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Artikel ini membahas tentang peran intervensi prenatal coping skill training dalam mempengaruhi level kortisol dan IgG pada wanita hamil. Isi artikel ini pentingnya intervensi ini terhadap meningkatnya level IgG dan menurunnya kortisol. Kebaruan penelitian, implikasinya secara teoritis dan praktis, serta kelengkapan penelitian dibahas dengan komprehensif.

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Depok, 3 Februari 2020
Reviewer

Prof. Dr. Handi Muluk, M.Si.
NIP. 196603311999031001
Unit kerja : Fakultas Psikologi
Universitas Indonesia
Bidang Ilmu: Psikologi

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Artikel ini membahas tentang peran intervensi antenatal coping skill training dalam mempengaruhi level kortisol dan IgG pada wanita hamil. Landasan teoritis yang digunakan dalam artikel ini tergolong cukup kuat dan membantu pembaca memahami alur penelitian. Kebaruan penelitian, implikasi secara teoritis dan praktis, serta kelemahan telah dijelaskan secara rinci.

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Reviewer

Prof. Dr. Drs. Cholichul Hadi, M.Si., Psikolog

NIP. 196403231989031002

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Hiroshima Journal of Medical Sciences Open Access
Volume 67, May 2018, Pages 21-28

The impact of antenatal coping skill training (ACST) towards cortisol and igg serum level among pregnant women (Article)

Runjati^a , Susanto, H.^b, Sawitri, D.R.^c, Thaufik, S.^d

^aPoltekkes Kemenkes Semarang, Jl Tirto Agung Pedalangan Banyumanik Semarang, Indonesia

^bFakultas Kedokteran Undip, Jl. Prof. Soedarto, SH, Tembalang, Kota Semarang, Jawa Tengah, Indonesia

^cFakultas Psikologi Undip, Jl. Prof. Soedarto, SH, Tembalang, Kota Semarang, Jawa Tengah, Indonesia

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Abstract

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Introduction: Stress coping skill is beneficial to make better outcomes of pregnancy and childbirth. The purpose of this study was to examine the impact of antenatal coping skill training on Cortisol and IgG levels. **Method:** This study used a randomized pre-test post-test control group design in which the ages of primigravida (24-34 weeks) in Semarang City Public Health Center were selected randomly. The mothers were randomly assigned to be an experiment group (N=31) and a control group (N=31). There were two pregnant women who dropped out because of giving birth. The experiment group was given the standard antenatal education and antenatal coping skill training while the control group was given the standard antenatal education only. The data collection was conducted in 4 weeks. Cortisol and IgG serum level were taken at the first week before the intervention and fourth week after the intervention. Cortisol and IgG serum level were measured by using ELISA method. The data analysis employed dependent sample t-test and independent sample t-test. **Results:** There was a significant change over Cortisol serum level for the intervention group ($p < .01$), but not in the control group. However, there was a significant change in the decrease of IgG serum level in the control group ($p < .01$). **Conclusion:** Antenatal coping skill training is predominantly effective to reduce Cortisol and enhance IgG serum levels. Thus, it is important for pregnant women to join antenatal psychoeducational training. © 2018 Hiroshima University Medical Press.

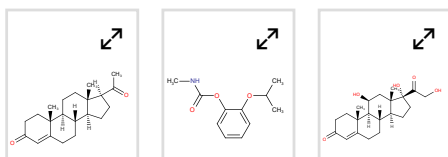
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EMTREE medical terms: adult Article clinical article coping behavior enzyme linked immunosorbent assay female human hydrocortisone blood level immunoglobulin blood level pregnant woman prenatal care primigravida young adult

Effects of an early intervention on perceived stress and diurnal cortisol in pregnant women with elevated stress, anxiety, and depressive symptomatology

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Antioxidant Activity and Soluble Protein Content of Tempeh Gembus Hydrolysate

Rizki Karunianti AGUSTINA¹, Fillah Fithra DIENY^{1,2}, Ninik RUSTANTI^{1,2}, Gemala ANJANI^{1,2}, Diana Nur AFIFAH^{1,2*}

¹ Department of Nutrition Science, Faculty of Medicine, Diponegoro University, Jl. Prof Soedarto, SH, Tembalang, Semarang, Indonesia 50275

² CENURE (Center of Nutrition Research), Diponegoro University, Jl. Prof Soedarto, SH, Tembalang, Semarang, Indonesia 50275

ABSTRACT

Tempeh gembus is fermented soy-pulp product contains high protein and its bioactive peptide components has potential antioxidant activities. In this study bromelain enzyme was applied in tempeh gembus to break up peptides bond and released bioactive peptides and amino acids. The aim of this research was to analyse antioxidant activity and soluble protein of tempeh gembus hydrolysate. Experimental research with 4 bromelain enzymes were applied in tempeh gembus as 0 ppm, 5000 ppm, 8000 ppm, and 10000 ppm. Antioxidant activities were measured by ABTS and DPPH radicals test. While soluble protein content was measured by Bradford test. In general, antioxidant activity of tempeh gembus was higher when measured by ABTS radical ($63.14 \pm 1.16 - 92.85 \pm 2.28\%$) compared to DPPH radical ($52.21 \pm 5.76 - 65.70 \pm 5.89\%$). Antioxidant activity of tempeh gembus hydrolysate in ABTS test differed significantly between treatment groups ($p=0.001$), but not on DPPH test ($p=0.110$). While soluble protein content of these protein hydrolysate were $0.58 \pm 0.05 - 0.78 \pm 0.11\%$ and significantly differed between treatment groups ($p=0.019$). Antioxidant activity was significantly higher when measured by ABTS radical compared to DPPH radical with different protein soluble content.

Keywords: *tempeh gembus, hydrolysate, antioxidant activity, soluble protein*

Free radicals are the molecule which have one or more unpaired electrons.^[1] It is known that many disease related to oxidative stress is caused by excess of free radicals.^[2] Diseases such as cancer, cardiovascular disease like hypertension, atherosclerosis, and neurological disease, all show strong evidence that ROS (reactive oxygen species) is involved in their pathophysiological process.^[3] Human body actually has defense mechanism against the free radicals called antioxidant. Antioxidant will neutralise free radical by giving one of its free electrons, thus stop the chain reaction done by free radicals.^[1]

Soybeans contain high antioxidant content, belong to *Leguminosae* family.^[1] The use of soybeans as local food have been various, some of them are tempeh, oncom, tahu, and tempeh gembus. Tempeh gembus is food fermented product made from soy pulp which left over after soybean curd making process. The microorganism used to fermented this soy pulp is same with the microorganism used to fermented tempeh. In Japan, this soy pulp is known as *Okara* which is the residue of tofu or soy milk making process.^[4, 5]

The nutrition components of tempeh gembus are similar with tempeh although the contents of tempeh gembus nutrition are less than tempeh.

This happens because tempeh gembus is made by soy pulp from soybean curd residue making process so the nutrition contents inside have been diminished. Tempeh gembus contains nutrition contents, such as essential fatty acids, unsaturated fatty acids, protein, carbohydrate, fiber, calcium, and iron.^[6, 7] The content of tempeh gembus energy is about 50% of the tempeh energy, the protein and lipid contents are less than tempeh as well, while the fiber content is on the other hand, it is three times (4.69%) richer than tempeh (1.40%). Protein content in tempeh gembus is about 3.41 gr/100 gr wet weight of tempeh gembus or 4.07 gr/100 gr dry weight of tempeh gembus that contains seven essential amino acids and eight non-essential amino acids.^[4, 8] Another study conducted to analyse nutritional composition during tempeh gembus processing found that the total content of amino acids decreased from 34.95% in soybean to 6.7% in tempeh gembus without any changes on amino acids composition.^[9] The composition of amino acids in tempeh gembus is complete enough so tempeh gembus can be a potential bioactive peptides source. Lipid content of tempeh gembus is low, it is about 0.23 gr/100 gr dry weight of tempeh gembus, but it contains essential fatty

*corresponding author: Diana Nur Afifah Department of Nutrition Science, Faculty of Medicine, Diponegoro University, Jl. Prof Soedarto, SH, Tembalang, Semarang, Indonesia 50275, email:d.nurafifah.dna@fk.undip.ac.id

The Efficacy of Education with the WHO Dengue Algorithm on Correct Diagnosing and Triaging of Dengue-Suspected Patients; Study in Public Health Centre

Patrick PYT PAUWELS¹, Job FM METSEMAKERS¹, Ari Budi HIMAWAN²,
Tri Nur KRISTINA²

1. Faculty of Medicine, Health, and Life Sciences, Maastricht University, The Netherlands
2. Faculty of Medicine, Diponegoro University, Semarang, Indonesia

ABSTRACT

Background: Correct diagnosing and triaging dengue fever remains clinical, but is difficult because of unspecific flu-like symptoms. Best tool at the moment is the easy-to-use 2009 WHO guidelines. **Objective:** To investigate the efficacy of educational intervention with the (adapted and translated) algorithm from the 2009 WHO dengue guideline to healthcare providers in the Indonesian primary health care setting of Central Java. **Methods:** Quasi-randomized intervention study implemented in two Public Health Centres (PHCs), one being intervention and the other control. Intervention consisted of educational actions on healthcare providers with a presentation, hand-outs and posters. All patients with fever seen in policlinic or emergency department were included. Data were collected with a participatory observation using the WHO algorithm as a guidance. **Results:** Pre-intervention, a total of 88 patients (n=38 intervention group; n=50 in the control group), and post-intervention, a total of 231 patients (n=105 in the intervention group; n=126 in the control group) were included. Pre-intervention, correct diagnosing and triaging was not significantly different (63.2% vs 64.0% ; $p=0.935$), while post-intervention, the intervention group scored higher (75.2% vs 62.7% ; $p=0.041$). However, in both pre- and post-interventional phase, more than 50% of the cases in 19/22 domains were not investigated by the intervention group. **Conclusion:** Statistical analyses showed a significantly better outcome in correct diagnosis in the intervention group. However, results are considered inconclusive due to incompleteness of relevant information, which most probably leads to many false positive correct diagnoses and triaging.

Keywords: DHF, WHO guidelines, primary care setting

Dengue fever, is a mosquito-borne viral infection that has now spread to most tropical and subtropical regions of the world including Indonesia, and continues to increase in incidence and severity.⁽¹⁾ In endemic areas, diagnosis of Dengue Fever is usually made clinically and based on reported symptoms, physical examination and at times a full blood count (haematocrit, WBC and platelets). The actual WHO-guideline from 2009 has been recognized as an authoritative reference worldwide. Different studies have proven the effectiveness of the triaging-system of the guideline especially in recognizing Severe Dengue, and showed clinical and epidemiological usefulness, especially when there are no laboratory tests available.ⁱ⁻³ The WHO algorithm provides a probable

diagnosis of Dengue and triages patients into group A (can be sent home), group B (referred for inpatient care), or group C (referred for emergency treatment in hospital). Points for improvement suggested by most studies was re-assessment of warning signs as predictors for severe disease progression.⁽¹⁻³⁾ At the moment, there is no national Indonesian dengue guideline available in the English language. The existing guideline from the Indonesian Ministry of Health also is intended for medical doctors only⁽²⁾.

Preliminary result of an observational cross-sectional unpublished study about the diagnosis, triaging and management of Dengue Fever in the Public Health Centre (PHC) compared to the 2009 WHO dengue guidelines indicated incomplete history taking and physical examination in 63.9%

*Corresponding author : Tri Nur Kristina, Faculty of Medicine, Diponegoro University, Semarang, Indonesia, Email: t_nurkristina@yahoo.com

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