Project Report

BASELINE DATA SURVEY

THE FACULTY OF PUBLIC HEALTH
ACEH MUHAMMADIAH UNIVERSITY

IN COOPERATION WITH

SAVE THE CHILDREN

AT

SUB-DISTRICTS OF:

- PULO ACEH
- MEURAXA
- BAITUSALAM
- SYIAH KUALA

YEAR 2002

ACKNOWLEDGMENT

TABLE OF CONTENTS

LIST OF FIGURE

LIST OF TABLES

BASELINE DATA SURVEY
IN SAVE THE CHILDREN IMPACT AREAS

INTRODUCTION

Baseline data from impact areas is needed to start Coming Home Program of Save the Children. Some data are available in some resources; Puskesmas (Community Health Center), sub-district office, formal village leader, etc. Some others can be gotten by direct observation. Certain data related to the community usually are not available in those resources, because data system is not as well as expected, otherwise many data resources in Aceh have no valid data anymore while conflict event.

Base on the previous data; there are about 4069 households in 21 villages at Save the Children impact area. To get the relevant and valid data about the community member, a project for baseline data collection is needed. This project is designed to gathering out data from Save the Children's impact areas; include information about health, women and youth.

Selected outcome indicator of intermediate results for the Coming Home program have been identified, and will be collected through a baseline and end line survey questionnaire for mother and youth. The objective of the baseline survey is therefore to collect baseline information about the

indicators that will be used to measure outcomes of program implementation.

Public Health Faculty of Muhammadiyah University has many resources and experiences in conducting survey. This institution has conducted this baseline survey project in 4 initial impact areas of Save the Children, consisted of Baitussalam, Meuraxa, Syiah Kuala and Pulo Aceh sub-district.

BASELINE DATA SURVEY PROCESS

Baseline Data Survey is conducted in two phases:

Phase 1 consists of preparation period (July 21- September 2, 02) with the following activities:

- Committee coordination meeting on implementation strategy of POA (Plan Of Action) with supervisors
- Data collector recruitment and selection
- Data collector training
- Committee coordination meeting with data collectors & supervisors
- Questionnaire test
- Survey material purchasing
- Security clearance
- Insurance
- Confirmation of survey conducting preparation result with SC

Phase 2 consists of implementation activities (September 3-October 15, 02) namely:

- Committee coordination meeting on data collecting with supervisors and data collectors
- Confirmation the implementation activities with the Impact Areas.
- Orientation meeting with village leaders and assistance at the village level.
- Data collecting
- Data checking and sorting
- Data handing over to data analysis team
- Data entry operator training

- Data compiling and cleaning
- Data entry & processing
- Data analysis
- Data presentation by analysis team
- Output survey writing
- Committee coordination meeting for completing survey result report
- Revision of survey result report
- Handing over of survey result report to SC

Seven experienced teaching staff supervised the survey. Forty-two experienced Public Health Faculty Graduates in conducting survey used to collect the data. Two persons conducted the survey in each village for 21 villages in the SC Impact Areas. One supervisor supervised each 3 village. The Rector and Dean had closely monitored and supervised the survey.

TIME SCHEDULE

NO.	Activities	Date	Responsible Person
Preparation			
1	Committee coordination meeting on implementation strategy of POA with supervisors	21-Jul-02	FAA
2	Data collector recruitment & selection	18 s/d 31-Jul-02	ANW
3	Data collector training preparation	10-Aug-02	ANW/HAN
4	Data collector training	12-Aug-02	ANW/HAN
5	Committee coordination meeting with data collector and supervisors	13-Aug-02	ANW
6	Questionnaire test	14-Aug-02	HAN
7	Survey material purchasing	10 s/d 15-August-02	HAN
8	Questionnaire revision	15-Aug-02	
9	Insurance	10-Aug-02	FAA

10	Confirmation of survey conducting preparation result with Save the Children	19-Aug-02	FAA
	Actuating		
1	Committee coordination meeting with data collector and supervisors	3-Sept-02	NAS/TSA
2	Confirmation of survey activities with Save the Children	13-September-02	NAS
3	Orientation meeting with the community leaders and village assistants from each village (1 supervisor for 3 village)	14 September-02	NAS
	Data collecting	14-22 Sept, 02	TSA
4	Documentation	14 September up to the end	TSA
5	Data hand-over to data analysis team	24 Sept-02	NAS
6	Data entry operator training	25-Sep-02	AS/IDW
7	Data entry & processing	25-30 Sept-02	AS/IDW
8	Data analysis	30 Sept- Oct 6, 2002	AS/IDW
9	Output survey report writing	Oct 6 – Oct 11 -02	AN
10	Committee coordination meeting for completing survey result report	Oct 11-02	FAA
11	Revision of survey result report	Oct 12-14-02	AN
12	Hand-over of survey result report to SC	October 15 -02	FAA

Abbreviations:

FAA : Drs. Fauzi Ali Amin, M.Kes
TSA : T. Samsul Alam, SKM, MNSc
HAN : Drs. Hanafiah, M.Kes
AS : Asnawi, SKM, MHSM
AJ : Dr. H. Anwar Jakfar, MS
IDW : Drs. Idwar, M.Kes
NAS : Nasruddinsyah, SH
AN : Asniar, S.Kp

RESEARCH METHODOLOGY

Research Design

The design of this research is descriptive explorative, with a rapid survey approach (Survey Research).

Population

The research population is mothers of a child less than 23 months years of age and youths in year 2002, at Sub-district of Pulo Aceh, Meuraxa, Baitussalam and Syiah Kuala. The amount of real population is unidentified.

Sample

In case of the researcher could not identify the real population proportion, the formula below has to be used to estimate the population proportion.

$$n = [Z^2_{1-\alpha/2} \; P\,(1-P)]/d^2$$

n = Sample proportion with unidentified population proportion

$Z^2_{1-\alpha/2}$ = A standard score, expressed in terms of standard deviation for the mean.

For level of significance 90%,Z= 1.645; for level of significance 95%, Z = 1.960; and for level of significance 99%, Z= 2.576.

P = unidentified population

P	P(1 – P)
0.5	0.25
0.4	0.24
0.3	0.21
0.2	0.16
0.1	0.09

d = level of accuracy, varies from 0.01 – 0.25

To make the most representative observation, the researcher should choose P = 0.5 with P(1-P) = 0.25, with d=0.05. Then, the formula below is used:

$n = Z^2_{1-\alpha/2} [0.25]/ d$

$n = [2.576]^2 [0.25]/[0.05]^2$

$n = 663.5776$

$n = 664$

A sample size of 664 will be needed to achieve the level of significance 99% in estimating population proportion of mother of child less than 23 months years of age, as well as the sample size of youths. There would be 1328 samples for data gathering with *Probability Purposive Sampling*.

To determine the sample size per village, the researcher uses the formula below:

$$\frac{\text{Head of household proportion per village/}}{\text{Total proportion of household head}} \text{ X Sample Size}$$

The sample size per village is listed in table below:

Probability Purposive Sampling

NO.	Impact Area	Head of House Hold per Village	Sample Size per Village*	
			Mother	Youth
Baitussalam Sub-District				
1	Cot Paya	172	28	28
2	Lambada Lhok	379	62	62
3	Kling Meuruya	110	18	18
4	Klieng Cot Aron	116	19	19
5	Lam Asan	80	13	13
6	Labuy	126	21	21
7	Lam ujong	108	18	18
8	Mireuk Lam Reudup	310	51	51
9	Lampineung	110	18	18
Syiah Kuala Sub-District				
1	Deah Raya	212	35	35
2	Tibang	276	45	45
3	Alu Naga	430	70	70
Meuraxa Sub-District				
1	Ule Lheue	635	104	104
2	Deah Baro	214	35	35
Pulo Aceh Sub-District				
1	Lhoh	101	16	16
2	Lampuyang	229	37	37
3	Paloh	56	9	9
4	Blang Situngkoh	56	9	9
5	Ulee Paya	48	8	8
6	Gugop	198	32	32
7	Seurampong	103	17	17
TOTAL		4069	664	664

Research sample :
- mothers : 664 youths : 664

Data Collecting Process

The instrument used for data collecting is two sets of questionnaire, survey of mother baseline questionnaire and survey of youth baseline questionnaire. Based on the sample size of both populations (mother of child less than 23 months years of age & youths 12-18 years old), the amount of instrument for measuring the data is 1328 questionnaire

The instrument tested by interviewing the mothers with the children under 23 months and youths in some locations, in which the community had almost the same characteristic with 4 sub-district targeted. The interviewers are graduate students of Public Health Faculty, Aceh Muhammadiyah University, and supervised by lecturer staff. Before the data collecting conducted, the interviewers had been trained in using interview technique and filling the questionnaire.

After a lot of preparation, which took 15 meetings to be held, the data collecting process started on September 14, 2002, with consideration of National Immunization Day or PIN (Pekan Imunisasi Nasional) which were taking place few days before September12. This consideration was addressed to prevent the bias on the data, because many villages had started PIN earlier than September 12 and it would finish on September 12.

During the process, many obstacles were faced. The lack of coordination with Save the Children's Field Coordinator before the data collecting begun, caused the data collecting team got confused and disoriented with the conditions or circumstances in the 4 sub-district, especially in Pulo Aceh sub-district. For instance, in Pulo Aceh, the team had to rent some motorcycles, which were not included in the budget estimation, and also had to arrange the new strategy because of the location of houses were extremely scattered.

Many natural factors also affected the process. One of them happened in Alue Naga village. When the data collectors were displaying the seven cards, which were used to answer the question of State Hope Scale, suddenly the wind blew up the cards. It caused the data collectors had to run to catch it and continued the interview. Some interview had to take place during the night, because the respondents were only at home in that time.

But, with the hard work of data collectors and supervisors, the process still could achieve one-week target. The overall process was considered successful. The communities well came on the team very well. Most of them were very cooperative to participate in the process.

THE PROCESS OF DATA ANALYSIS

The process of data analysis includes a number of the following activities; namely: data editing and coding; data entry, merger of data; cleaning data; and data analysis. Ten persons conducted data editing; coding; and entry. They had gotten a special training before. The majority of them who were selected for this task are the students who have passed the course of Computer Introduction (1 CP) and Computer Application for Research (3 CP). For this special processing data analysis, we also provided them with 8 hours training and the extensive supervise during the editing, coding and entry processing.

Data Analysis

Data base questionnaire program and entry processing were prepared and conducted by using Epi-Info Software Program. A special program database that developed by World Health Organization (WHO) and it has used in the world wide of WHO countries. This program also teaches in a lot schools of public health in the world. This software also provides a Check Program that was used to gain the quality of data entry. With this program, the computers give a special sound or sign to remember the operator that they have entered the wrong code. For example, if valid number must be entered are 1 or 2, then the operator entry number 3 for example, the computer will reject this number. In the words, we have tried

to gain a high standard of quality of data entry. Ten computers were used in data entry processing and then compilation or merge of data was conducted by using Merge Program. After cleaning data processing completed and check & recheck were finished, then data were transferred or exported to SPPS for Windows Version 10.0 to analyze it.

First of all, the frequency analysis was conducted for all variables in general and the analysis was conducted for each districts. Besides, the frequency for the fixed number that already exist in the questionnaire, the frequency also conducted for a number questions that needed more explanation or other specify (qualitative answers). For a number of numerical data, such as age, year attended schools and total score, the figure and descriptive statistical such as mean, standard deviation also reported. Analysis of Variance (ANOVA) was conducted to investigate whether there is a difference the average of age of respondent, total score among the sub-districts

SURVEY RESULTS

The Respondent

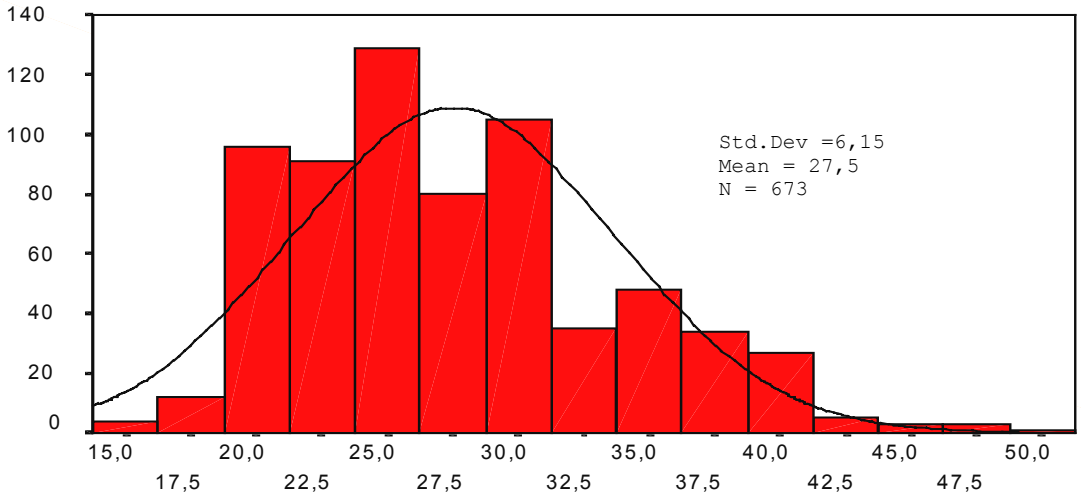
The total of respondents were analyzed a much as 1334 respondents, that is 673 respondent for Mother Survey and 661 for Youth Survey. In other words, there are six respondents excess than it was written in the MOU. There are 3 respondents for the Youth Survey, should be excluded from analysis because of the validity of concern.

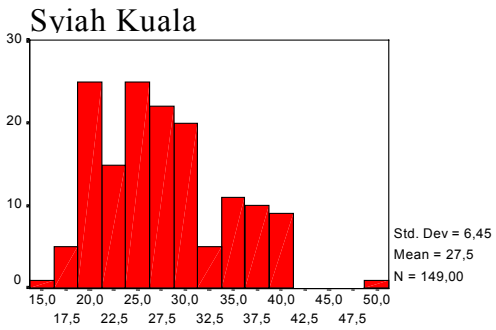
SURVEY OF MOTHERS

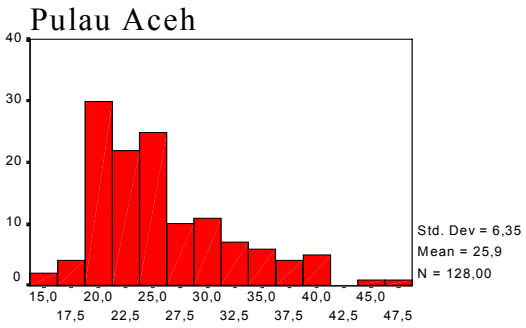
The Age of Respondent

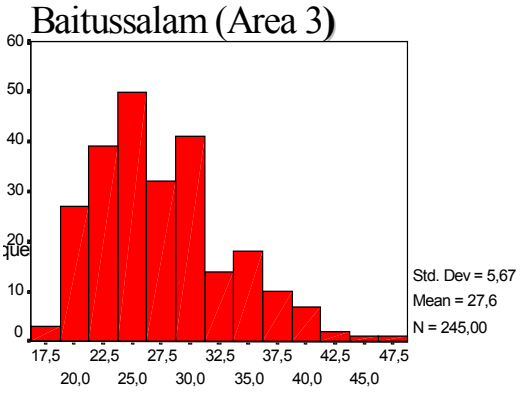
The average age of respondent is 28 year olds with standard deviation is 6 years. The youngest is 15 year olds and the oldest is 49 year olds. Mother's minimum age was 15 years, and maximum age was 49 years. It means that many mothers had high risk pregnancy, 26.5% mother were pregnant in the age more than 30 years, and 3.9% mothers were pregnant in the age less than 20 years. The age distribution can be seen from the following figure. From the figure also can be seen that there are a different mean of age among sub-districts and the different of shape in each of figure.

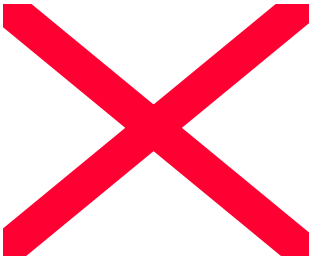
FIGURE 1
DISTRIBUTION THE AGE OF RESPONDENTS
IN EACH OF SUB-DISTRICT











For more detail, the distribution of age respondent can be seen from figure of Steam-and-Leaf Plot (Figure 2). From both figures, it seems that majority

of mother in sub-district Pulo Aceh getting married younger than other sub-districts. Otherwise, in sub-district 4, a lot of respondents there got married around the age of 28 year olds. The different of these ages may be associated with social economic status. Furthermore, it seems attributable to the knowledge of respondent. In the other section, it can be seen that there is a different score of attitude toward a number of questions, particularly for the questions number 21 through 26

FIGURE 2
STEM-AND-LEAF PLOT DISTRIBUTION OF RESPONDENT'S AGE.

Syiah Kuala (Area 1)

```
Frequency    Stem &  Leaf

      ,00       1 .
     2,00       1 .  67
     6,00       1 .  888899
    23,00       2 .  00000000000000001111111
    15,00       2 .  222222333333333
    17,00       2 .  44444444555555555
    22,00       2 .  6666666677777777777777
    16,00       2 .  8888888899999999
    12,00       3 .  000000000111
     5,00       3 .  22333
     8,00       3 .  44455555
     8,00       3 .  66677777
     9,00       3 .  888889999
     5,00       4 .  00001
     1,00 Extremes    (>=49)

 Stem width:        10
```

Pulau Aceh Sub-District (Area 2)

```
Frequency    Stem &  Leaf

     1,00       1 .  5
     2,00       1 .  67
     5,00       1 .  88899
    28,00       2 .  00000000000000000011111111111
    22,00       2 .  2222222222222333333333
    18,00       2 .  4444444445555555555
    13,00       2 .  6666666777777
     6,00       2 .  888899
     9,00       3 .  000000111
     7,00       3 .  2222233
     6,00       3 .  455555
     2,00       3 .  77
     2,00       3 .  88
     5,00       4 .  00000
     2,00 Extremes    (>=45)

 Stem width:        10
```

Baitussalam (Area 3)

```
 Frequency    Stem &  Leaf

      2,00       1 .  77
      5,00       1 .  89999
     23,00       2 .  00000000000000111111111
     39,00       2 .  22222222222222233333333333333333333333333
     29,00       2 .  44444444444555555555555555
     38,00       2 .  66666666666666666666777777777777777777
     28,00       2 .  88888888888888899999999999
     28,00       3 .  00000000000000000000001111111
     14,00       3 .  22222222223333
     17,00       3 .  44455555555555555
      6,00       3 .  677777
      6,00       3 .  888889
      6,00       4 .  000000
      4,00 Extremes    (>=43)

  Stem width:        10
  Each leaf:       1 case(s)
```

Meuraxa (Area 4)

```
Frequency    Stem &  Leaf

     1,00       1 .  5
      ,00       1 .
     2,00       1 .  99
    12,00       2 .  000111111111
    15,00       2 .  222222233333333
    22,00       2 .  4444444444444555555555
    14,00       2 .  66666667777777
    21,00       2 .  888888888999999999999
    21,00       3 .  000000000011111111111
     9,00       3 .  222222233
    10,00       3 .  4455555555
     9,00       3 .  666777777
     6,00       3 .  888899
     4,00       4 .  0011
     3,00       4 .  222
     2,00 Extremes    (>=45)

 Stem width:        10
 Each leaf:       1 case(s)
```

standard 6,4 in in sub-district Syiah Kuala, 28 year old with deviation standard 6.3 in sub-district Pulo Aceh; 27 years old with deviation

standard 5.67 in sub-district Baitusaalam; and 28 year olds with deviation standard 6.5 in sub-district Meuraxa.

Based on test of Homogeneity of Variances resulted P value 0,294 which indicates that it is proper to use the test of ANOVA to see the differences of age among sub-districts. ANOVA Test results are F 5,88 and P value 0,001. So that we can conclude that there is significance difference in respondents' age in every sub-district. These indicate that programs, which will be implemented by Save the Children Aceh, are necessary to take into account these differences.

The Age of children

The average age of child was 11 months old, with deviation standard was 7 months old; 51% of them were female. It means that there was no sex difference in child under 2 years old population.

The Dweller of Respondent

From 673 respondents, 67 mothers had lived there less than one year. Most of them had lived there more than one year. It ranges from one year until 49 years. 90.3% mothers said that their home right now was their usual place of resident. 9.2% mothers said that it was not their usual place

of resident. The rest of them didn't answer the question. 71.9% mothers said they rent or own the home.

The Vegetable Garden

Unfortunately, 84.7% mother didn't have vegetable garden, while 15.2% had vegetable garden, and the rest of them said they have no idea about vegetable garden.

Transportation

As much as 73.7% families used walking or public transportation as primary means of transportation; 21.2% mothers had motorcycles, and the rest of them had bicycle or car as their primary means of transportation.

The Social Activities

It is almost 52.6% mothers never involved actively in social or community activities; only 33.6% mothers involved actively in religious group. The rest of them involved in women's saving group (10.5%); development committee (1%).

Maternal Education

It is only 29% mothers attended formal school for 6 years, 22% mothers attended school for 9 years, and 22.4% mothers attended school for 12 years. The rest of them attended school for less than 6 years or more than 12 years with 3.7% mothers never attended formal school.

Biological Father and Head of House Hold

As much as 97.8% fathers of child less than 2 years of age lived in the household. Only 2.2% didn't live together with the family. The parents might be having divorce or the father passed away.

Maternal Employment

As much as 91.2% mothers had their husband as the head of household. Only 2.8% mothers were the head of household. The rest of them have their relative as the household head, which could be their sister, father, both parents, grandfather, and father in law. It is almost 80.8% mothers didn't work outside of the home to earn money. The rest of them had different kinds of work namely 4.9% mothers did handcrafts work, 3.9% mothers were salaried worker; 2.2% mothers did selling food; 1.6% mothers were shop keeper or street vendor; and 1.5% mother did harvesting work to earn money. 4.3% mothers had other kind of work to earn money, such as working in bank, brick fabric, midwife, apothecary, fishing/oyster, or had home business.

Child Care While Away From Home

As much as 81.6% mothers had their children taken care by their mother (child's grandmother) while they were being away from home. Only 8.3% had their children taken care by their husbands. The rest of mothers had their children taken care by their older children; other relatives such as their sister, nephew, aunts, cousins; neighbors/friend; nursery school; or they took the child along with them while they were away from home.

Decision Maker in the Family

In the family, mother more frequently become a decision maker to determine the time to go to the health clinic than to determine how much money to spend on food or clothes and school materials for children.

TABLE 1.
DISTRIBUTION OF MOTHERS BASED ON HER ROLE
AS DECISION MAKER IN SPENDING MONEY

Frequency in time	Percentage of mothers as decision maker in spending money		
	For food	For clothes and school material for children	For time to go to the Health Clinic
None of the time	24.2%	23.2%	10.1%
Some of the time	39.7%	38.8%	31.5%
Most of the time	9.2%	10.1%	21.0%
All of the time	26.6%	27.5%	37%
Don't know	0.3%	0.4%	0.4%

Safety

TABLE 2.
DISTRIBUTION OF MOTHERS BASED ON THEIR SAFE FEELING

Frequency in time	Percentage of mothers who feel safe		
	Inside their own home	Going outside their home	On a day to day basis
None of the time	0.6%	1.0%	0.9%
Very little of the time	1.6%	0.7%	1.3%
Some of the time	7.9%	18.1%	15.6%
Most of the time	12.0%	19.9%	15.5%
All of the time	77.0%	33.7%	62.0%
Don't know	0.9%	99.0%	4.8%

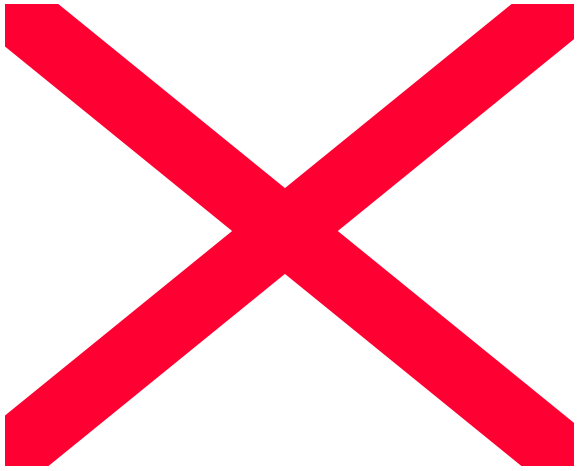
More mothers (38.6%) are able to make known their concerns for their own and/their child's well-being and safety without fear for some of the time, than only for none of the time (11.7%), very little of the time (5.2%), most of the time (11.4%), all of the time (24.7%). The rest of mothers had no idea about it.

When data collectors asked mother to think of the last time they were concerned for they own and/or their child's well-being and safety, 67% mother can't/didn't remember it. Only 27.8% mothers said that they had expressed the concern, mostly to their husband (18.3% of them), also to father, doctor, mother, sister, friends, husband's family, neighbors, etc. As a result of expressing their concern on it, 25.9% mothers considered that conditions were improved. The rest were considered nothing happened (2.1%) and have no idea about it (3.9%)

State Hope Scale

After summing responses of mothers to question 21 through 26 (state hope scale), the average score were 25.24; with deviation standard 7.8. It means that the average mother's answer was slightly false for each question on state hope scale. Detail of score can be seen in Figure Table 3 below.

FIGURE 3
THE DISTRIBUTION OF SUM SCORE THE QUESTION 21 THROUGH 26



TABEL 3
THE PERCENTAGES OF MOTHER'S STATE HOPE SCALE

No	THE QUESTIONS OF STATE HOPE SCALE	The Percentages of Respondent's State Hope							
		1	2	3	4	5	6	7	SUM
1	How you think abouth your selft ringt now	4	7	19	10	17	26	17	100
2	At the present time, I am energetically pursuing my goal	14	14	16	9	17	19	12	100
3	There are lots of way around any problem that I am facing now	3	6	22	12	18	27	12	100
4	Right now, I see myself as beeing pretty successful	9	15	26	9	20	14	7	100
5	I can think of many ways to reach my current goal	10	15	18	11	18	19	8	100
6	At this time, I am meeting the goals that I have set for myself	14	20	18	9	18	19	9	100

Note:
1 = Definitely False
2 = Mostly False
3 = Somewhat False
4 = Slightly False
5 = Slightly True
6 = Mostly True
7 = Definitely True

Mean sum score the question number 21 through 26 and deviation standard in sub-district Syiahkuala, Pulo Aceh, Baitussalam and Meuraxa are 27 with deviation standard 7.2; 27 with deviation standard 7.6; 27 with deviation standard 8.2; and 27 with deviation standard 7.8 respectively. P

value Test of Homogeneity of variance show 0.263. It means, ANOVA test is correct to use. Anova Test results are F 6.958 with P value <0.0001.

So that we can conclude that there is significane difference in sum score the question number 21 through 26. Again, this indicate that programs which will be implemented are necessary to take into account this differences.

HEALTH CONTACTS AND SOURCES OF HEALTH INFORMATION

Vitamin A in Last Six Months

As much as 64.9% mothers said that their children had taken Vitamin A during the last six-months. The rest of mothers said that their children hadn't taken vitamin A during the last six months, and 0.4% mothers said that they had no idea about it.

Frequency of Contacts

The table below will show the frequency of mother's health contact during the last six months.

TABLE 4.
DISTRIBUTION OF MOTHER'S HEALTH CONTACTS

Health contacts	Frequency of mother's contact		
	0 time (never)	1-3 times (sometimes)	4 or more times (Frequently)
Doctor	65.2%	30.2%	4.6%
Nurse/Midwife	51.3%	41.6%	7.1%
Community Health Worker	71.2%	25.7%	3.1%
Health educator	92.4%	7.1%	0.4%
Growth Monitoring Person	95.5%	3.7%	0.7%
Trained Birth Attendant	95.4%	4.0%	0.6%
Traditional Healer	95.4%	4.0%	0.6%

The table showed that very few health contacts conducted by mothers in the last six months. It could be only happened when they or family members got sick.

Sources of Information

Mothers got information about health and nutrition from informal network and formal network. Tables 5 & 6 below show the specific percentage of

such network. One mother could get information from more than one source.

TABLE 5.
MOTHERS' INFORMAL NETWORK OF HEALTH OR NUTRITION INFORMATION

Sources of Information	Percentage of frequency
Husband	18.7%
Mother/Mother in law	11.0%
Sister	6.5%
Grandparents	0.4%
Aunt	0.9%
Friend/neighbor	29.0%
Village leader	4.5%
Traditional healer	1.6%

TABLE 6.
MOTHERS' FORMAL NETWORK OF HEALTH OR NUTRITION INFORMATION

Sources of Information	Percentage of frequency
Growth Monitoring person	5.2%
Community health worker	45.5%
Health educator	10.4%
Trained birth attendant	2.4%
Village midwife	56.9%
Nurse/midwife	13.2%
Doctor	18.0%
Others	3.6%

Most of mothers informally got health or nutrition information from their friends and neighbors. Village midwife that lived and gave health services in their neighborhoods mostly delivered formal health or nutrition information to mother. Village midwife had played active role in providing health or nutrition information in community. It seems that other formal

network should be encouraged to provide health and nutrition information for mothers.

Mass Media and Health Educator

Mass media and health educator should play an active role in providing health messages for mothers. One mother could get health messages from more than one resource. Table 7 below shows the frequency of mothers provided.

TABLE 7.
MOTHERS WHO GOT HEALTH MESSAGES FROM MASS MEDIA AND HEALTH EDUCATOR

Mass Media & Health Educator	Percentage of Mothers
Radio	27.5%
Newspapers	11.6%
Television	44.0%
Health Educator	12.3%
Community Health Worker	41.8%

It seems that television had become more effective media in conveying health messages for mothers comparing to others media, and even more effective than health educator and community health worker. Although newspaper also providing health messages, it seems that mothers had lack of interest in reading or maybe because it took some money to buy it. Newspaper could be less/undistributed to their villages.

PRENATAL

Prenatal Check Up

Most of mothers got their prenatal care provided by village midwife (85.6%), while the rest of mothers had their prenatal care provided by doctor (14.7%), nurse/midwife (6.5%), traditional birth attendant (6.2%), community health worker (5.5%), and other (0.7%) such as midwifery clinic. Unfortunately, 6.7% mothers never got prenatal care, including prenatal check up.

Number of time for prenatal care during pregnancy could be seen in table below:

TABLE 8
DISTRIBUTION OF PRENATAL CARE'S NUMBER OF TIMES

Number of times	Percentage of mothers
0	34.0
1	4.0
2	8.6
3	11.9
4	8.2
5	10.1
6	5.6
7	6.7
8	3.6
10	3.3
11	1.2

TT Injections

TT injections are one of preventive action to reduce infant mortality rate. It will prevent the baby from neonatal tetanus disease, which kills many babies. This kind of disease is convulsions after birth. Unfortunately, more mothers were not given TT injections (47.8%) than mothers who were given it (45.9%). The rest of mothers even had no idea about it.

Possession of A Maternal Health Card

As much as 90.6% mothers had no maternal health card or no maternal cards were available. Only 3.7% mothers who had maternal health card, while 5.6% mothers didn't know about it.

Number of Prenatal Visit and tetanus Toxoid (TT) Injections

The mothers who had maternal card were mostly did the prenatal visit for one, three and nine times. Only 3.3% of them had records of first TT injections in their cards, and 2.7% of them had records of second TT injections in their cards.

Iron Tablets

As much as 77% mothers received or bought iron tablets or iron syrup when they were pregnant, while 33% the rest of mothers did not receive or buy any iron tablets when they were pregnant. More mothers took the

tablets or syrup for 30 days. Only 11.6% mothers did not know anything about it.

POSTPARTUM CARE

Postpartum Check

As much as 65.2% mothers checked their health after their babies were born. 50.7% mothers check their health few days after delivery; most of them did it on the same day of delivery or at the next day of delivery.10.8% mothers checked theirs health few week after delivery, most of them checked it at the first week; 47% mothers were checked their health by village midwife.

Check on Baby's Health

When checking their health, 47.7% mothers also had their baby's health checked. 35.5% mothers had some other post partum check, which mostly did by village midwife (22.7%). At that time, 26.2% mothers had their babies' health checked as well.

Vitamin A Supplementation

In the first two months after delivery, 69.2% mothers did not receive a vitamin A dose. 30.0% mothers received it, and 0.4% mothers did not know about it.

CHILDHOOD IMMUNIZATIONS

Vaccination Card

As much as 66% children had no vaccination cards or KMS (Kartu Menuju Sehat) with them. Some of them did not keep it at home and some of them never had a card. Community health workers or midwives kept it at posyandu or their clinics; 33.9% children had vaccination cards with them, and the rest of mothers (only 0.1%) did not know about it.

Recording Vaccinations

From 33,9% respondent who could show vaccination cards, we got the data about the type of vaccination the children got, as following:

- ✓ 29.6% children had BCG records on their cards;
- ✓ 14.3% children had Polio 0 records on their cards (Polio which given at birth); 30.6% children had Polio 1 records on their cards; 24.2% children had Polio 2 records on their cards; 19.6% children had Polio 3 records on their cards;
- ✓ 26.6% children had DPT 1 records on their cards; 21.2% children had DPT 2 records on their cards; 17.8% children had DPT 3 records on their cards;
- ✓ 11.7% children had Measles records on their cards.
- ✓ 13.1% children had Vitamin A records on their cards.

- ✓ 38.5% mothers did not remember how many times their children get vaccinated.

Vaccinations (For Children with A Card)

From 228 respondent who had immunization cards, as much as 74% children, ever received some vaccination to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign, that were not recorded on their cards. The rest of them had never received such immunization (25%) or did not know about it (1%).

Vaccinations During Immunizations Campaign

As much as 76.2% children ever received some vaccination to prevent him/her from getting diseases, including Polio vaccinations received in a national immunization day campaign. The rest of them had never received such immunization (22.7%) or did not know about it (1%).

Vaccination for Children

- ✓ 52.2% children, received BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar; 47.5% children did not received that kind of immunization, and the rest of them (0.3%) did not know about it.
- ✓ 83.8% children, received Polio vaccine, that is, drops in the mouth; 15.9% children did not receive it, and the rest of them did not know about it
- ✓ 65.7% children did not receive first Polio vaccine just after birth, but they received it later. 19.3% children received Polio vaccine just after birth.
- ✓ Children, received polio vaccines, for one time (37.1%); two times (16.9%); three times (15.8%); and four times (12.8%). But, 17.4% children never received polio vaccine.
- ✓ 50.7% mothers said that their children had received DPT vaccination, that is, an injection given in the thigh or buttock, sometimes at the same time as Polio drops; 44.1% mothers said that children did not receive DPT vaccination at the same time with Polio drops.; and the rest of them had no idea about it.
- ✓ Children, received DPT vaccination for three times (22.4%), one time (13.5%); two times (7.0%); four times (0.4%), 18% never received DPT vaccination and the rest of them (38,5%) had no idea about it.

- ✓ 70.9% mother said that their children had not received injection to prevent measles; 23.3% mothers said that their children had received such injections; and 5.8% of them said that they did not know about it.

DIARRHEA CASE MANAGEMENT

Diarrhea in Last Two weeks

As much as 82.3% mothers said that their children had not had diarrhea in the last two weeks; 17.5% mothers said that their children had had a diarrhea, and the rest of mother said that they did not know about it.

Treatment of Diarrhea

The following table lists the type of treatment her child received for diarrhea in the last two weeks. The treatment may have been given by anyone, not just the mother.

TABLE 9.
THE TYPE OF TREATMENT CHILDREN RECEIVED FOR DIARRHEA.

Type of Treatment for Diarrhea	Percentage of children received
Nothing	13.44
Fluid from ORS packet	30.25
Home-made fluid	8.40
Pill or syrup	65.55
Injection	0.84
Intravenous	2.46
Home remedies/Herbal medicines	13.11
Others, such as seeing doctors, change the formula milk, etc.	2.54

Fluid Intake during Diarrhea Episode

In the last two weeks, when their children had diarrhea, most of mothers breastfed him/her the same as usual (39.83%); and more than usual (33.90%); 9.32% mothers breastfed their children less than usual; and 14.41% mothers did not breastfeed their children. The rest of mothers did not know about it (2.54%).

Then, still when their children had diarrhea, only 48.30% mothers offered more than usual to drink. 36.44% mothers offered same amount to drink; and 12.71% mothers offered less than usual to drink. The rest of mothers did not breastfeed children (0.85%) and did not know about it (1.69%).

Food Intake during Diarrheal Episode

When their children had diarrhea, in the last two weeks, 44.07% mothers offered less than usual to eat; 41.52% mothers offered same amount to drink; and 12.71% mothers offered more than usual to drink. The rest of mothers did not know about it (1.69%).

Advice, Treatment, and Decision-Making for Diarrhea

As much 72.88% mothers with child-suffered diarrhea, in the last two weeks, seeked treatment or advice from someone outside of the home, while 27.12% mothers did not do it.

ORS (Oral Re-hydration Solution) Preparation

TABLE 10.
SOURCE OF ADVICE OR TREATMENT FOR DIARRHEA

Source of Advice/Treatment for Diarrhea	Percentage (%)
Hospital	8.1
Heath center	55.8
Heath Post	1.2
Clinic	13.9
Other Health Facility	12.8
Traditional practitioner	1.2
Friend/relative	3.5
Other source	3.5

Other health facilities that provided advice/treatment were midwife, doctor who held independent health service, etc. Other source, which was meant in the above table, was friend/relatives, neighbor, etc.

The one who decided that mothers should go there for advice or treatment were mothers themselves (62.79%); Husband (48.84%); children's grandmother (20.93%); mother in law (9.30%); friend/neighbor (11.63%). As much as 52.5% mothers could describe ORS (Oral Re-hydration Solution) correctly; 36.8% mothers described it incorrectly; and the rest of them never heard of ORS.

Household Hand-Washing Facility

As much as 91.5% household did not have a special place for hand washing.

Quality of Household Hand-Washing Facility

In 8.5% household equipped with a special place for hand washing, 4.3% of it had water/Tap; 3.6% of it had soap, ash or others; and 3.9% of it had basin.

Mothers Hand-Washing Practices

TABLE 11
TIME OF MOTHERS' HAND WASHING PRACTICES

Time of hand washing practices	Percentage (%)
Never	11.7
Before food preparation	44.1
Before feeding children	41.5
After defecation	36.6
After attending to a child who has defecated	38.5
Other	14.9

Other time which was meant in the list was such as whenever the hands assumed dirty, when getting out of bed, when throwing wastes, and whenever it was assumed necessary, sometimes, when taking a bath, when holding fish, when sweeping the garden, before eating, after doing house work, etc.

ACUTE RESPIRATORY INFECTIONS (ARI)

Most of mothers (68.5%) could not name the most danger signs of pneumonia. Only 31.5% mothers could describe it as cough accompanied by short, rapid breathing or difficult breathing.

Illness with A Cough in The Last Two Weeks

Only 27.6% children had an illness with a cough any time in the last two weeks.

Cough with Short, Fast Breaths or Difficult Breathing

From 186 the children who had an illness with a cough, as much as 49% of them had trouble breathing or breathed faster than usual with short, fast breathes. When it happened, 86% mothers seek advice or treatment for the cough/fast breathing. Some of them did it at the same day (44%); in the next day (29%); in two days (11%); and three or more days (15%). Mostly, they visited health center. The rest of them visited hospital, health post, clinic, field/community health worker, other health facilities (such as midwife, doctor, etc), traditional practitioner, and others (such as making traditional medicines, friends/relatives, etc). The one who decided to visit the place was mother (48%); husband (29%), children's grandmother (23%), mother in law (14%), friend/neighbor (13%). As much as 32%

mother went anywhere else for advice or treatment for children's cough and fast/difficult breathing. Many of them visited health center (52%) or clinic (20%) for the next treatment or advice; while others visited other places.

COMPLEMENTARY FEEDING

From the following table, we obtain a better picture of the variety of child's diet. The mother was asked about the type of liquids and foods given to her child the day preceding the interview.

TABLE 12.
TYPE OF FOOD EATEN BY CHILDREN

Type of food	Percentage of children who ate the food
Food made from grains	79.9
Pumpkin, red or yellow yams or squash, carrots, or red sweet potatoes	23.9
Food made from roots or tubers (such as white potatoes, white yams, manioc, cassava, or other local roots/tubers)	10
Leafy vegetables	41
Mango, papaya (or other local Vitamin A rich fruits)	18.1
Other fruits or vegetables (e.g. bananas, apples/sauce, avocados, tomatoes)	44.4
Meat, poultry, fish, shellfish, or eggs	38.3
Food made from legumes (e.g. lentils, beans, soybeans, pulses, or peanut)	17.4
Cheese or yogurt	4.0
Food made with oil, fat or butter	14.0

As much 66.1% children never ate semi-solid (mashed or puree) food during the day or at night on the day preceding the interview. The rest of

children ate it for one time (3.4%); 2 times (6.8%), three times (7.1%); four tomes (3.3%); five times (1%); six times (0.6%), 9 times (0.4%).

GROWTH MONITORING

As much as 78.9% children were weighed at birth; while 21% children were not.

Growth Monitoring Card

Most of children had no growth monitoring cards (63%). The mothers might never have a card or the cards were not available. Children with growth monitoring cards (36.8%), 81.5% of them were had been weighed in the last four months.

SURVEY OF YOUTH

The Age of Respondent

The average age of respondents were 14.92 year old, with deviation standard were 1.86 years. The minimum age was 12 and the maximum age was 18.

Youth Education

The average years which youth attended school was 8.31 years, with deviation standard was 2.11 years. The maximum years attended school was 13.

Biological Parents and Head of House Hold

As much as 94.4% youth lived together with his/her biological mothers; but only 87.1% youth lived together with his/her biological father. 0.3% youth could not answer whether they lived together with their biological mother or father. It is 85.8% youth said that father was the head of household. The rest of them said that it was the mother (9.2%); female relative (1%) such as sister, male relative (2%) such as brother, uncle, brother in law, etc; or others (2%) such as step father, grandfather, grandmother, or he/she her/his self; who became the head of house hold.

Place of Resident

As much as 96.7% youth said that the places they stayed right now were their usual places of residence. 0.3% youth said that it was not the usual place of resident, while other 0.3% had no response on it. It is almost 90% youth had lived than for more than 12 months. More youth had lived there for 13 years (16.2%). They had lived there for years, range from 1 up to 18 years.

The following table describes the type of social or community activities in which youth were actively involved. One youth could be involved in more than one activity.

TABLE 13
TYPE OF SOCIAL OR COMMUNITY ACTIVITIES

Type of activities	Percentage of youth involved
None	43.4
Religious group	35.6
Development committee	3.3
Women's saving group	1.4
Other	25.1
Can't answer	0.8

Substance Abuse

The number of youth, who experienced substance abuse in the last time before interviewing taking place, is listed in table below.

TABLE 14.
DISTRIBUTION OF YOUTH BASED ON THE TYPE OF SUBSTANCE ABUSE AND THE LAST TIME IT HAPPENED

Type of Substance Abuse	Never (%)	This week (%)	Last Month (%)	More than a month ago (%)	Can't answer (%)
Drank alcohol	97.1	1.1	0.5	0.5	0.9
Smoked marijuana	94.6	1.4	1.2	2.4	0.5
Sniffed glue	93.9	0.9	1.4	2.0	1.8
Heroin, speed, and/or pharmaceuticals	95.9	1.2	0.6	1.1	1.2

Safety

TABLE 15
DISTRIBUTION OF YOUTH BASED ON THEIR SAFE FEELING

Frequency in time	Percentage of mothers who feel safe		
	Inside their own home	Going outside their home	On a day to day basis
None of the time	4.1	1.4	1.4
Very little of the time	0.2	2.0	1.7
Some of the time	6.5	16.7	20.0
Most of the time	11.3	15.3	15.6
All of the time	77.5	64.2	59.6
Don't know	0.3	0.5	1.8

More youth (44.6%) were able to make known their concerns for their own well-being and safety without fear for some of the time, than only for none of the time (21.3%), most of the time (12.9%), all of the time (13.1%). The rest of youth (7.9%) had no idea about it.

When youth were asked by data collectors to think of the last time they were concerned for their own well-being and safety, 69.7% youth can't/didn't remember it. Only 25.8% youth said that they had expressed the concern, mostly to their friend (6.1% of them), also to mother, brother, uncle, fathers, both parents, sister, family, cousins, classmates, close friends or kept it for them selves.

As a result of expressing their concern on it, 20.6% youth considered that conditions were improved. The rest were considered nothing happened (4.4%) and have no idea about it (3.6%).

State Hope Scale

After summing responses of youth to question 18 through 23 (state hope scale), the average score were 28.1879. It means the average answers of youth were slightly false or slight true for each question on state hope scale. For more detail description of youth's answers on state hope scale, please look at the following table and figures.

TABLE 16
THE PERCENTAGE OF STATE HOPE SCALE

NO.	THE QUESTION OF STATE HOPE SCALE	THE PERCENTAGE OF RESPONDENT'S STATE HOPE							
		1	2	3	4	5	6	7	SUM
1	If I should find myself in a jam, I could think of many ways to get out of it.	3	6.5	20.1	8.5	22.5	26.3	13	100
2	At the present time, I am energetically pursuing my goals.	2.3	4.4	8.9	6.5	13	34.6	30.3	100
3	There are a lot of ways around any problem that I am facing now.	2.9	7.1	19.2	13.2	24.7	24.4	8.6	100
4	Right now, I see myself as being pretty successful.	12.1	17.3	20.9	10.6	21.2	14.1	3.8	100
5	I can think of many ways to reach my current goals.	4.5	4.5	16.2	8.8	19.8	30.9	15.3	100
6	At this time, I am meeting the goals that I have set for myself.	5.7	7.9	13.2	8.5	18.2	28	18.6	100

Note:
1 = Definitely False
2 = Mostly False
3 = Somewhat False
4 = Slightly False
5 = Slightly True
6 = Mostly True
7 = Definitely True

FIGURE 4
DISTRIBUTION THE SUM OF SCORE
FOR THE QUESTIONS OF STATE HOPE SCALE

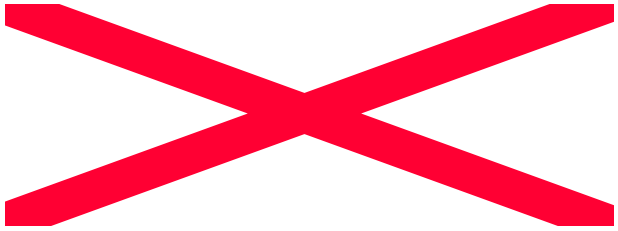


FIGURE 5
STEM-AND-LEAF PLOT SUM SQORE FOR THE QUESTIONS
OF STATE HOPE SCALE

Sub=district Syiahkuala

Frequency		Stem &	Leaf
1,00	Extremes		(=<11)
2,00		1 .	55
2,00		1 .	77
2,00		1 .	89
5,00		2 .	00011
15,00		2 .	222223333333333
10,00		2 .	4444445555
10,00		2 .	6666677777
11,00		2 .	88888888999
20,00		3 .	00000000000111111111
18,00		3 .	222222222222333333
21,00		3 .	444444444444445555555
19,00		3 .	6666666667777777777
10,00		3 .	8888889999
3,00		4 .	011
1,00		4 .	2

Stem width: 10,00
Each leaf: 1 case(s)

Sub-district Pulo Aceh

Frequency	Stem &	Leaf
,00	1 .	
2,00	1 .	23
3,00	1 .	445
7,00	1 .	6677777
5,00	1 .	88888
15,00	2 .	000001111111111
9,00	2 .	233333333
15,00	2 .	444444444445555
18,00	2 .	6666666667777777777
12,00	2 .	888899999999
15,00	3 .	000001111111111
12,00	3 .	222222223333
7,00	3 .	4444555
6,00	3 .	666677
1,00	3 .	8

Stem width: 10,00
Each leaf: 1 case(s)

Sub-distrcit Baitussalam

Frequency		Stem &	Leaf
7,00	Extremes		(=<14)
4,00		1 .	5555
6,00		1 .	677777
5,00		1 .	88889
8,00		2 .	00011111
15,00		2 .	222223333333333
12,00		2 .	445555555555
17,00		2 .	66666666667777777
33,00		2 .	88888888888888888999999999999999
34,00		3 .	00000000000000011111111111111111
41,00		3 .	22222222222222222222233333333333333333
25,00		3 .	4444444444444444445555555
16,00		3 .	6666666666777777
12,00		3 .	888888899999
11,00		4 .	00000001111
2,00		4 .	22

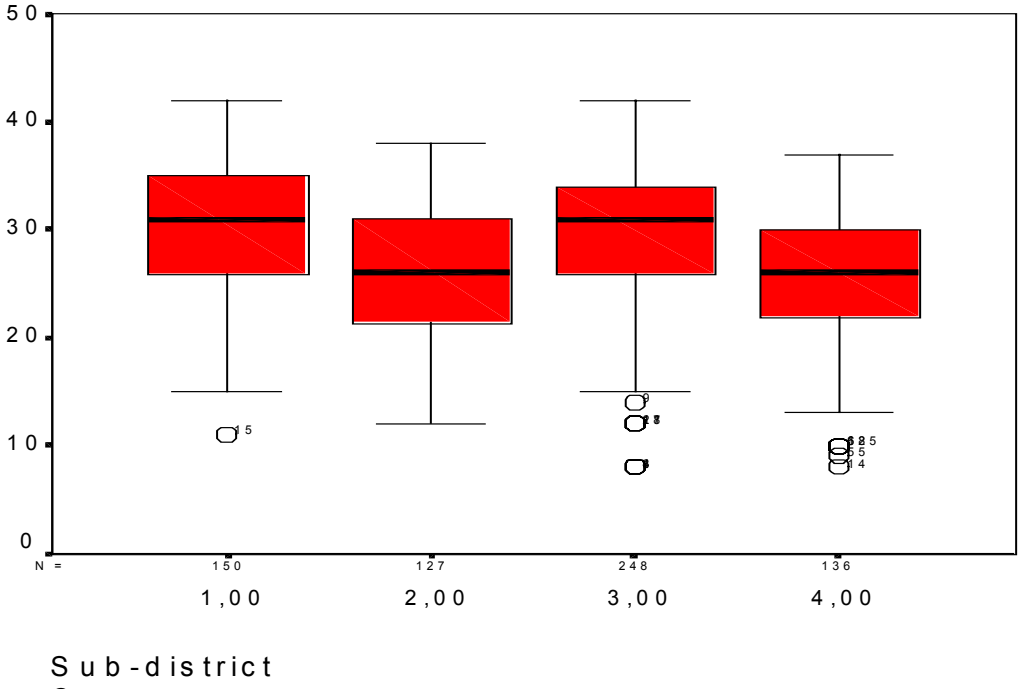
Stem width: 10,00
Each leaf: 1 case(s)

Sub-district Meuraxa

Frequency		Stem &	Leaf
5,00	Extremes		(=<10)
1,00		1 .	3
5,00		1 .	44555
3,00		1 .	677
8,00		1 .	88889999
8,00		2 .	00000011
20,00		2 .	22222222223333333333
15,00		2 .	4444445555555555
13,00		2 .	6666666777777
20,00		2 .	88888888888999999999
10,00		3 .	0000000011
15,00		3 .	222222223333333
10,00		3 .	4444445555
3,00		3 .	667

Stem width: 10,00
Each leaf: 1 case(s)

FIGURE 6
BOX AND WHISKER PLOTS FOR SUM OF SCORE THE STATE HOPE SCALE QUESTIONS



Mean and deviation standard for sub-district Syiahkuala (area 1), Pulo Aceh (area 2), Baitussalam (area 3) and Meuraxa (area 4) are 30 with deviation standard 6.2; 26 with deviation standard 5.9; 29 with deviation standard 6.7 and 25 deviation standard 6.3 respectevely.

Test of Homogeneity of Variances show the P value 0.945. These indicate that we can use ANOVA test for this case. The result of ANOVA shows F 20.9 and P Value <0.0001. So that, we can conclude that there a significant differences sum of score the state hope scale questions.

Trait Hope Scale

After summing responses of youth to question 24 through 35 (state hope scale), the average score were 35.6900. It means that the average of youth's answer were slightly false for each question on Trait hope scale. For more detail description of youth's answers on Trait hope scale, please look at the following table and figures.

TABLE 17
THE PERCENTAGE OF TRAIT HOPE SCALE

NO.	THE QUESTIONS OF TRAIT HOPE SCALE	THE PERCENTAGE OF RESPONDENT 'S TRAIT HOPE							
		1	2	3	4	5	6	7	SUM
1	I can think of many ways to get out of a jam	2	7	23	11	24	23	9	100
2	I energetically pursuing my goals	2	4	8	6	14	37	29	100
3	I feel tired most of the times	8	10	18	11	17	23	12	100
4	There are lots of ways around any problems	3	7	21	11	24	24	10	100
5	I am easily downed in an argument	9	14	22	12	19	16	7	100
6	I can think of many ways o get the things in life that are important to me	3	5	20	10	20	27	13	100
7	I worry about my health	6	11	12	9	15	28	19	100
8	Even when others get discourages, I know I can find a way to solve the problem	5	9	23	12	24	17	9	100
9	My past experiences have prepared me well for my future	3	7	17	9	19	26	19	100
10	I have been pretty successful in life	14	20	20	9	20	13	4	100
11	I usually find myself worrying about something	8	11	19	13	22	18	8	100
12	I meet the goals that I set for myself	19	16	19	9	18	11	7	100

Note:
1 = Definitely False
2 = Mostly False
3 = Somewhat False
4 = Slightly False
5 = Slightly True
6 = Mostly True
7 = Definitely True

FIGURE 7
THE DISTRIBUTION THE SUM OF SCORE
THE QUESTIONS OF TRAIT HOPE SCALE

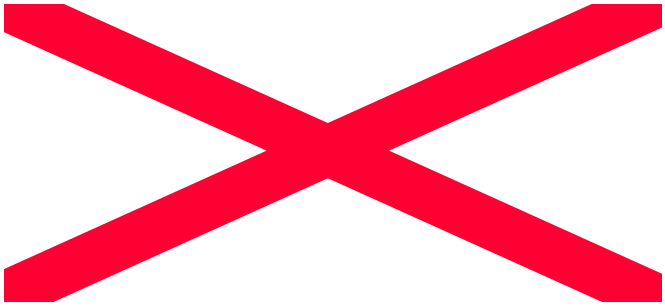


FIGURE 8
STEM-AND-LEAF PLOT DISTRIBUTION SUM OF SCORE THE QUESTIONS OF TRAIT HOPE SCALE

AREA= 1,00

Frequency	Stem &	Leaf
1,00	1 .	9
4,00	2 .	1123
13,00	2 .	5567777899999
33,00	3 .	000011111222222222333333444444444
27,00	3 .	555566667777788888999999999
36,00	4 .	000001111111222222223333333444444444
25,00	4 .	555555777778888888889999
11,00	5 .	00001112444

Stem width: 10,00
Each leaf: 1 case(s)

AREA= 2,00

Frequency	Stem &	Leaf
1,00	1 .	7
1,00	1 .	8
3,00	2 .	011
10,00	2 .	2222222233
7,00	2 .	4555555
8,00	2 .	66667777
9,00	2 .	888888999
9,00	3 .	000001111
11,00	3 .	22222333333
15,00	3 .	444444445555555
16,00	3 .	6666666666677777
16,00	3 .	8888888889999999
10,00	4 .	0000011111
4,00	4 .	2333
4,00	4 .	4455
1,00	4 .	7
2,00	4 .	89

Stem width: 10,00
Each leaf: 1 case(s)

AREA= 3,00

Frequency	Stem &	Leaf
5,00 Extremes		(=<13)
3,00	1 .	8&
11,00	2 .	02344
26,00	2 .	556667788899
37,00	3 .	001112223333344444
54,00	3 .	555556666677777888888999999
63,00	4 .	000000011111112222233333334444
34,00	4 .	55555666677788889
15,00	5 .	0001124&

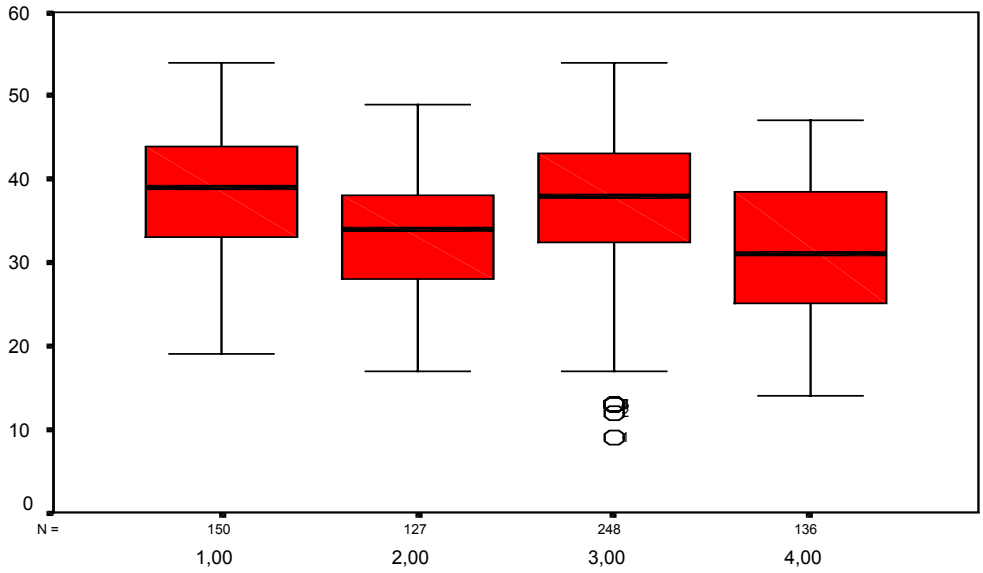
Stem width: 10,00
Each leaf: 2 case(s)

AREA= 4,00

Frequency	Stem &	Leaf
,00	1 .	
1,00	1 .	4
2,00	1 .	67
2,00	1 .	99
4,00	2 .	0011
10,00	2 .	2223333333
16,00	2 .	4444444455555555
12,00	2 .	666666677777
11,00	2 .	88899999999
13,00	3 .	0000000001111
7,00	3 .	2223333
11,00	3 .	44444555555
8,00	3 .	66677777
9,00	3 .	888889999
10,00	4 .	0000111111
14,00	4 .	22222222233333
4,00	4 .	4445
2,00	4 .	67

Stem width: 10,00
Each leaf: 1 case(s)

FIGURE 9
BOX AND WHISKER PLOTS SUM OF SCORE THE QUESTIONS
OF TRAIT HOPE SCALE



Mean and deviation standard for sub-district Syiahkuala (area 1), Pulo Aceh (area 2), Baitussalam (area 3) and Meuraxa (area 4) are 38 with deviation standard 7.7; 33 with deviation standard 6.9; 37 with deviation standard 7.6 and 35 with deviation standard 8.3 respectevely. Test of Homogeneity of Variances show the P value 0.157. This indicate that ANOVA test is proper for this case. The result of ANOVA show F =26.29 and P value <0.0001. So that, we can conlude that there a significant differences sum of score the questions of state trait scale.