

**LEMBAR  
HASIL PENILAIAN SEJAWAT SEBIDANG ATAU PEER  
REVIEW KARYA ILMIAH: JURNAL ILMIAH**

Judul Artikel Ilmiah : **Effectiveness of Disinfectant A and B on the Growth of Bacteria in the Area of Central Surgical Installation of Hospital X in Kudus City**

Nama semua penulis : Novi Setyaningsih, **Ari Suwondo**, Mateus Sakundarno Adi

Status Pengusul (coret yg tidak perlu) : ~~Penulis Utama/ Penulis Utama & Korespondensi/ Penulis Korespondensi/ Penulis Anggota~~

**Status Jurnal:**

- Nama Jurnal : Indian Journal of Public Health Research & Development
- Tahun terbit/Vol/No/halaman : 2019/ Volume 10/ No. 3 /Halaman 821-830
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Semarang, 20 Maret 2020

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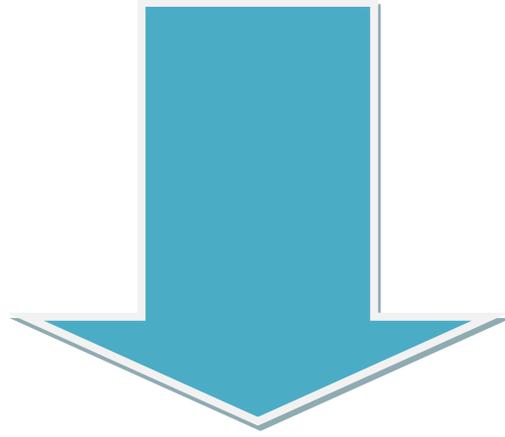
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Indian Journal of Public Health Research and Development  
Volume 10, Issue 3, March 2019, Pages 821-830

## Effectiveness of disinfectant a and b on the growth of bacteria in the area of central surgical installation of hospital x in kodus city (Article)

Styaningsih, N.<sup>a</sup>, [Suwondo, A.<sup>b</sup>](#), Adi, M.S.<sup>c</sup>

<sup>a</sup>School of Postgraduate Studies, Indonesia

<sup>b</sup>Major Master of Health Promotion Occupational Health and Safety, Faculty of Public Health, Indonesia

<sup>c</sup>Major Master of Epidemiology and Tropical Diseases, Diponegoro University, Semarang, Indonesia

### Abstract

View references (19)

**Background:** There is a limit of using centralized AC in surgical rooms that requires hospital to control the growth of microorganism by using disinfectant A. Disinfectant A has been used for so long and has tested for its effectiveness, so hospital X held effectiveness test by comparing disinfectant A with other disinfectant. The aim was to analyze the effectiveness of disinfectant A and B to the growth of bacteria in Central Surgery Unit Hospital X Kudus City. **Method:** The research was a quasi-experimental research with one group pre-test post-test. The number of samples was 36 samples. Data collection was conducted with laboratory observation. The data were then analyzed by Wilcoxon Test. **Result:** Statistical result shows that there is no significant difference on the effectiveness of disinfectant A and B in surgical room ( $p > 0,05$ ) for both centralized and split AC. There are three identified bacteria in surgery room namely Staph. Aureus, Staph. Epidermidis dan Baccilus Sp. From the observation, the number of bacteria before using disinfectant A and B in rooms with split AC was Staph. Epidermidis 0,66 CFU/cm<sup>2</sup>, Staph. Aureus 0,67 CFU/cm<sup>2</sup> and Baccilus Sp 1,67 CFU/cm<sup>2</sup>, While in rooms with centralized AC, the observed number of bacteria can be seen as follows: Staph. Epidermidis 0,66 CFU/cm<sup>2</sup>, Staph. Aureus 0,33 CFU/cm<sup>2</sup> and Baccilus Sp 1,67 CFU/cm<sup>2</sup>. After 20<sup>th</sup> and 240<sup>th</sup> minute using disinfectant A and B, in rooms with centralized and split AC, there was no growth of bacteria (-). **Conclusion:** The observation on the effectiveness of disinfectant A and B shows no growth of bacteria on the 20th and 240th minute which means that disinfectant B can be the alternative of disinfectant in surgery room. © 2019, Indian Journal of Public Health Research and Development. All rights reserved.

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AC Disinfectant Effectiveness Number of bacteria Surgery room

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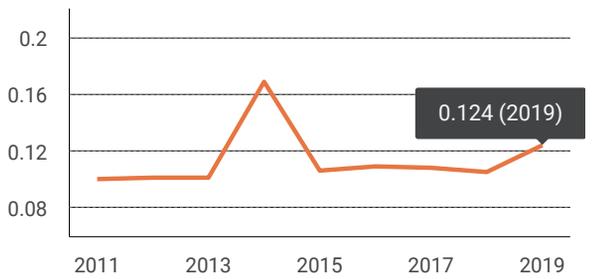


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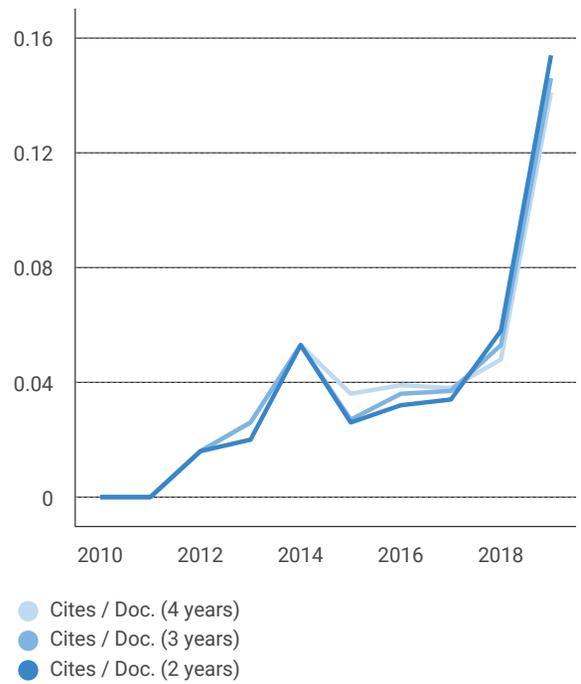
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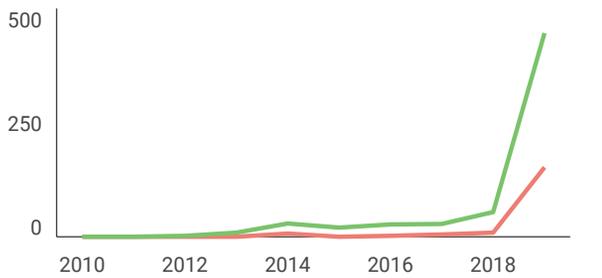
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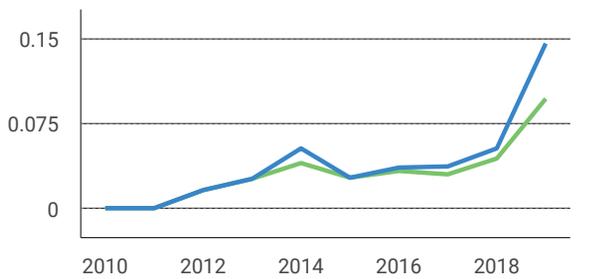
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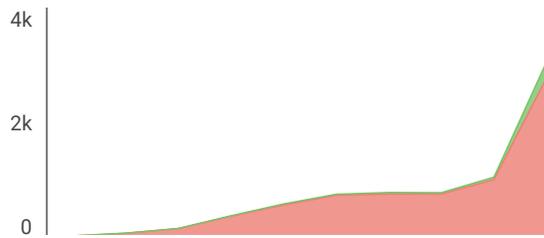


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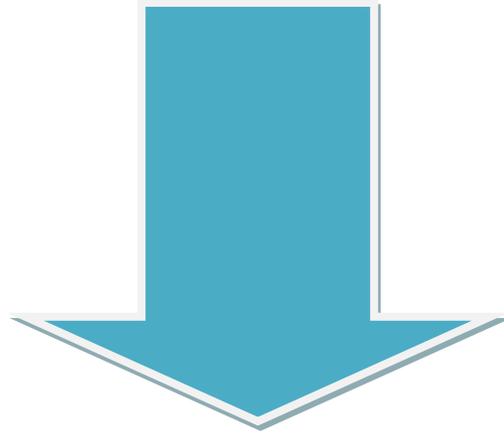


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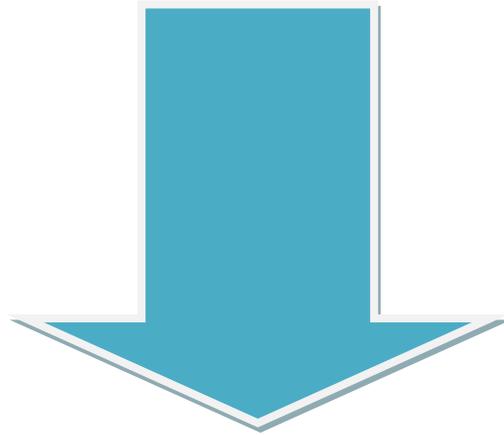
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Published: 2020-07-06

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Heru Sasongko<sup>1</sup> , Thea Ikmasia Triana Dompas<sup>1</sup> , Yeni Farida<sup>1</sup>

839-842

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# Harnessing the Differentiated Model of HIV-AIDS Care as an Enabling Factor for Successful HIV-AIDS Programme Management

Shayhana Ganesh

*DUT Affiliate, Faculty of Management Sciences, Durban University of Technology, South Africa*

## ABSTRACT

UNAIDS estimates that 37million individuals are infected with HIV-AIDS<sup>6</sup>. Traditional modes of service delivery cannot meet the needs of those infected and affected by HIV-AIDS. This has led to the development of several service delivery care models of care. One such model is Differentiated care. “Differentiated care is a responsive, client-centred approach that simplifies and adapts HIV services across the cascade to better serve individual needs and reduce unnecessary burdens on the health system”<sup>1</sup>. This is fast growing concept that is being utilised in both the developed and developing world allowing better care, wellness and treatment to HIV-AIDS sufferers across the globe. This paper explores the use of the differentiated care model across the various multi sectoral responses to HIV-AIDS and assesses the benefits of the model as an enabling factor for successful HIV-AIDS programme management both locally and globally.

**Keywords:** *HIV-AIDS, Differentiated care*

## INTRODUCTION

Differentiated care, or differentiated service delivery, has been defined as “a client-centred approach that simplifies and adapts HIV services across the cascade, in ways that both serve the needs of PLHIV better and reduce unnecessary burdens on the health system”<sup>5</sup>. With regard to differentiated care, less stable patients require fewer services than critically ill patients therefore allowing for better resource allocation<sup>4</sup>.

Differentiated care can be applied across the continuum of care for HIV-AIDS<sup>2</sup>. The differentiated care framework includes variability in the service delivery, providers and locations. The WHO defines specific care packages based on care needs such as the type of services delivered; the location of service delivery; the provider of the services and the frequency of the services<sup>7</sup>. In order to accommodate this model several service providers, clinics and partnerships have exhibited buy in to the model to ensure its viability and success. Decentralisation of service is key to the process together with partnerships. Decentralisation allows more task shifting from larger central clinics and health facilities situated in towns and central localities to more rural smaller clinics and health facilities on the

peripheries. This in turn increases the reach of the health facilities resulting in more patients being encountered, tested for HIV-AIDS and encourages more health seeking behaviour. Partnerships with local vendors and community based pharmacies allow for decentralisation of services where patrons can fetch medications at smaller closer rural locations as opposed to travelling long distances to reach central healthcare facilities.

## METHODOLOGY

A retrospective review was done across public, private and ngo based South African HIV-AIDS management programmes. Given the relatively new concept of differentiated care it was not expected for extensive literature for implementation and operational research to be available. A review was undertaken of fall private HIV-AIDS management programmes, selected ngo HIV-AIDS management programmes and the state run national HIV-AIDS management programme.

## RESULTS

The review revealed that no HIV-AIDS management programmes in private healthcare sectors have been implementing the differentiated care model to date.

# Family Support of Ifontoks to their Pregnant Teenagers: an Extension Health Service Program of Mountain Province State Polytechnic College

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## Abstract

Teenage pregnancy in the Philippines is increasingly turning out to be a major cause of concern. The rising trend among young women who are becoming mothers and majority of them are unmarried lead them vulnerable to death, susceptible to depression, abortion and others, especially if support from family is minimal.

This study focused on how social and spiritual health service program was developed and extended to pregnant teenagers. A reliable self-made data gathering tool was used to collect data from parent/s and the pregnant teenagers. Positive effects were observed and verbalized after launchings the first implementation of the health service program within the locality. Indeed, the nursing department of MPSPC included the service in the care of pregnant mothers during community immersion as part of the related learning experience (RLE) of the nursing curriculum.

**Keywords:** *Pregnant teenagers, family support, Ifontoks, Social wellness, spiritual wellness*

## Introduction

The most crucial period in a person's life is considered to be during teenager for this is the period of establishing one's identity. They experiences changes whether in physical, emotional, social and spiritual aspects of life. In some cases, pregnancy may exist that might stunned the family. Family's reactions may be denial or unacceptable while others might find it as a blessing, or as a punishment. Dealing alone with role changes, fears and adjustments of pregnancy happens and seeking support from family and friend is expected. Hence, if the pregnant woman plans to relinquish her infant, she still needs to deal with the adjustments of pregnancy.

Teenage pregnancy is the condition of a woman to have a baby during adolescence (13 to 19 years old). Ajala<sup>1</sup> described that teenage pregnancy is a social construct, which represents one of the many indices of adolescent delinquency, sexual permissiveness and moral decay. It is a major concern because not only physical changes that may occur but also in the psychological and social aspects of their lives. Whereas,

teenage pregnancy is regarded a major socio-medical phenomenon in both developed and developing countries and has become more rampant in recent times.<sup>2(p25)</sup> Further, teenage mothering interrupts the natural course of teenage development most specially if occurred in the earlier age of adolescence due to numerous unexpected responsibilities.<sup>1, 3</sup> With these, holistic support in the perinatal period is a necessity for the traditional focus is on the maternal and child's physical health. Neglect or insensitiveness to psychological and social wellness has great impact to wellness especially if pregnancy exists during adolescence and out of wedlock. Teenage pregnancy if out of wedlock may have undesirable effects to the health of the mother and child which is considered a worldwide public health concern.<sup>2</sup> The Centers for Disease Control and Prevention reported a total of 249, 078 babies were born to women aged 15 to 19 years with a birth rate of 24.2 per 1,000 women.<sup>4</sup> Moreover, the average teenage birth rate in middle-income countries is two times higher than in a high-income countries while five times as high in low-income countries.<sup>5</sup>

The United Nation Population Fund revealed Philippines is the only country in Asia Pacific region