



VOL 02 NO 02 2022

E-ISSN : 2774-6577

KLASICS | Kendari Journal of Maritim and Holistic Nursing



E-ISSN: 2774-6577

KLASICS:

Kendari Journal of Maritime and Holistic Nursing
Volume 02 Number 02 July 2022

EDITORIAL BOARD

Editor in Chief

Diah Indriastuti, S.Kep., Ns., M.Kep (ID Scopus : 57215688589)

Editor

I Wayan Romantikan (ID Scopus : 57215893140)

Iqra, S.Kep., Ns., M.Kep (SINTA ID : 6700419)

Muh. Jasmin, S.Kep., Ns, M.Kep (SINTA ID : 6766818)

Muh. Nurkharitsna Al Jihad, S.Kep., Ns., M.Kep (SINTA ID : 6734246)

Risqi Wahyu Susanti, S.Kep., Ns, M.Kep (SINTA ID : 6190148)

Reviewers

Diyah Nurfa'izah, S.Kep., Ns., M.Kep

[Nursing study program, Faculty of Medicine, Cendrawasih University]

Domianus Namuwali, S.Kep., Ns., M.Kep

[Waingapu Nursing Science Study Program, Health Polytechnic, Ministry of Health, Kupang]

Gede Arya Bagus Arisudhana, S.Kep., Ns., M.Kep

[Bachelor of Nursing Study Program, STIKES Bina Usada Bali]

Marwati, S.Kep., Ns., M.Kep

[LP3M UNSIQ Central Java in Wonosobo]

Puji Purwaningsih, S.Kep., Ns., M.Kep

[Faculty of Nursing, Bachelor of Nursing Study Program, Ngudi Waluyo University]

Ratna Kurniawati, S.Kep., Ns., M.Kep

[Alkautsar Temanggung Nursing Academy]

KLASICS:

Kendari Journal of Maritime and Holistic Nursing
Volume 02 Number 02 July 2022

LIST OF CONTENTS

NO	ARTICLE	PAGES
1	Self Care Prisoners At The Women's Penitentiary in Kendari By : Ema Nengsyi, Diah Indriastuti, Fikki Prasetya, Tahiruddin Tahiruddin, Risqi Wahyu Susanti	01 - 06
2	The Effect of Socialization Implementation of Hazard Analysis And Critical Control Points (HACCP) on Food Processing in Bahteramas General Hospital and Kendari City General Hospital, Southeast Sulawesi Province By : Reslin tobigo, Ellyani Abadi	07 - 10
3	The Effect of Implementing a Nursing Action Strategy on Client's Hallucinations on the Ability to Control Hallucinations. By : Nurul Rezeki Rahmadhani, Narmi Narmi, Tahiruddin Tahiruddin	11 - 15
4	The Effect of Smartphone Use with Speech Delay Incidence in Toddlers in The Kapoiala Health Center Area, Konawe Regency By : Sarce Rimpan, Mien Mien; Desiderius Bela Dhesa; I Wayan Romantika	16 - 19
5	The Relationship between the Use of Hormonal Contraceptive Devices on Body Weight of Family Planning Acceptors By : Arna Arna, Narmawan Narmawan, Muhammad Syaiful Saehu, Muhammad Jasmin	20 - 23



KLASICS

Kendari Journal of Maritime and Holistic Nursing

<https://stikesks-kendari.e-journal.id/K>

Volume 02 | Number 02 | July | 2022

E- ISSN: 2774-6577

Self Care Prisoners At The Women's Penitentiary in Kendari

Ema Nengsyi¹, Diah Indriastuti², Fikki Prasetya³, Tahiruddin⁴, Risqi Wahyu Susanti⁵

^{1,2,4} Nursing Science Program, STIKes Karya Kesehatan, Indonesia

³ Faculty of Public Health, Universitas Haluoleo, Indonesia

⁵ Faculty of Science and Technology, Nineteenth November Kolaka University, Indonesia

Corresponding Author

Diah Indriastuti

STIKes Karya Kesehatan

Email: nsdiahindri@gmail.com

Keywords: female prisoners, love and belonging need, orem, self-care, self-care deficits.

Abstract :

The prisoner's problem in correctional institutions is the restriction that affect psychological conditions. The disorder is further aggravated by not fulfilling human basic needs, such as love belonging need. However, inmates experience family seclusion. The purpose of this study is to explore the description of prisoners' self care in fulfilling love and belonging needs. This qualitative research involved as many as 6 people with a phenomenological approach. The research's results consist of 3 themes namely problem, relationship and adaptation. prisoners have different characteristics, so the ways to deal with problems and adapt are not the same. Self care deficit occurs because of a disconnected relationship between prisoners and their families, then added to the problems faced in prison and the process of adaptation that is not easy for some prisoners.

Introduction

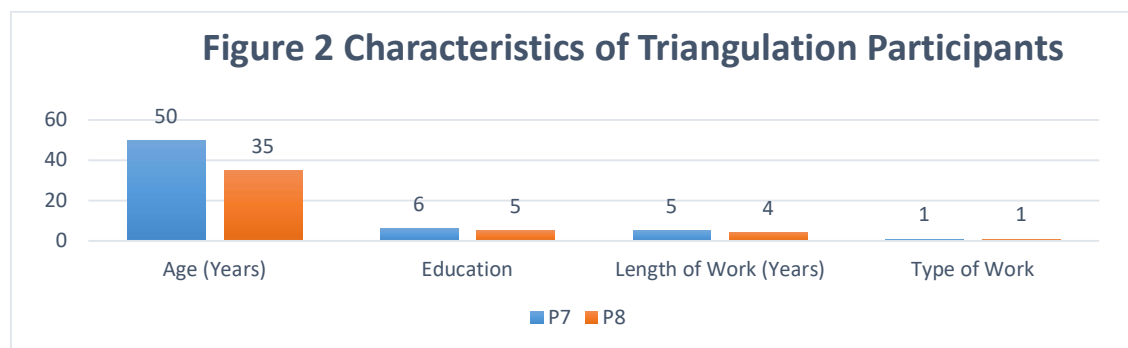
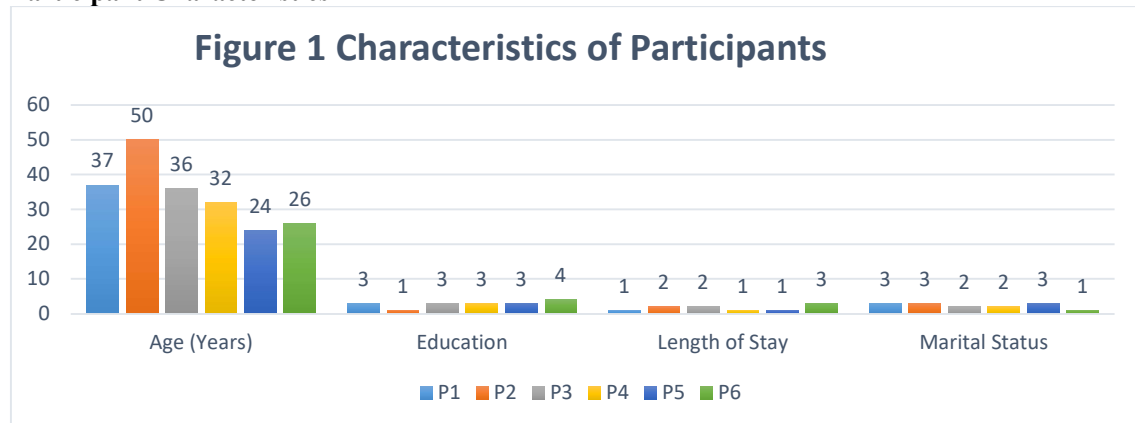
The problem that occurs in penitentiary institutions in Indonesia is over capacity, in 2018 there were 250,444 prison inmates in Indonesia, this number exceeds the ideal capacity of 124.696^{1,2}. Over capacity affects the psychological atmosphere of prisoners, such as depression and stress^{3,4}. Some research shows that prisoners experience stress, show depressive syndrome and experience major depression⁵⁻⁷. This condition can be exacerbated by the disruption of meeting the basic needs of prisoners, where the needs they really need are physiological needs and the needs of love and belonging⁸⁻¹⁰. However, previous research stated that prisoners did not get social support from family and even decided that their kinship was divorced by their spouse¹¹. This study aims to describe the prisoners' self care with their various problems.

Method

A qualitative method with a phenomenological approach was used in this study. The population used in this study were all prisoners in Class III Women's Prison in Kendari City with a sample of 6 people conducted on May 22-25, 2018. The participants in this study were 6 people and the triangulation participants were 2 people. Triangulation is carried out by gathering information from triangulation participants who work as prison officers, observations and data from prisons. Data were collected using indepth interview techniques and analyzed using thematic analysis

Results

Participant Characteristics



Explanation:

Education		Marital Status		Type of Work	
1	Elementary School	1	Not married yet	1	Government Employee
2	Junior High School	2	Married		
3	Senior High School	3	Widow		
4	Diplom III				
5	Bachelor				
6	Magister				

Figures 1 and 2 show that some participants were over 30 years old, most were widowed and most had high school education.

Participants revealed category the problems faced by participants while in prison with the following statement:

Self Care Overview

The description of self-care for women prisoners is divided into 3 themes namely problem, relationship, and adaptation. For more details described as follow :

1. Problem

The theme of the problem is described through 2 categories, namely the problems faced by participants while in prison and the efforts to overcome the problem.

"Nothing, everyone here is open to each other, looking after each other, because we share our feelings..." (P1)

"Nothing, people who live here are good people, even the employees are good person....." (P2)

".....There is none, all is well" (P3)

"During this time approximately 1 month, there are no problems...." (P4)

"I'm here, at the first, poor, poor my life, there must be a problem ... I'm addicted to

cigarettes, I'm addicted to cigarettes, but I can't get cigarettes. ... (P5)

"There must be, in fact we are here with different characters, different ways of our lives outside, when we come here the interaction is different, surely the way of speech and behavior" (P6)

"That's a lot like fighting, yes, it's our duty as officers, so we initiate it in everything we do ... There was once a report from a prisoner complaining about being blamed, how come she was accused, feeling herself accused, until there was something outward usual ... (P7)

"Well... a lot, sometimes fighting while screaming among fellow prisoners, some have even accused each other of accusing ... (P8).

The categories of the efforts made to overcome the problem describe with following statements:

"I just stay quiet, if my prayer time arrives, I will pray, even though it is not the time to read the Quran," (P1)

"...I have a problem with my family, but all I can do is just stay quiet, when my prayer time come,... to The God that's the only place I confide in above....(P2)

"..... Call my husband to come "(P3)

"My husband called me, my husband also told me not to be too depressed, he said just to pray" (P4)

"This is what it feels like to be imprisoned, only myself can please my heart, at first I cried all the time..." (P5)

"..... To overcome the problem, God willing, for the apology I will definitely continue to try, the second to restore the good name of the family, so that God willing, I can be accepted again, amen ... if I'm upset, I can only harbor those feelings ... " (P6).

"...if verbal warnings are not heeded, as well as written, we are forced to exile prisoners called sel blocks, a place of exile for people who make mistakes after how many times reprimandI move from the room that makes him rowdy, I try to move from a room that feels right for him"(P7).

"..... The problematic prisoner are given verbal reprimands, then written reprimands and if the problem is

repeated, prisoners are placed in isolated sel blocks" (P8).

2. Relationship

The theme of the relationship is described through the category of relationships between prison residents and families described as follows:

"There are indeed those who do not like me... but I don't have a problem with a friend in prison" (P1)

" Never known to my family good friends in prison, the officers too...." (P2)

"Never even called (family), just my husband all the friends here are good " (P3)

" I'm fine with my family no fighting with friends here." (P4)

"None of my family, my family lives in Tasikmalaya all" (P5)

"Alhamdulillah, it is fine, if the nuclear family is good, but from the side as a large family, it was still less pleasing because the case was sadistic ... " (P6).

"Fine, it means that if there is a visitation, we always give a chance to meet, as long as the statement of permission is complete the case is 4 people so they are very, very apprehensive because the families are all live in Makassar" (P7)

"In my opinion it is fine, because there are still those who visit, but there are also those who are rarely visited" ... (P8)

3. Adaptation

The theme of adaptation is illustrated through the category of time needed by participants to adaptation in prison.

The categories of time needed to adaptation are expressed in the following statements:

"About a week has been able to adapt, 3 days just stay quiet "(P1)

"i don't know.... Crying and there are no friends ... there is no one, after I hang clothes in the clothesline, I sleep, I don't talk randomly here" (P2)

"How many days huh ...? I week "(P3)

"Alhamdulillah quickly, when I came straight I began to make friends,....." (P4)

"...don't know...There was none, alone, ooo, from the first time I came ... " (P5)

"It doesn't take long so they can adapt quickly... they already consider each other siblings, friends, sisters, talk to each other, hit each other, play like that normally" (P6).

"Yes, they are friends because before entering, we provide reinforcing directives ... people share their feelings, share their joys and sorrows so it doesn't take long to get to know each other.....". (P7).

"Mhmm ... sometimes a week or less, they talk to each other between friends ..." (P8).

Discussion

This study shows that in general participants experienced a deficit of self care requisite related to Orem's theory in Aligood about universal self care requisite (USCR) on balance 8, namely the importance of balance in the promotion of human function and development in social groups. Imbalance that occurs is the bond of relationships in improving human development and also the relationship in interacting between fellow prisoners and between prisoners and their families¹².

Previous research has explained that prisoners status often creates psychological problems and places a negative label as a perpetrator of crimes even though they have shown changes in good and positive attitudes for women, especially in the case of female prisoners^{13,14}. The results of other studies that reinforce this phenomenon are data that show some prisoners do not receive social support from people closest to them and their environment, such as being cut off from relationships with their families and being divorced by their partners after entering prison¹⁵.

The problems encountered in this study indicate that in general prisoners experience a deficit of self care requisite which is indicated by the ineffectiveness of coping in solving the problems they face. Prisoners cannot meet the needs of living a social life while interacting with fellow prisoners at the beginning of entering prison. In addition, participants also experienced a lack of fulfillment of love and belonging needs, such as not getting attention, affection and recognition from the family. This situation can cause problems between convicts so that they can be punished for violating the rules set in the correctional institution.

Orem in Aligood argues that maintaining the balance between solitude and social interaction and the promotion of human function and development in social groups is a universal self care requisite need¹². This research reinforces previous research that what will change significantly is the issue of socialization, this will be experienced by the prisoner when he begins to live his life in a correctional institution¹⁵. Conditions in prison make the life of prisoners limited in meeting their basic needs including the need to socialize with those closest to meet love and belonging needs^{10,16}.

The results of in-depth interviews about inmates prisoners showed that inmates initially could not adapt easily and tended to be closed between old residents. But there are participants who do not need a long time to adapt because they immediately make old residents as friends and even family to share their feelings.

This situation illustrates the process of adaptation that they have done with maximum effort and according to their respective conditions. The process of adaptation in prisons illustrates the conditions of prisoners who experience self care requisite deficits. This happens because they often close themselves so that they do not interact with fellow friends in prison at first. This condition prevents prisoners from fulfilling the need to show compassion and mutual trust to fellow prison residents related to the theory of universal self care requisite (USCR) on balance 8 which is a balance in the promotion of human function and development in social groups.

Friedman revealed that the individual's need for getting to know his environment is one of the important factors in giving a sense that she has potential¹⁷. The concept of Abraham Maslow's theory places the need for social needs that include the need for a sense of belonging, mutual trust, love, and affection (belongingness and love needs)¹⁶. This study is similar to the results of previous studies that mention mutual distrust, irritability and irritability between inmates due to lack of self-acceptance, feeling rejected, disappointed and feeling threatened^{18,19}.

CONCLUSSION

Inmates of the Kendari Class III Women's Penitentiary generally experienced a self-care requisite deficit based on problems, relationships and adaptation. Problems experienced by inmates occur at the beginning of entering prison. the problems they face don't cause a fight. However, the way inmates deal with problems when they first enter prison is less adaptive, thus extending adaptation time. The participant's relationship with the family mostly complicates the conditions of prisoners while serving their sentence. The condition of self care agency deficits in prisoners gives meaning that they need a self care agency in the form of assistance from prison nurses in terms of consulting personal and inter-prisoners and families.

Conflict of Interest

The author declare no conflict of interest

References

1. Latifah M. Overcrowded Pada Rumah Tahanan Dan Lembaga Pemasyarakatan Di Indonesia. Kaji Singk Terhadap Isu Aktual Dan Strateg. 2019;11.
2. Kantor Wilayah Sulawesi Selatan. RestorativeJustice, solusi Over Kapasitas Lapas Rutan. Pusat Informasi. [accedido 7 abril 2020]. Disponible en: <https://sulsel.kemenkumham.go.id/pusat-informasi/artikel/4443-restorativejustice-solusi-over-kapasitas-lapas-rutan>.
3. Nastami B. Kerentanan Terpapar HIV Pada Perempuan Penghuni Penjara. J Kriminologi Indones. 2012;8(1):12-25.
4. Enright R., Erzar T., Gambaro M., Komoski MC. Proposing Forgiveness Therapy for those in Prison: An Intervention Strategy for Reducing Anger and Promoting Psychological Health. J Forensic Psychol. 2017;01(04), doi: 10.4172/2475-319x.1000116.
5. Lubis A. Sindrom Depresif pada Narapidana Lembaga Pemasyarakatan Anak Medan. Universitas Sumatera Utara, 2008.
6. Karnovinanda R., Suciati T. Prevalensi Depresi pada Narapidana di Lembaga Pemasyarakatan Anak. Maj Kedokt Sriwij. 2014;46(4):243-9.
7. Constantino P., Assis SG de., Pinto LW. The impact of prisons on the mental health of prisoners in the state of Rio de Janeiro, Brazil. Cien Saude Colet. 2016;21(7).
8. Bassett LA. The Constitutionality of Solitary Confinement: Insights From Maslow'S Hierarchy of Needs. Health Matrix Clevel. 2016;26(1):403-31.
9. Yunita Kirana Putri Permatasari. Profil Narapidana Berdasarkan Hierarki Kebutuhan Abraham maslow. Universitas Muhammadiyah Surakarta, 2010.
10. Nengsyi E., Indriastuti D., Prasetya F., Tahiruddin., Susanti RW., Syahrul S. The needs of being loved and loving among women prisoners in a women's penitentiary in Indonesia: A qualitative study. Enferm Clin. 2020;30:272-5, doi: 10.1016/j.enfcli.2019.07.102.
11. Ping ELYS. Hubungan Dukungan Sosial Dengan Depresi Kelas II B Kota Tenggara. Psikoborneo. 2016;4(2):301-12.
12. Alligood M raile. Nursing Theorists and their work. 8.^a edición. United Sates Of America: Elsevier; 2014.
13. Maryatun S., Hamid AYS., Mustikasari. Logoterapi meningkatkan harga diri narapidana perempuan pengguna narkoba. J Keperawatan Indones. 2014;17(2):48-56.
14. Collins A. Criminal Records and the Associated Stereotypes: Views of Freshmen at the University of Michigan. University of Michigan, 2013.
15. Ping ES. Hubungan dukungan sosial dengan depresi pada narapidana wanita di Lembaga Pemasyarakatan Kelas IIB Kota Tenggara. Psikoborneo. 2016;4(2):301-12.
16. Maslow AH. Motivation and Personality. Jakarta: PT. Rajawali; 2010.
17. Friedman MM. Buku Ajar Keperawatan Keluarga. Jakarta: EGC; 2014.
18. Widianoro FW. Meningkatkan Pemahaman Penerimaan Diri Melalui Permainan " Menggambar Jari " sebagai upaya meningkatkan Kesejahteraan Psikologis Pada Warga Binaan. Seminar Psikologi dan Kemanusiaan. Malang; 2015. p. 978-9.
19. Duran S., Ergün S., Tekir Ö., Çalışkan T., Karadaş A. Anger and Tolerance Levels of the Inmates in Prison. Arch

Psychiatr Nurs. 2018;32(1):66-70, doi:
10.1016/j.apnu.2017.09.014.



KLASICS

Kendari Journal of Maritime and Holistic Nursing

<https://stikesks-kendari.e-journal.id/K>

Volume 02 | Number 02 | Juli | 2022

E- ISSN: 2774-6577

The Effect of Socialization Implementation of Hazard Analysis And Critical Control Points (HACCP) on Food Processing in Bahteramas General Hospital and Kendari City General Hospital, Southeast Sulawesi Province

Reslin Tobigo¹, Ellyani Abadi²

¹ Provincial Health Office Southeast Sulawesi, Kendari, Southeast Sulawesi, Indonesia

² Nutrition Programe, Sekolah Tinggi Ilmu Kesehatan Karya Kesehatan, Kendari, Southeast Sulawesi, Indonesia

Corresponding Author

Ellyani Abadi

BTN. Griya Permata Lampareng Blok D/7. Anduonohu, Kendari, Indonesia

E-mail: ellyaniabadi@gmail.com

Keywords: Socialization, HACCP, Food Processing

Abstract. Food is a basic need for humans, food that is not safe for consumption can cause disease in humans, nosocomial infections, and food poisoning. The results of observations at the Bahteramas General Hospital and hospitals. The city of Kendari has not yet implemented the HACCP system, so innovation is needed so that the HACCP program can be implemented. The purpose of this study was to determine the effect of socialization on the application of food processing at Bahteramas General Hospital and hospitals. Kendari City. This type of research is quantitative, Quasy experiment design. The research was conducted at Bahteramas General Hospital, Southeast Sulawesi Province and in hospitals. Kendari City on January 28 - March 4, 2022. The sample is part of the nutrition staff, hosts and waiters at Bahteramas General Hospital and in hospitals. Kendari City in 2022. The intervention sample was given socialization about HACCP as many as 25 people obtained by simple random sampling and the control sample was not given socialization as many as 19 people obtained from the total sampling. Data collection techniques with questionnaires and observation. Data were analyzed using Mc.Neymar test. The results of research at the Bahteramas General Hospital obtained p value $0.031 < 0.05$ for food processing obtained, and p value $0.031 < 0.05$ for food presentation The conclusion is that there is an effect of socializing the application of HACCP on food processing and serving in hospitals. Kendari City. Suggestions for hospitals to implement the HACCP system. For health workers, food handlers and food servicers, to improve food management efforts based on the principles of food hygiene and sanitation.

INTRODUCTION

Food is a basic need for humans, so the food consumed must be attractive, delicious and has high nutrition and is safe for consumption to maintain health. Foods that are not safe for consumption can cause disease in humans (foodborn disease) as a result of the entry of microbiology in these foods, where the prevalence of intervention reaches 90%,

therefore food safety is an important requirement that must be attached to the food to be consumed. Quality and safe food can be produced from public service places such as hospitals (1).

The provision of food, especially special food in hospitals, must be optimal and in accordance with the quality of service, health standards and indications of patient

disease (1). Provision of food that does not meet health requirements (not sanitary and hygienic) in addition to prolonging the treatment process, can also lead to cross infection or nosocomial infections (hospital-acquired infections), which can be through food. In addition to the incidence of nosocomial infections, the administration of food in hospitals that do not meet health standards (unhygienic) can also cause food poisoning (2)

Food poisoning is one of the public health problems worldwide, WHO in 2019 reported that more than 200 diseases are transmitted through food. Food borne diseases (Food Borne Diseases) are infectious diseases caused by microbes that enter the body through food (3). The number of food poisoning interventions in Indonesia in 2019 was around 20 million interventions per year, and based on BPOM data in 2019, the number of poisoning interventions reported through the SPIM Ker-KLB KP application during 2019 by 257 hospitals from 2,813 hospitals in Indonesia was 6,205 data. Poisoning intervention. Based on the location of poisoning, Southeast Sulawesi ranks 13th in the highest poisoning intervention in Indonesia, with 42 interventions (4).

Data obtained from the Southeast Sulawesi Provincial Health Office, in 2018 there were 30 poisoning interventions and in 2019 there were 54 interventions and 1 person died and in 2020 it increased significantly to 291 interventions and 1 person died from food poisoning (5,6). The place where food is served in the hospital serves as a place for managing food given to patients to support their recovery. Therefore, patients need to get quality and safe food, so the role of the hospital nutrition installation is very decisive in food processing until it is served to patients in guaranteed conditions of hygiene and sanitation. Hospital food management needs to have an understanding of food hygiene and sanitation efforts starting from the selection of food ingredients, storage, preparation, processing, storage of cooked food, and distribution until the food is served to patients. One of the efforts to ensure food hygiene and sanitation is to implement an effective HACCP so that these hazards can be identified early and handled in preventing food-borne diseases (1).

The research of Thoha, et al., found that the implementation of a good HACCP Program was significantly related to the attitude of workers in all food handling workers ($p = 0.004$), then there was a relationship between the implementation of a good HACCP program and employee commitment. Furthermore, there is a relationship between the implementation of a good HACCP Program with the practice of implementing SOPs and the implementation of a good HACCP Program related to the knowledge of all food handling workers (7)

Unclean and unsafe food can cause poisoning with symptoms such as diarrhea, nausea, dizziness and in the long term can cause disease (8). Food management is a series of activities that include selection, storage, processing, storage of finished food, transportation and presentation. Good food management that meets health requirements is one of the efforts to achieve optimal health levels, so it needs attention in terms of nutritional value, in terms of purity, and in terms of cleanliness. Because even though the nutritional value and purity are good, the environmental cleanliness is not monitored and maintained, then the food can cause disease due to contamination. For this reason, it is necessary to manage food that meets health requirements, which is known as food health (9). Selection of food ingredients is an effort to determine the quality of food ingredients by observing physical characteristics (shape, color, freshness, smell and others) Then storage is an effort to store food ingredients. Furthermore, processing is the process of changing the shape of raw food into ready-to-eat food (1)

METHOD

This type of research is quantitative, Quasy experiment design. The research was conducted at Bahteramas General Hospital, Southeast Sulawesi Province and in hospitals. Kendari City on January 28 - March 4, 2022. The sample is part of the nutrition staff, hosts and waiters at Bahteramas General Hospital and in hospitals. Kendari City in 2022. The intervention sample was given socialization about HACCP as many as 25 people obtained by simple random sampling and the control sample was not given socialization as many as 19 people obtained from the total sampling. Data collection techniques with questionnaires

and observation. Data were analyzed using Mc.Neymar test.

RESULTS AND DISCUSSION

The effect of socializing the application of HACCP on food processing in Bahteramas General Hospital (Intervention Location)

The effect of socializing the application of HACCP on food processing in the intervention group at the Bahteramas General Hospital can be seen in table 1 below

Table1. Effect of socialization on the implementation of HACCP on food processing at Bahteramas general hospital

HACCP Implementati on Socialization	Food processing at Bahteramas general hospital				Total		Mc.Nemar Test
	Enough		Less				
	n	%	n	%	n	%	
Pre test	6	24	19	76	25	100	p-value= 0,031
Post test	0	0	25	100	25	100	

Source: Primary Data, 2022

Table 1 shows that of the 25 respondents at Bahteramas General Hospital, before the HACCP socialization was given, most of the food processing was in the sufficient category of 76.0% and 24.0% less, then after the HACCP socialization was given, 100% of food processing became sufficient.

The results of statistical tests using the Mc.Nemar test obtained a p value of $0.031 < 0.05$, this means that there is an effect of socializing the application of HACCP on food processing at Bahteramas Hospital.

The results of this study indicate that in the intervention and control groups, the processing of food ingredients before socialization was mostly sufficient, but there were still those whose food processing was lacking, then after being given an intervention in the form of socialization about HACPP, all respondents stated that the processing of food ingredients was in the sufficient category, while in the control group there was an increase in the presentation of sufficient food processing and a decrease in the presentation of less food processing. The increase in the presentation of food processing in the control group was caused by respondents trying to ask questions and seek information with their own awareness and willingness so that they found

information related to the food processing system that must be implemented. This study also found that food processing was lacking due to contamination or food contamination as a result of the hands of the manager or handler and also the processing process was not regulated in such a way as to prevent the entry of harmful chemicals, foreign materials into the food. This situation was studied from the results of food processing which had never been carried out by laboratory examination of the chemicals contained in the food.

The effect of socializing the application of HACCP on food processing in Kendari City General Hospital (Control Location)

Table 2. Effect of socialization of the application of HACCP on food processing in Kendari City General Hospital

HACCP Impleme ntation Socializa tion	Food processing at Kendari City General Hospital				Total		Uji Mc. <i>Nemar</i>
	Enough		Less				
	n	%	n	%	n	%	
<i>Pre test</i>	6	31,6	13	68,4	19	100	<i>p-value=</i> <i>0,50</i>
<i>Post test</i>	2	10,5	17	89,5	19	100	

Source: Primary Data, 2022

Table 2 shows that of 19 respondents in Kendari City General Hospital, before being given socialization on HACCP, food processing was mostly sufficient as much as 68.4% and less than 31.6%, then after being given the socialization on HACCP, food processing was sufficient to be 89.5% and less as much as 10.5%.

The results of statistical tests using the Mc.Nemar test obtained p value of $0.50 > 0.05$, this means that there is no effect of socializing the application of HACCP on food processing in hospitals Kendari City.

The results of the Mc.Nemar test found that there was an effect of socializing the implementation of HACCP on food processing at the Bahteramas General Hospital, According to the researcher's assumption, the socialization of the implementation of HACCP can improve food processing that is applied in hospitals. One of the factors that support the improvement of food processing is the media used during socialization using leaflets, flyers

and banners so that the process of applying food hygiene and sanitation is clearly stated and also the principles of implementing HACCP. While at the hospital. Kendari City does not have any socialization effect on the application of HACCP to food processing, this is because the Kendari City Hospital is not given socialization of the HACCP application so there are still nutrition installation officers who do not try to improve food processing efforts at Kendari City Hospital.

The results of the study also show that was there was no difference in food processing in the Bahteramas General Hospital and hospitals. The city of Kendari is because both hospitals implement a food processing system that refers to guidelines in the principles of food hygiene and sanitation, namely in food processing at both hospitals trying to prevent food damage as a result of wrong management methods, preventing food contamination or contamination. as a result of the hands of the manager or handler, the processing process must be regulated in such a way as to prevent the entry of hazardous chemicals, foreign materials into food and the type of material used, both additives and auxiliary materials and their quality requirements.

This research is in line with the research of Kartini, et al., which found that the Hazard Analysis Critical Control Point (HACCP) is a management system used to protect food from physical, chemical and biological hazards. This study tries to analyze HACCP on food in the Hospital Nutrition Installation. The results showed that from the observations of 18 food handlers there were 9 people (50.0%) who did not wear gloves. 16 people (88.9%) who do not use masks, and 4 people (22.2%) who do not use headgear when processing food (10)

CONCLUSION

There is an effect of socializing the implementation of HACCP on food processing in Bahteramas General Hospital (p value 0.031) and there was no effect of socializing the application of HACCP on food processing in hospitals. Kendari City, Southeast Sulawesi Province (p value 0.50).

REFERENCES

1. Ministry of Health RI., Data and Information. Indonesian Health Profile

2016. Jakarta : Data and Information Center of the Ministry of Health; 2016.
2. Puspitarini, D. A., & Wulandari, R. A. Overview of Sanitary Hygiene and HACCP (Hazard Analysis Critical Control Point) in Centralized Food Management at Islamic Boarding School X, Depok, 2019. National Journal of Global Environmental Health. 2021: 2(1).
3. WHO. *Data and statistics*. Available at: <https://atauwww.who.int/tauhivataudata/atauenuatau>; 2019.
4. BPOM RI., x Annual Report of the Center for Drug and Food Data and Information 2019. The Food and Drug Supervisory Agency; 2019.
5. Southeast Sulawesi Provincial Health Office. Profile Provincial Health Office in 2019. Kendari: Southeast Sulawesi ; 2020.
6. Southeast Sulawesi Provincial Health Office. Profile Provincial Health Office in 2010. Kendari: Southeast Sulawesi ; 2021.
7. Thoha, M., Lestanyo, D., & Widjasena, B. The Relationship of the Haccp Program with Occupational Safety and Health Practices and Workplace Hazards in Nutrition Installation Workers at Sultan Agung Islamic Hospital, Semarang. Journal of Public Health (e-Journal) 2018; 6(5) : 610-616.
8. Suryani, D. The Effect of Hazard Analysis Critical Control Points (HACCP) Guidelines on Elementary School Canteens in Bacterial Contamination Control in Yogyakarta City (Doctoral dissertation, Gadjah Mada University); 2018.
9. Ministry of Health RI. Minister of Health Regulation of the Republic of Indonesia Number 1096 or Minister of Health or Regulation VI or 2011 concerning Sanitation Hygiene. Jakarta : Ministry of Health RI ; 2011.
10. Kartini, A. D., Amqam, H., Djajakusli, R., Mallongi, A., Daud, A., & Moedjione, A. I. Hazard Analysis Critical Control Point (HACCP) in Nutritional Installation of Hasanuddin University Hospital Makassar. Ministry of Health; 2019.



The Effect of Implementing a Nursing Action Strategy on Client's Hallucinations on the Ability to Control Hallucinations.

Nurul Rezeki Rahmadhani¹, Narmi², Tahiruddin³

^{1,2,3}, Nursing Science Program, STIKes Karya Kesehatan, Indonesia.

Corresponding Author

Narmi

STIKes Karya Kesehatan

Email: narmikarkes@gmail.com

Keywords: Ability to Control, Hallucinations, Strategy of Implementation,.

Abstract. *Hallucinations are the loss of human ability to distinguish between internal stimuli (thoughts) and external stimuli (the outside world). Clients give perceptions or opinions about the environment without real objects or stimuli such as clients who listen to voices when no one is talking. The World Health Organization (WHO) reports that in 2018, there were about 300 million people (21%) affected by depression, 60 million people (36%) were affected by bipolar, and 23 million people (12%) were affected by schizophrenia, 50 million people. The purpose of this study was to determine the effect of implementing strategies for implementing client hallucinations on the ability to control auditory hallucinations at the Mental Hospital of Southeast Sulawesi Province. This study used a quasi-experimental design (pre-experimental) one group pretest-posttest design, the population of all patients with auditory hallucinations was 97 people, and a sample of 49 people who met the criteria with a simple random sampling technique located at the Mental Hospital of Southeast Sulawesi Province in August April to May 2020. From the results of the Wilcoxon test, it was found that the deviation value before and after the implementation of the implementation strategy in controlling hallucinations was that there was increased before and after the implementation strategy was given, the value was $0.000 < 0.05$, then H_1 was accepted, which means that there is an influence on the implementation of the strategy for implementing nursing actions. client hallucinations on the ability to control auditory hallucinations. There is an implementation strategy for implementing corrective actions for clients on the ability to control hearing so that researchers are expected to become nurses' knowledge about the client's ability to control hearing experienced during the recovery process.*

Introduction

Auditory hallucinations are errors in perceiving the sound heard by the client. Sounds can be fun, threatening, murderous, and destructive (1). The hallucinations that most suffered were auditory hallucinations reaching approximately 70%, while visual hallucinations were ranked second with an average of 20%, while other types of hallucinations, namely gustatory, tactile, kinesthetic, and anesthetic hallucinations, only accounted for for 10% (2). The World Health Organization (WHO)

reports that in 2018, there were about 300 million people (21%) affected by depression, 60 million people (36%) were affected by bipolar, 23 million people (12%) were affected by schizophrenia, 50 million people (29%) affected by dementia (3). shows that the problem of mental disorders in the world and a global health problem, characterized by distortions in thinking, perception, emotion, language, sense of self, behavior, and psychotic experiences and hallucinations (4). Based on the results of the United States population census according to the National Institute of

Mental Health (NIMH), it is estimated that (26%) of the population aged 18 years and over have mental disorders (5).

Based on data from the Ministry of Health of the Republic of Indonesia (DEPKES RI.2018), the number of people with mental disorders in Indonesia reaches 2.5 million people 200,000 new cases diagnosed with schizophrenia every year, and 2 million worldwide. Approximately 1% of the population suffers from schizophrenia. The incidence of schizophrenia occurs in older adolescents and young adults, the age of 50, although less frequently. 50% of schizophrenic clients attempt suicide (6). Then the data obtained from the Mental Hospital of Southeast Sulawesi Province in 2018-2019 were 137 patients with mental disorders. There were 97 patients with auditory hallucinations and mental disorders, 62 men and 35 women. (7). Mental nursing is presented as an effort to complete national health goals are part of mental and as a specialization in nursing practice that applies the theory of human behavior as a science and uses oneself therapeutically as a trick (8).

The results of research conducted by Sulahyuningsi 2017 on three room heads and three nurses at the Surakarta Regional General Hospital illustrate that sp has been applied but has not been applied optimally, especially in implementing the implementation strategy (SP) of nursing actions in hallucinating patients (9). The results of this study are in line with Retna Widuri's 2016 research on efforts to reduce the intensity of hallucinations by controlling hallucinations at Arif Zainudin Hospital Surakarta. The results obtained after three days of nursing care, patients with sensory perception disorders: auditory hallucinations can recognize the hallucinations experienced and can control and reduce the intensity of auditory hallucinations by controlling the hallucinations (10).

Method

The method in this study used a quasi-experimental design (pre-experimental) one group pretest-posttest design, where in this study the population in this study were all patients who experienced auditory hallucinations as many as 97 people. Data

collection in this study used the formula of solving with the number of samples obtained in this study was 49 people.

Results

Table 1. Frequency distribution based on the characteristics of respondents in a mental hospital in Southeast Sulawesi Province

Variabel	f	%
Gender		
Male	26	53,1%
Female	23	46,9%
Age		
Mean (Min-Max)	35,6122	
20-30 years old	(23,00-53,00)	18,4%
31-40 years old	9	75,5%
41-50 years old	28	98,0%
51-60 years old	11	100,0%
Educations		
No Scholl	3	6,1%
SD	23	46,9%
SMP	18	36,7%
SMA	5	10,2%

Based on the table above, it shows that of the 49 respondents, the highest frequency is male, the frequency is 26 people (53.1%) while the female frequency is 23 people (46.9%). The characteristics of average age of the respondents are 35 years with the lowest age being 23 years and the highest being 53 years. In the characteristics of education, the highest number is elementary school as many as 23 people (46.9%) and the lowest number is not in school 3 people (6.1%).

Table 2. Distribution of abilities before being given the implementation of the client's hallucinatory nursing action implementation strategy

No	Pre-test	F	%	Mean	SD	Min – Max
1	Unable	27	55,1	9,43	2,245	5 – 14
2	Capable	22	44,9			
Total		49	100			

Based on the table above, shows that from 49 respondents with auditory hallucinations before being given a strategy for implementing client hallucinations nursing actions, 27 people (55.1%) had the category of not being able to control auditory

hallucinations, then as many as 22 people were able to control auditory hallucinations.

Table 3. Distribution of the ability to control hallucinations after being given the implementation of the strategy for implementing the action

No	Post-test	F	%	Mean	SD	Min – Max
1	Unable	4	8,2	13,06	2,601	6 – 17
2	Capable	45	91,8			
Total		49	100			

The table above shows that from 49 respondents after being given the implementation of the strategy for implementing the client's hallucinations nursing actions, 45 people (91.8%) had the ability to control hallucinations, and 4 people (8.2%) were unable to control hallucinations.

Table 4. The effect of implementing strategies for implementing auditory hallucinations nursing actions. Clients on the ability to control auditory hallucinations.

n	Z hitung	Median	Min/max	p value
49	-4.796 ^b	3,00	-4 - 9	0,000

Based on the table above shows the results of statistical tests using the Wilcoxon test on 49 respondents, the calculated Z value is -4.796 and the value is 0.000. The value of the T table is 1.67793 and the value of value <0.05, this means that H0 is rejected and H1 is accepted. This means that there is a significant effect of implementing strategies for implementing client hallucinations on the ability to control auditory hallucinations at the Mental Hospital of Southeast Sulawesi Province.

Discussion

The patient's ability to control auditory hallucinations after the implementation of nursing action strategies

Most auditory hallucinations patients before implementing the implementation of nursing action strategies were unable to control

hallucinations in the form of feelings when hallucinations occurred this was due to not being able to rebuke hallucinations in the form of knowing the effectiveness of how to control hallucinations and unable to demonstrate how to rebuke hallucinations by carrying out daily activities in the form of inability schedule daily activities. Not being able to carry out conversations to prevent hallucinations in the form of not being able to demonstrate the conversations that are carried out, unable to schedule conversations, and not being able to name three ways to control and prevent hallucinations. Furthermore, the patient was unable to comply with taking medication to prevent hallucinations, namely, the patient was unable to name five correctly taking medication independently.

However, there is also a small percentage, namely 44.9% who can recognize hallucinations in the form of hallucinatory contents, the time of the hallucinations, and the situation where the hallucinations occur. The patient can mention the methods that have been used to deal with hallucinations, the patient can mention how to deal with hallucinations by rebuking. The patient is also able to prevent hallucinations by doing usual activities, demonstrating usual activities, also mentioning two ways to control hallucinations. The patient can to converse to prevent hallucinations in the form of being able to name people who are usually invited to converse. Furthermore, the patient can comply with taking medication to prevent hallucinations and can mention the benefits of taking medication as well as not taking medication.

The results of this study are also supported by the research of Aldam (2019), namely from the results obtained before the effectiveness of implementing generalist mental nursing action strategies in schizophrenic patients in reducing hallucinatory symptoms, the subject is unable to control hallucinations, is unable to converse with other people, and is unable to communicate with others. able to rebuke hallucinations (11).

The patient's ability to control auditory hallucinations after the implementation of nursing action strategies.

Almost all of them, namely 91.8% of auditory hallucinations, were able to recognize hallucinations after the implementation of nursing action strategies in the form of hallucinations content, the time of the hallucinations, the situation of the hallucinations, and the feelings when the hallucinations occurred. The patient is able to rebuke hallucinations by mentioning the methods that have been used to treat hallucinations, mentioning the effectiveness of how to control hallucinations, mentioning ways to overcome hallucinations by rebuking, and demonstrating how to rebuke hallucinations. Then the patient is able to prevent hallucinations by doing daily activities, namely by mentioning the usual activities, being able to demonstrate the usual activities, and mentioning two ways to control hallucinations. The patient is able to carry out conversations to prevent hallucinations by mentioning the person they usually talk to, being able to demonstrating the conversation they are doing, and mentioning three ways to control and prevent hallucinations. Furthermore, the patient is able to comply with taking medication to prevent hallucinations and can mention the benefits of taking medication, and the consequences of not taking medication.

There were 8.2% unable to control hallucinations because they were unable to prevent hallucinations by carrying out daily activities, namely arranging a daily activity schedule. Then the patient is unable to converse to prevent hallucinations by scheduling conversations. And the patient is not able to comply with taking medication to prevent hallucinations, namely by mentioning five correct taking drugs.

The results of this study are in line with research conducted by Meliana (2019) that after implementing implementation strategies on clients with the impaired sensory perception of auditory hallucinations showed an increase in the ability to control hallucinations and a 70% decrease in signs and symptoms (12). Furthermore, this research is in line with Umam Reliani (2016) after the implementation of the hallucinatory control technique: the client's

ability to control hallucinations found that most patients were categorized as good (13).

The effect of implementing the client's hallucinatory action strategy on the ability to control hearing

The results of the study showed that there was a development in the implementation of the strategy for implementing the client's hallucinatory treatment, and the ability to control hearing before and after the implementation of the implementation strategy, this was due to the number of auditory hallucinations patients who were able, before the implementation of the implementation strategy, a small portion was 44.9% (22 people). , and after being given the implementation of the implementation strategy the patient's ability increased to 91.8% (45 people). Meanwhile, of the 49 respondents who had hallucinations before being given an implementation strategy, there were only 8.2% of them, 4 people who had not been able to understand how to control their hallucinations, because of the stress of being in a locked room.

The results of statistical tests using the Wilcoxon test obtained a calculated Z value of -4.796 and a value of 0.000 this means that H0 is rejected and H1 is accepted. This means that there is a significant effect of implementing strategies for implementing client hallucinations on the ability to control auditory hallucinations at the Mental Hospital of Southeast Sulawesi Province.

This research is supported by Reliani (2016) that after the implementation of hallucinations control techniques: the ability of schizophrenia clients to control hallucinations, the results of the Wilcoxon signed rank test statistic that the level of control ability before being given treatment through hallucinatory control intervention obtained significant results showing $= 0.002 \leq 0.05$, so H0 is rejected and H1 is accepted, meaning that there are differences in the implementation of hallucinogenic control techniques on the ability of schizophrenic clients to control hallucinations (13). Then this study is in line with Juliandri (2019) that after being given implementation with hallucinatory client self-control in schizophrenia patients, a dependent T statistical test was obtained, from pre-test and post-test data ($p = 0.001 < 0.05$) meaning that there was an effect of the implementation of self-control client hallucinations in

schizophrenic patients at the Soeprapto Psychiatric Hospital, Bengkulu Province (14).

Conclusion

1. The patient's ability to control hearing before implementing the corrective action strategy on average had not been able to control hallucinations. The results obtained were 27 respondents (55.1%) and 22 respondents (44.9%).
2. The patient's ability to control hearing after the implementation of the action strategy included changes in most of the client's ability to control the results obtained by 45 respondents (91.8%) and 4 respondents (8.2%) unable to.
3. There is an effect of implementing the strategy of implementing the client's hallucinations on the ability to control the hearing value of $0.000 < 0.05$.

References

1. Rahmawati I. Asuhan Keperawatan Gangguan Halusinasi Pendengaran. Fakultas Ilmu Kesehatan UMP, 2017. 2017;2:65–90.
2. Ali Z. pengantar keperawatan jiwa, jakarta. 2019;10. Available from: <http://repository.unimus.ac.id>
3. World Health Organization Schizophrenia. Penerapan Asuhan Keperawatan Pada Pasien Halusinasi Pendengaran Diruang Kenanga Rumah Sakit Khusus Daerah Provinsi Sulawesi Selatan. 2019; Available from: <http://www.who.int/mediacentre/factsheets/fs396/en/>
4. Seviana E. asuhan keperawatan pada ibu Y yang mengalami gangguan persepsi sensori: halusinasi pendengaran diruang punai Rumah Sakit Jiwa Daerah Atma husada Samarinda. 2016. 352 p.
5. NIMH. National Institute of Mental Health:USA. 2018;
6. Riset kesehatan dasar R. Riset Kesehatan Dasar, Riskesdas. 2018; Available from: <http://www.depkes.go.id/resources/download/general/Hasil%20201.pdf>
7. Profil Rumah Sakit Jiwa Provinsi Sulawesi Tenggara , Kendari. 2020;
8. Jusliani S. Pengaruh penerapan strategi pelaksanaan tindakan keperawatan halusinasi klien terhadap kemampuan mengontrol halusinasi di rskd provinsi sulawesi selatan. 2018;5:248–53.
9. Sulahyuningsih E. Pengalaman perawat dalam mengimplementasikan strategi pelaksanaan (SP) tindakan keperawatan pada pasien halusinasi di Rumah Sakit Jiwa daerah Surakarta. 2016;1–17.
10. Widuri NR. Upaya penurunan intensitas halusinasi dengan cara mengontrol halusinasi di rsjd arif zainudin surakarta. 2016;12:2.
11. Satria Fajrullah Said Aldam. Efektivitas Penerapan Strategi Pelaksanaan Tindakan Keperawatan Jiwa Generalis Pada Pasien Skizofrenia Dalam Menurunkan Gejala Halusinasi. J Keperawatan Jiwa. 2019;7(2):165.
12. Tiya Meliana. penerapan strategi pelaksanaan 1 pada klien skizofrenia paranoid dengan gangguan persepsi sensori halusinasi pendengaran. 2019;3(1):37–45.
13. Reliani U. Pelaksanaan Teknik Mengontrol Halusinasi: kemampuan klien skizofrenia mengontrol halusinasi. Sun. 2016;2(1):68–73.
14. Andri J. Implementasi Keperawatan Dengan Pengendalian Diri Klien Halusinasi Pada Pasien Skizofrenia. 2019;1(2):146–55.



The Effect of Smartphone Use with Speech Delay Incidence in Toddlers in The Kapoiala Health Center Area, Konawe Regency

Sarce Rimpan¹, Mien², Desiderius Bela Dhesa³, I Wayan Romantika⁴

^{1,2,4} Nursing Science Program, STIKes Karya Kesehatan, Indonesia.

³ Nutrition Science Program, STIKes Karya Kesehatan, Indonesia

Corresponding Author

Mien

STIKES Karya Kesehatan

Email: mienitumien@gmail.com

Keywords: Smartphone ,Speech Delay, Toodler

Abstract. *Smartphone is a set of electronic devices that have various functions. Smartphones provide facilities that vary in terms of design and application so that it becomes an attraction for users to take the time to play smartphones. Today, many toddlers often use smartphones to play games rather than being used as a means of learning or playing outside. The purpose of this study was to determine the effect of smartphone use on the incidence of speech delay in children under five in the working area of the Kapoiala Health Center, Konawe Regency. The sample in this study was toddlers as many as 57 people from a population of 205 people using the Accidental Sampling technique. The type of research used was a quantitative method with a cross sectional study design. The data collection technique used a research instrument in the form of a questionnaire. Data were analyzed using Fisher's exact test. The results showed that the low use of smartphones was 24 people (42.1%) and 33 people (57.9%), who were late with speech delay were 23 people (40.4%) and 34 people were normal (59.6%) and there is an effect of smartphone use with the incidence of speech delay in children under five in the working area of the Kapoiala Health Center, Konawe Regency where the value of = 0.000 (<0.05)).*

Introduction

Smartphones are a set of electronic devices that have various functions ¹. Smartphones provide facilities that vary in terms of design and application so that they attract users to spend time playing smartphones ². Today, many toddlers often use smartphones to play games rather than being used as a means of learning or playing outside.

Along with the times, children's playing activities using smartphones have become difficult to separate, where based on a global survey of 350 parents conducted, it showed that 33% of parents admitted that their children aged

3-4 years used more than one smartphone and as many as 42% admitted their children use gadgets to play games and watch videos³. In Indonesia, toddlers who use smartphones show that 23% of children like to use smartphones without supervision as a means of playing ⁴.

Continuous use of smartphones will have a negative impact on children's behavior patterns in their daily lives because they will be very dependent and become routine activities for children to carry out in daily activities ⁵. In addition, the most common negative impact of smartphone use on toddlers, among others, is that children's mental development and communication will deteriorate which will

hinder speech ability because children who play gadgets actually enjoy their own world and tend to be silent/reluctant to talk ⁶.

Speech disorders in children are one of the developmental disorders that are often found in toddlers with various manifestations such as stuttering, voice problems, articulation, volume, voice quality and speech delay. Speech delay is a delay in language or speaking. Language disorders are delays in the language sector experienced by a child where a child is said to suffer from speech delay if at the age the ability to produce sound and communicate is below the average child of his age ⁷.

Research conducted by Anggraini, that since using a smartphone, children become difficult to communicate with, do not care and are less responsive when their parents talk to them ⁸. According to Santoso, that toddlers who use smartphones uncontrollably can have a bad impact on psychology and children have difficulty in socializing or communicating with people around ⁹. The research that I will do is to look at the duration and frequency of more than 60 minutes and see whether the child's speech ability is normal or late, whereas previous studies used the duration and frequency of only more than 30 minutes.

Based on this background description, the researcher took the initiative to conduct research on the effect of smartphone use on the incidence of speech delay in children under five in the working area of the Kapoiala Health Center, Konawe Regency.

Method

This type of research is quantitative by using a *cross sectional study design*. This research was carried out in the working area of the Kapoiala Health Center, Konawe Regency in July 2021. The population in this study was 205 people. Sampling technique is the *Accident Sampling* so that the number of samples is 57 people. The instrument used is a questionnaire using primary and secondary data. data were analyzed by *Fisher's exact test*.

Result and Discussion

Table 1. Respondents' Characteristics in the Kapoiala Health Center Area, Konawe Regency

Characteristics of Respondents	f (%)	Mean±Std.Deviasi
Age		
20-25 years old	30 (52,6)	25,07±2.2.999
26-30 years old	25 (43,9)	
31-35 years old	2 (3,5)	
Marital Status		
Maried	57 (100)	
Last education		
Senior High School	15 (26,3)	43
College	42 (73,7)	31,6
Total	57(100)	

Source: primary data, 2021

based on the characteristics of the respondents, half of the respondents aged 26-30 years are 30 people (52.6) with a mean value and Std. Deviation is 25.07±2.2.999. Based on marital status, all of the respondents were married, namely 57 people (100%) while almost half of the last education was from college, namely 42 people (73.7%) and high school education, namely 15 people (26.3%).

Table 2. Research Variables on Respondents in the Kapoiala Health Center Area, Konawe Regency

Research Variables	f (%)	Mean ± SD
Smartphone use		
Low	24	42,1
Medium	33	57,9
Speech Delay		
Normal	34	59,6
Late	23	40,4
Total	57(100)	

Source: primary data, 2021

Based on the variable smartphone users in the medium category are 33 people (57.9) while the normal speech delay is 34 people (59.6) and those who are late are 23 people (40.4%)

Table 3. Effect of smartphone use with speech delay events in children under five in the Kapoiala Health Center Area, Konawe Regency

smartphone	Mask use		Amount n (%)	value
	Normal n (%)	Late n (%)		
Low	21 (87,5)	3 (12,5)	24 (100)	$p = 0,003$ $r = 0,313$
Medium	13 (39,4)	20 (60,6)	33 (100)	
Total	34 (59,6)	23(40,4)	35 (100)	

Source: primary data, 2021

Table 3 shows that the use of smartphones in the low category with *speech delay* is 21 people (87.5%) while the late speech delay is 3 people (12.5%) while smartphone users in the medium category with normal speech delay are 13 people (39 ,4%) and 20 people late speech delay (60,6%)

Based on the fisher exact test results obtained value of 0.000 which means that there is an effect of smartphone use with the incidence of speech delay in children under five in the working area of the Kapoiala Health Center, Konawe Regency.

The use of smartphones in toddlers in the working area of the Kapoiala Health Center, Konawe Regency.

The results of this study indicate that most toddlers use smartphones in the medium category, namely 33 people (59.6%) which is caused when children use smartphones the response of the child does not answer when invited. talk and use of smartphones are not under the supervision of parents or caregivers while most of the use of smartphones are in the low category, namely 24 people (42.1%), this is because toddlers use video applications and parents do not fully understand the negative effects of long-term smartphone use.

Previous research explained that respondents who experienced speech or language delays also showed very high results due to the high intensity of smartphone use. Smartphones are very influential on children's speech development and can be an indicator of all child development because they are sensitive to delays in other aspects of development, this is because language skills are influenced by cognitive, sensory, psychological, emotional and environmental abilities.

Researchers concluded that the use of smartphones in children as a substitute for children's friends to play so as not to cry and not to interfere with their parents' daily activities.

Occurrence of Speech Delay in Toddlers in the Work Area of the Kapoiala Health Center, Konawe Regency

Results of the current study indicate that almost half of toddlers do not experience speech delays or are normal, namely 34 toddlers (59.6%) this is due to the absence of guidance, parental guidance and assistance, the child can correctly point at least one part of his body (hair, eyes, nose, mouth and other body parts). Meanwhile, almost half of children under five have speech delays, which are 23 people late in speaking (40.4%) this is because toddlers do not follow orders carefully without signaling with their index finger or eyes when giving orders such as putting paper on top. floor and put the paper under the chair.

The results of previous studies show that the use of smartphones is worrying for the development of the social life of children at an age where they should learn to socialize with the environment and spend more time in cyberspace.

The results of this study indicate that the use of smartphones in children causing speech delay in children is caused by the work of parents so that parents must diligently invite their children to talk and communicate.

The Effect of Smartphone Use With Speech Delay Incidence in Toddlers in the Work Area of the Kapoiala Health Center, Konawe Regency

The results of the current study found that low smartphone use was almost entirely normal or did not experience speech delay while smartphone use was mostly experiencing speech disorders, namely late speaking. caused by a child when using a smartphone the child does not care about the surrounding environment, does not turn his head when called and gets angry when disturbed or his smartphone is taken. In addition, the results of this study also show that there is a relationship between smartphone use and the incidence of speech delays in children caused by children using smartphones without parental supervision, children starting to like to be alone, children not

being able to say their full names without help and not being able to distinguish various colors.

Supported by previous research which shows that there is a relationship between the intensity of gadget use and developmental delays in children ¹⁰. There is a relationship between exposure to gadget use and the psychosocial development of preschoolers ¹¹. In accordance with the theory which states that the use of gadgets can make the role of family and friends replaced by gadgets so that individuals prefer to be alone and do not make social contact ¹².

The use of gadgets too early without parental supervision will have a negative impact on children's social development where children tend to choose to play with friends so that social interaction between children and the community or the surrounding environment decreases and even fades ¹³. Developments in the pre-school period will determine the success of children's development in the next period.

Conclusions

The conclusion in this study is that there are effects of smartphone use with the incidence of speech delay in children under five in the working area of the Kapoiala Health Center, Konawe Regency.

Reference

1. Novitasari, Khotimah. The impact of using gadgets on the social interaction of children aged 5-6 years. *J PAUD Lotus*. 2016;5(3):182-6.
2. Prianggoro H. Problems with Working Wives. *Tabloid Nov*. 2013;
3. Saint LC. Many Children Under 5 Are Left to Their Mobile Devices, . 2015. *Surv Finds*. 2015;
4. Aisha. Cases of Gadget Users in Early Childhood. aisyahsiti02.blogspot.co.id/2015/02/kasu. 2015.
5. Endang, Elisabeth. . Behavioral and Health Softskills. Yogyakarta: Pustaka Baru; 2015.
6. Jurka, Samec P. Advantages and Disadvantages of Information-Communication Technology Usage for Four-Year-Old Children, and The Consequences of Its Usage for The Child Development. *J Humanit Soc Sci Int*. 2012;3(2).

7. Soetjningsih. Adolescent Growth and Development and Its Problems. Jakarta: Sagung Seto; 2013.
8. Anggraini W. Speech Delay in Children (Case Study of 5 Years Old Children) *Psychology,, State University. Universitas Negeri Semarang*; 2013.
9. Ahmad S. Introduction to Early Childhood Development in Various Aspects. Jakarta: Kencana; 2011.
10. Nurmasari A. The Relationship between Intensity of Gadget Use and Developmental Delay in Speech and Language Aspects in Toddlers in Tambakrejo Village, Surabaya. *Airlang University*; 2016.
11. Trinika Y. The effect of using gadgets on development Psychosocial Preschoolers (3-6 years old) in Christian Immanuel Private Kindergarten 2014-2015 academic year. *J ProNers*. 2015;3(1).
12. Suci A. 121 Indonesian"s Scandals. Jakarta: Loveable; 2014.
13. Mubashiroh. Gadgets, Use and Impact on Children. 2013. Semarang State University;



The Relationship between the Use of Hormonal Contraceptive Devices on Body Weight of Family Planning Acceptors

Arna¹, Narmawan², Muh. Syaiful Saehu³, Muh. Jasmin⁴

^{1,2,4}, Nursing Science Program, STIKes Karya Kesehatan, Indonesia

³Pharmacy, Bina Husada Polytechnic Kendari

Corresponding Author

Muh. Jasmin

STIKes Karya Kesehatan

Email: muhjasmin0101@gmail.com

Keywords: Body Weight, Family Planning Acceptors, Hormonal Contraception

Abstract. Contraception is a way to prevent and space pregnancies as well as to plan the number of children to improve family welfare so that they can provide maximum attention and education to children. The level of contraceptive use or the Contraceptive Prevalance Rate (CPR) in Indonesia was 57% in 2015 to 61.4% in 2018. This study aims to determine the relationship between the use of hormonal contraceptives and the body weight of family planning acceptors. This type of research is a descriptive analytic study with a cross sectional research design. This research was conducted in the working area of the Landawe Health Center in August 2021. The analysis used the Fisher exact test. The results showed that most of the respondents' weight increased by 60%. The results of the analysis show that value is $0.032 \leq 0.05$, which means that there is a relationship between the use of hormonal contraception and body weight in family planning acceptors.

Introduction

Contraception is a way to prevent and space pregnancies and to plan the number of children to improve family welfare so that they can provide maximum attention and education to children ¹. Contraception is an action that can help individuals or married couples to get certain objects, avoid unwanted births, regulate the interval between births, control the time of birth in a husband and wife relationship, and determine the number of children in the family ².

Uncontrolled population growth is not a new problem for developing countries. Indonesia is not spared from this. The results of the 2018 World Population Data Sheet survey, Indonesia is the 4th country in Asia to use contraception with a population of 271 million ³. As a result, other problems also arise, such as limited food, limited work, health and others. Therefore, the Population and Family Planning Agency (BKKBN) seeks

to suppress the rate of population growth, by inviting all parties to work hard in making several efforts to control population growth using the Family Planning (KB) or Contraceptive method ⁴. One of the modern family planning methods is hormonal contraception. Hormonal contraception is a contraceptive device or drug that aims to prevent pregnancy by using the raw materials of estrogen and progesterone preparations ⁵.

The prevalence of contraceptive use in Indonesia from year to year has increased. The level of users of contraceptives or the Contraceptive Prevalance Rate (CPR) in Indonesia was 57% in 2015 to 61.4% in 2018. Based on the health profile of Southeast Sulawesi Province in 2020, hormonal contraception is still the main choice for active family planning (KB) participants.

The choice of contraceptive method depends on many influencing factors, such as the characteristics of the contraceptive method,

demographics and socioeconomic factors related to the acceptor population. Injectable hormonal contraceptives are preferred because they are relatively inexpensive, not bound to coitus, easy to use, non-invasive and reversible ⁶.

One of the side effects of using hormonal contraceptives is weight gain. This is due to hormonal factors, as a result of the contraceptive response there is a reduction in water retention in the body, so that obesity occurs ⁷. One of the side effects of the hormone progesterone is that it triggers the appetite to increase weight. Weight gain is often cited by women as a reason to stop using contraception because it can lead to obesity and the risk of developing Diabetes Mellitus ^{8,9}. However, various studies differ on whether this method of control causes weight gain. In addition, almost no studies have followed women after discontinuation of hormonal contraceptive use to determine whether the observed weight gain was reversible ¹⁰. This study aims to determine the relationship between the use of hormonal contraceptives and the body weight of family planning acceptors.

Method

This type of research is a quantitative research with a cross sectional study design. This research was conducted from August to September 2021 in the Landawe Health Center Work Area. The number of samples in this study were 50 respondents using the accidental sampling method. The data collection instrument in this study was an observation sheet. Analysis using fisher exact test.

Results and Discussion

Table. 1 Frequency Distribution of Respondents Characteristics

Variable	f (%)
Age (Year)	
Mean ± SD	31.06±3.09
Job	
Housewife	39 (78.0)
Self-employed	7 (14.0)
civil servant	4 (8.0)
Types of Contraception	
PIL	17 (34.0)
Inject	20 (40.0)
Implants	7 (14.0)
AKDR	4 (8.0)
Tubectomy	2 (4.0)
Use of Contraceptives	
Using Hormonal	37 (74.0)
Not Using Hormonal	13 (26.0)
KB Acceptor Weight	
Increase	30 (60.0)
Not Increase	20 (40.0)
Total	50(100)

Based on table 1 above, it shows that the average age of the respondents is 31.06 years with a Standard Deviation (SD) of ±3.099, the majority of respondents work as housewives, namely 78.0% and using injection contraception, which is 40.0%. Meanwhile, most of the respondents used hormonal contraception, namely 88.0% and their weight increased after using family planning, namely 60.0%.

Table 2 The relationship between the use of hormonal contraception and the weight of the family planning acceptor

Use of Contraceptives	KB Acceptor Weight				Total		ρ <i>value</i>
	Increase		Not Increase				
	f	%	f	%	f	%	
Using Hormonal	26	52.0	11	22.0	37	74.0	0.012
Not Using Hormonal	4	8.0	9	18.0	13	26.0	
Total	30	60.0	20	40.0	50	100	

Based on table 2 above, it shows that respondents who used contraceptives but their weight increased by 58.0%, meanwhile, respondents who used contraceptives but did not gain weight were 30.0%. Meanwhile, respondents who did not use contraception but their weight increased by 2.0%, meanwhile,

respondents who did not use contraception but did not gain weight were 10.0%. The results of the analysis using the Fisher exact test, the value of $p = 0.032 \leq 0.05$, then H_a is accepted, thus there is a relationship between the use of hormonal contraception and body weight in family planning acceptors.

The results showed that there was a relationship between the use of hormonal contraception and body weight in family planning acceptors. The results of this study are in line with the research conducted by Rosmalina (2016), which found that there was a relationship between the use of injectable contraceptives and weight gain in injection hormonal contraceptive acceptors¹¹. Irwan and Andi (2014), it was found that weight gain occurred in hormonal family planning acceptors, greater weight gain was in implant hormonal family planning acceptors. The side effects of using hormonal contraceptive pills, injections and implants are that the average respondent experiences weight gain

The results of this study are in accordance with the theory put forward by Hartanto (2014) that the use of injectable contraceptives for a long period of time can cause weight gain due to the presence of the hormone progesterone which can cause appetite to increase when using high or excessive doses because it can stimulate the appetite control center in the hypothalamus which causes the acceptor to eat more¹².

Research conducted by Sutriani, et al. (2014) concluded that there was a relationship between the use of hormonal contraception and weight gain at the Cendrawasih Health Center in Makassar, where of the 35 respondents who used 3-month injections, most of the weight increased by 24 respondents (54.3%)¹³. Rohani Agustina (2018) also shows the same thing, namely that there is an effect of using hormonal contraceptives on changes in body weight.

The same thing was also stated by Hasyim (2017) that hormonal family planning affects changes in body weight. The effect of hormonal family planning on changes in body weight is that the content of the hormone progesterone in the form of Synthetic hormone Depo Medroxy Progesterone Acetate (DMPA) facilitates the metabolism of carbohydrates and sugar into fat so that fat under the skin increases and decreases physical activity. In addition, hormonal birth control also

stimulates the appetite control center in the hypothalamus which causes appetite to increase so that the acceptor eats more than usual¹⁴.

In addition, weight gain can also be caused by diet. Many women have the habit of snacking, especially at home or while watching TV, this habit will result in a person experiencing obesity. As stated by BKKBN (2012) that obesity is only possible if there is an excess of food in the body, especially food sources of energy. Weight gain will be more risky when accompanied by a lack of physical activity, so that excess food or energy sources are not used through activity and eventually accumulates in the form of fat and results in weight gain¹⁵.

This theory is also in line with the theory put forward by Wijayanti (2016) that weight gain can occur if daily food consumption contains energy that exceeds the needs in question. Narudin (2018) also added that psychological factors also affect eating habits, there are even people who suddenly want to eat a lot when they are emotional. In addition, a slow metabolism can also increase body weight because women have smaller body muscles than men, muscles burn more calories than other body tissues so that women's metabolism is much slower than men. This will cause women to be fatter easily when compared to men. Meanwhile, according to Nault (2013) states that the increase in body weight with the use of hormonal family planning is about 1-2 kg after the first year of use and 4-10 kg after 3-5 years of use.

Therefore, it can be concluded that the longer the accessor uses hormonal contraception, the greater the risk of weight gain. This weight gain is due to the progesterone hormone contained in hormonal birth control which facilitates the conversion of carbohydrates and sugar into fat, so that the fat under the skin increases.

Conclusion

The conclusion of this study is that there is a relationship between the use of hormonal contraception and weight gain in family planning acceptors. It is recommended that health workers routinely conduct counseling about hormonal contraception to the fullest to provide information on side effects to family planning acceptors.

References

1. Anggraini D, Hapsari W, Hutabarat J, Nardina E, Sinaga L, Sitorus S, et al. Pelayanan Kontrasepsi. Yayasan Kita Menulis; 2021.
2. Emilia O, Prabandari Y. Promosi kesehatan dalam lingkup kesehatan reproduksi. In UGM Press; 2019.
3. Hastuti R, Soetikno N, Heng P. Remaja Sejahtera Remaja Nasionalis. In CV Andi Offset Yogyakarta.; 2021.
4. Heriansyah R, Tanjung W, Pebrianthy L. Hubungan Pengetahuan Dengan Penggunaan Kontrasepsi Hormonal Suntik Depo Medroxy Progesterone Acetate Pada Wanita Usia Subur Di Desa Baruas Kota Padangsidimpuan. Shine Cahaya Dunia Ners. 2020;5(2).
5. Zuraidah Z. Pengaruh Pengetahuan terhadap Persepsi Istri dalam Penggunaan KB Non Hormonal. J Bidan. 2017;3(1).
6. Apolonia I. Gambaran Tingkat Pengetahuan Akseptor KB Hormonal Tentang Efek Samping Kontrasepsi Hormonal Di Puskesmas Gentungan Kabupaten Gowa Tahun 2018. J Farm Sandi Karsa. 2018;4(7):48–58.
7. Ibrahim Z. Kenaikan Berat Badan Dengan Lama Pemakaian Alat Kontrasepsi Hormonal Wilayah Kerja Puskesmas Pembantu Sungai Mengkuang Tahun 2015. J Endur Kaji Ilm Probl Kesehat. 2016;1(1).
8. Jasmin M, Yusuf S, Amrullah F, Arifuddin F. the Reliability of Vibration Based Mobile Phone in Detecting Peripheral Neuropathy in Patient With Diabetic Foot Ulcers. J Perawat Indones. 2021;5(1):548–57.
9. Zuhana N, Suparni S. (2016). Indeks Massa Tubuh Pada Wanita Akseptor Kb Implan Di Kabupaten Pekalongan. 2016;
10. Lubis N. Psikologi Kespro. Wanita dan Perkembangan Reproduksi: Ditinjau dari Aspek Fisik dan Psikologinya. In: 2nd ed. PT Fajar Interpratama mandiri; 2016.
11. Rosmalina ersa D. Hubungan penggunaan kontrasepsi suntik dengan perubahan berat badan di puskesmas labibia kota kendari. Karya Tulis Ilm Politek Kesehat Kendari. 2016;
12. Hartanto W. The 2010 Indonesia population census. 2010.
13. Sutriani. Hubungan Lama Pemakaian Kontrasepsi Suntik 3 bulan dengan Perubahan Berat Badan. Ejournal Keperawatan (e-Kp). 2014;
14. Hasyim AA. Hubungan Pemakaian Kontrasepsi Suntik DMPA Terhadap Perubahan Berat Badan. Fak Kedokt Univ Sumatra Utara. 2017;1–57.
15. BKKBN. Survei Demografi dan Kesehatan Indonesia 2012. BKKBN; 2012.



KLASICS

KENDARI JOURNAL of MARITIM and HOLISTIC NURSING