

Legal Protection of Medical Records for Hospital Patients

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CONTENTS

Volume 20, Number 1

January-March 2020

Contents

1. An Autopsy Study of Cranio-Cerebral Injuries Due to Road Traffic Accidents..... 1
Gandla Bala Maddileti, A.Dominic Infant Raj, Rajendra Kumar, Gajula Mahesh, Yamini.K
2. Estimation of Age from Shoulder Joint by Radiographic Assessment of Epiphyseal Fusion of Related Bones in Population of Chhattisgarh: A Cross Sectional Study..... 7
Aloke Mazumder, Ninad Nagrale
3. Original Research Article 7
4. Age Estimation from Radiological Evaluation of Epiphyseal Union of Related Bones Around Elbow Joint: A Cross Sectional Study from Central India (Chhattisgarh) 12
Aloke Mazumder, Ninad Nagrale
5. Manufacturers and Endorsers Liability: Shifting the Onus Approach 18
Amrita Mishra, Amruta Das
6. Crossword Puzzle: An Innovative Assessment Tool to Improve Learning of Students in Forensic Medicine23
Harish Kumar Agarwal, Aparna Singhal, Arvind Kumar Yadav
7. A Study to Assess the Patients Compliance to Medications among Hypertension Patients at Selected Areas in Kanchipuram District Tamilnadu..... 28
M.Kalki, S. Mohana Priya, N.Thivya
8. Restrictions Imposed by Human Biology in Achievement of Gender Justice as Human Rights..... 31
Parul Yadav, Komal Vig
9. Knowledge & Perception Of Medical Students Towards The LGBT (Lesbian, Gay, Bisexual & Transgender) Patients & Their Rights: A Cross Sectional Study..... 36
Ninad Nagrale, Pawan Wankhade, Bhupendra Gathe, A.P.Dongre
10. Causes and Factors in Road Traffic Accidents at a Tertiary Care Center of Western Uttar Pradesh..... 43
Pradeep Kumar Agarwal, Pranav Kumar, Harnam Singh
11. Toxicological Trends of Poisoning in a Tertiary Care Center of Western Uttar Pradesh 47
Pradeep Kumar Agarwal, PranavKumar, Harnam Singh
12. A Study on the Cause of Death Due to Burn Cases and Histopathological Changes in North Indian Setting-A Cross Sectional Study 51
Pradeep Kumar Yadav, Richa Choudhury, Anoop Kumar Verma, Mousami Singh, Raja Rupani, Sangeeta Kumari, Rajiv Ratan Singh

II

13. Client Satisfaction and Preferences Towards Nonverbal Communication(NVC) of Health Care Providers in a Therapeutic Setting, Mangaluru..... 55
Sonia Sequeira, Precilla D'Silva
14. Querying the Dataset from the Developed Ontology for Swineflu Disease..... 61
Radhika Pathi, Suresh Verma Penumatsha, Lakshmi Kalyani Neerukonda, P.Rama Krishna
15. Constitutionality of Attempt to Commit Suicide- Unlocking The Controversy” 67
Smita Satapathy
16. Perspective on the Immorality of Honor Killings – A Review Article 71
Sneha.S, Smriti Sarathi, P.Sampath Kumar Rajesh.R, Jagdish Kamal Chander.U
17. International Humanitarian Approach on ‘Identity Crisis’ of LGBTQ: A Global Perspective..... 76
Amruta Das, Amrita Mishra
18. Direction of Environmental Virtue an Epilogue: A Critical Analysis of 19th Century Case Laws 81
19. A Study on Pattern of Intracranial Injuries in Cases of Fatal Head Injury 86
Arulmathikannan M, Jagdish Kamal Chander U., Priyadarshree Pradhan, Sneha.S, P. Sampath Kumar
20. A Post-mortem Observational Study of Suspicious Deaths in Married Females Aged 30 Years or Less 90
J. P. Kachhadia, J. A. Tanna, V. R. Patil
21. Study of Various Osteometric Parameters of Human Mandible in Adult and Elderly Age Groups 95
Priyamvada Kurveti, Dheeraj Singh Verma, Jayanthi Yadav, B.P. Dubey
22. Estimation of Stature from Footprint Length 100
Janarthanan. R , Muthamizh Selvan P
23. Assessment of Knowledge and Attitude of Adolescents Regarding Blood and Organ Donation in Selected Rural Areas of Shimla, Himachal Pradesh, India 105
24. Non-Invasive Method of Measuring Blood Sugar in the Early Stage and Diagnose the Result Using Discrete Wavelet Transform..... 110
N.D Bobby, N.Prabhakaran, J.Thameema Begum, M.MuniReddy
25. Knowledge about Legal Aspects of Medical Negligence in India among Dentists– A Questionnaire Survey 115
P.K.Uma, Pratibha Ramani, Herald. J. Sherlin, Gheena.S, Gifrina Jayaraj, K.R. Don, Archana Santhanam
26. Nasal Height as a Parameter for Stature Estimation & Sex Differentiation in Dehradun Region 120
Jyoti Barwa, Rattan Singh
27. Study oof Suspicious Deaths in Middle Aged Married Females..... 126
J. P. Kachhadia, S. B. Bhatt, V. R. Patil
28. Quality of Life among Patients with Hypertension at Selected Tertiary Hospital In Kelambakkam, Kanchipuram District, Tamil Nadu, India 131
Lenin Ezhilarasu.J, Parasuraman. P, Sathiya priya.V
29. Effectiveness of Information Booklet on Knowledge, Practices and Willingness Regarding Recycling of Solid Household Waste Management among Residents..... 134
Seeta Devi, Roya Nemati, Petronella Natah, Rehu Rajan, Sumit Rane

30. A Study “To Assess the Level of Knowledge on Swine Flu Among Adults in Selected Area at Poonchery, Kanchipuram District, Tamilnadu 139
N.William Raj, R.Bhuvaneshwari, Shenbagaprabha.N
31. The Effectiveness of Video Assisted Teaching on Fire Safety among School Children at Selected School, Kanchipuram District, Tamilnadu 142
Moses Rathnakumar, Shruthi P, L.Lakshmi
32. Lilliputian Neglected Happenings Call For Snafu: “Theory of Broken Windows” 145
Shyamantak Misra, Prabir Kumar Pattnaik
33. Self Determination and Indigenous People: The Fight For ‘Commons’ 148
Swati Mohapatra
34. A Descriptive Study to Assess the Knowledge on Fast Food Eating among Adults in Selected Urban Community Kanchipuram District Tamil Nadu 153
T. Yaazhini, K.Vishwanathan, N.S Shakthivel, M.Yagajeyanthi
35. A Three Year Study of Skull Fracture Patterns in Fatal Road Traffic Accidents in a Tertiary Care Hospital Mortuary in Imphal From 2015-2018 156
Th. Meera Devi, Memchoubi Ph., Haobijam Rita Devi
36. Intracranial Meningioma Aggressivity Image and Level of Malignancy in Head Magnetic Resonance Imaging (MRI)..... 162
Vony Tjandra, Sri Andreani Utomo, Ulinta Purwanti, Dyah Fauziah, Hari Basuki
37. Practice and Perceived Barriers among Health Care Workers to Control Infection in Dialysis Unit 169
Jackline Prathibha, Daisy Josphine Lobo, Shalini G Nayak, Vandana KE
38. Profile of Medicolegal Autopsy Cases at Tertiary Care Centre in Belagavi, Karnataka. A One Year Retrospective Study 174
Khaja Azizuddin Junaidi, Somashekhar S Pujar, Ravindra S Honnugar, Prasanna S Jirli, Vishal V Koulapur, Kashif Ali, Pushpa M.G
39. Accuracy of Demerjian Age Estimation Method in South India Kadapa [A.P] Population-A Cross Sectional Study 179
Prem Kumar Moode, L Ananda Kumar, Ramesh Mittapelly
40. Iatrogenic Factors and Oral Health..... 184
Asma Usmani, Chavi Bhati, Mayur Kaushik, Afzal Ahmad
41. Medical Malpractice in India: A Critical Analysis of Liability and Defense Framework 191
Hiranmaya Nanda, Amruta Das
42. The Prospect of Environmental Law to Achieve Healthy Environmental Development in Indonesia 195
Absori Absori, Sigit Sapto Nugroho, Anik Tri Haryani, Sarjiyati Sarjiyati, Arief Budiono, Heru Santoso Wahito Nugroho Rangga Jayanuarto
43. Measurement of Lipid Profile in Fasting Persons 200
Adhraa Baqir Hassan, Hayder L. F. AL-Msaid, Arshad noori ghani Al-dujaili, Haider Salih Jaffat
44. Legal Protection of Medical Records for Hospital Patients 205
Agus Prihartono Permana Sidik, Rani Sri Agustina, Wafda Vivid Izziyana

IV

45. Prevalence of Coronary Artery disease in Patients undergoing Non Coronary Cardiac Surgery: A Single Center Study 209
Ahmed Moyed Hussein, Bahaa Abdullah Ali, Merah Subhi Mohammed
46. Incidence of Early Complications in Laparoscopic Total Thyroidectomy Vs Open Thyroidectomy Using Breast Approach in Simple Multinodular Goiter 214
Alaa Jamel Hasin, Muslim Kandel Kadeem, Kasin Tream
47. Molecular Detection of Mutations in mtCOX1 Gene in Iraqi Patients with Aortic and Mitral Valve Diseases 219
Ali Jumaa Al-Hussona, Faizah A.W. Ahmed
48. Rubik Play Therapy Influence on the Level of Anxiety in Children Preoperative..... 225
Aprina, Meylani Anita Putri, Siti Fatonah
49. The Surgical Outcome of Distal Pancreatectomy for Distal Pancreatic Tumors 230
Aqeel Shakir Mahmood, Waseem M shakir, Khalid Shakir kareem
50. Condition of Houses with Smoking Habits in Patients with Pulmonary Tuberculosis 236
Baharuddin Condeng, Muhammad Syafar, Saifuddin Sirajuddin, Furqaan Naiem, Azizah Saleh
51. Diode Laser & Conventional Surgery Treatment, A Comparative Study in Anal Diseases 241
Basim Ghaib Hussein, Jameel I. Azzawi, Rabah Ali Hussein
52. Hypertension Control in Diabetic Patients 247
Bilal Jamal Kamal, Shan Nadhmi Nadhim, Muhammed Ali Khalaf
53. The importance of Post-Mortem Computed Tomography (PMCT) as a Complementary Diagnostic Technique to Traditional Autopsy in a Case of Asphyxia Related-Death..... 253
Del Fante Z., Di Fazio N., Quattrocchi A., Fazio V., De Matteis A., Arcangeli M., La Russa R.
54. The Effect of Soot Particulate towards MAPK Expression in the Mechanism of Cardiovascular System Disruption 258
55. Synergy of Government and Regional Government Authority in Providing Health Guarantee for Communities in Indonesia 264
Fatkul Muin, Rully Syahrul Mucharom, Wafda Vivid Izziyana
56. Evaluation the Relation between School Bag Weight and Backache among Primary School Pupils in Tikrit City 269
Firas Tariq Ismaeel, Wheab Faraj Dawood, Nisreen Mohammed Ibraheem, Aya Fawaz Mawlood, Ranya Jamal Mahmood
57. Helicobacter Pylori Can Cause Vitamin B12 Deficiency..... 275
Gufraan Kadhim Abdulkareem, Wasan Najim Abdul-Sada, Haider Kadhim Abdulkareem
58. Detection of Parvovirus B19 Infection in Thalasemic Patients in Tikrit City, Serological Study 278
Hala Mohamed Majeed
59. Evaluation of Titanium di oxide Nano-fillers Incorporation on Mechanical Properties of Heat Cured Acrylic Resin 283
Hasanen A. Alnamel, Ali ShyaaTheedan

60. The effectiveness of *Garcinia Mangostana* L. Rind extract in Reducing Total Cholesterol Levels in Hypercholesterolemic Male White Mice..... 289
Hasyim As'ari, Asnani
61. Role of MnSOD Val16Ala Gene Polymorphism in Changing the Level of Serum Metals in Workers Exposed to Heavy Metals in Al-Nasiriyah City 295
Hayder Hussein Jalood, Afrah Abid Maktoof, Rekaby
62. Seroprevalence of Hepatitis A Virus (HAV) in Mosul City 301
Ismail I Daood, Radhwan Hussein Ibrahim
63. Prostate Health Index in a sample of Iraqi patients with Prostate Cancer and Benign Prostatic Hyperplasia 306
Amal A. Hussein, Rayah S. Baban, Alaa G. Hussein, Saif H. Mohammed
64. The Effect of Buzz Group Modification Method on Exclusive Breastfeeding Against Self Efficacy in Pregnant Women: A Quasi Experiment 313
Febyana Dwi Cahyantia, Lailatun Nimah, Retnayu Pradanica
65. The Discovery of Comorbidity Deviation in the Cervical Cancer Patients Treated by the **Intravenous Pyelography** Examination and Clinical Examination (Based on **Federation Internationale de Gynecologie et d'Obstetrique**) 319
Kristina Puji Rahayu, Budi Laraswati
66. Analysis of Breastfeeding Factors: The Sunrise Model Approach 325
Meilina Azizah Nurhayatia, Ni Ketut Alit Armini, Tiyas Kusumaningrum
67. Comparative Study to Evaluate the Antimicrobial Effect of MTAD, 17% EDTA, and 3% NaOCl- Against **Enterococcus faecalis** in Primary Teeth for Root Canals Therapy (in Vitro Study) 331
Sarmad A. Hameed Sana'a Abdulrazzaq Ibrahim Suhad Al-Nasrawi
68. Iron Oxide Nanoparticles Reduced Biofilm Formation and Detection of **Imb Genes** in **Streptococcus agalactiae** Isolated From Patients with Diabetes Mellitus 337
Sarween Omer Taha Rasul, Khadija Khalil Mustafa, Zirak Faqe Ahmed Abdulrahman
69. Correlation of Nitric Oxide (NO) Sputum Level and Lung Physiology of Indoor Parking Attendant 343
Tati Sudiarti, Winariani
70. Indications and Adverse Outcomes of Emergency Lower Segment Cesarean Section at 1st and 2nd Stages of Labor at Al-Elwiya Maternity Teaching Hospital 349
Weqar Akram, Thikra N. Abdulla, Taghreed Mardan Abullah
71. The Determinants of the Occupational Diseases in Al-Nasiriyah Province at 2018 355
Majeed MohanThajeel Al-Hamami, Mulim Nahi, Ali A. Saadoon, Safaa Kudhaier Abbas
72. Model of Women Participation in Supporting Government Policies Reducing Neonatal Mortality in Kupang District..... 362
Maria Margaretha Ulemadja Wedho, Mintje Ratoe Oedjoe, David B.W. Pandie
73. Precision of 3D MSCT Scan Diagnostocs on Maxillofacial Trauma Compared to Stabilization and Instrumentation Operation Results 367
Meitty Christina Hidayati, Anggraini Dwi Sensusiati, Hari Basuki

VI

74. Breast Cancer Risk Trends of Iraqi Women..... 374
Minen Al-Kafajy
75. Colorectal Cancer in Nineveh: Five Years Survival Rate 378
Moayad Aziz Alabdaly
76. Significance of Fingerprints in A Brutal Travel Bag Murder- A Case Report..... 384
Mohammad Ahmad Abdullah Ahmad AlSuwaidi, Abdulrahman Mohammed Obaid Almeheri, Mohammed Thani Rashid Almarri, Jassim Mohammed Abdullah Rashid, Bhoopesh Kumar Sharma
77. Detect the Infection with Rubella Virus and Toxoplasmosis in Pregnancy Causes Suffering from Early Abortion by Using Real Time PCR 388
Mohammed Ayyed Najm, Hadeel Abdelelah Abdel Razaak , HayfaaMahmood Fahad
78. Flexible Ureterorenoscopy Versus Extracorporeal Shock Wave Lithotripsy for Treatment of Lower Pole Renal Stones 394
Mohammed B. Ismail, Hasanain F. Hasan Al-Timimi, Hayder H. Alwan
79. The Effect of Glutathione versus Co-Enzyme Q10 on Male Infertility Original Study..... 400
Mohammed Hussam Mohammed Saeed Alkumait, Mohammed Mohsin Abdul-Aziz, Montadher Hameed Nima
80. Incidence and Variations of Aberrant Renal Arteries in Kidney Donors Cases..... 406
Mustafa AbdulMonamZainel, Suhelmawloodalnajjar
81. Evaluation of the Level of CXCL10 in Patients with Parainfluenza Virus Type III (HPIV3)..... 413
Noor Hameed Alkharsan, Siham Jasim Al-kaabi
82. Association between the Characteristics of Pre-Surgery Vascular Ultrasonography and the Successful Arterio-Venous Fistula Shunt Surgery as Hemodialysis Access to Patients with Kidney Disease Stage V. 420
Nurwanto, Prijambodo, Tri Wulan handarini, Windhu Purnomo
83. Prevalence of Childhood Disability in Basrah City Using the Ten Questions Too 426
Hajer Salim AlMosawi, Sajjad S. Issa, Mohamad A. Akber
84. Expression of e-NOS in Human Placentas of Idiopathic Intra Uterine Growth Restriction at Term..... 431
Mohammed E. Ghanem, Samia A. Eleiwe
85. Characteristics of Multidrug Resistant Tuberculosis in Minia, Egypt 437
Shimaa Anwer Emam, Eman Mahfouz Kasem, Amany Edward Sedhom
86. Prevalence of Uncorrected Refractive Errors Among the Internally Displaced Schoolchildren in Iraq..... 444
Rafea Allawi Fayyadh, Noor Hussain Abady
87. The Influence of Additional Food Hotong Porridge with Moringa Leaves Mixture on Improvement Nutritional Status of Children Nutritional Children 450
Rahma Tunny, Merryana Adriani, Bambang Wirjatmadi
88. The Stiffness Comparison of Four-Screw versus Six-Screw Short Segment Pedicle Posterior Stabilization Instrumentation in Cyclic Axial Compression 456
89. Correlation of Aggressivity Papilloma Recurrent Respiratory Tract With Human Papillomavirus Types 6 And 11..... 462
Rizka Fathoni Perdana, Sri Herawati, Bakti Surarso, E Bimo Aksono H

90. Investigation of IL-17F (rs763780) gene Polymorphisms in cases with Iraqi renal failure patients 468
Saja Mohammed Mohsen, Abbas Abood Farhan, Mohammed Abdul-Daim Saleh
91. A Descriptive Study to Assess the Problem Faced by the Adolescents of Alcoholic Parent 474
Saranbharati.B, Ramya.V, Rajalakshmi, Devaki. K
92. Demographic, Clinical and Hormonal Characteristics as Predicting Factors Affecting the Outcome of Laparoscopic Ovarian Drilling in Women with Poly Cystic Ovary Syndrome 477
Shelan Omar Jaafar, Ghada Saadulla Alsakkal, Namir Ghanim Al-Tawil
- References*
93. Stress Perception and Stress Response against Internet Psychological Addiction (IPA) on Adolescents (Psychoneuroimmunology Approach)..... 485
Siti Nurul Fajriah, Suhartono Taat Putra, Yusti Probowati, Rika Subarniati T.
94. The Prevalence of Sperm Parameters for Infertile Males in Thi-Qar City..... 491
Sumeya Ghanawy AL-Najjar
95. Awareness of Medico-Legal Issues among Medical College Health Professionals..... 496
Tabitha Elizabeth Thomas, Magendran.J
96. The Law and Tourism: The Policy of Health Service for Tourists in Lombok Island..... 501
Usman Munir, Khudzaiyah Dimiyati, Absori Absori, Harun Harun, Wafda Vivid Izziyana, Heru Santoso Wahito Nugroho
97. Effect of Antenatal Exercise Teaching Program on Neonatal Outcomes During Delivery in Erbil, Iraq..... 506
Warda Hassan Abdullah, Badia Mohammed Najib
98. Study of Dyslipidemia in Iraqi Hypertension Patients in Tikrit City 512
Zaidan Jayed Zaidan, Ahmed Moyed Hussein, Sheet Mutlak Ahmed
99. Isolating Some Pathogenic Bacteria from Packed Milk and Detecting of Formalin in its Components..... 518
Zainab Alag Hassan, Ali Aboud Shareef, Majid Ahmed Kadhim, Abdulameer Abdullah Al-Mussawi
100. Screening Study for Some Strains of E. Coli Collected from Five regions in Kurdistan-Iraq for its Sensitivity, Resistance and MDR against Thirteen Antibiotics 522
Asma Sumiea Afram Karomi
101. The Role of Silver (Ag) Nanoparticles synthesis by *Penicillium spp* against the Toxicity of *Echinococcus Granulosus* in Adult Albino Male Rats 528
Ahmed Hamad Saleh Hussein A.R. Abbood
102. Characteristics of Lower Back Pain in Pregnant Ladies in Thiqar-Iraq..... 534
Ihsan Oudah Yasir, Suaad Rodan Shoelef
103. Thyroid Dysfunction in Iraqi Patients with Acromegaly 537
Selman Nihad A, Rahma Abbas M, Ali Atheer Y
104. Simulation of poly (ADP-ribose) polymerase (PARP) Enzyme with BAI compound in the for Thyroid cells..... 545
Hasan Tuhmaz Hamd

VIII

105. Advantage of Application of Topical Hyaluronic Acid in Reducing Post Tonsillectomy Pain; Cross Sectional Comparative Study 551
Ahmed Kareem Shiaan Al-Baidhani, Muthanna Saleem Abdulameer
106. Atherogenic Index of Plasma among Type2 Diabetic Patients Cross-Sectional Study In Iraq..... 556
Dalal Abd Al-Sattar Asaad, Ali Shalash Sultan, Zaid Najji Hassan
107. The relation between Serum Vitamin C and D, Calcium Intake With Obese Type 2 Diabetic Patients..... 561
Yasamin Abdul - amer Kadhum; Shaimaa D. Salman, Sabah Abdel- Hameid Abdel- Rahman, Najat Sabah A. Hameid
108. Assessment of Anti-Mullerian Hormone and Anti Ovarian Antibody in the Sera of Patients with Polycystic Ovarian Syndrome in AL-Najaf Al-Ashraf Province 566
Abbas Sahib Fakhar Al-Naffakh, Farhan Abood Risan
109. Cervical Spinal Stenosis and Risk of Pulmonary Dysfunction: Case Control Study 575
Post graduate Student Esraa Hammadi Fahad, Zainab H. Hashim, Ihssan S. Nema
110. Molecular Study of spy1258 gene in Streptococcus Pyogenes Isolated from Pharyngitis Patients in Fallujah City 581
Nada Zaidan Khalaf, Laith Moslih Najeeb, Asraa Adnan Abdul-Jalil
111. Design in line LMA-10 Photonic Crystal Fiber MZI for Detection and investigation of Beta Thalassemia 587
Layla M. Alameri, Tahreer S. Mansour, Fareed F. Rashid, Sara J. Belal
112. The effect of oral magnesium supplements on lipid profile and oxidative stress in adult albino female rats 592
Khder Najem Abdulla Muneef S. Ahmed, Saleh Mohammed R
113. Evaluation of Amateur and Professional Tattoo Removal by the Q Switched Nd:YAG Laser..... 596
Nibras A. A. Hindy
114. Serum Levels of Novel Biochemical Marker (Irisin) in Relation to the Duration of Type 2 Diabetes & in Cases of Type 2 diabetes with Coronary Artery Disease in Iraqi Patients Aged (40- 60 year)..... 602
Dunia Tahseen Nema Al-Aridhi, Khalid I.H. Allehibi, Zainab A. Razak Al-Sharifi, Muthanna Al Quraishi
115. Study the Effect of Temperature Variable on the Patient with Jaundice Stay Period inside the Incubator . 609
Husam Yahya Naser, Auns Q. Al-Neami, Yasser Ibrahim
116. The Role of Global Longitudinal Strain in Early Detection of Doxorubicin Induced Cardiotoxicity in Breast Cancer Patients 614
Wisam Abbas Hasan, Shokry faaz Al-saad, Hassan Salim Aljumaily
117. Personal Hygiene and Safety among governmental Hospitals Nurses Staff in Mosul City..... 620
Rami Ramadan Allo, Tameem Thamir Mayouf, Munther Natheer AL-Fattah
118. Molecular Detection for Nosocomial *Pseudomonas aeruginosa* and its Relationship with multidrug Resistance, Isolated from Hospitals Environment..... 627
Wathiq Abbas Hatite Al-Daraghi, Mohammed Sattar Abdulkadhim Al-Badrwi
119. Knowledge Assessment of Working Women Regarding Breast Cancer / Control and Prevention in Kirkuk Technical Institute 633

120. Colorectal Cancer in Nineveh: Five Years Survival Rate 640
Moayad Aziz Alabdaly
121. The Effect of Esomeprazole on Cell Line Human Cervical Cancer..... 646
Azal H. Jumaa, Ahmed Sami Jarad, Wissam Sajid Hashim Al Uboody
122. Evaluation of Salusin β in Patients with Prediabetes and Type 2 Diabetes Mellitus 653
Sabah Hussein dayekh, Mohammed Imran Hamzah, Jelal Abid Ateaai
123. Vitamin D and its Association with the Severity and / or the Control of Asthma among Adult Iraqi Asthmatics 657
Haider Abdulhameed Alqaraghuli, Hashim Mahdi Hashim,
124. Determination *Enterococcus faecalis* in Asymptomatic Urinary Tract Infection Associated with Diabetes Type 2 Patients in Suwayrah General Hospital-Iraq 663
Ibtisam H. Al-Azawi, Mohammed H. Abbas
125. Oral Desmopressin as an Add-on Therapy for Men with Benign Prostate Hyperplasia they Suffering from Persistent Nocturia..... 669
Firas Alquraishi Saif H. Mohammed, Yasser Al-Hakeem
126. The Practicing and Attitude of Some Medical Students at Al-Nahrain College of Medicine Towards Cosmetic Rhinoplasty 674
Nibras Alaa Hussain Qais Ismaeel Kadhem, Ashraf MA Hussain
127. The Level of Serum Progesterone on the day of HCG Administration in Assisted Reproduction Cycles .. 679
Adnan A.H. Albdairi, Hanan Khudheir Hussein
128. Protective Role of Quercetin plus Vitamin C on Infection of Rats with *Klebsiella pneumoniae* and *Pseudomonas aeruginosa* 685
Shaimaa Khazaal Waad, Wurood M. Al-Silaykhee, Hekmet B. Alhmadi, Aiad Gaber Areean
129. Study The Role of Selenium in The P-Selectin and E-Cadherin Serum Levels in Women with Preeclampsia..... 690
Aysel A. Ahmed, Raid J. Al-Timimi, Enas Adnan Abdulrasol
130. Histological Sections of Pancreas and Serum Biochemical Changes in Rats after *Dexamethasone* and Zinc Oxide Nanoparticles Injection..... 696
Ruaa M. Ali, Nada K. Abbas, Amal K. Abbas, Lamia K. Abbas
131. Study the Role of Trichomoniasis in **In Vitro Fertilization** (IVF) Failure..... 702
Huda Dhafer Al-Marsomy, Faten Ahmed Hassan
132. **Unexpected Adverse Medical & Surgical Health Conditions in Neonates after Elective Cesarean Sections within the Context of the Influence of Local Socidemographic Factors in Babylon** 708
Sijal Fadhil Farhood Al-Joborae, Ihab Raad Abbas Abid Ali; Fadhil Farhood Mekki Al-Joborae
133. **Isolation of MRSA from Drinking water Supplies in Al-Anbar Province, Iraq**..... 715
Shirin Yasin Bdewi, Mohammad Hamid Kareem, Mohammed Mosleh Shwaish, Mustafa Salah Hasan
134. The Predictive Value of Red Cell Distribution (RDW) in Patients with Type 1 and Type 2 Diabetes Mellitus 719
Huda Jabbar Dibby, Radhi Farhod Shlash

X

135. Histopathological Changes Associated with Cutaneous Leishmaniasis in Patients with Baghdad Boil/ South of Iraq 724
Amal Khudair Khalaf
136. Serum Anti-Mullerian Hormone Concentration and Function of The Pituitary-Gonadal Axis in Iraqi Patients with Chronic Kidney Disease 729
Athraa K. Falhi, Noori M. Luaibi, Ali J. Alsaedi
137. Infection Control Measures for Nurses Staff Concerning with Hepatitis B and C at Hemodialysis Unit in Hilla Hospitals..... 735
Ahmed Mohammed Jasim Shlash , Nada KhazalKadhim Hindi , Mohammed Malih Radhi , Baqer Abdulameer Abod Alshemari , Duaa Salman Abd Ali Albaghdadi , Hanan Hassan ZoghairAlmohamadawi, Hajar Sahib Mahdi Mohammed
138. Gingival and Salivary Changes in Correlation with Multiple Sclerosis..... 741
Esra Hassan Abd Ali, Suzan M. Abdul Raheem
139. Impact of Caring Child with Diabetes Mellitus Type1 upon Mothers at Specialized Center for Endocrinology and Diabetes in Baghdad City 748
Khamees Bandar Obaid
140. Measures Self-Esteem among Undergraduate Nursing Students..... 756
Safi Alzeyadi, Saja H. Mohammed
141. Patterns of Haemoglobinopathies Diagnosed by High Performance Liquid Chromatography in Karbala Population and Correlations between Different Hematological Parameters 761
Enass Abdul Kareem Al-Saadi, Duha Maithem Hassan, Wafaa Redha Al-Sabbagh
142. Risk Factors of Acute Otitis Media among Infants Children in Kerbala Pediatric Teaching Hospital: A Case-Control Study 768
Hassan Abdullah Athbi , Haider Nawaf Abed-Ali
143. The impact of L-carnitine Supplement on Semen Variables and the Levels of Sexual Hormones (Serum LH, FSH, Testosterone, and Inhibin) in Males with Infertility 774
Azzawi M.Hadi, Yassir Ismael Abbass, Mazin Anwar Yadgar
144. Assessment of the Understanding of Medical Ethics Subject among Anbar Medical Group Students 779
Waleed AT Al-Ani, Ahmed K. Al-Delaimy
145. Isolation and Identification of Facultative Anaerobic Bacteria from Feces of Pet Dogs 785
SMA AL-Kubaisi, Omar-Althani Shareef Saed, Jassim Mohamed Suleiman, Mustafa Salah Hasan, Maher Saber Owain, Ahmed Sami Jarad
146. Molecular characterization of Eae and Stx₂ genes for *E. coli* O157:H7 isolates from Calves..... 790
Jassim Mohamed Suleiman , Omar-Althani Shareef Saed, SMA AL-Kubaisi, Mustafa Salah Hasan , Maher Saber Owain , Mohammed Ali Hussein , Ahmed Sami Jarad
147. Estimation of Serum Cystatin-C as early marker of Kidney Dysfunction in correlation with Serum Ferritin among β - Thalassemia Major Patients..... 794
Mohammed Abdulrazzaq

148. Comparative Assessment of Patients' Satisfaction in Secondary and Tertiary Outpatients of Marjan Medical City in Babil Across Sectional Study	800
<i>Qais Ismaeel Kadhem, Ameer Kadhim Al-Humairi, Ashraf MA Hussain,</i>	
149. High Levels of Tumor Necrosis Factor-Alpha and Interferon-Gamma in Patients with Gingival Recession.....	806
<i>Sura Dakhil Jassim , Luma Jassim Witwit, Fatima Malik Abood</i>	
150. Efficiency of Aspergillus Species to Produce the Lipase Enzyme from Various Types of Oil Seeds	811
<i>Thakra Ahmed Hamada⁰, Raghad Saad Abdulkreem⁰, Hadeel Mizher Younus⁰</i>	
151. Seroepidemiology of <i>Toxoplasma gondii</i> Infection in Drivers Involved in Road Traffic Accidents in Baghdad City	816
<i>Dunya N. Ahmed, Salwa. S. Mushin, Mamdooh AR.Mohsin</i>	
152. Therapeutic Evaluation of the Partial Movement of the Center of the Nerve Bundle	822
<i>Imad Kadem Yasser, Ahmed Atshan abdalreda, Abbas mohsin Oleiwi</i>	
153. Investigating the Level Of Vitamin E, C and Superoxide Dismutase in Patients with Allergic Asthma and Allergic Asthma with Helminths Infection.....	826
<i>Narjis Abdul Rahman Oudah, Ahmed A. Mohammed, Kareem S. Chead Al-Teea</i>	
154. The Role of Cytomegalovirus (CMV) and Vitamin D in Multiple Sclerosis (MS)	833
<i>Juman Khaleel Al-Sabbagh</i>	
155. Potential Factors Associated with Epilepsy among Epileptic Patients Attending Middle Euphrates Neurosciences Center - Al-Najaf City.....	839
<i>Sahar Adham Ali , Hayder Ibrahim Ali , Hasan Alwan Baiee</i>	
156. Acute Infective Bloody Diarrhea in Children Below Five Years Admitted to Children Welfare Hospital in Medical City - Baghdad During 2015.....	843
<i>Maral F. Thabit, Radhwan R Hussian</i>	
157. Comparison between Hypertensive and Non-Hypertensive Individuals in the Value of Response to Salt Administration.....	849
<i>K.A Al-hilali, Layth Ibrahim AL-Shibbani, Ali Ayad Jabbar</i>	
158. Effect of Lactic Threshold Exercises using us Ginseng in the Development of Some Functional Variables of the Lungs and Lactic Tolerance and the Performance of Complex Offensive Skills in Basketball Youth	853
<i>Rasha Abdul Ameer Jawad, Rana Fadhil , Hussein Menati Saget , Jaafer Ahmed Mahdi</i>	
159. Preoperative Anxiety and Fears among Adult Surgical Patients in Baghdad Teaching Hospital, Iraq.....	860
<i>Kawther Salman Dawood</i>	
160. The Prevalence of Parasitic Infection in Domestic Chicken: A Review.....	866
<i>Yassir Dakheel Kremsh Alasadiy, Arshad Najj Alhasnawi, Farhan AlaAllah Eabaid</i>	
161. Nutritional Status of Primary School Children in Babylon Governorate.....	1026
<i>Ali Jaleel Asser , Hussein Jaseem Mohammed</i>	

XII

162. Prevalence Rate of Depression among Ischemic Heart Diseases Patients in Al-Diwaneya Province / Iraq1033
Abdul Zahra Mohammed Alkafaji , Assel Hamid Risun
163. Deposition of Ta2O5 Film on Commercial Pure Titanium Disk by Modified Reactive Plasma Sputtering Technique..... 1039
Hassan Jawad Farhan, Raghdaa Kareem Jassim, L.Thair
164. Evaluation of the Effect of Endoscopic Sinus Surgery with Medialization of Middle Turbinate..... 1045
Ahmed Adhab Mayan Alzubadi, Laith ali Altimimi, Farah Salih Alaamiri
165. Determination Knowledge of Nurses' Concerning Measurement of Blood Pressure in Emergency Department at Al –Hussein Teaching Hospital in Al-Nasiriya City 1051
Amer Muhasin Naser, Qassim Jawell Odah Abed
166. Thermal Effects of Laser Assisted Endodontic Treatment on The External Root Surface of Deciduous Teeth (in *vitro* study) 1056
Husam Turki Abbas, Hasanain Ibrahim Khaleel, Inam Oleiwi Murad, Ali Imad Al-Khassaki, Ammar Saleh Alalawi
167. Effect of Some Alcoholic Extracts in Reducing the Fat Content of the Liver Tissue in Rat..... 1061
Mohammed Hayder Hamad, Nahla Al-Bakri, Abdul- Razak Labi, Duha Adnan Mahmood
168. Knowledge, Attitude and Practice of Mothers to Neonatal Jaundice..... 1068
Aalan Hadi Al-Zamili, Zainab Allawi Saadoon
169. Measurements of Horizontal condylar inclination by using Cadiax compactII in patients with TMJ clicking before and after different treatments modalities 1074
Hayder Mahdi Idan, Fawaz D. Al-Aswad
170. DCGAN for Handling Imbalanced Malaria Dataset based on Over-Sampling Technique and using CNN1082
Liqaa M.Shooohi, Jamila H.Saud
171. Seroprevalence of Toxoplasmosis Gondii Infection among Pregnant Women in Karbala Governorate 2014-2017 1089
Radha. M. Lefta, Enaas K. AL-Khalide, Murtadha Kanim A.AL-Jebory
172. Fasting Versus Non-Fasting in Assessing Lipid Profile and Complete Blood Picture 1094
Wasan A.Wahab Alsiadi, Abed Sultan Hassan, Malak A. Al-yawer
173. Zinc Deficiency is Associated with Meprin a in Iraqi Patients with Crohn's Disease..... 1100
Fatima A.Mohammad, Fatin Fadhel Alkazazz, Sura A.Abdusattar
174. Knowledge Attitudes and Barriers of Undergraduate Medical Students Towards Research in University of Babylon 1106
Nadia Hussein Sahib, Hasan Alwan Baiee, Hadi Mohammad Ali Al mosawi, Zaid Amjed Al-husseini
175. Macrophage Migration Inhibitory Factor (MIF) Gene Polymorphism of Urothelial Carcinoma Patients in Iraq..... 1113
Ishraq Abdul Ameer Salih
176. Study Impact of Hyperuricemia on the Occurrence of Atrial Fibrillation in Patients Admitted to CCU in Al-Diwaniyah Teaching Hospital..... 1117
Mazin Zamel Al-Shibani, Hend Saddam Asmaaeel

177. Quality of Life of Parents Having Cancer and Non-cancer Children: A Comparative Study..... 1122
Awaiy Ghazy Abdulkareem, Zhian Salah Ramzi, Jamal Ahmad Rashid
178. Sleep habits and Physiological Penal Gland Calcification (A Magnified Topographical Evolution Study)1127
Sattar R. AL-Esawi, Ashwan Abdulzahra Hashim, Zhraa Ayad Jabber, Riyadh W. AL-Esawi
179. Investigation of Microbial and Mineral Contamination of Imported Meat..... 1134
Haider Mashkoor Hussein
180. The Distribution of Hepatitis C Virus Genotypes, Viral Load and Antibody Titer among Iraqi Chronic Hepatitis Patients 1139
Abdel Wahab A. R. Alshaikhly, Zaidoon A. Musa, Ban J. Qasim, Haider F. Ghazi, Wisam J. Mohammed
181. In Vitro Cytotoxicity of Total Alkaloid Extract from *Peganum Harmala* L. Seeds..... 1146
Hala M. N. Al- Saily, PRabab Omran
182. Psychological Factor Affecting on Performance Thinking among the Pupils: Mentally or Spiritually Concerned with the Aspects in Students' Acquisition 1151
Huda Salem Abdul Hussein, Khaled Rahi Hadi, Saad Hassan Alawi
183. Determination of the Critical Care Nurses Knowledge Toward Enteral Tube Feeding in AL-Hilla Teaching Hospitals (Interventional study) 1156
Kathreen Mohammed Aziz, Sahar Adham Ali
184. Comparison between hypertensive and non-hypertensive individuals in the value of response to salt administration 1161
K.A Al-hilali, Layth Ibrahim AL-Shibbani, Ali Ayad Jabbar
185. Molecular Detection of Pathogenic *Entamoeba histolytica* based on Amoebapore C Gene in Fecal Samples of Camels from Babylon Province, Iraq 1166
Qassim Jawad Ameer, Nawras Abdul Bari Madlo'
186. The Role of Hyperglycemia and Coexisting Hypertension in The Development of Diabetic Nephropathy in Type II Diabetes Mellitus 1169
Prof.Dr. Kadhim Abbas Al-Hilali , Mosa Jaafar Mosa , Ahmed Ali Hussein
187. Risk Factors for Congenital Anomalies in Neonatal Intensive Care Unit in Baghdad City..... 1176
Khatam M. Al-Musawi, Adraa H. Shawq, Zainab Majeed, Shahad Zaid, Huda Ibraheem
188. Genetic Polymorphisms of Catalase Enzyme with Hypertension Patients in Babylon Governorate..... 1183
Hussam Abbas Dawood , Farah A. Al-marzook , Rabab Omran
189. Comparison Study of Major Thalassemia, Thalassemia Intermedia of Iraqi Patients and Control Groups for Effectiveness of Liver Enzymes..... 1189
Shatha H. Jwaid, Abbas Mehsen Gata
190. Prevalence of stress and coping behaviors among medical students at University of AL-Qadisiyah..... 1193
Mohammed AL-Zobaidy, Adyan Mostafa, Zahraa Hussien, Mariem Humed Redah, Tagreed Adnan, Haneen Mohammed
191. Assessment of Self-Esteem among Patients with Major Depressive Disorder in Sulaimani City 1199
Taha Ahmad Faraj, Salwa Shakir Muhsin

XIV

192. Evaluation of an Education Program for Elementary School Teachers Regarding Post-Traumatic Stress Disorder among Pupils in Mosul City..... 1206
Nawaf Mohammed Dhahir, Saja Hashem Mohammed
193. Histological Changes in Liver Tissue Resulting from Hydatid Cyst Infection: Comparison between Sheep and Cattle in Iraq..... 1213
Intidhar Mohammed Mnati, Baydaa Hussain Mutlak, Noora Dhyaaldain Abed
194. The Effect of Special Exercises by Using Training Methods to Assist in the Development of Some Motor Abilities and Handstand Skill of Still Rings for Young People 1219
Anmar Atshan Khargan, Sadeq Yousif Muhammad, Hekmat Abdul Sattar Alwan
195. Psychological Analysis of Jenang Kutei Judges in Delivering a Verdict of Matai Bilai and **Cuci Kampong** (Purification Ritual) in **Rejang Lebong** Regency, Bengkulu Province, Indonesia 1225
Emma Ellyani , Khudzaiyah Dimiyati, Absori Absori , Kelik Wardiono, Arief Budiono
196. Mechanism of Family-coping in Treating Patient with Schizophrenia Viewed from Factors that Affected it at Public Health Center of Balowerti, Kediri 1230
Byba Melda Suhita, Prima Dewi Kusumawati, Heri Saputro, Ahmad Yusuf
197. Effectiveness of Stress-Adaptation and Cognitive Behavior (SACB) Model for Independent Health Recovery for Clients with Coronary Heart Disease in the Community 1236
Heni Nurhaeni, Ratna Aryani, Suryati B., Ani Nuraeni
198. The Influence of Massage Therapy on Children Body Temperature which Fever..... 1243
Lia Herliana, Ai Cahyati
199. Celiac Disease in Children with Short Stature (Incidence and Morphometric Study)..... 1249
Mohammed Abdul-Aziz. Hayawi
200. Association of Periventricular Edema Thickness and Optical Perineal Thickness in Hydrocephalus Non Communications by Magnetic Resonance Imaging Examination..... 1256
Noor Anita Humaira, Sri Andreani Utomo, Hari Basuki
201. Outcome of Open Intraperitoneal Dual Mesh Versus on-Lay Mesh for Incisional Hernia Repair 1261
Jassim Mohammed Auib Al Taha
202. Teachers' Knowledge Regarding Attention-Deficit Hyperactivity Disorder between Pupils at Elementary Schools in Mosul City..... 1267
Mohammed Ahmed Sultan Al-Wily, Luay Amjed Mahmood Al-Waly, Radhwan Hussein Ibrahim
203. Prevalence of Childhood Disability in Basrah City Using the Ten Questions Too 1273
Hajer Salim AlMosawi, Sajjad S. Issa, Mohamad A. Akber
204. Antibacterial Properties of New Cement Based Capping Material Prepared from Egg Shell and Biopolymer (Chitosan) 1278
Hemn M. Sarmamy, Dara H. Saeed
205. Bow tie Model of Palliative Care as an Early Approach to Providing care for Patients with Heart Failure..... 1285
Hossein Jafarizadeh, Yaser Moradi, Alireza Rahmani, Amir Mohammad Amini
206. Community Acquired Pneumonia; Chest X-Ray Findings in Three Different Times 1289
Kosar Mohamed Ali

207. Flexible Ureterorenoscopy Versus Extracorporeal Shock Wave Lithotripsy for Treatment of Lower Pole Renal Stones 1296
Mohammed B. Ismail, Hasanain F. Hasan Als-Timimi, Hayder H. Alwan
208. Expression of e-NOS in human placentas of idiopathic Intra Uterine Growth Restriction at term 1302
Mohammed E. Ghanem, Samia A. Eleiwe
209. Demographic, Clinical and Hormonal Characteristics as Predicting Factors Affecting the Outcome of Laparoscopic Ovarian Drilling in Women with Poly Cystic Ovary Syndrome 1308
Shelan Omar Jaafar, Ghada Saadulla Alsakkal, Namir Ghanim Al-Tawil
210. Characteristics of Multidrug Resistant Tuberculosis in Minia, Egypt 1316
*Shimaa Anwer Emam, Eman Mahfouz Kasem, **Amany Edward Sedhom***
211. Variation of Alkalinephosphatase and Transaminases Levels in Different Trimesters of Pregnancy Iraqi Women 1323
Tariq Hafdhi Al-khayat and Rawaa Muayad Al-Quzweny
212. Based Assistance Continuum of Care Can Increase Family Independence in Overcoming Health Problems Pregnant-Women 1329
Rita Yulifah
213. Overweight and Obesity Associated Factors among High School Students: A Cross Sectional Study in Erbil 1336
Sarhang Qadir Ibrahim, Tariq S. Al- Hadithi, Kameran Hassan Ismail
214. The Influence of Disaster Counseling with Animation Video on Preparednes Students in Elementary School in Palu 1342
Imtihanah Amri, Ansariadi, Ridwan Amiruddin, Sukri Palutturi, Anwar Mallongi, Rosmala Nur, Nur Endang Sari
215. The Influence of Breathing Ball Technique on Length of Labor in Phase I Active in Independent Practice, Midwifery Sriwati..... 1347
Muliani, Hastuti Usman, Aspia Lamana, Abd Farid Lewa, Andi Ritna Marumu, Nasrul, Anwar Mallongi
216. Cardiac Emergency Prevention Through Personal and Environmental Factors 1352
Bambang Guruh Irianto, Loetfia Dwi Rahariyani
217. Investigation of *cpa*. and *zpx*. Genes in *Cronobacter sakazakii* Isolation from Clinical Specimens in Thi-Qar Province and 1358
Karrar Khalaf Al-aawadi, Qasim Hassan Weda'a
218. Comparison of Hemorrhoidectomy by Ligasure with Conventional Milligan Morgan's Hemorrhoidectomy 1364
Raisan Mahdi Shoramah Aljabery
219. Women's Reactions and Health Disorders Caused by Abuse During the Pregnancy-Postpartum Period.. 1369
Rosmala Nur, Siti Ika Fitriyah, Anwar Mallongi
220. The Culture and Age of First Marriage on Female Teenagers in West Marawola..... 1375
Rosmala Nur, Muh. Asep Dwitama, Muh. Fadly Nurhaya S Patui, Sitti Radhiah, Elvaria Mantao, Anwar Mallongi

XVI

221. Mother's Behavior in Pregnancy-Puerperal Treatments and Reproductive Health Disorders..... 1381
Rosmala-Nur, Sulaeman Mamar, Indah Puspasari Kiay Demak, Elli Yane B, Radiah, Muh.Rusydi, H , Erina Thursina R,
222. The Influence of Wedge Sea Hare (*Dolabellaauricularia*) Extract and Papaya Juice on Hemoglobin (Hb) and Ferritin Levels of Mice Strain (Balb / C) with Anemia 1387
Sultan Akbar Toruntju, La Banudi, Purnomo Leksono, Mochammad Rahmat, Wa Ode Salma
223. The Relation between Psychological Empowerment and Job Satisfaction among Nurses 1393
Rifaie Yaseen Hameed Al-Hussein
224. Estimation the Level of Follicular Fluid Follistatin in Women Undergoing Intracytoplasmic Sperm Injection 1400
Baydaa Lateef Hameed, Mutaz Sabah Ahmeid , NihadKhalawe Tektook, Hashim Abdulsattar Jabar
225. Serum α -Klotho Level in the Patients Subjected to Hemodialysis in Association with Lipid Profile 1406
Hibah Hasan Ibrahim, Mutaz Sabah Ahmeid, NihadKhalawe Tektook, Hashim Abdulsattar Jabar
226. Molecular detection of some antibiotic resistant genes of bacteria isolated from bloodstream infections of hemodialysis patients 1413
Najlaa Bakr Shaker 1, Khalid Omar Mohammed Ali2
227. Assessment of Butchers Attitudes and Practices Toward Food Safety in Thi-Qar governorate in Iraq 1419
Sameeha Naser Abed, Zahraa Zuhir
228. Nutritional Status for Patients with Hypertension in Hemodialysis Units at Baghdad Teaching Hospital. 1426
Shaymaa M. Hussein
229. Relation of Epstein Barr virus with Interleukin-6 Level among Women with Breast Cancer in Ramadi City 1433
Arkan AbdullahAbbas, Israa Hashim Saadon
230. Assessment of Nutritional Status of Under Five Years Children in Relation to Their Birth Space in Shirqat City 1439
Enas AbdulahYaseen, Nahid Ahmed Hassan
231. Detection of blaCTX-M gene in *Klebsiella* sp. Causing UTIs in Al-Yarmouk Teaching Hospital 1444
Marwan Majeed Ibrahim, Ammar Hameed Howaidy, Omar Mahmood Shakir
232. Alterations in Antioxidants and Trace Element with Interleukin 6 Level in β Thalassemia Major Patients..... 1450
Janan I. Mohammed, Shihab A. Al-Bajari, MotazA.AL.Akashe, Alaa N. Totanje
233. Overweight BMI with and without Regular Exercise in Secondary School Students in Tikrit City 1456
Athraa Essa Ahmed, Shaimaa Essa Ahmed
234. Genotyping diversity of *Echerichia coli* isolated from UTI in Iraqi patients..... 1461
Tabarek Saeb Sabri, Amal A.Kareem
235. Evaluation of the use of HbA1c in the Diagnosis of Impaired Fasting Glucose..... 1468
Raid D. Hashim; Israa Nathir ; Shayma Salman Ali

236. Evaluation the Serum Level of Melatonin in Iraqi Patients with Polycystic Ovarian Syndrome 1474
Ahmed Abduljabbar Hameed, Mutaz Sabah Ahmeid
237. Relation of Some Heavy Metals with Male Infertility 1480
Hussein M. Ali, Qater, Al-Nada A. Kanaem, Mohammad Oda Selman
238. Immunological role of TLR-7 , IL-17A and IL-10 In a Sample of Iraqi Chronic Renal Failure Patients .. 1486
Asaal Abdul-Ghani Shyeea, Mohammed Abdul-Daim Saleh; Nihad Khalawe Tektook
239. Protective Immunity against Virulence Uropathogenic Escherichia Coli in Mice..... 1492
Hussam Sami Awayid, Saif Ali Mohammed, Adnan Kamel Shebeeb
240. Serological and Immunological Determination of Auto-Antibodies Against Myositis-Associated Antigens in Systemic Lupus Erythematosus Patients Using A Novel Immunoblot Assay 1499
Alaa Younis Mahdy Al-Hamadany; Manal Dheyaa Mohammed ; Hussein Abid Sharqi AL-luhaibi , Zainab Adnan Hassan Hadeed
241. The Effects of HIV/AIDS Education on Knowledge, Attitude, and Satisfaction for AIDS Prevention Self Massage on College Students in Korea..... 1506
Ji Min Lee, Sung Jung Hong, Eun Hee Kim
242. The Study on the Empathy of Nurses and the Quality of Nursing Provided to Hospitalized Children Perceived by Nursing Students 1512
Bo-Yun Huh, Jae-Woo Oh, Mi-Ran Kim
243. Relationship between Attitudes to Child Nursing College Students Perceived Punishment, Child Abuse Awareness and Knowledge 1518
So-Ja Jeon, Jae-Woo Oh
244. Reorganization of Learning Objectives Using Ontology Technique 1524
Myung Mi Shin, Su-Jin Han, Hye-Sook Choi
245. Study on the Relationship Trend between Chronic Diseases and Oral Health according to Diabetes Treatment: Focusing on the Local Health Survey for 2015, 2016 and 2017..... 1530
Hye-jeong Hwang, Kwon-Seob So, Kisang Kwon, Kyung-hee Kang
246. The Effects of Dialectical Behavior Therapy(DBT) Skill Training on Depression and Alcohol Abstinence Self-efficacy of Patients with Alcohol Use Disorder..... 1537
Jung-hee Park, Se-jin Ju, Gyun-Young Kang
247. The Effect of Parenting Attitudes and Major Satisfaction on Career Decision Making Self-Efficacy in undergraduate Students..... 1544
Kyung Sook Kim
248. Changes in Chemical Structure of Iopamidol Contrast Agents According to Radiation and Environmental Conditions..... 1551
Beom-Hee Han, Cheong-Hwan Lim, Seung-Hun Jeong
249. Factors affecting the post-anesthetic recovery score and length of stay in the recovery room in elderly patients with hypertension 1556
Sunmi Kim, Myoungjin Kwon

XVIII

250. Influencing Factors on Happiness of Nurses in General Hospitals 1563
Sung-Yun Ahn, Myoung-Jin Kwon
251. Cancer Screening Findings in Korean People with Disabilities: 2016-2017 1569
Soo-Kyung Bok, Youngshin Song, Ga-Won Seo, Yeon-Yong, Kim, Seongjun Ha
252. National Health Screening Program Non-Participation Rates Among Koreans with Brain Injury-
Based Disabilities: 2016–2017 1573
Youngshin Song, Miyoung Lee, Soo-Kyung Bok, Ancho-Lim, Yeon-Yong Kim, Seongjun Ha
253. Comparison of Ventilation Volume and Airway Pressure of an Advanced Airways in Virtual Reality
Ambulance Simulation 1580
Sang-Gyun Roh, Jee-Hee Kim
254. Effects of Social Support and Life Stress of Women in Climacterium on Meaning of Life..... 1587
Ji-Woo Han
255. The Effect of Adult Attachment Types, Gender Role Attitude on the Heterosexual Relationship
Satisfaction in University Students..... 1592
Hee Jeong Kim
256. The Effects of Economic Stress, Career maturity and Major Satisfaction on the Job Stress in Third and
Fourth Grade Students of University 1598
Hee Jeong Kim
257. Major Factors Having Influence on the Subjective Happiness of Korean Youth; From the 13th
KAHBOS Data 1604
Weon-Hee Moon, Myoungjin Kwon
258. Effects of Intervention on Home-Based Environmental Counselling for Children with Severe Allergic
Diseases 1611
Chae-Bong Kim, In-Soon Kang, Hyo-Sun LEE
259. Differences of Emotional Intelligence, Self-Effectiveness and Job Stress Levels by ambulance worker
Personal Characteristics..... 1618
Sang-Gyun Roh, Keun-Hee Kim, Jee-Hee Kim
260. Influence of Job Satisfaction and Burnout on Nursing Service Quality in Long-Term Care Hospitals..... 1623
Hyojin Won, Sung-Yun Ahn, Young-Ju Kim
261. Antimicrobial Effect of Cinnamon Oil Against *Oral Microorganisms*..... 1629
Yeo-Jin Jeong, Jun-Seon Choi
262. Study on Admission Motivation and Institution Selection Intention of Elderly Residing in Long-Term
Care Institutions..... 1633
Yun-Jeong Kim, Boo Hwan Ahn, Kyong Ja Im
263. The Effect of New Nurse’s Peer Satisfaction and Educational Satisfaction on Clinical Performance..... 1640
Myoungjin Kwon, Sun Ae Kim
264. Diagnostic Performance of Multiparametric MR Imaging According to the Location of Prostate Cancer 1647
Jihae An, Keum Won Kim, Jae Young Seo, Young Joog Kim, Min Jae Yoon, Dong Hyun Oh

265. A Study on the Awareness of Community Public Health Project among the Employees in The Public Health Center 1653
Bo-Woo Lee
266. The Health Care Needs of Local Residents in Korea 1660
Misoon Jeon
267. Health Care Needs According to the Life-Cycle of Community Residents 1666
Misoon Jeon
268. Patients and Guardians' Perception on Comprehensive Nursing Care Services 1672
269. Study on the Subjectivity of Medical Professionals Towards Pet Robots 1679
Sunyoung Jang
270. Study on the Relationship between Major Satisfaction, Career Resilience and Career Decision-Making Level 1684
Kihun Ye, Soonyoung Yun, Shinhong Min
271. Manufacture and Useful Evaluation of Educational Mammography Phantom 1690
Dong-Hee Hong
272. The Effects of Hypertension, Dyslipidemia, Myocardial Infarction, and Angina Pectoris on Stress by Cardiovascular Diseases 1696
Yoon-Ho Lee, Hae-Ryoung Park, Sang-Sub Park
273. An Analysis of the Risk of the Infection Disasters by Legal Infectious Disease Outbreak in South Korea 1703
Gwang-Seok Kim, Hae-Ryoung Park, Sang-Sub Park
274. Factors Affecting Nursing Work Performance of Medium Sized Hospital Nurses 1710
Ji-Hyeon Jeon, Sung-Ju Park
275. Effects of Applying Flipped Learning to Simulation Training in Nursing Students 1717
Hyun-Jung Kim, Dahye Park
276. Development of multifunctional cosmetic products with anti-photoaging effect 1723
Eun-Suk Kim, Hye-Jin Kwon
277. A Study on Improvement of Quality of Care-givers to Long Term Care Old Age 1729
Do-Young Lee, Joo-Young Lee
278. Factors Affecting the Clinical Competency of Nursing Students in Pediatric Nursing Clinical Practice... 1736
Sung-Yun Ahn, Young-Ju Kim
279. Development Strategy for National Fitness Award 100 via comparison and Analysis of the Korean Government's Health Policy Projects 1742
Mi-Suk Kim, Sang-Wan Jeon***
280. The Factors affecting Burnout of the Small and Medium Hospital Nurses 1747
HyunMee Park, KyungSook Kim
281. Self-efficacy Mediating Effect in Health Communication Campaign 1754
Jin-Woo Lee

XX

282. The Dual Mediating Effects of Self-esteem and Hope in the Relationship between Boss's Incivility and Life Satisfaction 1760
Yeoun Kyoung Hwang, Dong Hyun Yoon, Chang Seek Lee
283. Study on Minimum Transmission Dose for Establishing X-Ray Imaging 1766
Sinyoung Yu
284. The Effect of Verbal and Non-verbal Violence Experienced at Clinical Training Institutions on Major Satisfaction of Dental Hygiene Students 1772
Jung-Eun Ha, Ki-Hun Ye
285. The Claim State of Dental Institutions for Payment from the NHIC 1777
Bo-Kyung Oh, Eun-Mi Yoo, Min-Young Kim, Hye-Sook Choi
286. Measurement and Analysis of Exposure Dose According to Radiological Survey Films of Dental Hygiene Students in Oral Imaging Practice 1783
Kam Ji Young, Yamaguchi Tokutaro, Lim kun Ok
287. The Effect of Action Observation Training Combined with Intrinsic Muscle Stimulation on the Upper Limb of Function in Stroke Patients 1788
Ha-Na Kim, Bo-Kyoung Song, So-Young Han, Jung-Woo Jeong
288. Recognition of Health and Non-Health Care Related College Students on the Safety Management of Dental Radiography 1793
Sun-Mi Lee, Jung-Eun Ha, Min-Ji Kim
289. Relationship between Pain-induced Temporomandibular Joint Pain According to Cell Phone Use Frequency 1799
Sun-Mi Lee, Jung-Eun Ha, Min-Ji Kim
290. The Effects of Nursing Ethics and Major Satisfaction on Patient Safety Management Activities of Nursing Students 1804
Eun-Ju Kim, Seung-Ju Kang
291. The Effects of Maternity Video and Simulation Based Education on Critical Thinking, Interpersonal Relationship, Self Leadership and Major Satisfaction 1810
Seung-Ju Kang, Eun-Ju Kim
292. Differences of Muscle Activities of Various Bridge Postures Using Thera-band on the Stable Surface ... 1816
Seol-Ah Kang, Soo-Jeong Kwon, Dong-Yoep Lee, Ji-Heon Hong, Jae-Ho Yu, Jin-Seop Kim
293. A Comparison of Muscle Activity Depending on Shoulder Joint Flexion Angle When Conducting Kettle Bell Swing 1821
Ha-Young Baek, Su-Jeong Seol, Dong-Yoep Lee, Ji-Heon Hong, Jae-Ho Yu, Jin-Seop Kim
294. Change in Lower Extremity Muscle Activity with Visual and Noises During Walking 1826
Eun-Hye Kim, Da-Hyun Lee, Su-Bin An, Dong-Yoep Lee, Ji-Heon Hong, Jae-Ho Yu, Jin-Seop Kim
295. Immediate Changes of Shoulder External Rotation Exercise of Various Angle on the Distance of Subacromial Space 1831
Da-Young Choo, Hae-Young Lee, Seung-Hee Jang, Dong-Yoep Lee, Ji-Heon Hong, Jae-Ho Yu, Jin-Seop Kim

296. Effects of Balance Training Using a Wii Fit Balance Board on Balance, Gait and Activities of Daily Living in Patients with Parkinson Disease: A Pilot, Randomized Controlled Trial..... 1837
Jong-Hoon Moon, Jin-Hwa Jung, Hwi-Young Cho
297. Antibacterial Activity of Essential Oils Against *Streptococcus Mutans*..... 1842
Young-Soon Choi, Seoul-Hee Nam
298. A Study on the Emotional Intelligence of Optometrist 1848
Ki-Hun Ye, Jung-Eun Ha
299. The Effect of Cardiac Arrest Simulation Training Using Mechanical CPR Device on Chest Compression Quality of Paramedics in Pre-Hospital 1854
Ji-Won Ahn, Byung-Jun Cho
300. Actual Pressure Ulcer Awareness of a Person in Charge of Pressure Ulcer Management 1860
Ji-Hoon Choi, Cheong-Hwan Lim, Seung-Hun Jeong
301. The factors affecting on Turnover Intention of Nurses 1865
Sung-Ja Yoon
302. Three-dimensional Evaluation of Maxillary Sinus Volume in Different Sex Groups Using Cone-beam Computed Tomography 1871
Eun-Young Jeon, Jeong-Hyun Lee, Sa-Beom Park, Jong-Tae Park
303. Development of Personal Safety Education Program for Nursing Students Using Hybrid Application 1876
Sang-Mee Koo, Rae-Eun Kim
304. Development and Evaluation of Educational Program to Prevent Cervical Cancer among Vietnamese Immigrant Women..... 1882
Tae-Im Kim, Sang-Mee Koo
305. A Study on the Effect of *Eclipta Prostrata* Extract and MTS on the Improvement of Scalp Health and Prevention of Hair Loss for Workers in Their 20s and 30s..... 1888
Chang-Seok Lee, Joo-A Kang, Gyeong-yeon Kim, Gyu-Ri Kim
306. A Study on the Selective Strengthening Exercise of the Quadriceps Muscle According to Various Squat Types 1895
Ga-Ram Jeon, Yi-Won Yu, Motomi To, Ji-Heon Hong, Jae-Ho Yu, Jin-Seop Kim, Dong-Yeop Lee
307. Change of Serratus Anterior Muscle Thickness According to Knee Flexion Angle During Knee-Push Up Plus Exercise on Sling..... 1901
Yun-Ji An, Ye-Ji An, Ji-Heon Hong, Jae-Ho Yu, Jin-Seop Kim, Dong-Yeop Lee
308. A Study on the Recognition of Child Abuse and Countermeasures..... 1907
Shinhong Min
309. Influencing Factors on Mid-Life Well-Being..... 1912
Hae-Kyung Chang
310. Effectiveness of Virtual Reality Based Cognitive Rehabilitation on Cognitive Function, Motivation and Depression in Stroke Patients 1918
Chang-Hyung Lee, Ye-Soon Kim, Jin-Hwa Jung

XXII

311. Development of a Phantom for Low Dose Mammography 1925
Chang- Gyu Kim
312. Medication Supportive Behavior of Mothers with Children with ADHD: A Structural Equation Model... 1931
Myeong-hui Choe, Hyunju Park
313. Comparison of the Effects of Standardized Patient-based Simulation Education and Clinical Practice Education for Preoperative Nursing Care for High-risk Pregnant Women..... 1938
Juhee Hwang, Hyunju Park
314. Antimicrobial Activity of *Coptis chinensis* Extract against Dental Caries 1945
Yu-Ri Choi, Jung-Ok Choi, Seoul-Hee Nam
315. Analysis of Depression and Stress Trends of Families Receiving Basic Life Support for Dementia Patients: Based on the Community Health Survey in 2015, 2016 and 2017 1951
Kyung-hee Kang, Hye-jeong Hwang
316. A Study on the Adjustment to the College Life:Focusing on Mediated Effect of Self-Differentiation..... 1958
Weon-Hee Moon, Jeong-Yeon Kim
317. Study on the Oral Health Attitude and Behaviour and the Changes in Dental Plaque According to the Use of Qraycam 1964
Hyun-Kyung Kang
318. Differences of Passive Ankle Stiffness in Post-Stroke Hemiplegia by Varying Angular Velocity between the Paretic and Non-Paretic Side 1969
Dae-Yeon Lee, Wan-Young Yoon
319. Factors Affecting Subjective Health Status in Adult Male Workers with Metabolic Syndrome Using Seventh Korean National Health and Nutrition Examination Survey (KNHANES, 2016-2018)..... 1974
Lee Kyongeun
320. Factors Influencing Self-rated Health Status in Middle-aged Women with Osteoporosis: Based on the 7th Korea National Health and Nutrition Examination Survey 1981
Kyongeun Lee
321. A Study on Factors Affecting Communication Ability of Korean Nursing Students..... 1987
Young Hee Jeong, Mi Jin Kim
322. The Effects of ICT-based Public Health Center Mobile Health Care Project on Adult Health Risk Factors 1993
Young Ju Lee
323. A Study on the Subjectivity of Organ Donation for Adults 1999
Hye-Won Jeon, Dong-Hee Seo
324. Attitude about Advanced Directives among Middle-aged Using QMethodology 2004
Mi-Young Chon, Hye-Won Jeon
325. Effects of Smartphone Addiction on Radiology Students' Interpersonal Satisfaction..... 2009
Yuxin Huang, Hong-Ryang Jung, Cheong-Hwan Lim

326. Effects of Cognitive Exercise Therapy on Tactile Sensations of the Hands and Activities of Daily Living in Stroke Patients 2014
Jong-Hoon Moon, Jin-Hwa Jung, Hwi-Young Cho
327. Effects of Voice Quality Improvement Program for Professional Voice Users with Functional Voice Disorders..... 2019
Jingren Wang, Hyunju Park
328. The Study of the Correlation between Cognition Function and Quality of Sleep in the Elderly 2024
Ju-Young Park, Yeong-Ae Yang
329. Effects of Acute Exercise Intensities on Blood Lipid and Growth Factors in Middle School Students with Intellectual Disabilities 2028
Hong-Young Jang, Mihyun Lee
330. Comparison of Blue Light Blocking Effects of Tips and Tinted Lenses for Dental Light Curing Machines..... 2035
Sook-Jeong Lee
331. Difference of Health Consciousness According to Living Environment and Economic Level of the Elderly in the Urban-Rural Complex Area..... 2040
Do-Jin Kim, Jong-Hyuck Kim, Il-Young Cho
332. Effects of 8-Week High Intensity Combined Exercise on Body Composition, Blood Lipid and CRP in Obese Middle Aged Men..... 2046
Do-Jin Kim, Jong-Hyuck Kim, Gyu-Ri Kim
333. Effects of Lower Body Muscle Exercise on Blood Lipids and Homocystein..... 2052
Do-Jin Kim, Jong-Hyuck Kim
334. Anticariogenic effect of *Sambucus williamsii* var. *Coreana* NAKAI (*S. Williamsii*) Extract on Against *Streptococcus Mutans* 2058
Seoul-Hee Nam
335. This Development of a Medical Phantom to Evaluate the Function of Low Dose 3D MDCT..... 2063
Chang- Gyu Kim
336. A Study on the Optometrist' Images between Major Students and Non-major Students 2069
Ki-Hun Ye, Jung-Eun Ha
337. The Study of Swedish Massage on Anxiety Situation and PPT in Stressed Office Workers..... 2075
Jae-Gun Seo, Su-Hee Choi, Dong-Yeop Lee
338. Effects of Interest Inducing Activities Programs on the Attention and Self-efficacy of School-aged Children 2080
So-Young Han, Ha-Eun Choi, Min-Ji Kang, So-Hee Kim, Sang-Hee Moon, Su-Jeong Yoon, Geun-Hyung Choi, Jung-Woo Jeong, Ha-Na Kim, Bo-Kyoung Song
339. Comparison of Nurse Teachers and General Teachers and Nurses Happy Planet Index 2085
Oe-Nam Kim, Na-Rae Oh, Su-Yeon Seo

XXIV

340. Cognition and Behavior of Oral Health in Preschool Parents 2091
Su-Jung Lee, Hong-Ryang Jung, Cheong-Hwan Lim, Jong-Hwa Jang
341. Big Data Analysis for Child Well-being on Academic Research..... 2096
Jung-ho Bae, Eunae Burm
342. Effect of Sanitizers and Disinfectants in Staphylococcus Saprophyticus 2101
Jung-ok Choi, Yu-hee Lee
343. The Effect of Task-based upper Limb Training on Activities of Daily Living and Upper Limb Function
in Chronic Stroke Patients 2107
Bo-Kyoung Song, So-Young Han, Jung-Woo Jeong, Ha-Na Kim
344. The Effects of Task-oriented Mirror Therapy on the Upper Extremity Function and Brain Activation
in Chronic Stroke Patients 2112
Kyung-ju Lee, Man-Seok Han
345. An Effect of Communication Training Program on Communication Skills and Empathic Ability 2117
Seon-Ju Sim, Su-min Hong
346. A Study on the Standardization of the 6-Minute Walking Test for Elderly Koreans 2123
Sang Woong Park, Se-Young Kim, Hae-In Kim, Dong Jun Sung, Wonjong Yu
347. Study on the Relationship between General Health and Oral Health According to Diabetes 2128
Hye-jeong Hwang, Kyung-hee Kang
348. Analysis of Factors Affecting the Depression and Quality of Life in the Family Taking Care of
Dementia Patients 2135
Kyung-hee Kang, Kwon-Seob So, Hye-jeong Hwang
349. Effects of Low-Dye Taping Applied to Chronic Stroke Patients on Gait Speed 2142
Eun-Ja Kim, Dae-hun Kim, Shin-Jun Park
350. The Effect of Participation in Mentoring Program on Adjustment to College Life, Major Satisfaction,
and Interpersonal Relationship Skill in the Nursing Students 2147
Eun-Hee Shin, Gyun-Young Kang
351. Evaluation of Effective Sound Insulation Method for Noise Generated by MRI 2153
Jung-Hoon Lee
352. Impact of Trademark Rights on a Company's Financial Performance: Focusing on Pharmaceutical
Industry in South Korea 2158
Myung-Sun Na, Kwan-Sik Na, Incha Park
353. The Effect of Recognition Level of Korean Elderly Long-Term Care Insurance System on Effectiveness
Recognition 2164
Hye-yeong Do, Yun-Jeong Kim
354. The Effect of Power of Agility of Core Stabilization Exercise by the Musical Type 2170
Myung-Chul Kim, Hae-In Kim

355. Policy Roadmap for Development Process and Re-establishing Women Friendly City Policy in Korea- Focusing on the Case of Dangjin City..... 2176
Yun-Jeong Kim, Hyun-Jung Kang, Min-Jung Kim, Sun-Young Seo, Sang-Jin Lee, Jun-Ho Lim, Jin-Ah Chung
356. Effectiveness of Video Recording and Self-Evaluation for Skill Training in Undergraduate Nursing Education..... 2181
Mi-Ran Eom, Sun Kyung Kim, Mi-Hyeon Park
357. The Effects of Depression and Anxiety on Psychological Well-being of College Students: Focusing on the Emotional Perception Clarity 2187
Young Joo Lee
358. A Comparative Study on Life Satisfaction on the Disabled Elderly and the Disabled Middle Aged..... 2193
Da-Yeon Shim, Su-Sun Park
359. Evaluation of Chest Compression Quality and Appropriateness in the Pediatric Cardiopulmonary Resuscitation..... 2199
Jin-Hwa Kim, Jee-Hee Kim, Hyun-Jung Kim
360. Factors Influencing Internet Game Addiction in Middle School Students..... 2205
Eun Young Do, Yeon Ran Hong
361. Factors Influencing on-line Game Addiction of Children 2211
Yeon Ran Hong, Eun Young Do
362. A Study on the Factors Affecting Depression of the Disabled People in Korea..... 2217
Da-Yeon Shim, Su-Sun Park
363. A Study on the Status and Improvement of Physical & Mental Health for Middle-aged People 2223
Sung-hui Cho, Su-Sun Park, Kyoung-Ran Hwang
364. Skin Care Behaviors for Wellaging in Male Adults 2228
Jae-Young Park, Myung-Sun Lee
365. Relationship between Body Image, Growth Mindset, Grit, and Successful Aging in Korean Elderly: Moderated Mediation Effect of Hope..... 2234
Yeoun Kyoung Hwang, Chang Seek Lee
366. Effects of Various Deadlifts on the Muscle Activity of the Trunk and Lower Extremity 2241
Byoung-Hyoun Moon, Young-Jin Lim, Ji-Won Kim
367. Factors Influencing Nursing Performance of Clinical Nurses: Focusing Communication Competency and Job Satisfaction 2246
Hyo-Suk Song, Sung-Hwan Bang, Byung-Jun Cho, So-Hee Lim
368. The Effects of Domestic Abuse Experience and Stress on Depression of Adolescents: The Moderated Mediation Effect of Teacher Relations..... 2252
Chang-Seek Lee, Eun-Kyung Ryu
369. The Effect of Workers' Smartphone Addiction on Depression: Dual Mediation of Growth Mindset and Impulsiveness..... 2259
Chang-Seek Lee, Ha-Young Jang

XXVI

370. Perceived Health Status, Psychological Well-Being and Health Promotion Behavior of College Students 2265
In-Sook Park, Tae-Kyung Kim
371. Risk Analysis of Metabolic Syndrome Affecting Osteoarthritis: Focused on the 6th Korean National Health and Nutrition Survey 2271
Jin-Hee Kim, Weon-Hee Moon
372. The Effects of Critical Thinking Disposition, Perception of Others and Empathy on Communication Competency among Students Majoring in Nursing 2276
Hyea-Kyung Lee, Eun-Hee Shin
373. Changes in the Health-related Quality of Life among Korean Adults: Data Comparison between 2007 and 2017 2283
Myoung-Hee Kim
374. Effects of VR-based Rehabilitation Video for Visual Vertigo on Autonomic Nervous System and Subjective Immersion and Interest in the Elderly 2290
Chung-Yoo Kim, In-Bae Kim, Jong-Ho Kang²
375. Factors Affecting Health-related Quality of Life for Subjects with Breast Cancer 2296
Myoung-Hee Kim
376. The Influence of Self-Efficacy, Self-Esteem, Aging Anxiety on Successful Aging in Middle-Aged Women 2303
Jin-Hui Cho
377. The Influence of Social Network and Depression on Successful Aging in the Elderly 2309
Yeon-Sook Kim, Jin-Hui Cho
378. The Effect of Healthcare Service of Employees at a Workplace Using Mobile 2315
Byung-Hyun Noh, Mi-Joon Lee, Seong-Gu Kwon, Byoung-Ki Kim
379. Actor and Partner Effects of Self-Efficacy and Social Support on the Colorectal Cancer Screening Behavior of Husbands and Wives: Based on the Actor-Partner Interdependence Model 2321
Jisun Lee
380. The Correlation of the Star Excursion Balance test, Star Excursion Balance Test, Visual Feedback Balance Test 2326
Young-Jin Lim, Byoung-Hyoun Moon Ji-Won Kim
381. Study the Association between the Thyroid Autoimmunity Markers and Polycystic Ovary Syndrome in Euthyroid Women 2331
Nassrin Malik Aubead

Synergy of Government and Regional Government Authority in Providing Health Guarantee for Communities in Indonesia

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Abstract

The main idea of the government was to form a special institution to handle social security for the community in 2004, which was through the Social Security System Act. With the provisions of this law, in 2011, the Republic of Indonesia Law No. 24 of 2011 concerning the Social Security Organizing Agency (BPJS) and implementing regulations. On another aspect, the social security system is certainly difficult to implement if the system is not integrated between the central government and regional governments. With an integrated system, a social security system in the health sector will be built, this is in line with Law No. 23 of 2014 concerning Regional Government, where one of the concurrent affairs in the health sector. The purpose of this research is to analyze the synergy of the authority of the government and regional governments in implementing social security in the health sector by using qualitative methods and normative juridical approaches.

Keywords: Health Insurance, Synergy, Government

Introduction

Social and economic development as one of the implementation of national development policies has produced a lot of progress, including increasing the welfare of the people. The welfare must be enjoyed sustainably, fairly and equally to reach all people. (1) In opening the 1945 Constitution of the Republic of Indonesia it was mandated that the aim of the state was to improve the welfare of the people. In the Fourth Amendment to the 1945 Constitution of the Republic of Indonesia, the objective was further emphasized by developing a social security system for the welfare of all people. (2) One form of social security provided in the health sector.

In order to improve health protection for the people of Indonesia, it is necessary to review the health service system, where health services are a mandatory part of responsibility Country given to the community. Health service is one of the fundamental rights of the

community whose provision must be carried out by the government as mandated in the 1945 Constitution article 28 H paragraph (1) Every person has the right to live in physical and spiritual prosperity, to live and have a good and healthy living environment and has the right to receive health services. Service is an activity that is invisible (cannot be touched) that occurs as a result of interactions between consumers and caricatures or other things provided by service providers that are intended to solve the problems of consumers or customers. (3) In the administration of government, which is based on the provisions of Law No. 21, 2014 regarding Regional Government, in general, the administration of health in the field of health is carried out jointly between the government and regional government, then jointly between the government and regional government, making the obligation for the government and local governments to fulfill the health of every citizen, especially for the poor.

In the provisions of Chapter II Determination of Criteria and Data Collection of the Poor and Poor People.

Section 2:

(1) The criteria for the poor and disadvantaged are determined by the Minister after coordinating with the

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minister and / or leaders of the relevant institutions.

(2) Criteria for the Poor and Poor People as referred to in paragraph (1) shall be the basis for the institutions conducting government affairs in the field of statistics to conduct data collection.”

Section 3

“The results of the data collection of the poor and disadvantaged people carried out by institutions that carry out government affairs in the field of statistics are verified and validated by the Minister to be integrated data.”

With an integrated system, it is expected that the management of the health service system can be carried out significantly by the State.

Research Methodology

In research, the object of research is one of the instruments that needs to be the basis for efforts to determine the research method to be carried out by a researcher. In general, the research method used is doctrinal with normative juridical approaches.

Findings and Discussion

Fulfillment of the constitutional rights of every State in the field of health is an attempt by the State to carry out its obligations. Law Number 24 of 2011 which stipulates that social security is administered by the Social Security Assistance Agency (BPJS) consisting of BPJS Health, which is implemented from January 1, 2014, the National Health Insurance (JKN) as a health insurance system for all Indonesian citizens is carried out throughout health service agents ranging from hospitals to puskesmas aimed at all levels of society.⁽⁴⁾ With this institution, it is expected to be able to provide maximum health services to the community,⁽⁵⁾ so that the level of community welfare can be achieved.

The existence of BPJS Health as an Implementing Body is a public legal entity formed to organize a health insurance program for all Indonesians. The purpose of the implementation of the National Health Insurance program is to meet the proper public health needs provided to everyone who has paid contributions or whose contributions have been paid by the Government. With the Law No. 40 of 2004 concerning the National Social Security System, in 2011 PT Askes (Persero) was officially appointed as the Health Social Security

Administering Board (BPJS) which covers the health insurance of all Indonesians as stipulated in Law No. 24 of 2011 concerning BPJS. The National Health Insurance Program (JKN) organized by BPJS Health has started to be implemented since January 1, 2014.⁽⁶⁾ This period is the period of integration of the health system in Indonesia organized by the government through the Social Security Management Agency (BPJS) and the Regional Government through its Regional Stuan Organization Organization, namely the Health Office.

In the period of 2015 the implementation of the National Health Insurance Program in Indonesia has been carried out, but for 1 Year 3 months the implementation of JKN there are still a lot of homework that must continue to be addressed by the government and all parties involved. To achieve the National Social Health Insurance (JKSN / AKN) for all residents a comprehensive mapping is needed covering aspects of regulation, membership, health services, benefit packages, service networks, funding, management, and other resources. In the end, the progress of the JKN program will highly depend on public confidence in the performance of the BPJS as the main implementer of the JKN program. Complaints from participants, doctors, and other health facilities must also be accommodated.⁽⁶⁾ By accommodating the interests of all, it is expected to be able to provide health services based on public service standards and synergize government and local government policies.⁽⁷⁾

⁵ Law No. 40 of 2004 concerning the National Social Security System (SJSN) is the effort of the Republic of Indonesia in the field of legislation in ensuring the fulfillment of the right to health for the entire population. The law states that the government is responsible for the availability of services, the availability of access to both facilities and information, the availability of equal resources, and the seeking of feasibility and affordability in the health sector. Furthermore, the government is also responsible for administering health insurance through the national social health insurance system for each of its citizens. Sustainability of Law No. 40 of 2004 concerning SJSN is the issuance of Law of the Republic of Indonesia No. 24 of 2011 concerning the Social Security Organizing Agency (BPJS). The law explains BPJS consists of BPJS Health and BPJS Employment. BPJS Health is a government policy program to organize National Health Insurance. BPJS Health has been implemented since January 1, 2014. In the implementation of the BPJS program, there are many

obstacles faced by one of them the potential funding deficit which increases every year. Based on data from the Health BPJS in 2014 the BPJS experienced a deficit of 1.94 Trillion, at the end of 2015 the BPJS had a deficit of 5.85 Trillion and according to the Director of Development Planning BPJS Mundiharno the potential for deficit in 2016 was around 9.2 Trillion.⁽⁸⁾

In implementing the SJSN Law and the BPJS Law, the government implemented its policies through Government Regulations and Presidential Regulations, one of which is Presidential Regulation No.12 / 2013 on Health Insurance which experienced three changes, the first change being Presidential Regulation No. 111 of 2013, the second amendment to Presidential Regulation No. 19 of 2016 concerning Health Insurance and the third amendment to Presidential Regulation No. 28 of 2016 concerning Health Insurance. The second amendment to Presidential Regulation No. 19 of 2016 was carried out with the spirit to improve the conditions of the implementation of the National Health Insurance, among others, to meet the adequacy of contributions, regulate membership, regulate fines, regulate fraud prevention. However, in its implementation only within a period of not more than thirty days the Presidential Regulation was changed to Presidential Regulation No. 28 of 2016. Presidential Regulation No.19 of 2016 concerning Health Insurance has yet had time to be implemented, it has been changed to Presidential Regulation No.19 of 2016 concerning Health Insurance. In the system theory described by Easton, a policy-making process begins with an input process that describes all requests that require a problem-solving solution, resources and support from the existing environment, all variables in the input process will be processed in a process to make a policy where in the process there will be dynamics of the policy making process and the interaction of the various actors involved and produce its output in the form of a solution that becomes public policy. A policy analysis needs to be done to be able to see why the output of the policy change is happening so fast, because this process can perfect these National Health Insurance policies and can be implemented properly and in accordance with the constitutional and statutory mandates. The purpose of this study is to analyze the rapid changes in JKN policy; Presidential Regulation No. 19 of 2016 concerning Health Insurance becomes Presidential Regulation No. 28 of 2016 concerning Health Insurance.⁽⁸⁾

In essence, social security in the health sector, began to be developed. Countries in the world through

international health agencies WHO has agreed to achieve Universal Health Coverage (UHC) in 2014. UHC is a health system that ensures every citizen in the population has fair access to services quality promotive, preventive, curative and rehabilitative health at an affordable cost that includes two core elements in it namely access to fair and quality health services for every citizen, and protection of financial risks when citizens use health services where the Indonesian state is currently located in the transition to coverage of universal health services.⁽⁹⁾ With this system, public health can be achieved.

In Indonesia the understanding and capability of the regions in managing Jamkesda are still different from one another, especially in the framework of achieving Universal Health Coverage, as evidenced by only 4 provinces that have achieved Universal Health Coverage (UHC). The number of provinces that only guarantee non-Jamkesmas poor participants reached 27 provinces (81.81%), and 2 provinces (6.06%) using SKTM (Certificate of Disability).⁽¹⁰⁾

In order to provide health protection to the community through the Indonesia Health Card-Health Insurance Program (JKN-KIS), the role of the Regional Government is expected to be present in efforts to improve the quality of the JKN-KIS program in accordance with the mandate of Law Number 40 of 2004 concerning the National Social Security System. At present the Regional Government integrating the regional health insurance program (Jamkesda) into the JKN-KIS Program has increased and it is hoped that all Regional Governments can do the same, in addition to many other things that can be done by the Regional Government in supporting the implementation of the JKN-KIS Program continuous. "BPJS Health together with local and regional governments and other stakeholders can work together to achieve 100% participation or targeted universal coverage to be realized on January 1, 2019. At present the coverage of JKN-KIS participants in Indonesia has reached 170.9 million or around 70%. The local government can optimize the Jamkesda budget and be integrated with the JKN-KIS Program. The legal basis or Jamkesda integration policy (population registered by the Regional Government) is clear, in accordance with, Presidential Regulation No. 12 Number 111 of 2013, Presidential Regulation Number 74 of 2014 concerning Guidelines for the Preparation of a Social Security and Employment Sector Road Map, Perpres Number 19 Year 2016 jo. Perpres 28 of 2016 concerning Health Insurance, Letter of the Minister of

Home Affairs number 440/3890 / SJ dated October 19, 2016.

The number of Jamkesda integration participants as of November 2016 is 15,151,350 people. Of the 34 provinces 32 provinces have integrated part or all of the District / City Jamkesda in their regions. There are 15 provinces that contribute through sharing of contributions / participants in Jamkesda integration financing with varying patterns, for example 40% of contributions are paid by the provincial government, 60% by Pemkab / Pemkot. The 15 provinces are Aceh, North Sumatra, Riau, West Sumatra, Bengkulu, Bangka Belitung, Jakarta, Banten, Central Java, West Java, Central Kalimantan, NTB, West Sulawesi, Gorontalo, South Sulawesi. Referring to BPJS Health data, 378 Jamkesda districts / cities have been integrated into the JKN-KIS program. Then, there are 4 provinces which can be categorized as Universal Health Coverage (UHC) or JKN-KIS membership of the population > 95%, namely DKI Jakarta Province, Aceh Province, West Papua Province, Gorontalo Province.⁽¹¹⁾ A good management system for social security institutions in the form of BPJS Health is as an effort to provide protection to the community in the health sector.

Conclusion

The social security system established is to provide social protection to the community. Law No. 40 of 2004 concerning SJSN is the issuance of Law of the Republic of Indonesia No. 24 of 2011 concerning the Social Security Organizing Agency (BPJS). The law explains BPJS consists of BPJS Health and BPJS Employment. BPJS Health is a government policy program to organize National Health Insurance. Being an effort to create a social security system in the health sector, synergy efforts are needed, therefore concurrent affairs in the health sector can be carried out jointly between the government and the regional government and the Health Social Security institutions formed based on legislation. In this case, there are certainly many elements that must be addressed, so that in order to realize effective and efficient improvements, it may be necessary to take action steps based on scientifically determined priority sequences, for example based on difficulty and usefulness.⁽¹²⁾

Ethical Clearance: Yes

Conflict of Interest: No

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