito Andi Nugroho

Survey Risk Factors of Non-Communicable Disease in Rembang Regency (Stepwise WHO Analysis) 142
Putri Septyarini, Praba Ginandjar, Lintang Dian Saraswati

Emergency-Critical-Reproduction

SASA (Surgical Apgar Score & ASA) for Morbidity and Mortality Post Craniotomy in dr. Kariadi hospital..... 143
Taufik Eko Nugroho

The Effect of Cognitive and Physical Therapy in Critically Ill Patients 144
Arlies Zenitha Victoria, Reni Sulung Utami

Emergency and Disaster Curriculum for Undergraduate Health Students in UGM..... 145
Madelina Ariani, Bella Donna, Yayuk Hartriyanti, Sutono Sutono, Hendro Wartatmo, Gandes Rahayu

Critical Care Nurses' Attitudes towards the Importance of Families in Intensive Care Unit..... 146
Hellen Marini, Reni Sulung Utami

Assessing Mortality Rate in Sepsis Patient at Neutrophil Lymphocyte Ratio and SOFA Score in dr. Kariadi Hospital 147

<i>Jati Listiyanto Pujo, Aulianur</i>	
Nitric Oxide (NO) Level of the Follicular Fluid in Endometriosis Patients	148
<i>Cahyono Hadi, Djaswadi Dasuki, Ahmad Hamim Sadewa, Indwiani Astuti, Awal Prasetyo</i>	
Clinicopathological Features of Epithelial Ovarian Cancer with Recurrent Disease in Kariadi General Hospital, Semarang, Indonesia	149
<i>Anggiyasti Vidya Hapsari, H T Mirza Iskandar</i>	
The Increase of Breast Milk Production in Post-Partum Mothers through Breast Care	150
<i>Priharyanti Wulandari, Menik Kustriyani, Khusnul Aini</i>	
The Effect of Obesity Classification on Preeclampsia	151
<i>Meidona Milla</i>	
Effect of Peer Education on Improving Self-Efficacy of Pregnant Women in Breastfeeding the Baby.....	152
<i>Siti Mardiyah, Anggorowati, Artika Nurrahima</i>	
The Effect of Successful Package Breastfeed to Self Efficacy and Motivation of Breastfeeding Mother	153
<i>Maya Cobalt Anglo, Anggorowati, Artika Nurrahima</i>	
Self-Disclosure to Family on Women in Mates with HIV	154
<i>Restu Azmy, Megah Andriany, Nur Setiawati Dewi</i>	
The Effect of Antenatal Health Education on Family Attitudes in Facing Dangers of Pregnancy.....	155
<i>Dwi Listiowati, Sri Rejeki, Artika Nurrahima</i>	
Comparison Effects of Ginger and Mefenamic Acid for Women with Dysmenorrhea: Systematic Review	156
<i>Yuniar Fajarini</i>	
Characteristic and Sex Behavior among Men Who Sex With Men.....	157
<i>Arwinda Nugraheni, Firdaus Wahyudi, Teddy Wahyu Nugroho, Diah Rahayu W, Dea Amarilisa A, Ani Margawati, Sanya G Brugman</i>	
Metabolic-Nutrition	
The Effect of Self Help Group (SHG) on Self-Management and Blood Sugar Levels in Elderly with Type 2 Diabetes Mellitus.....	158
<i>Novita Wulan Sari, Nurullya Rachma, Muflihatul Muniroh</i>	
Relationship between Serum Zinc Levels and Atopy in Obesity	159
<i>Mulyono, Wistiani</i>	
Effect of 10,000 Steps Goal Program on Waist Circumference in Obese Adolescent	160
<i>Natalina Eka S, Rahmi Ismi</i>	
Consumption Pattern of Rural Agricultural-Based Javanese: A Study in Gintungan-Bandungan, Semarang	161
<i>Etis D. Suryo, Rosiana E. Rayanti, Ferry F. Karwur</i>	
Consumption Patterns of Javanese Society at the Age of ≥ 50 in Junggul Hamlet, Semarang District.....	162
<i>Irene Pungky Nugrahany, Desi, Ferry F. Karwur</i>	
Determination of New Cut-Off Point Neck Circumference and Waist Circumference among Obesity Adolescents in Jayapura Papua	163
<i>Nia Budhi Astuti, Endah Sri Rahayu, Rosmaida Sirait</i>	
Relationship Between Obesity with Blood Sugar as Diagnostic Criteria Risk of Diabetes Mellitus in Adolescent at Smak Santo Yusup Surabaya.....	164
<i>Agustina Chriswinda Bura Mare, Ermalynda Sukmawati</i>	
Perception on Patient Safety Culture and Practice of Patient Identification among Food Service Workers in Hospital	165
<i>Ika Ratna Palupi, Yeni Prawiningdyah, Annisa L. Setyawening, Lutfia Amalia</i>	
Low Level of Serum Vitamin D in Hospitalized Patients with Chronic Heart Failure	166
<i>Yanuar Hartanto</i>	
Dietary intake of Stunted Children Age 9-11 years Old in Brebes.....	167
<i>Rina Pratiwi, Galuh Hardaningsih, Farid Rahmadi, Adriyan Pramono</i>	
Neurology-Infection-Oncology	
Psychosocial Associated and Predictors of Post Stroke Depression 3- 6 months after Onset: A Systematic Review	168
<i>Fitria Handayani, Setyowati, Dwi Pudjonarko, Dian Ratna Sawitri</i>	
Management of ARDS and Septic-aki Pasca Infratentorial Tumour Craniotomy.....	169
<i>Ken wirastuti</i>	

The Quantity and Quality of Antibiotic Use for Patients in Surgery Departments of Two District Hospitals in Central Java Province.....	170
<i>Eko Setiawan, Helmia Farida, Rudi Yuwono</i>	
Leaflet Design of Nutrition Education on Food Intake to Treat Anemia in Female Teenager.....	171
<i>Retno Mardhiati</i>	
Management-IPE	
Correlation between Frequency of Clinical Skills Performance and Self-Perceived Competence of Medical Clerkship Students at Faculty of Medicine UNISSULA	172
<i>Ika Rosdiana</i>	
Implementation of M-Health Discharge Planning to Optimize Discharge Readiness for Acute Myocardial Infarct Patients	173
<i>Anis Laela Megasari, Diyah Fatmasari, Tri Johan Agus Yuswanto</i>	
Characteristics of Professionalism of Nurses: a Literature Review.....	174
<i>Abigael Prasetiani, Megah Andriany, Diyan Yuli Wijayanti</i>	
The Influence of Module Training of Acute Glaucoma Emergency of 3B Competence toward Knowledge Level and Clinical Skill of General Doctors	175
<i>Sisilya Maria Umbroh, Trilaksana Nugroho, Maharani, Hari Peni Julianti</i>	
Nurses Knowledge on Paliatif Care Treatment for Cancer Patients in Dr. Kariadi Hospital Semarang-Indonesia....	176
<i>Luthfia Pravita Astuti, Susana Widyaningsih</i>	
Nurse Student Interprofessional Education Experiences	177
<i>M Ardani, Siti Anisah</i>	
Effective Methodss to Improve Compliance Implementation Nurses against Hand Hygiene: A Literature Review .	178
<i>Munandar</i>	
Effects of Training on Proctor’s Reflective Modification Model Supervision for Head Nurses on Nurses’ Fall Prevention Behaviors	179
<i>Dewi Suryaningsih, Suhartono, Sri Rejeki</i>	
Effects of Caring Leadership on Job Satisfaction of Staff Nurses in Public Health Center	180
<i>Abtalia Erce Totononu, Lucky Dwiantoro, Devi Nurmalia</i>	
Activity-Gastrointestinal	
The Correlation between the Height of Medial Longitudinal Arch with Feiss Line and Arch Index with Footprint .	181
<i>Ervy, Rahmi Isma</i>	
The Effects of Circuit Training and Senam Kesegaran Jasmani Lanjut Usia on The Functional Mobility of the Elderly	182
<i>Rahmatika, Lanny Indriastuti</i>	
Effect of 10,000 Steps Goal Program in Quality of Life Domain Physical Health in Obese Adolescent	183
<i>Margaretha Kartikawati, I Made Widagda</i>	
Kind of Massage in Patients with Chronic Functional Constipation Patients: A Literatures Review	184
<i>Agustina Chriswinda Bura Mare, Yane Cristiana Ua Sanan, Anna Mariance Taeteti, Fefi Eka Wahyuningsih, Miftahul Jannah, Debi Ariyanto</i>	
Laparoscopy Biliodigestif Surgery	185
<i>Abdul Mughni, Aditya Davy Santosa</i>	
Gratophyllum Pictum (L.) Griff Extract as Anti-Inflammatory on Wistar Rat with Experimental Hemorrhoids.Study on Serum IL-6, COX-2, $\square\square F\square\square$ and total leucocytes in anal tissue.....	186
<i>Sigit Adi Prasetyoa, Yan Wisnua, Eriawana, Edi Dharmanab, Neni Susilaningsihc, Ignatius Riwantoa</i>	
Effect of Hypnotherapy on Vomiting and Nausea in Cancer Patient: An Analytical Literature Review	187
<i>Dadi Hamdani, Anggorowati, Henni Kusuma, Awal Prasetyo</i>	
Adequacy of Energy Protein Intake and Hand Grip Strength (HGS) in HIV patients	188
<i>Firda Nurachma, Muchlis Sofro, Minidian Fasitasari</i>	
The Overview of Physical Activity in Patients with Hypertension at Kedungmundu Health Center Semarang.....	189
<i>Rianti Putritsani, Henni Kusuma, Susana Widyaningsih, Sarah Ulliya</i>	
Mental Health-Chronic Illness	
Military Psychological Well-Being of the Indonesian Context: a Systematic Review.....	190
<i>Sulistiyani Margono, Megah Andriany, Nur Setiawati Dewi</i>	
Effect of Psychoeducation on the Psychological Condition of Cancer Patients: A Systematic Review	191

<i>Lilik Sriwiyati, Muchlis AU Sofro, Nana Rochana</i> Psychological Distress in Caregivers of Schizophrenia Patients at Primary Health Care (PHC)	192
<i>Emi Wuri Wuyaningasih, Latifa Aini Susumaningrum, Juwarti, Ira Rahmawati</i> The Effect of Holy Quran Voice with and without Translation on Symptom of Schizophrenia: A Quasi Experimental Pre-Test-Post-Test Control Group Studies	193
<i>Azkiya Rizki Rahmaniya, Sesa Amelia, Ariandini Hanuun, Widodo Sarjana, Sri Padma Sari</i> Effect of Yoga Relaxation Reduce Anxiety among in Hypertension People	194
<i>Rr Sri Puji Astuti</i> Spiritual and Emotional Technique for Physical and Psychological Problems in Patients with Chronic Illnesses: A Systematic Review	195
<i>Emy Kurniawati, Hery Djagad Purnomo, Henni Kusuma</i> Symptoms of Depression among Women Prisoners.....	196
<i>Ilma Widiya Sari, Mateus Sakundarno Adi, Megah Andriany</i> The Effects of Cognitive Behavior Therapy (CBT) on Dietary Adherence of Patients Chronic Illness	197
<i>Resa Nirmala Jona, Untung Sujianto, Hery Djagad Purnomo</i> Effect of Spiritual Therapy on Anxiety and Depression in Hemodialysis Patients: an Analytical Literature Review	198
<i>Erlangga Galih Z.N., Henni Kusuma</i> Effect of Aromatherapy in Reducing Anxiety: A Systematic Review	199
<i>Muhamad Ibnu Hasan, Dadi Hamdani, Erlangga Nugroho, Andi Nurhikma, Mika Agustiana, Indri Wijayanti, Reni Sulung utami</i> The Effect of Acceptance and Commitment Therapy on Depression of Patients with Chronic Disease	200
<i>Avin Maria, Untung Sujianto, Niken Safitri Dyan Kusumaningrum</i> Effectiveness of Peer Education on Tuberculosis Case Finding: Systematic Review	201
<i>Akbar Amin Abdullah, Farid Agushybana, Megah Andriany</i> Profile of Microorganisms and Their Sensitivity in Diabetic Patients with Ulcers Descriptive Study on Inpatients at Sultan Agung Islamic Teaching Hospital Semarang	202
<i>Masfiah, Rahayu, Vito Mahendra, Saugi Abduh</i>	
Drug discovery-Kidney	
<i>Siti Fadlilah, Nazwar Hamdani Rahil</i> Tekelan Leaf Extract (<i>Chromolaena odorata</i>) 75% Reduces Bleeding Time of a New Wound.....	203
<i>Satrio Adi Wicaksono, Pratiwi Diah Pitaloka</i> The Effect of Paracetamol and Morphine Analgesic Combination on Creatinine Levels in Male Wistar Rats	204
<i>Enrico Morley, K Heri Nugroho</i> The Relationship between Iodine Content of Water and Thyroid Volume	205
<i>Yulia Wahyu Villyastuti, Ryan Maulana, Doso Sutiono</i> Effect of Ketamine as Adjuvant in Superficialis Cervical Block on P Substance Content in Patient with Thyroidectomy	206
<i>Fida' Husain, Henni Kusuma, Andrew Johan</i> Peer Support Program in Hemodialysis Patients: an Analytical Literature Review	207
<i>Akub Selvia, Mochamad Ali Sobirin, Henni Kusuma</i> Improving Quality of Life (QoL) among Family Caregivers of Patients on Hemodialysis with Increasing Family Resilience: An Analytical Literature Review	208
<i>Henni Kusuma, Wahyu Hidayati</i> Analysis of Nursing Care based on Self Care Orem's Theory among Patients with Urinary Elimination Disorders	209
<i>Wahyu Hidayati, Henni Kusuma, Susana Widyaningsih, Yuni Hastuti, Chandra Ropyanto</i> Patient and Family Experience Managing Body Fluids of Patients with ESRD undergoing Haemodialysis	210
<i>Deka Ade Yusmawan, Anggorowati, Andrew Johan</i> The Effect of Breathing Exercise Yoga (<i>Pranayama</i>) Exercise against Anxiety Levels of Hemodialysis Patients: A Systematic Review	211
<i>Merita, Dini Junita, Tina Yuli Fatmawati, Nurfitriani</i> Dietary Diversity among Adolescents in Senior High School, Sarolangun Jambi	212
<i>Pratiwi Diah Pitaloka, Satrio Adi Wicaksono</i> The Effect of Paracetamol and Morphine Analgesic Combination on Aspartate Aminotransferase Levels in Male Wistar Rats	213

Table of Contents

2nd ICTMHS – 4th JINC, 2018

The Effect of Red Cabbage (<i>Brassica oleracea</i> var. <i>capitata</i> f. <i>rubra</i>) Extract to MDA Levels in Rat Blood after Maximum Physical Activity	214
<i>Nadia Husna Haris, Trilaksana Nugroho, Astika Widy Utomo, Yora Nindita</i>	
The Effect of Paracetamol and Morphine Analgesic Combination on Serum Alanine Aminotransferase Levels in Male Wistar Rats	215
<i>Mutiara Hapsari, Satrio Adi Wicaksono, Sulistiyati Bayu Utami</i>	
Alternative Use of Non-Commercial Sea Cucumber Collagen as Antiaging and Skin Health (Case Study on <i>Sthicopus Vastus</i> and <i>Holothuria Atra Rendement</i>)	216
<i>Renni Yuniati</i>	

Attachment

Analysis of Correlation between Self-Efficacy of Self-care and Demographic Characteristic with Attitude of Low Salt Diet among Patients with Hypertension

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ABSTRACT

Introduction: Hypertension self-care needs low salt diet that requires long-term care. It makes patients must be adapted with their new lifestyle. They need positive attitude for making adaptive coping mechanism while facing the obstacle. Self-efficacy can change mindset and attitude, so it can influence one's basic interests for forming a commitment to maintain self-care. This study aimed to analyze the correlation between self-efficacy of selfcare and demographic characteristic with attitudes in low-salt diet in hypertensive patients.

Methods: Quantitative descriptive correlative with cross-sectional approach was employed. The sampling method was consecutive sampling with 158 respondents. Data collection used questionnaires of Albert Bandura and Allport theories which created by researcher that had been tested the validity and reliability. Statistical analyses were conducted using crosstab chi-square analyses.

Results: It showed that 53.2% of respondents had high self-efficacy level and 56.3% of respondents had positive attitude in low salt diet. There was a significant correlation between self-efficacy level and hypertension attitudes in low salt diet ($p=0.000$) and no correlation between demographic characteristic and attitude ($p> 0.05$), meaning that person with higher self-efficacy level would have more positive attitude in low salt diet.

Conclusion: This research is expected to be a recommendation for nurse to increase hypertension patient's self-efficacy to create positive attitude in low salt diet by giving intervention such as self-efficacy training that involves their family based on their own demographic characteristic. It is expected to pay attention to the attitudes and self-efficacy to maintain compliance with low-salt diet.

Keywords: low salt diet; patients with hypertension; self-efficacy; self-care

Analysis of Correlation between Self-Efficacy of Self-Care and Demographic Characteristic with Attitude of Low Salt Diet among Patients with Hypertension

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ABSTRACT

Introduction: Hypertension self-care low salt diet that requires long-term care. It makes patients must be adapted with their new lifestyle. They need positive attitude for making adaptive coping mechanism while facing the obstacle. Self-efficacy can change mindset and attitude, so it can influence one's basic interests for forming a commitment to maintain self-care. This study aimed to identify the relationship between self-efficacy levels and attitudes in low-salt diet in hypertensive patients.

Methods: Quantitative descriptive correlative with cross-sectional approach. The sampling method is consecutive sampling with 158 respondents. Data collection used 2 questionnaires based on Albert Bandura and Allport theories which created by researcher that had been tested the validity and reliability. Statistical analyses were conducted using crosstab *chi-square* analyses.

Results: It shows that 53.2% of respondents had high self-efficacy level and 56.3% of respondents had positive attitude in low salt diet. There was a significant relationship between self-efficacy level and hypertension attitudes in low salt diet ($p=0,000$), meaning that person with higher self-efficacy level would have more positive attitude in low salt diet.

Conclusions: This research is expected to be a recommendation for nurse to increase hypertension patient's self -efficacy to create positive attitude in low salt diet by giving intervention self-efficacy training that involve their family. It is expected to pay attention to the attitudes and self efficacy to maintain compliance with low-salt diet.

Key words: low salt diet; hypertension; self-efficacy; self-care

INTRODUCTION

Hypertension is the highest factor that kills many people in the world. It already kills nine million people worldwide every year. Hypertension management requires the individual to perform varying forms of self-care behaviors. Low salt diet is a major problem in self-care hypertension (Warren-Findlow, Seymour, & Huber, 2012). Low salt hypertension diet is a sustainable care. It causes individual to adapt for their new lifestyle. During this time, negative attitudes such as boredom and inconvenience caused by bland taste can affect the coping mechanism (Roy, 2009). Attitudes are included in the residual stimulus in Roy's adaptation process (Masters, 2015). So, a positive attitude is required to establish an adaptive coping mechanism. Attitudes become the most powerful factor in influencing compliance, because the attitude of want to recover and maintain body condition will still affect the patient to control themselves in healthy behavior (Notoatmojo, 2007). This is supported by research in Pontianak, which proves that attitudes strongly influence adherence to low-salt diet (Purnomo, 2016). It means, attitude

is being an urgency for health workers to overcome the problem of non-adherence to low-salt diet in patients with hypertension.

In addition, based on Planned Theory, the factors that can influencing behaviour is self efficacy (Azwar, 2011). Hypertensive patients with good self-efficacy significantly improved comfort for their care (Harsono & Waluyo, 2017; Warren-Findlow, Seymour, & Shenk, 2011). Self efficacy helps someone to make choices and has a commitment in maintaining the action he chooses, because it has 3 domains of magnitude, generality and strength (Bandura, 1994). Domain of magnitude reverses people who use self-care and everyone who has different abilities. While domain generality, on the contrary that generalizes beliefs not only based on one activity, but in various activities and turn. Then the domain of his strength on the belief of his business, whether easily faltered by experience or wrong.

Associated with attitudes, high self-efficacy can influence the mindset and change the pattern of attitude by affecting how the individual can feel and motivate himself and influence him in terms of healthy behavior and seek treatment. Because there are equations on self-efficacy and attitudes, ie on self-efficacy resources that intersect with factors that affect attitudes (personal experience and social persuasion). In addition, attitudes contain motivation and have an affective component, both of which are self-efficacy formation processes (Bandura, 1994; Bayramoğlu et al., 2013). Thus, when a person has a belief that he is capable of doing something, he will create a positive attitude toward the behavior he will perform to realize his wish.

METHODS

Ethic Statement

Approval for this study was obtained from the University of Diponegoro School of Medicine Departement of Nursing and Kariadi Hospital at ethical committee on health research responsible for human subject in research (ethical clearance number is No. 0180 / EC / FK-RSDK / IV / 2018). Participants name and personal information were excluded from the survey, participants were identified by generic code. Participants completed an informed consent afterwards they are stored in locked filling cabinet only researcher will have access to informations.

Study Population

This research was conducted at Bulu lor Public Health Center from 3-17 May 2018, because this place has the highest level of hypertension in Semarang. Participants were recruited based on inclusion characteristic. Eligible participants at least 18 years old were diagnosed with primary or secondary hypertension for at least the last 3 months. Hypertension diagnosis was confirmed through a Bulu Lor Public Health Center medical records. Recruitment efforts were targeted toward early adulthood, middle-aged adults, and older adults. Exclusion criteria were when the patient feels symptoms of hypertension (vertigo, palpitations, ringing ears, and severe fatigue). The sampling technique used was non-probability sampling consecutive sampling. The number of samples was 158 respondents (measured by Slovin's formula). Data were collected by researcher and helped by enumerator that had passed medical surgical nursing subject in face-to-face sessions at clinic Bulu Lor public health center. Interviews lasted an average 15 min. Each participant was interviewed separately.

Measures and Scoring

Self-efficacy level. – the outcome was high level of self-efficacy of low salt diet. Self-efficacy was measured with fourteen items that assess the number based on self-efficacy domain (magnitude, generality and strength). The questionnaire based on Albert Bandura's theory which created by researcher that had been tested validity ($r_{measured}=0,399-0,819$, $r_{table}=0,361$) and reliability ($0,888$). Participants reporting that they had score more than 31 (means from respondent's scores) were considered high self-efficacy level (0 = not sure, 1 = not at all sure, 2 = hardly sure, 3 = moderately sure, 4 = exactly sure).

Attitude. – the outcome was positive attitude to low salt diet. Attitude was measured with thirteen items that assess the number based on attitude's components (cognitive, affective, conative). The questionnaire based on Allport's theory which created by researcher that had been tested validity ($r_{measured}=0,362-0,683$, $r_{table}=0,361$) and reliability ($0,862$). Participants reporting that they had score more than 40 (means from respondent's scores) were considered positive attitude (1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree).

Statistical analyses

It used descriptive correlative research design with cross sectional approach. Descriptive statistics were calculated to assess participant's individual. Bivariate analyses were conducted using crosstab *chi-square* analyses ($\alpha = 0,05$) to measure relationships between self-efficacy and attitude of low salt diet. Result are reported as odd ratios (ORs), *chi-square* value (X^2), and *p value*. This study used IBM SPSS 24 for analyze data.

RESULT

Demographic's Characteristic

The results of Frequency Distribution Based on Demographic Characteristics can be seen in Table 1.

Tabel 1. Demographic Characteristics for Total Sample ($n = 158$)

No	Demographic Characteristics	N	%
1	Ages		
	Early adulthood (18 – 40 years)	19	12
	Mature adults (41 – 59 years)	90	57
	Old adults (≥ 60 years)	49	31
2	Gender		
	Male	50	31,6
	Female	108	68,4
3	Education		
	Elementary	63	39,9
	Junior High School	33	20,9
	Senior High School	44	27,8
	Diploma	4	2,5
	Bachelor	13	8,2
	Post graduate	1	0,6
4	Job		
	Unemployment/housewife	74	46,8
	Laborers	26	16,5

	Entrepreneur	41	25,9
	Civil servants/Army/Police	12	7,6
	Others	5	3,2
5	Blood pressure		
	Stage 1 (130/80 mmHg – 139/89 mmHg)	25	15,8
	Stage 2 (>140/90 mmHg)	133	84,2
6	Length of sick		
	<12 months	27	17,1
	≥12 months	131	82,9
7	Type of hypertension		
	Primary	92	58,2
	Secondary	66	41,8
	Total	158	100

An overall statistical description of the sample (n = 158) by characteristic of respondent is shown in Table 1. Participants ranged in adults age. Over half were age from 41 to 59 years and nearly 70% of the sample was female. Slightly more than a third of the sample has an elementary school education. Almost half were unemployment or housewife. Over three-fourths rated their hypertension stage were high (stage 2). Eighty two point nine percent of the sample had suffered hypertension more than 12 months. Approximately 58,2% of participants had primary hypertension.

Self Efficacy Levels in Low Salt Diet

Description of Self Efficacy Levels in Low Salt Diet can be seen in figure 1 and for detail based on it domain can be seen in Table 2.

Self-Efficacy's Level of Low Salt Diet

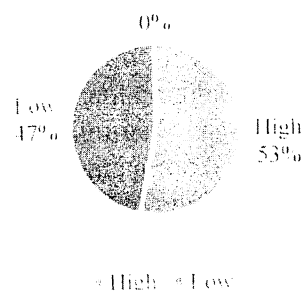


Figure 1. Level of Self-Efficacy of Hypertension Patients in Low Salt Diet (n = 158)

Figure 1 shows that more than half of the respondents had a high self-efficacy levels in low salt diet.

Table 2. Level of Self Efficacy of Hypertension Patients by Self Efficacy Domain in Low Salt Diet (n = 158)

Level of Total Self Efficacy	Domain										Total			
	Magnitude				Generality				Strength					
	High		Low		High		Low		High		Low		n	%
N	%	N	%	N	%	N	%	N	%	N	%			
High	65	77,4	19	22,6	77	91,7	7	8,3	74	88,1	10	11,9	84	100

Low	19	25,7	55	74,3	15	20,3	59	79,7	12	16,2	62	83,8	74	100
Total	84		74		92		66		86		72		158	100

Domain generality is the highest domain in hypertensive respondents who have a high total self-efficacy level in a low-salt diet of 91.7%.

Attitude in the Salt Low Diet

Description of attitude in Low Salt Diet can be seen in figure 2 and for detail based on it components can be seen in Table 3.

Attitude of Low Salt Diet

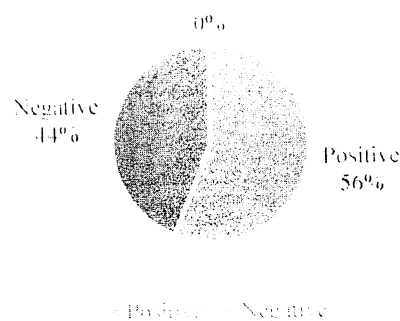


Figure 2. Attitude of Self-Efficacy of Hypertension Patients in Low Salt Diet

Figure 2 shows that more than half of the respondents had positive attitude in low salt diet.

Tabel 3. Attitude of Hypertension Patients by Attitude Components in Low Salt Diet

Total Attitude	Component										Total			
	Cognitive		Affective				Conative				n	%		
	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative						
N	%	N	%	N	%	N	%	N	%	N	%			
Positif	73	82	16	18	79	88,8	10	11,2	81	91	8	9	89	100
Negatif	8	11,6	61	88,4	23	33,3	46	66,7	30	43,5	39	56,5	69	100
Total	81		77		102		56		111		47		158	100

The conative component is the highest component in the hypertensive respondents who have a total positive attitude in the low-salt diet, ie 91%.

The Relationship between Hypertension Self-Efficacy Level and Attitude of Low Salt Diet

Analysis of relationship between self efficacy level with attitudes of hypertension patients in low salt diet can be seen in table 6.

Table 6. Relationship between self efficacy level with attitudes

Self Efficacy Level	Attitude				Total		OR	X ²	p
	Positive		Negative		n	(%)			
	N	(%)	N	(%)					
High	64	76,2	20	23,8	84	100	6,272	27,063	0,000
Low	25	33,8	49	66,2	74				

Total	89	69	158	100
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Annotation: Chi Square test

There is a significant relationship between the level of self efficacy with the attitude of respondents of low-salt diet. This is shown through the *p value* less than 0.05 and the X^2 count (27.063) > X^2 table (3.841).

DISCUSSION

This is the first study of the relationship between the level of self efficacy and attitude of hypertension low salt diet. The results showed that more than half of respondents have high level of self efficacy in low salt diet (53.2%). This is supported by Harsono and Okatiranti's research. that a high level of self efficacy will improve self-care compliance in hypertensive patients (Harsono & Waluyo, 2017; Okatiranti, Irawan, & Amelia, 2017). Self efficacy helps one in making choices and is committed to maintaining compliance in a low-salt diet. Because self efficacy has 3 domains of magnitude, generality and strength (Charles, Triscott, & Dobbs, 2017). The results of this study indicate that domain generality is the highest domain (91.7%) which has a high level of self-efficacy total and level of efficacy per domain. Because this domain is closely related to long suffering from hypertension and experience of success in self-care hypertension. A good experience of mastery can be a good source of self-efficacy, as the experience experienced alone is more influential in improving self-efficacy (Bandura, 1994; Fakhurnia, 2017). In fact, there are still 66 respondents who have low self efficacy level in generality domain, self efficacy training is needed in the form of self-care detection (monitoring periodically related to attitude and self care ability of low salt diet) to optimize self efficacy level in domain generality. While in the domain strength (88.1%), social persuasion is required in the form of counseling or family support, to increase the motivation that makes a person has more confidence in himself in self-care (Bash, 2015; Tsay, 2003). Then in the domain of magnitude (77.4%), because the level of difficulty faced by each person is not the same, it requires self efficacy training with vicarious experience in the form of sharing experiences between hypertensive patients (Tsay, 2003).

The results also showed that attitudes in the low salt diet most respondents (56.3%) were positive. Attitudes have a function as a way of maintenance and a healthy way of life, by assessing self-care hypertension needs to be done or not (Notoatmojo, 2007). Attitude is a residual stimulus in Roy's adaptation process (Masters, 2015). So, a positive attitude is needed to establish an adaptive coping mechanism. This is supported by Purnomo's research in 2016, which proves that attitude factor is very influencing to obedience or not someone in doing hypertension diet (Purnomo et al., 2016). The results of this study indicate that the highest positive attitude component of respondents is in the conative component (91%). The conative component is a predisposition or readiness of a person to behave in the face of the attitude object according to attitudes possessed (Azwar, 2011; Notoatmojo, 2010). This indicates a person's readiness to act in changing or maintaining his behavior in a low-salt diet. The conative component is the final component of attitude before performing an action that is influenced by cognitive (82%) and affective (88,8%) component. Because there are still respondents who have a negative attitude on the cognitive and affective components, so that needed intervention to turn it into a positive. To change a positive attitude on the affective component, family support is needed. Because the family has affective functions that will affect the affective component of attitudes, in which the family as a treatment or health care to maintain family health conditions in order to remain to have high productivity. While the low cognitive

component due to the low education level of most respondents that will hamper the development of attitudes, namely elementary school (39.9%) (Rini, 2016). So as to influence the positive attitude on the cognitive component, education is required related to low-salt diet. This is because education is an effort to add new knowledge, attitudes and skills through strengthening certain practices and experiences (Potter & Perry, 2014).

Self efficacy increases adherence to low-salt diet by influencing attitudes. During self efficacy is capable of influencing the mindset, it changes the attitude pattern by influencing how the individual feels and motivates itself and influences it in terms of behavior (Taha et al., 2010). This is evidenced by the value of p value The bivariate analysis of this study is less than 0.05 and the value of χ^2 count (27.063) > χ^2 table (3,841). In addition, an odd ratio of 6.272 indicates that a person with a high self-efficacy level is 6.272 times more likely to have a positive attitude than respondents who have low efficacy. So the high level of self-efficacy will change the attitude of being positive against low-salt diet.

Limitation from this study is too many interruptions during collect data that take longer, respondents with visual limitations require the researcher to assist in completing the questionnaire, and researcher does not examine other factors that influence attitudes, so that factor can be a confounding factor.

CONCLUSION

There is a correlation between self efficacy level and attitude of hypertension patient in low salt diet. Need to improve self-efficacy level of respondents with self-efficacy training to form a positive attitude in low-salt diet. For nurses, it is expected to pay attention to the attitudes and self efficacy to maintain compliance with low-salt diet. Other researchers are expected to analyze factors that influence attitudes in low-salt diet in people with hypertension.

ACKNOWLEDGEMENT

Thanks to the Bulu Lor Semarang Public Health Center who has given permission to study and the respondents who have been willing to be the subject of this research. In addition, thanks to the supervisor who has provided guidance during the preparation of this thesis and the two testers who have provided correction, evaluation, and suggestions that build, and all parties who helped the process of this research from beginning to end.

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ISBN 978-602-5560-75-0



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**Hosted by Faculty of Medicine, Diponegoro University,
Semarang, Central Java, Indonesia**