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PROCEEDINGS

The 6th INTERNATIONAL CONFERENCE ON



Public Health

Best Western Premier Hotel
Solo, Central Java, Indonesia

October 23-24, 2019



THEME:

Strengthening Hospital Competitiveness
to Improve Patient Satisfaction and
Better Health Outcomes

THE 6th INTERNATIONAL CONFERENCE ON PUBLIC HEALTH 2019

**Theme:
“STRENGTHENING HOSPITAL COMPETITIVENESS
FOR PATIENT SATISFACTION AND BETTER
HEALTH OUTCOMES”**

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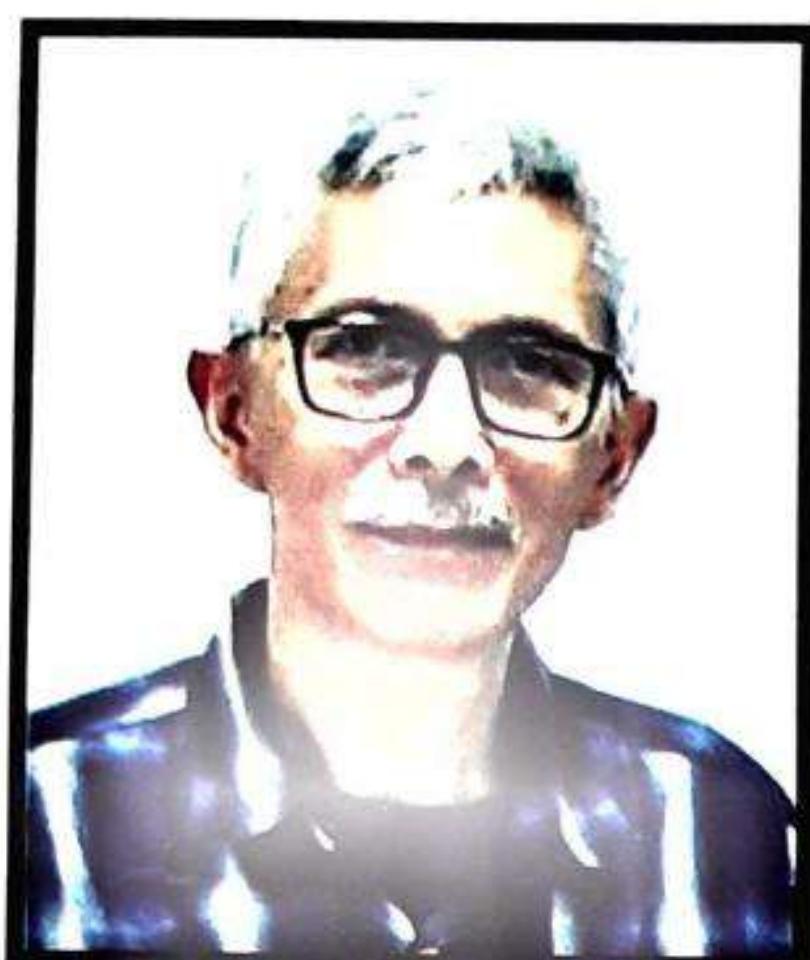


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PREFACE

Welcome to Solo, Indonesia. Welcome to the 6th International Conference on Public Health. This conference will be held in two days, October 23-24, 2019. The theme of the current conference is: "*Strengthening Hospital Competitiveness to Improve Patient Satisfaction and Better Health Outcomes*".



At this conference we will discuss about hospital competitiveness, as it is a hot topic with some pros and cons. Boosting competition among hospitals is expected to improve health care. Health care markets with vibrant competition offer services at lower cost, provide more appropriate care, and, most important, deliver better patient outcomes than do less-competitive markets. Competition may put pressure on hospitals to improve management and, therefore, productivity.

Competition allows patients to exercise choice about where they receive care, where they are not paying a direct price, where they are responding to signals about non-price aspects of the services on offer, and hence their behaviour that can drive up overall quality.

However, the main problem with the theory of free market in the healthcare industry is the fact that "perfect" healthcare markets are unlikely existent. Healthcare is different because of multiple market failures. Patients typically have poor information about hospital quality and are also unwilling to travel far for healthcare.

Context plays the crucial role in understanding the potential for market forces to improve the healthcare system. The debate is more about the degree of competition and regulation from the governments that will produce the best outcomes, rather than between competition versus no competition. Competition may be one component of broader initiatives to support better health outcomes and patient satisfaction.

For the conference to have been made possible to hold, I would like to express my highest appreciation to the distinguished international and national invited speakers, who have kindly spared their valuable time to share their expertise to the conference participants. I also wish to express my indebtedness to all participants of this conference. There is a total of 632 participants attending this conference.

I would like to highlight the institutions with the greatest number of delegates. They include Universitas Indonesia (Depok), Universitas Nusa Cendana (Kupang), Universitas Aisyah (Yogyakarta), Universitas Muhammadiyah Yogyakarta (Yogyakarta), Universitas Nahdatul Ulama Surabaya (Surabaya), Poltekkes Kemenkes Kupang (Kupang), Universidade Dili (Timor Leste), Poltekkes Kemenkes Surakarta (Surakarta), Poltekkes Kemenkes Malang (Malang), Poltekkes Kemenkes Medan (Medan), Poltekkes Kemenkes Pangkal Pinang (Ban-

gka-Belitung), Poltekkes Kemenkes Yogyakarta (Yogyakarta), Poltekkes Kemenkes Jakarta II (Jakarta), Universitas Sumatera Utara (Medan), Universitas Methodistis (Medan), Institut Kesehatan Helvetia (Medan), Universitas Islam Sumatera Utara (Medan), Universitas Gadjah Mada (Yogyakarta), Universitas Diponegoro (Semarang), Universitas Padjadajaran (Bandung), Universitas Airlangga (Surabaya), Universitas Sam Ratulangi (Manado), Universitas Sanata Dharma (Surabaya), Universitas Jenderal Sudirman (Purwokerto), Universitas Borneo (Yogyakarta), Universitas Muhammadiyah Tangerang (Tangerang), Universitas Muhammadiyah Surakarta (Surakarta), Universitas Respati Yogyakarta (Yogyakarta), Universitas Pembangunan Nasional Veteran Jakarta (Jakarta), Universitas Brawijaya (Malang), Departemen Pelayanan Kesehatan DPR-RI (Jakarta), Kementerian Kesehatan RI (Jakarta), Stikes Kendal (Kendal), Stikes Abdurrahman (Palembang), Stikes Adi Husada (Surabaya), Institut Teknologi Surabaya (Surabaya), Akbid Dharma Husada (Kediri), Stikes Kusuma Husada (Surabaya), Universitas Wijaya Kusuma (Surabaya), Universitas Tribhuwana Tungkarta, Universitas Bhakti Husada Mulia (Madiun), Stikes Mitra Husada (Malang), Stikes Bhakti Husada (Gresik), Kantor Kesehatan (Karanganyar), Universitas Muhammadiyah Gresik (Gresik), Institut Pelabuhan Tarakan (Kalimantan Utara), Stikes Kuningan (Kuningan), Stikes Cahaya Bangsa (Banjarmasin), Stikes Mandala Waluya (Kendari), Kesehatan Tri Mandiri Sakti (Bengkulu), Akper Pemerintah Kabupaten Ngawi (Ngawi), Institut Kesehatan Bhakti Wiyata (Kediri), RSUD Sultan Imanudin (Pangkalan Bun), RSUD Dr. Moewardi (Surakarta), RS Mekarsari (Jawa Barat), RS Islam Klaten (Klaten), Universiti Putra Malaysia (Malaysia), and Universitas Sebelas Maret (Surakarta).

The official Batik outfits are supplied by Batik Kenanga. I hope all these parties and the population at large can benefit from this conference.

Surakarta (Indonesia), October 23-24, 2019.

Prof. Bhisma Murti
Chair, International Conference on Public Health
(ICPH)

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QUALITY OF LIFE OF MENOPAUSAL WOMEN IN RURAL AREA, KEDIRI, EAST JAVA

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ABSTRACT

Background: Menopause is a physiological process in women's life. Menopause and its complications could disturb the sense of well-being and health and affect the quality of life. During menopausal transition, there is a lot of fluctuation in the hormone levels, and thus women may experience many symptoms and conditions. This study aimed to examine the quality of life of menopausal women in rural area, Kediri, East Java.

Subject and Method: This was descriptive study conducted at Bangkok village, Guerah, Kediri, East Java, from June to July 2019. A total of 50 menopausal women were selected by purposive sampling. The dependent variable was quality of life. Data on quality of life were obtained by Hilditch & Bener instrument. The data were analyzed descriptively.

Results: Percents of the sample who experienced symptoms of menopause on vasomotor aspect from mild, moderate, to severe (in percent) were as followed: hot sensation on the face to the neck (56%; 32%; 12%), night sweat (50%; 40%; 10%), and excessive sweating (52%; 36%; 12%). Symptoms of psychosocial aspect: always wanting to be alone (58%; 36%; 6%), sad without cause (68%; 28%; 4%), and feeling anxious at all times (35%; 28%; 2%). Symptoms of physical aspect: back pain, neck, and head (76%; 16%; 8%), difficulty sleeping (52%; 7%; 14%), weight gain (60%; 30%; 10%), decreased ability physical (46%; 40%; 14%), and low back/lower back pain (30%; 56%; 14%). Symptoms of sexual aspect: decreased sexual desire (52%; 34%; 14%), vaginal dryness (62%; 26%; 12%), and tend to avoid sexual relations with a husband (60%; 12%; 28%). The quality of life scores based on the MENQOL parameter from the smallest to highest were as followed: psychosocial aspect (Mean= 0.44; SD= 1.26), physical aspect (Mean= 0.519; SD= 1.34), vasomotor aspect (Mean= 0.68; SD= 1.50) followed by the sexual aspect (Mean= 0.71; SD= 1.46).

Conclusion: Menopausal women in rural areas consider menopause to be normal but in reality they experience anxiety or depression if symptoms interfere with their physical and psychological conditions.

Keywords: menopause, symptoms, quality of life, rural

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Certificate of Attendance

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