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HASIL PENILAIAN SEJAWAT SEBIDANG ATAU PEER REVIEW
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Judul Artikel Ilmiah : Risk Factors of Growth Faltering on Infants Aged 6- 12 Months In Tongkuno, Southeast Sulawesi.
Nama semua penulis : Jumianti Lestari Thamrin, Martha Irene Kartasurya, Mateus Sakundarno, Maria Mexitalia, Suhartono.
Status Pengusul (coret yg tidak perlu) : ~~Penulis Utama/ Penulis Utama & Korespondensi/~~Penulis Korespondensi/
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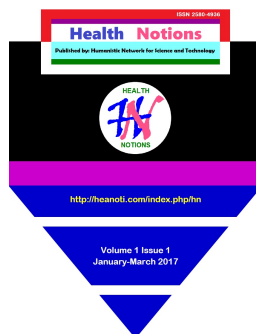
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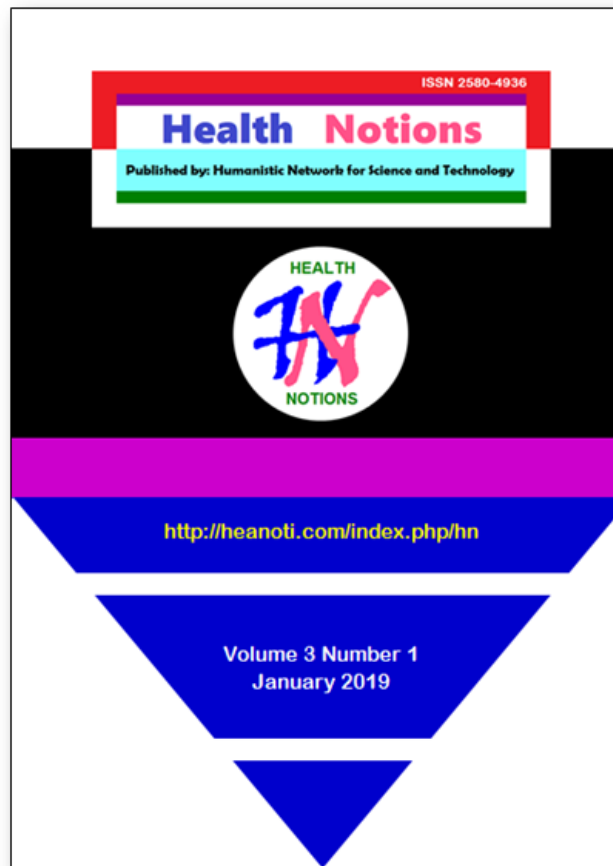
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RESEARCH ARTICLE

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Health Care Access of Mentally-Ill Persons: An Integrative Literature Review

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ABSTRACT

This integrative literature review explores the health care access of mentally-ill persons. Using different databases and search engines, an exhaustive web-based search was conducted. From the initial search, one hundred fifty-seven (157) articles published between the years 2010-2017, in English, and focused on the health care access of mentally-ill were extracted. After removal of duplicates, 42 articles were obtained, of which 23 were included in the final synthesis. Results reveal that personal factors of health-seeking behaviors, awareness, financial problems and cultural influence, as well as environmental factors that includes human and institutional resource, fragmented health care system and governmental policies serve as barriers to mental health care access. Improving community awareness, strengthening the interconnected relationships of mental health policy and health workforce management are components that could provide a useful approach to address the problem in accessibility. Future researches and other scholarly pursuit should give emphasis on the concepts of family, mental illness, and quality of life; as well health system strengthening and policy-making. Furthermore, issues on political, economic and cultural barriers have so long impeded global mental health care and resulted in treatment gaps should be future priorities within the context of research, education, and policy.

Keywords: Mental illness, Mental health, Access to care, Mental health care access

INTRODUCTION

Background

Mental well-being is an integral and essential component of health. This results in productivity and fulfilling relationships. This state, however, is disrupted in one of every three individuals – or more – during their lifetimes^(1,2) due to certain mental problems.

Mental disorders significantly reduce one's functioning capability within family and society. According to the WHO⁽³⁾, mental or neurological disorders will affect one in four people in the world in years to come. For about 400 million people have been diagnosed with mental health problems that contributed to the Global Burden of Disease (GBD) as leading causes of disability⁽⁴⁾. Furthermore, the GBD Report 2010 estimated increase in 10.4% in neuropsychiatric conditions disability-adjusted life years (DALY) that emerge between the ages of 15 to 59. It was posited that the age onset of these disorders also contributed to the increasing burden of mental illness⁽⁵⁾. The projected burden of mental health disorders is expected to reach 15% by the year 2020, where common mental disorders (depression, anxiety and substance-abuse disorders including alcohol) will disable more people than complications arising from AIDS, heart disease, traffic accidents and wars combined⁽⁶⁾.

Mental health is an important part of sustainable development, and progress in development will not be made without improvements in mental health⁽⁷⁾. Mental health problems cause 22.9% of all Years Lived with Disability (YLDs), the highest burden of any health condition⁽⁸⁾. Moreover, mental health problems impose a tremendous economic and social cost to society that places a brake on development efforts⁽⁹⁾. The estimated costs of mental health problems are staggering at US\$2.5 trillion in 2010, rising to US\$6.0 trillion per annum by 2030⁽¹⁰⁾. These costs are due to reduced economic productivity, high rates of unemployment, under-performance at work and often catastrophic out of the pocket expenditure⁽¹⁰⁾.

Despite the seen importance of mental health in the society and the effect of mental disorder in nations' development, this health problem is often neglected within national health policy and plans⁽¹¹⁾. In the WHO-AIMS Report 2007⁽¹²⁾, community care for people with a mental health condition is limited in many low and lower-middle-income countries, with the poor involvement of primary health care services. Moreover, there were reports

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Major Risk Factors for Gestational Glucose Intolerance and Gestational Diabetes Mellitus in Urban Areas of Jember

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ABSTRACT

Gestational Glucose Intolerance (GGI) and Gestational Diabetes Mellitus (GDM) is condition in which someone who leads to abnormally higher blood glucose levels. High glucose level on pregnant can influence mother itself and her fetus if it doesn't get prevention and right treatment. The purpose of this research was to know modified risk factors related with incidence of GGI and GDM in urban areas of Jember. This research was observational with cross sectional approach. Non probability sampling using purposive sampling was used in this research as sampling technique. Data were collected by interview and questionnaire that was distributed for 96 pregnant women who have been checked their blood glucose level in urban areas of Jember. The result of this research showed that over weight (p value= 0.001, OR= 16.15), less physical activities (p value = 0.000, OR=4.91) and unhealthy diet (p value = 0.000 OR=5.3) have significant correlation with GGI and GDM, while less physical activity (p value = 0.000 OR=0.176) as major risks with incidence of GGI and GDM. Pregnant women should do physical activities, like doing light exercises in accordance with their condition are offset by keeping dietary habits, so the blood glucose level during pregnancy could be controlled.

Keywords: GGI, GDM, High glucose level, Overweight, Less physical activities, Unhealthy diet

INTRODUCTION

Background

Gestational Diabetes Mellitus (GDM) is defined as intolerance glucose disorder which first recognition during pregnancy⁽¹⁾. Gestational Glucose Intolerance (GGI) is defined as condition of blood glucose level between normal limit and limit with GDM⁽²⁾. Pregnant women with GDM have characteristic that woman without diabetes develops high blood glucose levels during pregnancy. This condition commonly happened during 24 weeks pregnancy and it will back to normal condition during 6 weeks after birth⁽³⁾. The incidence of GGI and GDM are influenced by hormonal changing and metabolism on pregnant women. Metabolism changing is signed by increasing of blood glucose levels as effect of fulfillment energy needs for mother and her fetus. Increasing of estrogen, progesterone, hPL, and cortisol are caused condition of number and insulin function on mother was not optimum and insulin kinetic will change and resistance on insulin effect⁽⁴⁾. This condition can influence fetus, because mothers' blood glucose levels will influence increasing blood glucose levels of her babies born.

Pregnant women have potential preeclampsia about 10-30% on gestational diabetes mellitus. Caused of preeclampsia on pregnancies with GDM is unknown clearly. Some studies showed that mother with history of diabetes that has protein in urine caused diabetes neuropathy complication (kidney illness) four times increasingly risks preeclampsia development⁽⁵⁾. International Diabetes Federation (IDF) estimated 20.9 million or 16.2 % live birth in 2015 have hyperglycemias on pregnancy and 85.1% estimated were caused by gestational diabetes, 7.4% due to other kind of diabetes which firstly detected during pregnancy, and 7.5% because of diabetes is detected before pregnancy⁽⁶⁾.

Purpose

Prevention program for diabetes mellitus in Indonesia is considered very important as prevention program of risk factors to reduce morbidities, disabilities, and dead on pregnant women caused by diabetes mellitus. There are two factors that caused high blood sugar level on pregnancies such as modified factors and unmodified risk