

Sidoarjo, 14 November 2023

Yth. Rektor Sekolah Tinggi Ilmu Kesehatan Kepanjen
Malang

Saya yang bertanda tangan di bawah ini

nama : Kamila Dwi Febrianti
NIK : 3515105802980003
tempat, tanggal lahir : Kediri, 18 Februari 1998
jenis kelamin : Wanita
alamat domisili saat ini : Sumberejo 003/001, Kec. Wonoayu, Kab. Sidoarjo
alamat sesuai KTP : Sumberejo 003/001, Kec. Wonoayu, Kab. Sidoarjo
nomor ponsel : 082232351110
surat elektronik (*email*) : kamila.dwi98@gmail.com
pendidikan : S-2 Kesehatan Masyarakat
perguruan tinggi : Universitas Airlangga
jabatan yang dilamar : Dosen
penempatan : Sekolah Tinggi Ilmu Kesehatan Kepanjen

dengan ini menyampaikan surat lamaran untuk dapat mengikuti Rekrutmen Calon Dosen Sekolah Tinggi Ilmu Kesehatan Kepanjen. Sebagai bahan pertimbangan, saya lampirkan hasil *scan* dokumen kelengkapan asli yang sesuai dengan ketentuan sebagai berikut:

1. Daftar Riwayat Hidup;
2. pasfoto terbaru menggunakan pakaian formal dengan latar belakang warna merah;
3. *scan* Kartu Tanda Penduduk (KTP) asli;
4. *scan* Ijazah S1 dan S2 asli;
5. *scan* Transkrip nilai S1 dan S2 asli;
6. *scan* Sertifikat ELPT;
7. *scan* Abstrak Publikasi Jurnal
8. *scan* Sertifikat Pelatihan;

Seluruh data dan dokumen yang saya berikan adalah benar. Apabila dikemudian hari ditemukan data yang tidak benar, maka saya menerima keputusan panitia seleksi membatalkan keikutsertaan/kelulusan saya pada Rekrutmen Calon Dosen Sekolah Tinggi Ilmu Kesehatan Kepanjen. Atas perhatian Bapak, saya ucapkan terima kasih.

Hormat Saya,



(Kamila Dwi Febrianti)



KAMILA DWI FEBRIANTI



082 232 351 110



<https://www.linkedin.com/in/kamila-dwi-febrianti-613aa521b/>



kamila.dwi98@gmail.com



Sumberejo 003/001, Wonoayu, Sidoarjo (61261)

TENTANG SAYA

Magister kesehatan masyarakat dengan peminatan pada gizi masyarakat. Aktif menjadi asisten penelitian dosen di bidang gizi dan berhasil lulus tepat waktu dengan IPK 3.94. Memiliki pengalaman dalam pertukaran pelajar luar negeri dan mendapatkan pendanaan Penelitian Tesis Magister (PTM) oleh Kemendikbudristek tahun 2022. Terampil dalam pengoperasian Microsoft Office, SPSS, Nutrisurvey, dan SMART PLS. Memiliki kemampuan komunikasi yang baik, disiplin, dan dapat bekerja dalam tim.

LATAR BELAKANG PENDIDIKAN

Universitas Airlangga Surabaya

September 2016 - Agustus 2020



Sarjana Gizi

IPK : 3.70

ELPT : 487

Universitas Airlangga Surabaya

September 2021 - Agustus 2023



Magister Kesehatan Masyarakat (Peminatan Gizi)

IPK : 3.94

ELPT : 510

PENGALAMAN KERJA

Fakultas Kesehatan Masyarakat Universitas Airlangga

Februari - Agustus 2022

Asisten Penelitian Dosen

- Membuat rancangan studi tentang tingkat stres, ketahanan pangan, masalah gizi dan program meals on wheels untuk warga lanjut usia yang tinggal di Panti Wreda Surabaya. Menyusun proposal dan melakukan kaji etik terhadap penelitian manusia sehingga prosedur penelitian sesuai dengan kode etik.
- Menggunakan instrumen penelitian berikut: Mini Nutritional Assessment (MNA), Depression Anxiety Stress Scale-21 (DASS-21), Food Frequency Questionnaire (FFQ), dan food recall 24 jam. Mengukur status gizi lansia dengan menggunakan timbangan badan, stadiometer, dan pita pengukur untuk mengukur lingkaran lengan dan lingkaran betis.
- Menguji data penelitian dengan SPSS untuk uji regresi logistik dan chi square hingga interpretasi data kemudian melakukan penyusunan draft artikel ilmiah hingga berhasil dipublikasikan pada jurnal internasional.

PENGALAMAN MAGANG

Puskesmas Sumobito, Jombang

November - Desember 2019

Ahli Gizi Masyarakat

- Mengevaluasi kondisi gizi balita dan anak, memberikan pelayanan kehamilan dan konseling gizi kepada ibu hamil melalui program antenatal care (ANC).
- Memberikan edukasi dan konseling gizi kepada ibu balita di Pos Pelayanan Terpadu dengan metode demo terkait masalah gizi yaitu stunting.
- Menyelesaikan program individu, yaitu membuat menu makanan padat gizi dan alat pengukur tinggi badan portabel dalam upaya eliminasi stunting.

Rumah Sakit Husada Utama, Surabaya

September - Oktober 2019

Ahli Gizi Klinis

- Menyelesaikan 3 kasus besar pada pasien kanker tulang, diabetes dan gastroenteritis akut serta 6 kasus kecil dengan memberikan asuhan gizi yang tepat melalui penentuan kebutuhan gizi, status gizi, menu dan porsi makan utama dan selingan, serta memberikan konseling gizi.
- Mengevaluasi praktik manajemen sistem administrasi rumah sakit termasuk penilaian HACCP dan GMP pada dapur, gudang kering, dan gudang basah di rumah sakit.
- Membuat media edukasi yaitu leaflet untuk berbagai penyakit seperti hipertensi, asam urat, diabetes, obesitas dan gagal ginjal.

ORGANISASI

AMAZI BEM FKM UNAIR - Ketua Divisi Pengabdian Masyarakat

Agustus 2017 - Agustus 2018

Salah satu sistem pendukung BEM FKM UNAIR yang berperan dalam meningkatkan kerjasama antara kampus fasilitas kesehatan dan masyarakat terkait program gizi. Pengabdian masyarakat dilakukan melalui program kerja tahunan yaitu Duta Makanan Sehat, Lifestyle Clinic Club, dan Health Fair.

DUTA FKM UNAIR - Ketua Paguyuban

November 2016 - November 2017

Bertugas sebagai perwakilan fakultas dalam berbagai acara di dalam dan luar kampus seperti pameran pendidikan, pemilihan duta kampus, seminar nasional dan internasional, serta kunjungan mahasiswa. Ditunjuk sebagai pembawa acara, moderator, dan pembicara profesional untuk kegiatan fakultas.

PRESTASI

Pendanaan Penelitian Tesis Magister oleh Kemendikbudristek

Maret 2022

berhasil mendapatkan dana penelitian untuk tesis magister yang diberikan oleh Kemendikbudristek tahun 2022. Penelitian tesis magister berfokus pada pengaruh edukasi gizi terhadap konsumsi protein dan aktivitas fisik yang berkaitan dengan masalah malnutrisi dan sarkopenia pada lansia. Berhasil mendaftarkan HAKI untuk media edukasi leaflet dan publikasi jurnal internasional.

Virtual Winter School di Michigan State University, United States

Januari 2022

Terpilih untuk berpartisipasi secara virtual melalui Zoom untuk mengikuti winter school di Michigan State University sebagai perwakilan mahasiswa Indonesia. Menggunakan sistem D2L (Desire-to-Learn) tentang Program Kewirausahaan dan Inovasi Global. Setiap sesi belajar dan diskusi dilakukan dalam bahasa Inggris.

Global Mobility Program di Management and Science University, Malaysia

Juni - September 2019

Terpilih sebagai mahasiswa yang melakukan pertukaran pelajar yang pada saat libur semester di Malaysia selama 3 bulan. Mempelajari terkait first aid, public speaking, gizi dalam ilmu kedokteran, dan bioetika. Berkesempatan memperkenalkan salah satu budaya Indonesia yaitu tari saman dan melakukan kunjungan ke Brand's Experince Center.

PUBLIKASI

Media Gizi Indonesia - 2021

<https://e-journal.unair.ac.id/MGI/article/view/18677/15510>

Amerta Nutrition - 2023

<https://e-journal.unair.ac.id/AMNT/article/view/42062/26073>

Amerta Nutrition - 2023

<https://e-journal.unair.ac.id/AMNT/article/view/43067/24570>

Journal of Public Health in Africa

<https://www.publichealthinafrica.org/jphia/article/view/2563/882>

PELATIHAN



Hazard Analysis Critical Control Point (HACCP)

- 2021

Food Safety Management System based on ISO 22000 : 2018

- 2021

Good Manufacturing Practice (GMP)

- 2021

Sanitation Standard Operating Procedure (SSOP)

- 2021

KEAHLIAN

SPSS  100%

Nutrisurvey  100%

Smart PLS  90%

Microsoft Office :

Word  100%

Excel  90%

Power Point  90%

BAHASA

Indonesia  100%

Inggris  100%



PROVINSI JAWA TIMUR
KABUPATEN SIDOARJO

NIK : 3515105802980003

Nama : KAMILA DWI FEBRIANTI
Tempat/Tgl Lahir : KEDIRI, 18-02-1998
Jenis kelamin : PEREMPUAN Gol. Darah : B
Alamat : SUMBEREJO
RT/RW : 003/001
Kel/Desa : SUMBEREJO
Kecamatan : WONOAYU
Agama : ISLAM
Status Perkawinan: BELUM KAWIN
Pekerjaan : PELAJAR/MAHASISWA
Kewarganegaraan: WNI
Berlaku Hingga : SEUMUR HIDUP



SIDOARJO
30-11-2018

Kamilia



KEMENTERIAN PENDIDIKAN DAN KEBUDAYAAN
UNIVERSITAS AIRLANGGA
(Pendirian : PP no 57 tahun 1954)

dengan ini menyatakan bahwa :

Kamila Dwi Febrianti

Nomor Induk Mahasiswa : 101611233037

Lahir di Kediri, 18 Pebruari 1998

telah menyelesaikan pendidikan dengan baik pada

FAKULTAS KESEHATAN MASYARAKAT
PROGRAM SARJANA
PROGRAM STUDI GIZI

Tanggal Lulus : 26 Agustus 2020

karena itu kepadanya diberikan ijazah dan gelar

SARJANA GIZI (S.Gz.)

beserta segala hak dan kewajiban yang melekat pada gelar tersebut

Diterbitkan di Surabaya pada tanggal, 11 September 2020

DEKAN

Prof. Dr. Tri Martiana, dr., MS.
NIP. 195603031987012001



REKTOR

Prof. Dr. Moh. Nasih, SE., MT., Ak.
NIP. 196508061992031002



UNIVERSITAS AIRLANGGA

Terakreditasi Unggul/Accredited Excellent: SK BAN PT No. 1837/SK/BAN-PT/Ak.KP/PT/XI/2022

dengan ini menyatakan bahwa/this is to certify that:

Kamila Dwi Febrianti

Nomor Induk Mahasiswa/Nomor Induk Kependudukan: 102114153009 / 3515105802980003

Lahir di/born in: Kediri, 18 Februari 1998

telah menyelesaikan pendidikan dengan baik pada/has satisfactorily completed the studies in the:

PROGRAM MAGISTER PROGRAM STUDI KESEHATAN MASYARAKAT
Master Program in Public Health Study Program

FAKULTAS KESEHATAN MASYARAKAT
Faculty of Public Health

Tanggal Lulus/Graduation date: 01 Agustus 2023

Kepadanya diberikan ijazah dan gelar/has been awarded the certificate and degree of:

MAGISTER KESEHATAN (M.Kes.)
MASTER OF PUBLIC HEALTH

beserta segala hak dan kewajiban yang melekat pada gelar tersebut
With all the rights and responsibilities appertaining thereunto

DEKAN/Dean

Dr. Santi Martini, dr., M.Kes.
NIP 196609271997022001



Diterbitkan di Surabaya, 09 Oktober 2023
Issued in

REKTOR/Rector

Prof. Dr. Moh. Nasih, SE., MT., Ak.
NIP 196508061992031002



KEMENTERIAN PENDIDIKAN DAN KEBUDAYAAN
UNIVERSITAS AIRLANGGA

(Pendirian : PP. No. 57 Tahun 1954)

FAKULTAS KESEHATAN MASYARAKAT

Kampus C Mulyorejo Surabaya, 60115 Telp. 031-5920948, 031-5920949, Fax. 031-5924618

Website : http://www.fkm.unair.ac.id, Email : fkm@unair.ac.id

TRANSKRIP AKADEMIK

Nomor : 101611233037/001004/10.2/S1/2020

PROGRAM : SARJANA

PROGRAM STUDI: GIZI

Nama Mahasiswa : Kamila Dwi Febrianti
NIM : 101611233037
Tempat, tanggal lahir : Kediri, 18 Pebruari 1998
Akreditasi Institusi : A
SK Akreditasi Institusi : 362/SK/BAN-PT/Akred/PT/XII/2018
Asal SLTA/Sederajat : SMAN 2 SIDOARJO

Tanggal Terdaftar : 01 September 2016
Tanggal Lulus : 26 Agustus 2020
Nomor Ijazah : 132112020000061
Gelara Akademik : Sarjana Gizi (S.Gz.)
sks / IPK : 146 / 3.70
Predikat Kelulusan : Dengan Pujian

Judul Skripsi : Hubungan Kebiasaan Minum Kopi, Konsumsi Snack, Dan Durasi Tidur Dengan Status Gizi Lebih (Studi Pada Konsumen Kedai Kopi Usia Dewasa Awal Kota Surabaya Selama Pandemi COVID-19)

Kode	Mata Kuliah	sks	Nilai
AGI101	Agama Islam I	2	A
AGI401	Agama Islam II	2	A
NUM214	Analisis Zat Gizi	3	AB
BIA102	Anatomi	2	C
SOA102	Antropologi	2	A
SOA103	Antropologi Gizi	2	A
BAI101	Bahasa Indonesia	2	A
BAE110	Bahasa Inggris	2	A
ETM101	Bioetika	2	A
KME201	Dasar Epidemiologi	2	AB
NUM101	Dasar Ilmu Gizi	2	AB
SOK103	Dasar Komunikasi	2	A
MNU401	Dasar Manajemen	2	AB
NUM204	Dasar-Dasar Kulineri	2	A
NUD102	Dietetika Penyakit Degenerative	3	A
NUD101	Dietetika Penyakit Infeksi Dan Defisiensi	3	A
NUM217	Dietika Sehat (Praktikum)	1	AB
NUM209	Ekonomi Pangan Dan Gizi	2	AB
NUM210	Epidemiologi Gizi	2	A
PHI101	Filsafat Ilmu	2	A
FID101	Fisika	2	A
BIF104	Fisiologi	4	B
NUM215	Formulasi Makanan (Praktikum)	1	A
NUM105	Gizi Dalam Daur Kehidupan	2	AB
NUM310	Gizi Dan Hiv Aids	2	A
NUM312	Gizi Industri	2	A
NUM313	Gizi Kedaruratan	2	A
NUM219	Gizi Migran	2	AB
NUM205	Ilmu Bahan Makanan	2	A
EDM101	Ilmu Pendidikan	2	A
NUM307	Iptek Gizi Mutakhir	2	AB
KNM401	KKN	3	A

Kode	Mata Kuliah	sks	Nilai
NUM211	Keamanan Pangan	2	A
NUM216	Ketahanan Pangan	2	A
NOP104	Kewarganegaraan	2	AB
NUM212	Kewirausahaan Bidang Pangan Gizi	2	BC
KII101	Kimia Dasar (Anorganik)	2	AB
KIO102	Kimia Organik	2	A
NUM306	Komputasi Gizi (Praktikum)	2	A
NUM202	Konseling Gizi	3	AB
NUM309	Magang Bidang Dietetic	4	A
NUM308	Magang Bidang Gizi Masyarakat	4	A
NUM213	Magang Kewirausahaan Bidang Pangan Gizi	3	A
NUM302	Manajemen Industri Pelayanan Makanan Dan Gizi	2	AB
NUM220	Masalah Gizi Ganda	2	A
MAT108	Matematika	2	BC
NUM103	Metabolisme Energi Dan Zat Gizi Makro	2	BC
NUM104	Metabolisme Zat Gizi Mikro	2	B
PNM497	Metodologi Penelitian	3	A
NOP103	Pancasila	2	AB
BIF105	Patofisiologi Penyakit	4	A
NUM203	Pendidikan Gizi	2	A
NUM201	Penentuan Status Gizi	4	B
BIK102	Pengantar Biokimia	2	AB
BID107	Pengantar Biologi Manusia	2	AB
NUM206	Penyelenggaraan Gizi Rumah Sakit	2	AB
NUM207	Program Gizi Dan Evaluasi	2	A
PNM498	Proposal Skripsi	2	A
NUM218	Psg Biokimia (Praktikum)	1	A
PSG105	Psikologi	2	AB
PNM499	Skripsi	4	A
SOS102	Sosiologi	2	A
MAS101	Statistika	4	AB
NUM208	Teknologi Pangan Dan Gizi	2	A

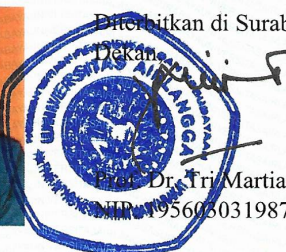
Keterangan

Nilai Huruf	Bobot
A	4
AB	3.5
B	3
BC	2.5
C	2
D	1
E	0

Kriteria Kelulusan

IPK	Predikat
2 - 2.75	Memuaskan
2.76 - 3.5	Sangat Memuaskan
3.51 - 4	Dengan Pujian

Catatan : Predikat dengan pujian diberikan dengan memperhatikan masa studi maksimum 4 (Empat) tahun.



Ditandatangani di Surabaya pada tanggal 11 September 2020

Dr. Tri Martiana, dr., MS.
NIP. 195603031987012001



No. 0014812

UNIVERSITAS AIRLANGGA**FAKULTAS KESEHATAN MASYARAKAT**

FACULTY OF PUBLIC HEALTH

Kampus C Mulyorejo Surabaya, 60115 Telp. 031-5920948, 031-5920949, Fax. 031-5924618

Laman : http://www.fkm.unair.ac.id, Email : fkm@unair.ac.id

TRANSKRIP AKADEMIK

ACADEMIC TRANSCRIPT

Nomor : 102114153009/001004/10.1/S2/2023

PROGRAM STUDI: KESEHATAN MASYARAKAT

STUDY PROGRAM: PUBLIC HEALTH



Nama / Name : Kamila Dwi Febrianti

NIM / Registration Number : 102114153009

Tempat, tanggal lahir / Place, Date of Birth : Kediri, 18 Februari 1998 / Kediri, 18 February 1998

Akreditasi Prodi / Study : A

Program Accreditation

SK Akreditasi Prodi / Study : 0393/LAM-PTKes/Akr/Mag/VII/2019

Program Accreditation

Number

Asal Perguruan Tinggi / : Universitas Airlangga

Previous University

Asal Program Studi / : Gizi /

Previous Study Program

Tanggal Terdaftar / : 05 September 2021 / 05 September 2021

Registration date

Tanggal Lulus / Graduation : 01 Agustus 2023 / 01 August 2023

date

Nomor Ijazah / Certificate : 131012023000260

Number

Gelar Akademik / : MAGISTER KESEHATAN (M.Kes.) / Master

Academic Degree

sks (total credit) / IPK

(GPA)

Minat / Major

: Gizi Kesehatan Masyarakat / Nutrition of

Public Health

Predikat : Dengan Pujian / With Honors / Cumlaude

Kelulusan/Graduation

Predicate

Judul Tesis : Pengaruh Edukasi Gizi Terhadap Self-efficacy Dalam Konsumsi Protein dan Aktivitas Fisik, Status Malnutrisi, dan Sarkopenia Pada Lansia (Studi di UPTD Griya Wreda dan Posyandu Lansia Jambangan Kota Surabaya)

Thesis Title : The Effect of Nutrition Education on Self-Efficacy in Protein Consumption and Physical Activity, Malnutrition Status, and Sarcopenia in the Elderly (Study at UPTD Griya Wreda and Jambangan Elderly Care Center Surabaya City)

Kode Code	Mata Kuliah / Subject	sks crd	Nilai Grade
KMA614	Administrasi dan Kebijakan Kesehatan / Health Policy and Administration	2	A
NUM603	Antropometri Sebagai Indikator Taraf Gizi / Anthropometry Indicator In Nutrition Status Assesment	2	A
KKM606	Aplikasi Gizi Kesehatan Masyarakat / Public Health Nutrition Application	2	A
MAS603	Biostatistik / Biostatistics	2	B
NUM604	Epidemiologi Gizi / Epidemiology Of Nutrition	2	A
KME607	Epidemiologi Intermediet / Intermediate Epidemiology	2	AB
PHM601	Filsafat Ilmu / Philosophy of Science	2	A
NUM615	Gizi Masyarakat / Community Nutrition	2	A
NUM616	Gizi dan Penyakit / Nutrition and Diseases	2	A
SOS605	Ilmu Sosial dan Perilaku / Social and Behavioral Sciences	2	A

Kode Code	Mata Kuliah / Subject	sks crd	Nilai Grade
NUM619	Kebijakan dan Program Perbaikan Gizi Masyarakat / Policy and Program for Community Nutrition Improvement	2	A
MNM627	Kepemimpinan dan Berpikir Sistem / Leadership and Systems Thinking	2	A
KMU617	Kesehatan Global / Global Health	2	A
KMU616	Kesehatan Lingkungan dan Kesehatan dan Keselamatan Kerja / Environmental and Occupational Health and Safety	2	A
NUO603	Konsumsi Makanan Dan Parameter Klinik / Foods Consumption And Clinical Parameter Methods	2	A
PNM621	Metode Penelitian / Research Methodology	2	A
PNM697	Metodologi Penelitian Gizi / Nutritional Research Method	2	A
NUM617	Pendidikan dan Penyuluhan Gizi /	2	A
KMG607	Teknik Analisis dan Statistik Gizi Lanjut / Analysis Technique and Advanced Statistic in Nutrition	2	A
PNM699	Tesis / Thesis	10	A

Keterangan / Description

Nilai Huruf / Value	A	AB	B	BC	C	D	E
Bobot / Quality	4	3.5	3	2.5	2	1	0

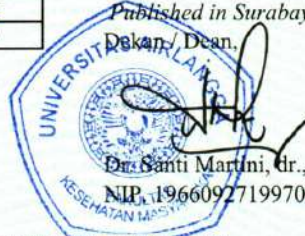
Kriteria Kelulusan / Graduation Criteria

IPK / GPA	Predikat / Predicate
3 - 3.5	Memuaskan / Satisfactory
3.51 - 3.75	Sangat Memuaskan / Fully Satisfactory
3.76 - 4	Dengan Pujian / With Honors / Cumlaude

Diterbitkan di Surabaya pada tanggal 09 Oktober 2023

Published in Surabaya, 09 October 2023

Dekan / Dean,



Dr. Santi Martini, dr., M.Kes.

NIP. 196609271997022001

Catatan : Predikat dengan pujian diberikan dengan memperhatikan masa studi maksimum 2 (dua) tahun.

Note : Graduation predicate of With Honors is given by observing the maximum study period of 2 (Two) years

CERTIFICATE

This is to certify that

Kamila Dwi Febrianti**102114153009**

sat for English Language Proficiency Test

on

January 11, 2023

Best Score Obtained :

Subjects	Score
English Listening Section	55
English Structure Section	46
English Reading Section	52
Total Score	510

Surabaya, January 11, 2023
Head,**Prof. Diah Ariani Arimbi, S.S., M.A., Ph.D.**
NIP. 197004051994032003

Valid To: January 11, 2025

ASAM KLOROGENAT PADA KOPI DAN OBESITAS: *A SYSTEMATIC REVIEW*

Chlorogenic Acid in Coffee and Obesity: A Systematic Review

Kamila Dwi Febrianti^{1*}, Stefania Widya Setyaningtyas¹

¹Departemen Gizi Kesehatan, Fakultas Kesehatan Masyarakat, Universitas Airlangga, Surabaya, Indonesia

*E-mail: kamila.dwi.febrianti-2016@fkm.unair.ac.id

ABSTRAK

Obesitas terjadi karena adanya penumpukan lemak yang berlebih akibat ketidakseimbangan asupan energi dengan pengeluaran energi. Mengonsumsi secangkir kopi dapat membantu mencegah obesitas melalui senyawa asam klorogenat yang ada pada kopi. Asam klorogenat adalah komponen bioaktif yang memiliki peran penting bagi tubuh. Asam klorogenat berperan untuk menurunkan berat badan sehingga mencegah terjadinya obesitas. Asam klorogenat memiliki efek untuk menghambat absorpsi glukosa di intestin yang pada akhirnya mencegah terbentuknya lemak di jaringan adiposa sehingga menurunkan risiko seseorang mengalami peningkatan berat badan. Kandungan asam klorogenat pada kopi juga berbeda tergantung pada varietas, jenis, durasi penyangraian, suhu dan ukuran biji kopinya. Berdasarkan beberapa penelitian, pemberian asam klorogenat baik dalam bentuk suplementasi maupun ekstrak kopi hijau telah menunjukkan hasil yang konsisten. Penelitian tersebut menjelaskan bahwa kandungan asam klorogenat pada kopi dapat menghambat akumulasi lemak dan membantu menurunkan berat badan. Tujuan *systematic review* ini adalah untuk mengetahui kandungan asam klorogenat pada kopi dan menganalisis pengaruh pemberian asam klorogenat terhadap penurunan berat badan. Studi literatur dilakukan dengan memilih penelitian sesuai kriteria inklusi yaitu penelitian dengan desain eksperimental pada manusia dan hewan coba selama 15 tahun terakhir serta kriteria eksklusi yaitu penelitian yang tidak menunjukkan hasil antropometri melalui beberapa jenis *electronic database*. Hasil telaah dari lima artikel menunjukkan bahwa asam klorogenat dapat menurunkan berat badan, persentase lemak tubuh dan kadar glukosa darah dengan durasi dan dosis asam klorogenat yang berbeda. Hal ini membuktikan bahwa asam klorogenat bermanfaat memperbaiki status gizi obesita.

Kata kunci: asam klorogenat, berat badan, obesitas, tinjauan sistematis

ABSTRACT

Obesity are defined as excessive fat accumulation caused of imbalance energy in and energy out. Consuming a cup of coffee can help prevent obesity through chlorogenic acid compound. Chlorogenic acid is one of biactive component that has an important role to our body. Chlorogenic acid has a potential role in body weight reduction and preventing obesity. Chlorogenic acid has an effect to inhibit the absorption of glucose in the intestine, block the conversion of glucose to fat in the adipose tissue and protect from weight gain. Chlorogenic acid that contain in coffee has a differences that depend on variety, type, roasting duration, temperature and coffee bean size. Based on several studies, giving chlorogenic acid as a form of supplementation or green coffee extract has demonstrated a consistent result. Those studies explain that chlorogenic acid in coffee can inhibit body fat accumulation and reducing body weight. The aim of this systematical review was to know the contain of chlorogenic acid in coffee and analyze the effect of giving chlorogenic acid to obesity. The experimental studies in human and animal subjects in the last 15 years as inclusion criteria and studies that is not represent the anthropometry result as exclusion criteria through electronic database were comprehensively reviewed. The result from five studies demonstrated that chlorogenic acid has an effect to reduce body weight, reduce body fat percentage, and reduce blood glucose concentration with the duration and chlorogenic acid dosage differently. Chlorogenic acid has many benefits in improving the obesity.

Keywords: chlorogenic acid, body weight, obesity, review

RESEARCH STUDY

Literature Review

OPEN ACCESS

Effectiveness of Nutrition Education on Knowledge of Anemia and Hemoglobin Level in Female Adolescents Aged 12-19 Years: a Systematic Reviews and Meta-Analysis

Efektivitas Edukasi Gizi Pada Pengetahuan Terkait Anemia dan Kadar Hemoglobin Remaja Putri Usia 12-19 Tahun: Tinjauan Sistematis dan Meta Analisis

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ABSTRACT

Background: Anemia is a common health problem among adolescents that needs to be resolved immediately. It is estimated that more than 50% of female adolescents aged 12-15 years have anemia. Some of the anemia's effects on adolescents include stunted growth, decreased learning ability, and susceptibility to infectious diseases.

Objectives: To identify evidence for nutrition education's effectiveness on anemia knowledge and hemoglobin levels in female adolescents aged 12 to 19.

Methods: Using study eligibility criteria, three electronic databases (Scopus, Science Direct, and Pubmed) were searched within five years for relevant articles. Review Manager (RevMan) version 5.4.1 was used to analyze the research findings.

Results: Based on the results, there was no significant relationship between education and anemia knowledge in the control and treatment groups ($p < 0.05$). Neither group also had a significant relationship between nutrition education and Hb concentration. However, the Active, Creative, Effective, and Fun Learning or *Pembelajaran Aktif, Kreatif, Efektif, dan Menyenangkan* (PAKEM) program approach impacted adolescent anemia knowledge. The mean difference value of 0, which indicates the intervention group is more effective than the control group, presented significant results. The estimated effect can be seen in the forest plot image to the left of the vertical line.

Conclusions: Based on the meta-analysis, the PAKEM method is a nutritional education method that provides significant results on female adolescents' knowledge regarding anemia and Fe tablet consumption. However, the nutritional education method did not affect hemoglobin levels.

INTRODUCTION

The World Health Organization (WHO) defines adolescents as people between 10 and 19¹. Anemia is a severe public health issue that impacts adolescents' life cycles, especially among female adolescents. Anemic adolescents are limited in their growth, learning capacity, and ability to focus on daily tasks. Anemia also affects their susceptibility to infection, the likelihood of dropping out of school, level of physical fitness, and output at work². Low hemoglobin (Hb) or red blood cell levels (RBCs) are the two components of anemia. Anemia caused by a lack of iron is most frequently seen. Based on hemoglobin levels, anemia can be classified as non-anemic (≥ 12 g/dL), mild (11.0-11.9 g/dL), moderate (8.0-10.9 g/dL), and severe (< 8 g/dL). These hemoglobin level cutoff values apply to non-pregnant women, including women of childbearing age and female adolescents³.

Due to its significance as a period of growth and development, adolescence is an ideal time for therapies to alleviate the risk of anemia. Missing nutrition instruction and iron supplementation could exacerbate the cycle of anemia and iron deficiency. Along with satisfying their growth requirements, female adolescents must consume enough iron before pregnancy⁴. Because it cannot generate iron on its own, the human body needs iron as one of the essential minerals. Since iron is essential to health, it has been referred to as the body's gold. The majority of the iron in the body is contained in hemoglobin-like protein, which red blood cells contain. The oxygen in the blood is carried by hemoglobin into the lungs and all of the body's tissues⁵. Due to lower iron reserves in general, women are more susceptible to anemia than men, and the advent of menstruation increases the need for iron to make up for menstrual

RESEARCH STUDY

English Version

OPEN ACCESS

Nutritional Status, Dietary Intake, and Sleep Duration Among School Children: A Comparative Study

Status Gizi, Asupan Makan, dan Durasi Tidur Anak Sekolah: Studi Komparasi

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Children, Comparative research, Diet, Malnutrition, Nutritional status

ABSTRACT

Background: There are differences in the prevalence of malnutrition between rural and urban areas due to differences in consumption patterns. However, data regarding differences between rural and urban areas in Indonesian cities still need to be investigated, even though this information is essential for the government to use when creating policies to eradicate malnutrition.

Objectives: To determine the effects of differences in school location (rural and urban) on the nutritional status, food intake, and sleep duration of children in junior high school.

Methods: The research employed a cross-sectional design, which comprised 102 junior high school students in Jombang (a rural area) and 101 junior high school students from Surabaya (an urban area) served as the sample. Nutritional status was determined using anthropometric measurements of z-score BMI-for-age, performing the 2x24H food recall interviews to determine food intake and the questionnaire to determine sleep duration.

Results: The findings revealed a significant difference between rural and urban areas in nutritional status ($p=0.002$) and food intake, namely carbohydrate intake ($p<0.001$). The issue of malnutrition that differed significantly between the two regions was obesity ($p<0.001$), which was more prevalent in urban areas; on the other hand, undernutrition did not ($p=0.556$). In addition, sleep duration did not differ significantly ($p=0.327$).

Conclusions: In conclusion, differences in nutritional problems between urban and rural areas were not constantly caused by food intake or sleep duration; however, indirect factors such as physical activity could also play a role. This finding resulted in recommendations for schools to conduct a balanced nutrition education program and for the government to implement various policies to eliminate malnutrition in urban and rural areas.

INTRODUCTION

Nutrition is essential for the human brain's health, life, and growth at all ages¹. Balanced nutrition is necessary for endurance, physical development, cognitive growth, and productivity. Nutritional status in early infancy significantly affects health, particularly the growth and development of children and the country's economic development². Nutritional conditions are crucial for children under five and during their education years, as they affect cognitive abilities and the future generation^{4,5}.

Poor nutritional status among schoolchildren is a significant public health issue that negatively affects academic achievement⁶. Malnutrition is an urgent issue affecting children's learning capacity, resulting in lower academic achievement. In Indonesia, stunting is a significant nutritional issue (rural: 39.2%; urban: 25.5%) based on research involving anthropometric measurements and intake assessment in school-aged

children⁷. In rural areas of Indonesia, Thailand, and Vietnam, stunting and malnutrition are more prevalent. The nutritional status of overweight and obesity also occurs; however, its prevalence is larger among urban children (10.7%) than among rural children (5.0%). Malnutrition occurs when food intake falls short of nutritional requirements, which are affected by residence⁸.

Demographic differences, socioeconomic disparities (income, employment), and education levels between rural and urban areas can affect consumption patterns and nutritional sufficiency, resulting in different lifestyles⁹. The research results in India indicate that urban communities consume more fruits and vegetables than rural communities¹⁰. On the other hand, macronutrient consumption is higher in China's urban communities¹¹. The consumption of food affects nutritional sufficiency and determines nutritional status. However, the increased risk of obesity and malnutrition

Urine analysis and nutrition status among elderly in Griya Werdha, Surabaya

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Abstract

Background. Aging is a natural process in the body that everyone will experience as they get older. However, aging is not the same in each individual due to several differences such as diet, lifestyle, genetics, and overall health. Therefore, the Surabaya city government is trying to help elderly people who do not have any caregivers by scouting and gathering them at Griya Werdha.

Objective. This study aimed to provide a feeding program for the elderly and determine the risk of kidney failure experienced by the elderly living in Griya Werdha.

Materials and Methods. This research was a cross-sectional

study with 44 elderly as the samples. The data collected included elderly's blood pressure, weight, height, and urine. Moreover, the elderly were also interviewed on food waste, exercise habits, and sleeping habits using questionnaires. Data were analyzed using binary logistic regression and the chi-square test to find the association between the variables.

Results. The results showed a significant association was found between education and blood in the urine ($p=0.036$) and the association was not found between education and nutritional status ($P=0.392$) also systole blood pressure ($P=0.373$). Association also was not found between glucose in urine ($P=0.522$), positive leukocyte (0.184), positive blood in the urine ($P=0.671$), and the risk of CKD.

Conclusions. In conclusion, the elderly with low education can be at risk for certain diseases.

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Key words: blood pressure; chronic kidney disease; education; elderly.

Conflict of interest: the authors declare no potential conflict of interest.

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Ethical approval and consent to participate: This study was granted ethical approval by the Health Research Ethics Commission, Faculty of Dental Medicine, Universitas Airlangga, Surabaya, Indonesia on April 8, 2022, with approval number 152/HRECC.FODM/IV/2022.

Availability of data and material: data and materials are available by the authors.

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Introduction

Conventionally, the term "elderly" is used to refer to people who are 65 years of age or older; those between the ages of 65 and 74 years are referred to as "premature aging", while those over 75 years are referred to as "late aging".¹ Aging is a natural process in the body that everyone will experience as they get older. However, aging is not the same in each individual due to several differences such as diet, lifestyle, genetics, and overall health. Thus, chronological age reflects the heterogeneity observed in the "elderly population", particularly in pharmacokinetic and pharmacodynamic factors, independent of other important patient characteristics (e.g., cognitive, polypharmacy, comorbidities, and functional impairments). Any strategy or tool for personalized therapy (including clinical practice guidelines) must take into account the characteristics of the aging process.²

Aging is characterized by a gradual decline in the functional capacities of all organs in the system, a decrease in homeostatic mechanisms, and an altered response to receptor stimulation.³ To this date, most studies on the elderly have classified older adults into a single group. Even if there are various ways to categorize this population, several studies have categorized elderly adults between the ages of 65 and 74 as the youngest, those between 75 and 84 as middle age, and those over 85 as the oldest.⁴

All physiological functions are impacted by normal aging. It has been demonstrated that most organs have subtle, irreversible changes in function during their third and fourth decades of life, with aging-related decline. Human organ systems experience physiological changes with age, such as increased blood pressure, arte-



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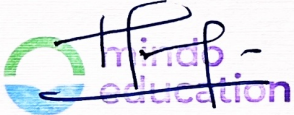
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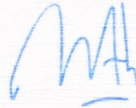
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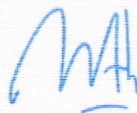
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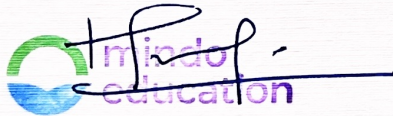
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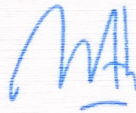
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