



Indian Journal of Public Health Research & Development

An International Journal

SCOPUS IJPHRD CITATION SCORE

Indian Journal of Public Health Research and Development
Scopus coverage years: from 2010 to 2017 Publisher:
R.K. Sharma, Institute of Medico-Legal Publications
ISSN:0976-0245E-ISSN: 0976-5506 Subject area: Medicine:
Public Health, Environmental and Occupational Health
CiteScore 2015- 0.02
SJR 2015-0.105
SNIP 2015-0.034



Website:
www.ijphrd.com

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Print-ISSN: 0976-0245-**Electronic-ISSN:** 0976-5506, **Frequency:** Quarterly
(Four issues per volume)

Indian Journal of Public Health Research & Development is a double blind peer reviewed international journal. It deals with all aspects of Public Health including Community Medicine, Public Health, Epidemiology, Occupational Health, Environmental Hazards, Clinical Research, and Public Health Laws and covers all medical specialties concerned with research and development for the masses. The journal strongly encourages reports of research carried out within Indian continent and South East Asia.

The journal has been assigned International Standards Serial Number (ISSN) and is indexed with Index Copernicus (Poland). It is also brought to notice that the journal is being covered by many international databases. The journal is covered by EBSCO (USA), Embase, EMCare & Scopus database. The journal is now part of ISI, ISI, and ISI consortia.

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Dr. R.K. Sharma
Institute of Medico-legal Publications
501, Manisha Building, 75-76, Nehru Place,
New Delhi-110019

Printed, published and owned by

Dr. R.K. Sharma
Institute of Medico-legal Publications
501, Manisha Building, 75-76, Nehru Place,
New Delhi-110019

Published at

Institute of Medico-legal Publications

501, Manisha Building, 75-76, Nehru Place,
New Delhi-110019



Indian Journal of Public Health Research & Development

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CONTENTS

Volume 9, Number 5

May 2018

1. Balance Assessment in Cerebral Palsy Children Using Pediatric Reach Test and Pediatric Balance Scale 01
Pooja Sharma, Sumit Thapar
2. Risk Behaviours and Knowledge on Oral Cancer among Adolescents 06
Ashly K S, K T Moly, Febu Elizabeth Joy
3. A Correlation Analysis of Factor Causing Occupational Accident with the Unsafe Behavior of Welding Workers of Division of Commercial Ships, PT. PAL Indonesia (Persero) Surabaya12
Lupita Noviyanti, Abdul Rohim Tualeka, Yustinus Deni Ardianto
4. Legal Aspects of Emergency Medical Services Department of Wahidin Sudirohusodo Hospital, Makassar Indonesia 16
Indar, Nurhayani, Muhammad Yusran Amir, Darmawansyah, Sukri Palutturi, Hernadi
5. Comparative Evaluation of PPIUCD Insertion in Post Placental Vs within 48 Hours of Delivery 21
Poonam Mani, Shashi Prateek, Lalita Yadav, Pooj Bansal
6. Relationship of Benzene Exposure with Blood Profile of Shoemaker in Central of Shoes Industry Wedoro (Home Industry) 27
Annisa Nurul Fahmi, Tri Martiana, Y Denny Ardyanto
7. The Relationship of Lack of Control Factors with the basic Cause in Effort to Prevent Fall Risk on Hospitalized Patients in Muhammadiyah Lamongan Hospital 32
Eko Ari Bowo, Tjipto Suwandi, Diah Indriani
8. An Epidemiological Study on the Cause of Intellectual Disability in Ujjain and Shajapur Districts of Central India 37
Harshal Gupta, Amit Singh Pawaiya
9. Development and Testing of High Order Thinking Skills (HOTS) Training Module for Sciences Subjects among Secondary School Students in Malaysia 41
Mohammad Aziz Shah Mohamed Arip, Aidahapini Derum, Aslina Ahmad, Samsiah Mohd Jais
10. The Analysis of Factors which are Related to the Compliance of Welder Workers in using Workplace Personal Protective Equipment in Pt. Pal Indonesia 47
Baiq Fathin Ayu, Abdul Rohim Tualeka, Yustinus Denny Ardyanto Wahyudiono
11. Analysis of Relation between Life Style, Workload, and Work Stress with Metabolic Syndrome 53
Mufatihatul Aziza Nisa, Tri Martiana, Yustinus Denny Ardyanto Wahyudiono

12. A Study of Biochemical Changes among Elderly Attending a Tertiary Care Center 59
Fawwad M Shaikh, Mohammed Sarosh Ahmed, Suhasini D, Tripti Deb
13. A Study on Awareness and Attitude about Organ Donation among School Teachers 64
Samir Chattopadhyay, Kanika Goel, Arvind K Shukla
14. Assessment of Physical Activity and Dietary Pattern among Adults in Rural Mangalore 71
G Shiny Chrism Queen Nesan, Rashmi Kundapur
15. Assessment of Underweight and Its Determinants among School Going Adolescents in Hyderabad 77
Shaik Riyaz Ameer, Sultan Rizwan Ahmad, Addepalli Chandrasekhar
16. Drug Inventory Management Techniques in a District Health Office, A Case Study 83
Manjunatha S N, Chandrakumar S G
17. Diagnosis of Pulmonary Tuberculosis in HIV Patients of Uttar Pradesh Population 87
Vishudda Mohan Kaushal, Makandar UK
18. The Effectiveness of Behavior based Safety Interventions (BBS) as an Efforts to Reduce Unsafe Action of Nurse in the Inpatient Unit of RSUD Dr. Saiful Anwar Malang 91
Ani Asriani Basri, Yustinus Denny Ardyanto Wahyudiono, Tjipto Soewandi
19. Physical Activity and Depression among Adolescents in West Godavari District, Andhra Pradesh 96
M Ravi Kiran, U Vijaya Kumar, N Parthasarathy, Sravani Ambati, Y Vijay Krishna, A Revanth Kumar
20. Home Care Intervention to Improve Nutritional Status of Severe Acute Malnourished (SAM) Children in Yogyakarta, Indonesia 102
Titih Huriah, Fitri Haryanti, Madarina Julia, Laksono Trisnantoro
21. Knowledge and Perception of Eco-Friendly Environment among High School Students in Southern India- A Quasi Experimental Study 109
Akshatha A Nayak, Mamatha Shivananda Pai, Sheela Shetty
22. Equity in Health Care Coverage in Urban and Rural Community- Crossectional Analysis of Immunization Coverage and its Determinants 114
S Vijay Bhaskar, M Kiran Kumar, Rajul K Gupta
23. Health Risk Assessment and Vulnerability of Children in Flood Prone Area of Makassar 120
Syamsuar, Abdul Haris, Ririn Suwahyuni
24. Quality of Life among Older Adult Cancer Patients Undergoing Chemotherapy in the Tertiary Referral Hospital of Bangkok, Thailand 127
Nee Pudpong, Karl J Neeser, Supang Wattanasoei
25. Effectiveness of Dental Health Education Program Using Digital Aids in Dental Clinics 132
Kundabala M, Ramya Shenoy, Neeta Shetty
26. A Correlation Analysis of Attitude, Subjective Norm and Behavioral Control Toward the Intention of Safety Behavior (A Study on Plate Cutting Workers of Commercial Ships Division PT. PAL Indonesia (Persero) 137
Rafi'ah, Abdul Rohim Tualeka, Noeroel Widajati
27. An Analysis of Factors Associated with the Safety Behavior of Ship Inspection Employees Safety in Port Health Office Class I Surabaya 142
Muh. Amin Mubarak, Tri Martiana, Noeroel Widajati

28. Outcome of Oligohydramnios in Pregnant Women with Full Term Gestation 148
Ashwini M N, Saroja C Kamatar, Sandhya C P
29. Surveillance System Development based on NCD Inegrated Post (Posbindu PTM) as an Effort of Occupational Health Services (A Study on the Port Health Office Employee of Class I Surabaya) 153
Andhika Nugraha, Tri Martiana, Diah Indriani
30. A Comparative Study of Pre & Post Stress Appraisal and Coping Strategies between Engineering and Pharmacy Students 158
Ranju Lal, Pramod Pathak, K R Chaturvedi, Payel Talukdar
31. Study of Prevalence of Risk Factors of Obesity and Hypertension among Urban Slum People of Uttar Pradesh 164
Vishuddha Mohan Koushal, Makandar UK
32. Dimensions of Patients Expectation in India 167
Prabir Kumar Pattnaik, Rubi Talukdar
33. Determining Relationship of Dental Utilization with Optimism, Life Satisfaction, and Self-Reported Oral Health among Adult Population in Udupi Taluk, India 173
Deepak Kumar Singhal, Shashidhar Acharya, Arun Singh Thakur
34. Epidemiological Study of Knowledge, Attitude and Practice Regarding Dengue in Residents of Slum Area of Ujjain, MP 181
Harshal Gupta, Sathish Saroshe, Amit singh Pawaiya, Vishal Agrawal
35. A Study of Compliance to Quality Monitoring Indicator in Cardiac PICU of a Tertiary Care Hospital with a View to Suggest Recommendations to Improve it 187
Anil Pandit, Sandra Vincent
36. Oxidant and Antioxidant Status and Uric acid in Hyper Tension, Diabetes Mellitus and Metabolic Syndrome 193
T Mohana Lakshmi, Sai Ravi Kiran, E Prabhakar Reddy
37. An Analysis of Risk Management in the Process of Inspection Activities in the Port Health Office (PHO) Class I Surabaya 197
Dewi Novita Hardianti, Tri Martiana, Abdul Rohim Tualeka
38. Comparative Study of Nitric Oxide Levels in Metabolic Syndrome and Diabetes Mellitus Patients 201
B Sai Ravi Kiran, T Mohanalakshmi, R Srikumar, E Prabhakar Reddy
39. Mini Review-Third Hand Smoke: A New Prospective 205
Anjali P Ganjre, Gargi S Sarode, Ghevaram Prajapati, Sachin C Sarode
40. Lipid Profile Changes During Pregnancy in South Indian Population 208
E Prabhakar Reddy, S Paneerselavam, T Mohana Lakshmi, R Salma Mahaboob, Sandhya Rani, R Srikumar
41. Clinical Interpretation of Laboratory Tests in Hematology 213
E Prabhakar Reddy, Mahadeo Mane, T Mohanalakshmi
42. Nutritional Supplementation in Hepatitis 218
T Mohana Lakshmi, R Srikumar, E Prabhakar Reddy

43. The Effect of Peer Tutoring and Social Skill on Learning Results and Concepts Application for Students of Health Department 223
Farida Halis DK, I Nyoman Sudana Degeng, Punaji Setyosari, Atti Yudiernawati, Heru Santoso Wahito Nugroho
44. Comparative Evaluation of Compressive Strength of Ketac Molar, Fuji IX and Equia Forte 228
Ezekiel Barretto, Aswin S, Shishir Shetty, Mithra N Hegde, Aditya Shetty, Laxshmi Nidhi Rao
45. Prospect of Medical Tourism in the State of Odisha: An Analytical Report from the Selected Private Tertiary Care Hospitals 231
Ansuman Samal, Bibhuti Bhusan Pradhan, Manas Ranjan Mishra, Jyotirmoyee Jena
46. The Potention of Chicken Egg Shell (*Galus galus domesticus*) as Mercury Adsorbent for Blood Cockle (*Anadara granosa*) by Stirring Chamber Engineering 238
Hadi Suryono, Narwati, Heru Santoso Wahito Nugroho
47. The Effect of Chayote (*Sechium Edule*) on Blood Glucose Level of High School Teachers of Pre-Diabetes 245
Jamaludin M Sakung, Saifuddin Sirajuddin, Andi Zulkifli, Stang Abdul Rahman, Sukri Palutturi
48. Identification of Spectral Graph Wavelets for Microcalcifications in Mammogram Images 251
B Kiran Bala, S Audithan
49. Vitamin Deficiency as Moderator of Psychological Well being of Indian Militia: A Position Paper 254
Veena Christy, Caroline Mercy Andrew Swamidoss
50. Cultural Approach for Maternal Mortality Reduction in Indonesia; Need of Unusual Business Intervention 260
Indah Lestari, Noer Saudah, Catur Prasastia Lukita Dewi, Heru Santoso Wahito Nugroho
51. Micro Hardness of Demineralized Enamel Following Different Surface Treatment Protocols 265
Sonali Sharma, Mithra N Hegde, Vandana Sadananda
52. Rare Case of Simple Bone Cyst of Talus in an Adult: A Case Report 270
O N Nagi, Deepinder Chaudhary, Mukund Madhav Ojha, Nipun Rana, Pawan Kumar, Ravi Mehrotra
53. Radiation Induced AVN of Hip Joint Following Pelvic Irradiation for Endometrial Carcinoma 274
O N Nagi, Deepinder Chaudhary, Pawan Kumar, Nipun Rana, Mukund Madhav Ojha, Ravi Mehrotra
54. Assessment of Functional and Radiological Outcome of Proximal Lateral Condyle Fracture of Tibia (Schatzker Type 1, 2 and 3) Fixed with Locking Compression Plate and Screw 279
Pratik Patel, Kandarp Trivedi, Pawan Kumar, Ravi Mehrotra, Deepinder Chaudhary, Praveen Chaudhary, Manrattan Bhathal
55. Organizational Context and Leadership in the Integration Role of Health Care Provider of Integrated Antenatal Care Team in Public Health Centre 284
Wardani S Diadjeng, Fendy Suhariadi, Nyoman Anita Damayanti
56. Study on Leaf Segmentation Using K-Means and K-Medoid Clustering Algorithm for Identification of Disease 289
S K Muruganandham, D Soby, S Nallusamy, Dulal Krishna Mandal, Partha Sarathi Chakraborty

57. Wireless ECG Monitoring System using IoT based Signal Conditioning Module For Real Time Signal Acquisition	294
<i>D Sobyra, S K Muruganandham, S Nallusamy, P S Chakraborty</i>	
58. Assessment of Edentulousness Status, Prosthetic Status and Prosthetic Treatment Needs of Geriatric Population of Belgaum District, Karnataka State	300
<i>Ramprasad Vasthare, Anil V Ankola, Pradeep S Tangade, Mamata I Hebbal</i>	
59. Customers Perspective on Adaptiveness to Cab Sharing –A Social Innovation	308
<i>S Preetha, C Sivapriya, S Subhashini</i>	
60. Risk Factors for Stunting among Children Aged 0 – 23 Months in Kalimantan Selatan Province	314
<i>Ardiansyah, Rahayu Indriasari, Roselina Panghiyangan, Husaini, Meitria Syahadatina Noor</i>	
61. Clinicohaematological Study of Pancytopenia in a Tertiary Care Centre – One Year Experience	319
<i>Jyoti Mishra, Sangeeta Kumari, Garima Goyal, Ajoy Deshmukh, Anchit Goel, Geeta Deshmukh</i>	
62. Susceptibility of Gender Entrepreneurship Gap in India – A Prevue	325
<i>Chandrachud S, S N Sugumar, S Thangamayan, S Sudha</i>	
63. Economic Impact of FDI on Indian Aviation Sector	328
<i>S Chandrachud, S Thangamayan, S N Sugumar</i>	
64. Role of Public Expenditure on Indian Education System	333
<i>S Chandrachud, S Thangamayan, S N Sugumar, S Suresh</i>	
65. In Vitro Study the Effects of Anti-Fungal Agents on the Mycelial Growth of Aspergillus Niger	338
<i>Ibtisam Mohammed Hussein, Abbas Razzaq Abed, Hassan Adheem Abbas</i>	
66. Emotional Intelligence and Performance of Manager in Manufacturing Industries	344
(With special reference to Automobile Industry) <i>S Chandrachud, M Thaiyalnayaki</i>	
67. The Enigma Era of SEZ in HRD	348
<i>S Chandrachud, P Suganya Devi, D Anitha Kumari</i>	
68. Parents' Awareness about Eating Habits for Children with Autism in Baghdad City	352
<i>Asmahan Qasim Mohammed</i>	
69. Barrier of Self Care Management on Urban Type 2 Diabetic Patients in Bali	359
<i>I Dewa Putu Gede Putra Yasa, VM Endang SP Rahayu, I Made Widastra, I Ketut Labir, Ni Made Wedri, Ni Luh Kompyang Sulisnadewi</i>	
70. SWOT Analysis of the Midwife's Role in Controlling HIV / AIDS in Denpasar: Assessment of Barriers and Achievements	364
<i>Ni KomangYuni Rahyani</i>	
71. Awareness on Knowledge of “Cadres” in Measuring Anthropometry at Post Services Elderly	370
<i>Agus Sri Lestari, Ni Luh Kompyang Sulisnadewi, I Dewa Putu Gede Putra Yasa, I Wayan Candra, Ni Made Wedri</i>	
72. Identification of Microbes, Chemical, and Organoleptic Characteristics towards Teh Wong during Fermentation	374
<i>Anak Agung Nanak Antarini, Ni Putu Agustini, I Gusti Putu Sudita Puryana, Ni Komang Wiardani, Anwar Mallongi</i>	

73. Effect of Education Health Wash Hands of Changes in Knowledge and Attitude of Women Taking Care of Children of Diarrhea in Hospital Wangaya Denpasar 379
Ida Erni Sipahutar, Ni Luh Kompyang Sulisnadewi, Ni Made Wedri, I Wayan Candra, Agus Sri Lestari, I Dewa Putu Gede Putra Yasa, Ni Nengah Runiari
74. The Analysis of Fecal Coliforms and Coliform Total in Wells Water at the Tourism Area of Sanur 385
I Nyoman Jirna, Anwar Mallongi
75. Mother Class Program Enhancing Capability of Mother to Provide Stimulating the Development of Children at Dawan Village Bali 391
Ni Luh Kompyang Sulisnadewi, I Ketut Gama, Ida Erni Sipahutar, Ni Made Wedri, Agus Sri Lestari, I Wayan Candra, I Dewa Putu Gede Putra Yasa
76. Dengue Hemorrhagic Fever in the Highlands 397
Ririh Yudhastuti
77. The Effectiveness of Nutritions Ergogenic Modified to the Local Endurance of Pamong Praja Police Personnel in Denpasar 402
I Wayan Ambartana, Anwar Mallongi, Ni Made Yuni Gumala, Ni Made Dewantari, Lely Cintari, I Ketut Kencana, I G.A. Ari Widarti
78. Spatial Distribution of Dengue Haemorrhagic Fever (DHF) Vulnerability Level based on Population Density, Rainfall, Drainage Condition, Natural Water Body, and Vector Control Program in Tanjung Redeb Sub-District, District of Berau, East Kalimantan 408
Risva, Siswanto, Subirman
79. Yoga Pregnancy Guidance Increase Knowledge, Attitude and Skill of Pregnant Woman in Implementing Yoga in the Village Dawan Kaler, Klungkung, Bali 414
Gusti Ayu Marhaeni, Ni Wayan Armini, Ni Nyoman Sumiasih, Ni Gusti Kompiang Sriasih, Ni Nyoman Budiani, Ni Ketut Somoyani
80. Analysis of Active Content in “Salacca Vinegar” in Sibetan Village with Potential as Antidiabetic and Anticancer 420
I Wayan Karta, Cokorda Dewi Widhya Hana Sundari, Luh Ayu Nanamy Khrisnashanti Eva Susila, Nyoman Mastra
81. Effect of Diaphragmatic Breathing Exercise on Peak Expiratory Flow (PEF) in Individual with Asthma 425
Ni Made Wedri, I Dewa Putu Gede Putra Yasa, Ni Luh kompyang Sulisnadewi, Ida Erni Sipahutar, Agus Sri Lestari, Kadek Hendrajaya
82. The Effect of Internet Addiction on the Academic Performance of Undergraduate Nursing Students ... 429
Hayder Hamzah AL-Hadrawi
83. Self-Care Maintenance of Heart Failure Patients in Babylon Teaching Hospitals 433
Ameer Hassan Kadhem, Fakhrea Jaber Muhabes
84. Bioactive Chemical Analysis of *Enterobacter aerogenes* and Test of its Anti-fungal and Anti-bacterial Activity and Determination 438
Rafid Hadi Hameed, Fatima Moeen Abbas, Imad Hadi Hameed

85. Analysis of Secondary Metabolites Released by *Pseudomonas fluorescens* Using GC-MS Technique and Determination of Its Anti-Fungal Activity 445
Rafid Hadi Hameed, Fatima Moeen Abbas, Imad Hadi Hameed
86. Characterization of Metabolites Produced by *Shigella dysenteriae* and Determination of Its Anti-Fungal Activity 452
Fatima Moeen Abbas, Rafid Hadi Hameed, Imad Hadi Hameed
87. Different Oral and Orolabial Appearances in Groups of Children with Down Syndrome in Babylon City-Iraq 459
Ali Mihsen Hussein Alyassiri
88. Screening of Bioactive Compounds of *Ricinus communis* Using GC-MS and FTIR and Evaluation of its Antibacterial and Antifungal Activity 463
Haider Mashkoor Hussein, Rafid Hadi Hameed, Imad Hadi Hameed
89. Analysis of Bioactive Chemical Compounds of Methanolic Seed Extract of *Annona cherimola* (Graviolla) Using Gas Chromatography – Mass Spectrum Technique 470
Rafid Hadi Hameed, Haider Mashkoor Hussein, Imad Hadi Hameed
90. Analysis of Methanolic Fruit Extract of *Citrus aurantifolia* Using Gas Chromatography – Mass Spectrum and FT-IR Techniques and Evaluation of Its Anti-bacterial Activity 476
Rafid Hadi Hameed, Ekhlal Al Shareefi, Imad Hadi Hameed
91. Determination of Anti-microbial Activity and Characterization of Metabolites Produced by *Neisseria gonorrhoea* 483
Rafid Hadi Hameed, Ekhlal Al-Shareefi, Imad Hadi Hameed
92. A Revised Checklist of the Blister Beetles Genera (Coleoptera, Meloidae) from Iraq 490
Ameer Ibrahim Abdulzahra, Hanaa H Al –Saffar

Legal Aspects of Emergency Medical Services Department of Wahidin Sudirohusodo Hospital, Makassar Indonesia

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ABSTRACT

This study aimed to analyze the legal aspects of health services at the emergency unit of dr.Wahidin Sudirohusodo Hospital in Makassar, Indonesia. This type of research was a survey with descriptive design to obtain an overview of the competence of the hospital to provide health services, service without a down payment, the right to claim damages, refusal of medical action and the provision of information. The research was a quantitative research and supported by qualitative data. Samples were obtained by accidental sampling method.

The result of the research showed that the ability of health care conducted by the hospital showed: 98.6% of the respondents said enough, 1.4% said less. On the service without down payment: 97.3% of the respondents didn't pay the down payment (suitable with Article 32 of Health Act No.36 of 2009), whereas 2.7% pay the down payment. 86.5% of respondents said they would demand compensation of health workers in case of malpractice or long-life disability, 13.5% did not want to sue health care. The denial of medical treatment, 89.2 % of respondents would deny that there was an agreement/consensus in medical intervention such as in article 56 of Health Act No.36 of 2009. 10.8% did not refuse medical treatment on provision of information. 97.3% of the respondents said enough information on the intervention for baby-delivery to the maternal mother/family of Article 56 of Medical Practice Act No. 29 of 2004.

It was suggested to the hospital in terms of facilities in Emergency Room to provide emergency room services section in accordance with Standard Operational Procedures (SOP) to avoid mistakes of action / services. The hospital should provide emergency room services in particular "quick emergency room" which would be accurate and responsive in delivering actions to the community. Health workers are expected to further enhance skills and excellent services to the patients without looking their categories and social status. It is expected that health workers would have graduated from emergency course.

Keywords: *Legal aspects, health services, emergency services, hospital*

INTRODUCTION

In principle, health care is very important for the country as it involves the degree of livelihood of the people so that it shall be controlled by the state ¹. This is in line as stipulated in the Act of 1945 (*Undang-Undang Dasar 1945*), Article 28H paragraph 1, of the right to life and physical prosperous, residence, and obtain a good living environment and health, the right to obtain health services ². Health has even become the Universal Human Rights ³⁻⁵. The Universal Declaration of Human Rights stated "...the highest attainable standard of health as a fundamental right of every human being". Every citizen

has the right to health including access to acceptable and affordable health care of appropriate quality⁵⁻⁹.

Hospital is one of the subsystems of health care that carries two types of services to the public, namely health care and administrative services ^{10, 11}. The health services include medical services, medical support services, medical rehabilitation and nursing services. These services are carried out through the emergency department, outpatient department and inpatient unit. Hospital initially only provide curative services oriented towards patients through hospitalization. However, the current hospital services then shifted due to the

advances of science, especially medical technology, income generation and education. Hospital services are currently not only curative but also be rehabilitative. Both are carried out in an integrated manner in health promotion and prevention efforts ¹².

Hospitals as service provider become the “crucible” for health personnel in carrying out their profession, such as doctors, dentists, pharmacists, nurses, midwives, nutritionists, physiotherapists, and experts of medical records. Each of these health workers has an ethical profession to be practiced by the members for providing services. Health workers should understand the ethics of their profession as a guideline to act and to avoid conflicts with patients as well as among health personnel.

Various problems of ethics and law still occur in hospitals for example, patients do not know their rights regarding health care should they gain, the patients do not know the Standard Operational Procedure (SOP) given by health workers, patients do not know what kind of action is given, patients do not know the cost of services provided. In principle, patients do not obtain the service information that should be obtained. Whereas Act No. 44 Year 2009 (Undang-Undang) on Hospital Article 32 on the rights of patients which contain for example: a patient obtains information regarding the rules and regulations, to obtain information about the rights and obligations of patients, to obtain quality of health services in accordance with professional standards and SOP, even patients can choose the doctor and nursing class in accordance with their willingness and regulations in force in the hospital, as well as to get the privacy and confidentiality of the illness, including medical data.

The consequence of ignorance of the patient’s rights as one of the legal aspects in health care, the health care providers can provide services to patients or actions that should not be done, the increasing burden of health costs that must be paid patients and even doctors could potentially for malpractice.

Several researches have been conducted in Indonesia relating to the rights and protection of patients. Siregar, Budhiartie ¹³ examined the protection of the law on the rights of patients in therapeutic transaction. This study emphasized that the transaction therapeutic is an engagement relationship between doctors and patients that have broad implications in the legal aspects. As

a legal relationship then the rights and obligations of the parties is an element that can not be separated from the concept of therapeutic transaction. In contrast to the engagement in general that have a similarity in position, the transaction therapeutic imbalance position of the parties is often the case for their knowledge and understanding of the engagement objects.

Gunnara ¹⁴ expressed the number of cases of “negligence or medical errors” and patients who have not obtained their rights in medical care is a crucial issue today. This study showed 1) The policy of medical services has been the protection of patients’ rights, 2) a policy of medical services has been set up “negligence or medical errors”, but not thoroughly, 3) medical personnel have not fully implement the policy of medical services, 4) efforts to protect the rights of patients in hospital has been implemented in accordance with the policies, 5) medical service policy has not been fully implemented so that policy objectives have not been achieved. “Gross negligence or medical errors” and the patient have not earned the right medical care.

Pradana ¹⁵ examined the factors that cause the occurrence of malpractice by doctors and determine the legal protection of victims of medical malpractice. Studies conducted in Polrestabas Makassar City (Police office) and Ibn Sina Hospital of Makassar indicates the cause of the malpractice caused by three factors: professional standards, Standard Operating Procedures (SOP) and negligence.

However, research on the legal aspects of health care in hospitals, especially in the emergency unit at the hospital has not been much discussed, let alone a hospital where the study was conducted is a referral hospital especially in eastern Indonesia. Of course, expectations for patient protection and fulfillment of the rights of health care are guaranteed.

The aim of this study is to examine the legal aspect of health services in dr. Wahidin Sudirohusodo Hospital of Makassar, Indonesia.

MATERIALS AND METHODS

This research was conducted in Emergency Unit of General Hospital dr. Wahidin Sudirohusodo Makassar. This hospital is a central referral hospital, especially in Eastern Indonesia. This study was conducted in the emergency department because: the first action was

performed by the health worker, the interaction between the patient and the patient’s family with the doctor was more done in this unit compared to the treatment room, the approval of the medical action between the patient and the doctor was then carried out in this unit.

The type of this research is descriptive survey research. Sample of 74 patients was selected by accidental sampling. In-depth interviews were also conducted on the patient or patient’s family for further information. Data collection used questionnaire. Data were analyzed descriptive.

RESULTS

Respondents characteristics

The characteristics of respondents of this research describe age group (years) and education level as seen in Table 1. The number of respondents are almost scattered in all age groups with the average level of education is mostly high school.

Table 1: Respondents characteristics

Respondents characteristics	N =74	%
Age group		
10 – 19 years	14	18,92
20 – 29 years	10	13,51
30 – 39 years	11	14,86
40 – 49 years	15	20,27
50 - 59 years	15	20,27
> 59 years	9	12,16
Education level		
Elementary School	18	24,32
Junior High School	14	18,92
Senior High School	27	36,47
Diploma	3	4,05
Bachelor (Sarjana)	12	16,22

Dimensions of legal aspects of health services

These dimensions encompass competence of health personnel, services payment, right of medical treatment, and information as shown Table 2.

Table 2: Distribution of respondents according to dimensions of legal aspects of health services

No.	Dimensions	N =74	%
1	Competence of health personnel		
	Enough	73	98.6
	Less	1	1.4
2	Services		
	Without a Down Payment	72	97.3
	With a Down Payment	2	2.7
3	The right for compensation		
	Claim	64	86,5
	Unclaim	10	13,5
4	Refusal of medical treatment		
	Refuse the medical intervention	66	89,2
	Take the medical intervention	8	10,8
5	Giving information		
	Enough	72	97.3
	Less	2	2.7

Table 2 shows that respondents who expressed enough competence of health personnel in the emergency room were 73 people (98.6%), whereas respondents who stated less competence to perform health services were 1 person (1.4%). Mostly they expressed health services without a down payment (97.3%). Respondents stated that they will demand the right to claim for compensation (86.5%) and 13.5% didn’t claim for the compensation. furthermore, the table also shows that 89.2% respondents expressed to refuse medical treatment and 10.8% take the medical intervention. Around 97.3% respondents expressed that they have sufficient in the provision of information and 2.7% less information. This data shows that although this hospital is a referral centre for health services, the hospital still needs to improve the health service quality to meet the patients’ needs.

DISCUSSION

The competence of the hospital to provide health service

The competence of the hospital to provide health service refers to the availability of medical equipment, medical support, medicines, laboratory, pharmacy, doctors and nurses at the emergency room when the patients come the emergency room to find help so that it

can save their lives and to avoid disability.

Based on Permenkes No. 340/2010 on classification of hospital, article 6, paragraph 1; hospital class A should have four (4) basic specialist medical services, 5 (five) medical support specialist services, twelve (12) other specialist medical services, and 13 (thirteen) sub specialist medical service. To provide comprehensive health service and referral-system, to fulfill the need and the safety of the patient with high quality and affordable by all community.

There are three groups who directly involved in health services management i.e.,

health providers, such as doctors, nurses; consumers and, administrators (from the company, government and others). There are still other groups indirectly involve to determine the health services management i.e., community as a whole, or the families of patients. The special characteristic of the health care is that both health providers and consumers rarely consider the cost, as long as they can be cured. The health providers will always be urged to use their competence, technology and the latest medicine so that they will provide safety as a part of moral responsibility to cure a patient. The fact is also supported by the need of a consumer to get a better service, and the feeling of safety ¹⁶.

Service without a down payment

Health Law No. 36 of 2009 has obligated the health care facilities to prioritize efforts to save the patient. In Article 32 paragraph (1) states that in the case of emergency, health care facilities, both public and private, is required to provide health services to save the lives of patients and the prevention of mental disability.

In law no 44 / 2009 on hospital, article 29 paragraph (1) letter f stated that the hospital should perform as a social function, such as providing health facilities to the poor patients, providing emergency room without down-payment, providing free ambulance, and providing service to the victim of disasters and any other extraordinary cases as well as social service for the humanity.

In the past, poor patients or the victims of war would be kindly-treated by doctors and nurses. They received medical services or treatment with free of charge. However,

The right to claim compensation

The law No. 36 of 2009 Article 58 paragraph (1) stated that every person is entitled to claim compensation if the health personnel or the health provider do the malpractice in the health care. Article 1365 of the Civil Code stated that any unlawful action and bring harm to others, then that person causing the loss should replace those losses.

One example was: a patient Sudirohusodo Wahidin Hospital reported a cardiologist to police. The cardiologist attached a ring to the patient's heart, but his heart was actually not in trouble. It was experienced by RS (42). He claimed that two paired-rings (stent) were installed at the heart blood vessels on April 30, 2010. The installation was as recommended by the AA which was a cardiologist at the Hospital Wahidin Sudirohusodo Makassar. Based on the example, the patient or the patient's family can sue the health workers for reimbursement of the treatment (the maximum penalty compensation costs, as well as send to prison (jail).

Refusal of medical action

The definition of the refusal of medical treatment happens due to no agreement of both parties between patients and doctors in making medical intervention, or the patients are children, the patients are insane, therefore they can't bear the responsibility based on the legal action.

Provision of Information

The information could be related to drug information ¹⁷, operation action ¹⁸. Providing information is not just responsibility of a doctor but also a nurse. Another problem also is that perhaps doctors or nurses provide information but misunderstandings with patients due to language problems. Some patients come from outside the city of Makassar, where some patients do not understand about the drug given

Health personnel should use language that is clear and true, and easily understood by the patient or the patient's family. If it is possible then the health workers should speak local language.

CONCLUSION

This study concludes that the legal aspects of health services such as competence of health personnel, health

services, right for compensation, refusal of medical treatment and right to information are enough at the emergency unit of dr.Wahidin Sudirohusodo Hospital in Makassar, Indonesia. Although some aspects still need to be strengthened such as those relating to information on drug indications.

It was suggested to the hospital in terms of facilities in Emergency Room to provide emergency room services section in accordance with Standard Operational Procedures (SOP) to avoid mistakes of action / services. The hospital should provide emergency room services in particular “quick emergency room” which would be accurate and responsive in delivering actions to the community. Health workers are expected to further enhance skills and excellent services to the patients without looking their categories and social status.

Ethical Clearance- Taken from ethical committee/ research letter from Institute of Health Science of Tamalate (STIK Tamalatea), Makassar Indonesia

Source of Funding- Self

Conflict of Interest – Nil

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