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Contents

1. Correlation between Body Mass Index on Presenteeism and Absenteeism on Dislipidemia Worker .............. 01
   Ahdian Saptavani, Tjipto Suwandi, Arief Wibowo

2. Improving the Operational Efficiency of OPD using Lean Method – Value Stream Mapping .................. 07
   A P Pandit, Priyanka Arland, Shreya Rao

3. Study the Relationship between Mindfulness with Aggression, Perceived Stress and Social Anxiety in Students ........................................................................................................................................ 13
   Sara Naddaf, Alireza Heidari, Mansooreh Nsirharand, Shima Hajmohamadi

4. Knowledge and Preventive Practices Regarding Dengue Fever among Adults Accompanying Patients in a Tertiary Care Hospital in Rural Area of Sonepat ..................................................... 20
   Sanjay Kumar Jha, Sanjeet Singh, JP Majra

5. The Influence of Leadership, Experience of Work, and Motivation to Performance of Nursing Employees Personnel in Banjarmasin ........................................................................................................... 26
   Fauzie Rahman, Adenan, Nita Pujianti, Anggun Wulanadi, Nur Laily, Siti Aina PW, Farid Ilham M

6. Safe Limits Concentration of Ammonia at Work Environments through CD8 Expression in Rats ............. 31
   Abdul Rohim Tualeka, Herlina Novita Hasyim, Sischa Bangkit Puspita, Nanang Nurcahyono

7. Mothers Knowledge on Malnutrition: Community based Cross Sectional Study ................................ 37
   Ansuya, Baby S Nayak, B Unnikrishnan, Anice George, Shashidhara YN, Suneel C Mundkur

8. Correlation of Atherogenic Indices and IMA with Glycaemic Control in Diabetic Patients with and without Dyslipidemia .................................................................................................................................... 42
   Sudha K, Reshma K, Afzal Ahmad, Aradhana Marathe

9. Factor Related to Urine Trans, Trans-muconic Acid (TT-MA) Levels of Shoemaker in Tambak Oso Wilangun Surabaya .............................................................................................................................................. 47
   Sam Sam Eka Bada, Abdul Rohim Tualeka, Noeroel Widajati

10. Effect of Food Containing High Fe (Iron) Intake to Urinary Trans, Trans-muconic Acid (Tt-ma) Levels on Workers Exposed to Benzene ............................................................................................................ 53
    Siska Nirmawati, Abdul Rohim Tualeka, Annis Catur Adi

11. Awareness and Perception of Bioethics among Medical Undergraduate Students and Interns in a Private Medical College in Mangalore ............................................................................. 58
    Animesh Jain, Avinash Kumar, Pragya Maheshwari, Krutika Singh, Kristel Bhalla, Manognya Chekragari, Saumya Joshi
<table>
<thead>
<tr>
<th>No.</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Detoxification of Benzoic Acid in Workers Exposed to Toluene Using Food Rich in Glycine</td>
<td>Abdul Rohim Tualeka, Michael Agung Irianto Adli Prasetyo, Ike Agustin Rachmawati, Erwin Dyah Nawawinetu</td>
</tr>
<tr>
<td>13</td>
<td>Bone Marrow Aspiration in Pancytopenia in and around Muzaffarnagar</td>
<td>Ritika Kansal, Rajnish Kumar, R K Thakral, Pradeep Kumar, Shipra Vats, Shweta Saini, Anil K Agarwal</td>
</tr>
<tr>
<td>14</td>
<td>Implication of Malnutrition on Human Capital: Bridging the Inequality through Robust Economic Policies</td>
<td>Aparna Ruia, Raj Kum Gupta, Gargi Bandypadhyay</td>
</tr>
<tr>
<td>15</td>
<td>The Effect of Workload on the Job Stress of Nurses in Outpatient Care Unit of Public Hospital Surabaya, Indonesia</td>
<td>Satria Sandyanto, Abdul Rohim Tualeka, Diah Indriani</td>
</tr>
<tr>
<td>16</td>
<td>Perceived Barriers for Utilization of Health Care System among Married Women with Gynaecological Morbidity in Udupi Taluk, Karnataka</td>
<td>Lida Mathew, Ansuya, Lakra Alma Juliet Francis</td>
</tr>
<tr>
<td>17</td>
<td>Tubercular Carditis and Pericarditis – An Autopsy Study of Heart in Sudden Death</td>
<td>N.S.Kamakeri, Smitha M, Sunilkumar S Biradar</td>
</tr>
<tr>
<td>18</td>
<td>Emotional Intelligence and Juvenile Delinquency: A Nexus with Crime</td>
<td>Amrita Mohanty, Hiranmaya Nanda</td>
</tr>
<tr>
<td>19</td>
<td>Obesity, Lipid Profile and Inflammation: A Study of Adult Women of Low Socioeconomic Background from Mumbai City</td>
<td>Sharvari D Malshe, Shobha A Udupi</td>
</tr>
<tr>
<td>21</td>
<td>Study of Immunization Status of Children Less than 5 Years of Age in a Tertiary Health Care Institution of Amritsar - A Hospital based Study</td>
<td>Kuldip Passi, AniL Sood, Utkarsh Passi, Eshaan Passi, Priyanka Devgun</td>
</tr>
<tr>
<td>22</td>
<td>Midline Diastema Closure by Interdisciplinary Approach-A Case Report</td>
<td>Ashutosh Mishra, Kundabala M, Neeta Shetty, Kamakshi Alekhy, Sangeetha U Nayak</td>
</tr>
<tr>
<td>23</td>
<td>Changing Health Status and Service Needs: Health Care System in Kerala</td>
<td>Saisree K G, M Lathiya</td>
</tr>
<tr>
<td>24</td>
<td>Congenital Disorders in India – Where are We?</td>
<td>Kavya R</td>
</tr>
<tr>
<td>26</td>
<td>Safety of Doctors at their Workplace in India: Perspectives and Issues</td>
<td>Amit Marwah, Rajesh Ranjan, Mitasha Singh, Meenakshi, J K Das, Ranabir Pal</td>
</tr>
<tr>
<td>No.</td>
<td>Title</td>
<td>Pages</td>
</tr>
<tr>
<td>-----</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>27.</td>
<td>Effectiveness of Pranic Healing on Functional Health and Wellbeing of Inmate at Mysore Central Prison</td>
<td>146</td>
</tr>
<tr>
<td>29.</td>
<td>Developing a Framework for Emotional Intelligence (EI) based Functions in a Small Organisation</td>
<td>158</td>
</tr>
<tr>
<td>33.</td>
<td>Maxillary First Molar with Two Palatal Canals: A Rare Case Report</td>
<td>181</td>
</tr>
<tr>
<td>34.</td>
<td>Intralesional Bleomycin: An Excellent Alternative Method for Oral Lymphangioma in Children</td>
<td>185</td>
</tr>
<tr>
<td>35.</td>
<td>Clinicopathological Study of Breast Cancer in a Tertiary Care Hospital in Muzaffarnagar- Uttar Pradesh</td>
<td>188</td>
</tr>
<tr>
<td>36.</td>
<td>Spectrum of Lymphadenopathies on Fine Needle Aspiration Cytology in and around Muzaffarnagar</td>
<td>194</td>
</tr>
<tr>
<td>37.</td>
<td>The Performance of Medical Laboratory Technician Based on Situation Awareness and Psychological Capital with the Work Engagement Mediation</td>
<td>199</td>
</tr>
<tr>
<td>38.</td>
<td>Yoga Interventions for Oxidative Stress and Antioxidant Status</td>
<td>203</td>
</tr>
<tr>
<td>39.</td>
<td>Intermittent Hypoxia-Hyperoxia Exposures Improve Cardiometabolic Profile, Exercise Tolerance and Quality of Life: A Preliminary Study in Cardiac Patients</td>
<td>208</td>
</tr>
<tr>
<td>40.</td>
<td>Comparative Analysis of Conceptual Models of Social Anxiety Disorder</td>
<td>215</td>
</tr>
</tbody>
</table>
41. Knowledge on Heart Smart Diet among Hypertensive Clients in Selected Urban Areas of Mangalore City .......................................................... 221
   Abin P Simon, Vimala Prasad, Vinish V

42. Job Satisfaction of Work Life Balance of Women Employed in Unorganised Sector in Kanchipuram District, Tamilnadu ........................................ 226
   Ramya Thiagarajan, K Tamizhjyothi

43. Knowledge on Effects of Substance Abuse among Adolescents - A Descriptive Study ....................... 232
   Vinish V, Vimala Prasad

44. The Effect of Se’i (Smoked Beef) Toward the Improvement of the Bcl-2 Protein Expression on Colon Cells of Balb/c Strain Mice as a Carcinogenesis Indicator ................................................................. 238
   Apris A Adu, Ketut Sudiana, Santi Martini, Mas’amah, Husain

45. Malaria and Nutritional Status among Female Adolescents in West Sulawesi, Indonesia ..................... 243
   Noor Bahri Noer, Veni Hadju, Ridwan M Thaha, Anwar Daud, Andi Imam Arundhana, Anwar Mallongi

46. The Influence of Leadership Style of Midwife Coordinator Toward the Performance of Village Midwives on Antenatal Care through the Job Involvement ................................................................. 249
   Syamsul Arifin, Fendy Suhariadi, Nyoman Anita Damayanti

47. The Analysis of Strategic Plan on Sambang Lihum Psychiatric Hospital Kalimantan, Indonesia 2016-2021 toward Drug Rehabilitation with Good Clinical Governance Framework ............................................. 253
   Riswan Iriyandy, Husaini, Eko Suhartono, Roselina Panghiyangani, Bahrul Ilmi, Nurul Rahmi

48. The Role of Domicile on the Achievement of Village Midwife Performances in Antenatal Care through a Job Involvement ................................................................. 258
   Syamsul Arifin, Fendy Suhariadi, Nyoman Anita Damayanti

49. A Cause-effective Relationship between Tourism and Food Culture .................................................. 263
   K Damodaran

50. Screening of Antifungal Activity of Ganoderma Lucidum Extract Against Medically Important Fungi ..... 269

51. Study of Infant Feeding Practices in the Urban Slums of Ballari City ................................................ 273
    Bellara Raghavendra, Saraswati V Sajjan, T Gangadhara Goud

52. Exploratory and Confirmatory Factor Analysis of an Urdu-version of the Summary of Diabetes Self-care Activities Measure (U-SDSCA) ................................................................. 281
    Rashid M Ansari, Hassan Hosseinzadeh, Mark Harris, Nicholas Zwar

53. Preparedness of Dental Students to Manage Medical Emergencies in Clinical Dental Set-up: A Cross-sectional Questionnaire Survey ................................................................. 289
    Nishta Singh, Priyanka Kachwaha, Deepak Kumar Singhal

54. Relationship between Nutritional Status, Anemia, Birth Labor, and Delayed of Referrence to Maternal Mortality in Katingan 2013-2015 ................................................................. 295
    Musafaah, Fauzie Rahman, Anggun Wulandari, Susi Yani T

55. Expression of Gen Monocyte Chemoattractant Protein 1 (MCP-1) mRNA on Preeclampsia .................. 300
    Salmah Arafah, Rosdiana Natzir, Syahrul Rauf, Mochammad hatta, Yudit Patiku, Ariyanti Saleh
<table>
<thead>
<tr>
<th></th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>56.</td>
<td>Does South Africa need a HIV-AIDS Regulatory Framework as a Public Management Tool for HIV-AIDS Programmes?</td>
<td>305</td>
</tr>
<tr>
<td></td>
<td>Shayhana Ganesh, Renitha Rampersad</td>
<td></td>
</tr>
<tr>
<td>57.</td>
<td>Analysis of the Cost Effectiveness of Improving Nutrition Intake and Nutritional Status in Patients of Reproductive Age Undergoing Haemodialysis Therapy in Makassar</td>
<td>309</td>
</tr>
<tr>
<td></td>
<td>Robert V Philips, Alimin Maidin, Veni Hadju, Burhanuddin Bahar</td>
<td></td>
</tr>
<tr>
<td>58.</td>
<td>Model of Hypertension Transmission Risks to Communities in Gorontalo Province</td>
<td>314</td>
</tr>
<tr>
<td></td>
<td>Irwan, Anwar Mallongi</td>
<td></td>
</tr>
<tr>
<td>59.</td>
<td>Relationships of B-RAF Immuno-Expression with Clinic Pathological Features in Patients with Colorectal Carcinoma in Wahidin Sudirohusodo Hospital Makassar</td>
<td>321</td>
</tr>
<tr>
<td></td>
<td>Warsinggih, Nengah Winata</td>
<td></td>
</tr>
<tr>
<td>60.</td>
<td>Application of the Batho Pele Principles as a Quality Management Tool in HIV-AIDS Healthcare in South Africa</td>
<td>327</td>
</tr>
<tr>
<td></td>
<td>Shayhana Ganesh, Renitha Rampersad</td>
<td></td>
</tr>
<tr>
<td>61.</td>
<td>Relationships between Smoking Habits and the Hypertension Occurrence among the Adults of Communities in Paniai Regency, Papua Indonesia</td>
<td>332</td>
</tr>
<tr>
<td></td>
<td>Robby Kayame, Anwar Mallongi</td>
<td></td>
</tr>
<tr>
<td>62.</td>
<td>A Study on Challenges Faced by IT Organizations in Business Process Improvement in Chennai</td>
<td>337</td>
</tr>
<tr>
<td></td>
<td>Ranjith Gopalan, A Chandramohan</td>
<td></td>
</tr>
<tr>
<td>63.</td>
<td>Tenggeng Dance Case as a Free Sex Media in Lani People Culture and its Impact on the Transmission of Sexually Transmitted Diseases and HIV / AIDS</td>
<td>342</td>
</tr>
<tr>
<td></td>
<td>Enos Henok Rumansara, Anwar Mallongi</td>
<td></td>
</tr>
<tr>
<td>64.</td>
<td>The Curative Effect of Ajwa Dates Toward Hyperuricemia Levels in Wistar Rat (Rattus Norvegicus)</td>
<td>347</td>
</tr>
<tr>
<td></td>
<td>Fatmawaty Mallapiang, Syarfaini, Azriful</td>
<td></td>
</tr>
<tr>
<td>65.</td>
<td>The Nationalism Attitude of Dayak in Borders Jagoi Babang Bengkayang District, Indonesia</td>
<td>352</td>
</tr>
<tr>
<td></td>
<td>Fatmawati</td>
<td></td>
</tr>
<tr>
<td>66.</td>
<td>Correlation between Calciferol Serum Level and Rhinitis Allergy</td>
<td>357</td>
</tr>
<tr>
<td></td>
<td>Abdul Qadar Punagi, Ayu Ameliah, Sutji P Rahardjo, Eka Savitri, Firdaus Hamid</td>
<td></td>
</tr>
<tr>
<td>67.</td>
<td>The Investigation of the Lactic Acid Change among Employee of National Electrical Power Plan</td>
<td>361</td>
</tr>
<tr>
<td></td>
<td>Syamsiar S Russeng, Lalu Muhammad Saleh, Devintha Virani, Ade Wira Listrianti Latief, Anwar Mallongi</td>
<td></td>
</tr>
<tr>
<td>68.</td>
<td>Bacterial and Viral Pathogen Spectra of ARI among the Children Below 5 Years Age Group in Tribal and Coastal Regions of Odisha</td>
<td>366</td>
</tr>
<tr>
<td></td>
<td>Bhagyalaxmi Biswal, Bhagirathi Dwibedi, Jagadish Hansa, Shantanu Kumar Kar</td>
<td></td>
</tr>
<tr>
<td>69.</td>
<td>Covariates and Prevalence of Obesity among the Adults in a Rural Area of Meerut, UP: A Community based Study</td>
<td>373</td>
</tr>
<tr>
<td></td>
<td>Monika Gupta, Pawan Parashar, Arvind K Shukla, Ahmad S, Chhavi Kiran Gupta</td>
<td></td>
</tr>
<tr>
<td>70.</td>
<td>Effectiveness of Tembelekan Plants (Lantana Camara Linn) to Aedes Aegypti Larvae Mortality</td>
<td>379</td>
</tr>
<tr>
<td></td>
<td>Zrimurti Mappau, Fajar Akbar, Adriyani Adam</td>
<td></td>
</tr>
</tbody>
</table>
71 Relationships between Blood Mercury Levels and SGPT among Communities Exposed to Mercury in Small Scale Gold Mining Village of Indonesia, 2017 ................................................................. 385
Umar Fahmi Achmadi, Yuli Kristianingsih, Anwar Mallongi

72. Preparation and Antioxidant Activity of Methanol Extract of *Myrmecodia rumphii* Becc ........................................... 391
Yenni Pintauli Pasaribu, Yorinda Buyang, Ivylentine Datu Pallitin, Taslim Ersam, Yatim Lailun Nimah

73. Nutrient Contents of Moringa Leaves based on Leaf Age .......................................................................................... 397
Andi Salim, Muh. Hasyim, Adriyani Adam

74. A Genetic Algorithm based Protein Signal Pathway Analysis .................................................................................. 402
S Jeyabalan, V Cyril Raj, S Nallusamy

75. Bureaucratic Reform of Health Services in Merauke Regency Under an Institutional Perspective .............. 407
Samel W Ririhena, Alexander P Tjilen

76. Study of Excess Fluoride Ingestion and Effect on Liver Enzymes in Children Living in Jodhpur District of Rajasthan ........................................................................................................ 412
Suman Rathore, Chetram Meena, Zaozianlungliu Gonmei, G S Toteja, Kumud Bala

77. Nurse-Led Early Initiation of Breastfeeding on the LATCH Scoring System ............................................................... 417
Geena Louis D’Souza, Sonia R.B D’Souza, Pratibha Kamath, Leslie E Lewis

78. Behavioral Responses to Noise in Preterm Infants Admitted to a Neonatal Intensive Care Unit of a Tertiary Referral Hospital in South India ........................................................................................................... 422
Sonia R.B D’Souza, Leslie E Lewis, Vijay Kumar, Hari Prakas

79. Infection Control Risk Assessment Tuberculosis on Children based Area in the City of Banjarbaru ............. 427
Ruslan Muhyi, Rosellina Parahiyangani, Lenie Marlinae, Fauzie Rahman, Dian Rosadi
The Role of Midwife through Antenatal Class Pregnancy for Improvement Delivery Assistance with Professional Health Workers

Fauzie Rahman, Lenie Marlinae, Ratna Setyaningrum, Andini Octaviana Putri, Hilmiyati

Health Policy Management and Promotion Department, Public Health Department, Public Health Study Program, Medical Faculty, Lambung Mangkurat University, Student of Maternal and Child Health Department, Public Health Faculty, Airlangga University, Public Health Department, Public Health Study Program, Medical Faculty, Lambung Mangkurat University

Abstract

One of the major public health problem in Indonesia is the high of maternal mortality rate (MMR). Based on data, the number of maternal mortality in Balangan in 2014 there were 294.3/100,000 live births. One of the efforts to decrease MMR through antenatal class pregnancy, right election for the delivery assistance and optimize the program through the role of midwife. This study used qualitative method. Population is the midwife in the working area of Health Office Balangan District and informant is 13 midwife coordinator. The research instrument is indepth interviews guide. Data were analyzed qualitative (interview transcript). The results showed the implementation of the antenatal class pregnancy in Balangan walking routinly within the guidelines of the antenatal class pregnancy through the role of midwives in performing their duties, although still found a lack of initiative to moving the antenatal class pregnancy creatively to attract participants. Midwife as the spearhead of the antenatal class pregnancy program implementation class stated that there are several obstacles, among others, uneven funding, which is not ideal infrastructure in accordance with the guidelines, and there are still pregnant women who are illiterate thus hindering the process of providing information. The impact of this program implementation is an increase in birth attendance by skilled health worker. Therefore, it can be concluded that the midwife’s role in the implementation of a the class of pregnant women in Balangan is good enough although they encountered some problems and may increase the scope of delivery assistance by professional health worker . Required all of sector cooperation and sustainable and that further study about mother health and mortality for decrease MMR.

Keyword: role of midwife, delivery assistance, antenatal class pregnancy

Introduction

One of the major public health problem in Indonesia is the high rate of maternal mortality related to pregnancy and childbirth. Maternal mortality is a phenomenon tip of the iceberg because the case quite a lot but that appears on the surface only a small part. World Health Organization (WHO) estimates that there are 500,000 maternal deaths each year, 99% of which occur in developing countries. Maternal Mortality Rate (MMR) in Indonesia is 208/100,000 live births. Maternal Health Problems also be a problem in South Kalimantan province, especially in Balangan District. Based on data from the Provincial Health Office of South Kalimantan, that a rise in cases of the year 2013 as many as 105 cases to 120 cases in 2014. According to data on the number of maternal deaths in Balangan, in 2014 there were 294.3/100,000 (7 cases). An efforts to decrease MMR can be done by increasing the coverage of health services especially delivery assistance by health workers. But in Balangan,
delivery assistance by health professionals (midwife) only reached 87.6% in 2014. One of the efforts to improve delivery assistance by midwife and reduce the maternal mortality rate through the implementation of a antenatal class pregnancy. Based on research conducted by Saswaty (2010) obtained statistically significant relationship (p=0.005) among pregnant women class participation with election birth attendants. A class of pregnant women aims to increase knowledge, change attitudes and behavior in order to understand about the mother’s pregnancy, body changes and complaints during pregnancy, prenatal care, childbirth, postnatal care, and baby care.

Based on data from the Health Service of Balangan District the number of pregnant women from the class of 2013 as many as 86 classes, 64 classes became pregnant in 2014 and in 2015 the number of pregnant women were 58 grade class. In the implementation of Pregnancy Class, Midwife have an important role. Midwife act as facilitators or resource persons in the classroom and in each meeting midwife will delivered material appropriate to the needs of pregnant women but still give priority to the subject matter accompanied by the sharing and discussion in its implementation. Additionally outline midwife have a role as a facilitator, motivator and catalyst. As a facilitator midwife should be able to direct the pregnant women to deviate from the rules that have been set. As a motivator midwife should be able to mobilize pregnant women to participate in classroom courses and pregnant women as catalysts midwife should be able give stimulus to the community so that all activities can run smoothly, evolving and improving public health.

Based on the background above it is necessary to study how the implementation process of antenatal class pregnancy how to optimize the program and how the midwife’s role in the implementation of a class of pregnant women that would affect pregnant women in the choice of childbirth by professional health workers.

Materials and Method

This study uses a qualitative method through indepht interview with explorative approach. Informants in this study were 13 midwife coordinator. The object of research is the role of midwife, improving the help of childbirth, well as implementation of pregnant women classes. While the subject is a midwife in Health Office of Tabalong District Working Area. The chosen location is Balangan District South Kalimantan. The research instruments that can be developed in this research is indepth interview guide. This study used a qualitative analysis used to see the implementation of Antenatal class pregnancy, the role of the midwife as well as obstacles and problems were found.

Finding

A. Implementation of Antenatal Class Pregnancy

1. Implementation Activities

In the execution of antenatal class pregnancy, midwife has a very important role. Based on the interview with the midwife coordinator known that midwife identify the number of pregnant women and gestational age in the region regularly. On the implementation of the antenatal class pregnancy, midwife/health personnel responsible for the execution of pregnant women class participant identification who will attend antenatal class pregnancy. It is included in the stage of preparation of implementations.

The next role of the midwife is provide materials on pregnancy, childbirth, postnatal care and newborn care class activity for pregnant women. Third role is to motivate pregnant women and also her husband to participate in a class husbands of pregnant women at least 1 meetings. Midwife have the role being motivator. Motivator role is to sensitize and encourage the group to recognize the potential and problems, and can develop their potential to solve the problem. The fourth midwife’s role is to advocate for support from community leaders and local authorities in the organization of antenatal class pregnancy. The role of midwife in the community midwifery service returned a concern in this case, a midwife not only play a role in maternal and child health services alone but also in advocating for the passage of a program with good healths.

Based on interview with the midwife at Halong Public Health Center Balangan District, antenatal class pregnancy activities carried out routinely. This is in accordance with the guidelines for the implementation of antenatal class pregnancy by the Ministry of Health Republic of Indonesia, that the execution of antenatal class pregnancy meetings conducted in accordance with the agreement between the midwife/health workers with participants/pregnant women. The scheduled
implementation of antenatal class pregnancy in Balangan did during three meetings by scheduling agreed jointly between midwife and pregnant woman. Only Public Health Center in Lok Batu Village which states that the implementation of antenatal class pregnancy are not routinely performed. The routine was not intended by the respondent was caused by funding from third parties and class stages pregnant women more than one activity. Meeting time adapted to the readiness of mothers, can be done in the morning or late afternoon meeting with long time of 120 minutes including pregnancy exercise 15-20 minutes. Although the timing of classes maternal health centers in each region varies, but still meet the standards guidelines.

**Funding**

The government’s role in the implementation of antenatal class pregnancy in Balangan by providing funds, facilities and infrastructures. Obtaining funds in organizing antenatal class pregnancy in Balangan of them come from the APBD, BOK, Public Health Service, and the funds of stakeholders in this case is PT. ADARO. Obtaining each region has a different health centers. There are several area of health centers that receive funding from stakeholder some are not. On the other hand, there is also the only area health centers to obtain funds from the health department, including the Pirsus II Public Health Center, Uren Public Health Center, and Batu Habang Public Health Center. Based on the interviews, respondents from Pirsus II Public Health Center states that the fund does not meet the target number of pregnant women in one year. PHC have contributed to the budget plan class activities targeting pregnant women with the number of pregnant women in one years. It was concluded that, the greater the amount of funds raised each antenatal class pregnancy. In the implementation of a program, it needs the support and coordination with other agencies, in this case required good communication and continuous.

**Infrastructures**

Based on the guidelines for the implementation of antenatal class pregnancy infrastructure that ideal is theirs:

a. Study room for a capacity of 10 students

b. Stationery writing (whiteboard, paper, markers, pulpen) if there

c. KIA Books

d. Paper sheets antenatal class pregnancy

e. antenatal class pregnancy guidelines book

f. Facilitators handbook

g. Props (KB kit, food models, dolls, kangaroo method, and so on) if there

h. Carpet

i. Pillows and chair (if there)

j. Pregnancy exercise book/ CD

Based on the findings in the field, facilities and infrastructure in the execution antenatal class pregnancy still less than ideal. As stated by respondents in Halong public health centers, facilities and infrastructure that support is still lacking. Based on the guidelines for the implementation antenatal class pregnancy, the lack of facilities and supporting infrastructure. The ingredients found in many health centers Balangan is a mattress. In addition to health centers that have been mentioned above, several other health centers have facilities such as a CD for Pregnancy Exercise, a flip chart, as well as props, but owned by different health centers. It can be concluded from the results of the interview respondents existing health centers in Balangan that facilities and infrastructure owned in running antenatal class pregnancy is still not evenly distributed.

4. Problems and Barriers

Problems were found by officers of antenatal class pregnancy is the presence of pregnant women who are illiterate. This condition is found in the Awayan Public Health Center. Then, the obstacles perceived some health centers in Balangan in the conduct of is too far away access to a class implementation so that the antenatal class pregnancy started late. The next obstacle faced is the lack of funding for transportation from the executor of classroom activities for pregnant women. Another obstacle is still the lack of participation of the husband/ family member faced by several public health centers in Balangan. Husband/family is the one which of target antenatal class pregnancy implementation.

5. Impact of Antenatal Class Pregnancy

Based on the overall results of the interview,
all respondents expressed a positive impact on the implementation of antenatal class pregnancy. The positive impact of the implementation of antenatal class pregnancy to pregnant women healthy and reduce the risk during delivery, among others, is more a patient/pregnant women who changed their behavior of maternity with village shaman into a midwife and in some areas of public health centers in Balangan no longer found the numbers of infant or child mortality. Impacts that will arise from doing health education activities to behavioral change requires a long time, but if such behavior was successfully adopted by individuals or communities, then the change will take some time, perhaps a lifetime to be performed.  

Based on the results of these observations that the implementation of antenatal class pregnancy from the beginning given positive impact on increasing knowledge of pregnant women and the election of delivery assistance, which is originally from the village shaman turned to health care providers. While the scope of delivery by health personnel is not 100%, but this increase is quite an impact on the increase in deliveries by health workers in Balangan. The results are consistent with research conducted by Kartini (2012) where in this study showed that 95.8% of pregnant women who attend antenatal class pregnancy will selecting health personnel as birth attendants, and the factors that influence voting behavior birth attendants are age, knowledge, distance and travel time to health facilities, the cost of delivered, decision makers, health workers role and support of antenatal class pregnancy participants.  

B. The Role of Midwife Through Antenatal Class Pregnancy  

Based on the interview stated clearly that the midwife mentoring pregnant women with regular classes. This can be evidenced by the role of the midwife in every implementation of antenatal class pregnancy, ranging from coordination to the division of tasks, and the provision of material. However, the obstacles encountered by midwife in performing theirs role is still found the class participants who have received the knowledge about delivery by health personnel but they still birth to the local village shaman. The occurrence of resistance caused by local culture against delivered in the village shaman. Meanwhile midwife initiative in moving the creative antenatal class pregnancy still looks so less, where it is reflected in classroom activities were done only based on the guidance antenatal class pregnancy. This means that antenatal class pregnancy activities carried out for three days with no different activities per day, and generally only three days filled with the provision of material and exercises for pregnant women. The initiative is the ability to perform midwife obstetric care without awaiting orders. It aims to improve the results of the work, creating new opportunities, or avoid problems.  

C. The Relation of mother’s participation in antenatal class pregnancy with the Election of Delivery Assistance  

Based on the interview, the relationships of mother’s participation in antenatal class pregnancy activities with the election of delivery assistance given very positive influence. Pregnant women tend to choose a birth attendant with health personnel after attending antenatal class pregnancy.  

However, some little more still found pregnant women who choose birth attendants with village shaman though after joining the antenatal class pregnancy for reasons of access to a midwife home were too far. Implementation of antenatal class pregnancy provides many benefits. The perceived benefits for the mother and the family are as a means to gain a friend, as a means to ask, and also helps the mother in the face childbirth safe and comfortable, as well as improving knowledge of mothers on maternal and child care after birth. In addition, the benefits of which can be felt health care workers are able to know more about the health problems of pregnant women and their families, as well as being closer to the pregnant women and society.  

Conclusion  

The implementation of antenatal class pregnancy in Balangan District running routinely according to the antenatal class pregnancy guideline through the village midwife’s role in carrying out their duties. Still found several problems related to funding not yet equally, the infrastructure is not yet ideal, some pregnant women are illiterate, and the participation of pregnant women family especially their husband not optimal because the reasons such as work.  

Need to increase midwife and cadres participation to provide counseling and health education about the importance of antenatal class pregnancy for pregnant
women and their families and the support of all parties. Further research is needed to explore the factors that lead an increase of maternal mortality for developing preventive and promotive programs to reduce maternal morbidity and mortality.

**Ethical Clearance:** This study approved and received ethical clearance from the Committee of Public Health Research Ethics of Medical Faculty, Lambung Mangkurat University, Indonesia. In this study we followed the guidelines from the Committee of Public Health Committee of Public Health Research Ethics of Medical Faculty, Lambung Mangkurat University, Indonesia for ethical clearance and informed consent. The informed consent included the research title, purpose, participants’s right, confidentiality and signature.

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**Conflict of Interest:** The authors declare that they have no conflict interest.

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