C.3

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

JudulKarya Ilmiah (Artikel) : Occupational Exposure on Gasoline Station Workers Not Affect the Nasal Mucociliary Clearance Time and Pulmonary Function Test
Jumlah Penulis : 5 Orang
Status Pengusul : **Awal Prasetyo**, Salim Darry, Drestanta Redyaksa, Udadi Sadhana, Armunanto Sigit
Identitas Jurnal Ilmiah :
a. Nama Jurnal : Advanced Science Letters
b. Nomor ISSN : 2046-1402
c. Vol, Nomor, halaman : Vol. 23 issue 4.p:3406-3408
d. Edisi : April 2017
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h. Alamat web jurnal : https://www.ingentaconnect.com/contentone/asp/asl/2017/00000023/00000004/art00189
i. Terindeks di : Q3, SJR = 0,13
j. On line turnitin : https://doc-pak.undip.ac.id/2565/1/Turnitin-Occupational-Exposure.pdf

Kategori Publikasi Jurnal Ilmiah (beri ✓pada kategori yang tepat) :
☐ **Jurnal Ilmiah InternasionalBereputasi/** Internasional **
☐ Jurnal Ilmiah Nasional Terakreditasi
☐ Jurnal Ilmiah Nasional/Nasional

Hasil Penilaian *Peer Review* :

Komponen Yang Dinilai	Nilai Maksimal Jurnal Ilmiah			Nilai Akhir Yang Diperoleh
	Internasional / Internasional Bereputasi ** [40]	Nasional Terakreditasi ☐	Nasional *** ☐	
a. Kelengkapan unsur isi artikel (10%)	4			4
b. Ruang lingkup dan kedalaman pembahasan (30%)	12			11
c. Kecukupan dan kemutahiran data/informasi dan metodologi (30%)	12			11
d. Kelengkapan unsur dan kualitas terbitan/ jurnal (30%)	12			12
Total = (100%)	40			38
Nilai Pengusul =			60% x 38 = **22.8**	

Catatan penilaian Artikel oleh Reviewer

a. Kelengkapan unsur isi artikel	Unsur artikel lengkap: abstrak-pendahuluan-Metode-Hasil dan Pembahasan ditulis lengkap dan jelas
b. Ruang lingkup dan kedalaman pembahasan	Ruang lingkup sesuai bidang ilmu pengusul (Kedokteran-Kesehatan), Hasil dibahas dan dijelaskan cukup dalam dan membandingkan dg penelitian2 lain sebelumnya
c. Kecukupan dan kemutahiran data/informasi dan metodologi:	Peneltian observasional dengan desain belah lintang membandingkan Mucociliary Clearance Time and Pulmonary Function Test pada Pekerja pompa bensin dan bukan. Data dikumpulkan dan diukur dengan kaidah ilmiah yg baik
d. Kelengkapan unsur dan kualitas terbitan/ jurnal	Jurnal internasional bereputasi Q3, SJR = 0,13

Semarang,
Reviewer 1

Prof. Dr. dr. Tri Nur Kristina, DMM, M.Kes
NIP. 19590527 198603 2 001
Bidang kerja : Fakultas Kedokteran Undip
Unit ilmu : Ilmu Kedokteran
Jabatan pangkat : Guru Besar

C.3

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Hasil Penilaian *Peer Review* :

Komponen Yang Dinilai	Nilai Maksimal Jurnal Ilmiah			Nilai Akhir Yang Diperoleh
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a. Kelengkapan unsur isi artikel (10%)	4			3,2
b. Ruang lingkup dan kedalaman pembahasan (30%)	12			11,5
c. Kecukupan dan kemutahiran data/informasi dan metodologi (30%)	12			11,8
d. Kelengkapan unsur dan kualitas terbitan/ jurnal (30%)	12			11,8
Total = (100%)	40			38,3
Nilai Pengusul =			60% x 38,3 =	22,98

Catatan penilaian Artikel oleh Reviewer :
a. Kelengkapan unsur isi artikel : abstrak lengkap dan informatif. Sistematika penulisan sesuai kaidah penulisan ilmiah. Pada metode tidak tercantum kriteria inklusi dan eksklusi. Rekomendasi penelitian dari KEPK FK Undip /RSDK. Pustaka pendukung relevan namun 84% > 10 tahun
b. Ruang lingkup dan kedalaman pembahasan : ruang lingkup sesuai dengan bidang ilmu THT pengusul, mengetahui NMCC dan fungsi paru pekerja SPBU, hasil penelitian ini penting untuk keselamatan kerja bagi pegawai SPBU. Pembahasan luas dan dalam dengan mensitasi penelitian terdahulu
c. Kecukupan dan kemutahiran data/informasi dan metodologi: studi kasus kontrol, sampel diambil dari subjek pekerja SPBU dan non SPBU. Cara pengambilan dan pengukuran sampel terstandar, analisis statistic menggunakan Pearson chi-square
d. Kelengkapan unsur dan kualitas terbitan/ jurnal: Advanced Science Letters, merupakan jurnal Internasional terindeks Scopus (Q3), SJR 0,13; Penerbit : American Scientific Publishers

Semarang, 14 November 2022
Reviewer 2

Prof. Dr. drg. Oedijani, MS
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Unit ilmu : Ilmu Kedokteran
Jabatan pangkat : Guru Besar

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RESEARCH ARTICLE

Advanced Science Letters
Vol. 23, 3393–3394, 2017

Training and Education in Occupational Health—A Global Challenge

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Background: "Occupational risks" rank only #14 globally and in low-income countries as causes of death. For working age adults (15–49 yrs) occupational risks are worldwide the #1 cause of disability with around 25 mill YLD ahead of malnutrition with 18.5 mill YLD and constitute the MAJOR contributor to early disability and loss of income for families. *Method*: We look at the Global Burden of Disease Study 2015 and its recent publications to see where "occupational risks" rank in their impact on the health of populations. *Results*: The impact of poor workplace health and safety on disability in Indonesia is dramatic. We see then that Occupational Risks are the #2 reason for disability during the adult working age, being the #1 reason for men and #3 reason for women behind high plasma glucose and malnutrition. *Conclusion*: Occupational risks have a major impact on the health of populations and the economy of a country as well as the income of families. We need to focus on teaching the important risks that have been identified: chemicals, particulates, ergonomic risks. To prevent the exposure from these risks should become a standard competency for all health professionals.

Keywords: Occupational Health, Global Burden of Disease, Teaching, Chemicals, Particulates, Ergonomics.

1. INTRODUCTION

Risks to health arising from workplace exposures usually do not figure prominently on the big agendas of governments or development agencies. However, they when we look at the Global Burden of Disease Study 2015 and its recent publications[1] we see that "occupational risks" rank only #14 globally and in low-income countries as causes of death.

So, why should we look at occupational risks when malnutrition, alcohol and drug abuse, high BMI or dietary risks are so much more important? We will take a closer look at the importance of "occupational risks" for a nation in terms of health and economy and highlight the topics that should be central for teaching Occupational Health.

2. METHOD

Taking a closer look at the Global Burden of Disease Study 2015 (GBD) we see the pictures change when we focus on causes for disability (measured in Years Lived with Disability, YLD) and on the causes of deaths and disability arising from workplace exposures. Doing so we need to keep two things in mind

(1) The GBD only accounts for roughly 65% of all health events, deaths or disability. The other third of all health events is not included as there are no reliable data available to make better estimates.

(2) Around 70% of the workforce globally works in the informal sector. A sector that is ahrd to reach with any intervention, technical or educational.

3. RESULTS

Regarding the Years Lived with Disability, only malnutrition (around 54 mill YLD) and high plasma glucose (around 41 mill YLD), a proxy for Diabetes, seem globally more important than occupational risks (around 36 mill YLD).[2] Workplace risks rise to the #2 most important cause of disability for low-income countries (World Bank classification) even though our analysis at that point includes all human beings from 1 day of age until over 80 years of age.

Zooming in on the economically so important group of working age adults we see that Occupational risks are worldwide the #1 cause of disability with around 25 mill YLD ahead of malnutrition with 18.5 mill YLD. In other words, Occupational risks are the MAJOR contributor to early disability and loss of income for families.

When we focus on one country, Indonesia, we see how this analysis can help us focus our efforts in education and training in workplace safety and health.

In Indonesia, occupational health risks account for approximately 5 out of 100,000 deaths per year for 15–49 year old adults (see Table I), a comparatively low rate compared to the rate for high blood pressure with around 35 per 100,000.

The impact of poor workplace health and safety on disability and years of healthy life lost in Indonesia is however dramatic. We see then that Occupational Risks are the #2 reason for disability during the adult working age, being the #1 reason for men and #3 reason for women behind high plasma glucose and malnutrition.

RESEARCH ARTICLE

Advanced Science Letters
Vol. 23, 3389–3392, 2017

Small Island Developing States, Climate Change, and Food and Nutrition Security

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Background: Climate change is a critical concern globally and small island developing states in the Pacific region are especially vulnerable to climate change-related phenomena. Pacific Islands have been identified as being amongst the countries most vulnerable to the health impacts of climate change. The purpose of this paper is to describe impacts of climate change on food and nutrition security in Pacific Island countries, the mechanisms linking climate change and nutrition, and strategies and policies to address them. *Method*: A literature review and documentary analysis was undertaken. Case materials from Pacific Island countries are used to illustrate both climate change impacts and promising strategies. *Results*: Climate change exacerbates the existing burden of malnutrition. Food and nutrition security are affected through changes in local food production and transition from traditional nutritious diets to dependence on less nutritious imported foods, undermining efforts to reduce hunger and promote nutrition. Undernutrition, in turn, weakens climate resilience and the coping strategies of vulnerable populations. Nutrition-sensitive adaptation and mitigation measures, climate-resilient and nutrition-sensitive agriculture development, improved maternal and child care and health, and both community development and food system resilience measures are proposed as means to address the impacts of climate change on food and nutrition security. *Conclusion*: Pacific Island countries should not face these challenges alone. Strengthened global, regional and community responses to organize better preparedness, adaptation and mitigation against climate change and its impact on nutrition in Pacific island countries is needed. Specific opportunities to address these issues in the Pacific will be presented.

Keywords: Climate Change, Food and Nutrition Security, Small Island Developing States, Pacific Island Countries.

1. INTRODUCTION

Climate change is a critical concern globally and small island developing states (SIDS) in the Pacific region are especially vulnerable to climate change-related phenomena.[1,2] Increasing policy, development, scientific and public health attention is being paid to climate change risks and vulnerabilities, and to climate change-related preparedness, adaptation, and mitigation. While those most responsible for anthropogenic climate change reside in industrialized countries, Pacific Island peoples are among those most impacted from its health consequences,[3] including from malnutrition and food insecurity.

The Pacific Ocean is home to 20 SIDS with diverse geography, populations, cultures and economies. Populations inhabit 2 distinct Island types: High islands (volcanic) and low islands (coral atolls) spread over three subregions of Melanesia, Micronesia and Polynesia. Land area comprises only 2% of the combined jurisdictions of all Pacific SIDS, being dwarfed by their Exclusive Economic Zones. The total population is less than 11 million.

Traditional lifestyles in Pacific SIDS depend on subsistence livelihoods including agriculture, fishing, hunting and wild foraging, with Pacific Islander peoples having developed sophisticated management of both terrestrial and marine food production systems. Today, while subsistence activities still persist, income generation activities and trade policies have resulted in imported foods becoming readily available for many. Simultaneously, inadequate food security in Pacific Islands is worsening as a consequence of multiple factors: a decline in local availability and production of subsistence foods; a lack of income to purchase adequate alternative foods; falling food production per capita, low or absent growth in agricultural production, and inadequate support for subsistence agriculture, and increased and costly dependence on food imports.[4,5]

Dietary patterns have shifted over the past 50 years from reliance on traditional low-fat diets, rich in root vegetables

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