

LEMBAR
HASIL PENILAIAN SEJAWAT SEBIDANG ATAU PEER REVIEW
KARYA ILMIAH : PROSIDING

Judul Karya Ilmiah : *Relationship between Depression, Anxiety, and Quality of Life among Woman with Infertility Problem*

Jumlah Penulis : 6 orang

Status Pengusul : Penulis ke-5

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Total = (100%)	15		14
Nilai Pengusul = 40% x 14 : 5 = 11,2			



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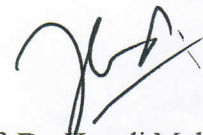
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Depok, 3 Februari 2020
Reviewer



Prof. Dr. Hamdi Muluk, M.Si.
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Bidang Ilmu: Psikologi

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Surabaya, 11 Maret 2020

Reviewer

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

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Bidang Ilmu: Psikologi

Relationship Between Depression, Anxiety, and Quality of Life Among Women with Infertility Problem

AZ Juniarto, I Indraswari, F Fulyani... - Asian Association of ... - eprints.undip.ac.id

Cases of infertility tend to increase every year. Prevalence of infertility in the world is 16%. The prevalence of depression and anxiety disorders in infertile women is 57% and 67.2% respectively. Depression affects 350 million people worldwide. Women are twice as likely to be depressed as men. Data from 44 countries showed an anxiety prevalence of 0.9%-28.3%. The prevalence of infertility in married couples of reproductive ages in Indonesia is 12-15%. Women with infertility more often get stigma than men. Emotional impacts emerge ...

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Asian Association of Indigenous and Cultural Psychology

25 - 27 July 2018

Proceedings

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Conference Schedule

Venue: Faculty of Psychology and Education, University of Malaysia Sabah

Tuesday, July 24 Pre-Conference Workshop

Faculty of Psychology and Education, Psychology Block (BS5)

1.00-2.00pm	:	Arrival Participants, Dr Satoko Kimpara
2.00-3.30pm	:	Systematic Treatment Selection - 8 Principles
3.30-4.00pm	:	Coffee Break
4.00-5.30pm	:	Systematic Treatment Selection: Therapist Training Program

Early Conference Registration

Faculty of Psychology and Education, Psychology Block (BS5)

2.00pm-5.00pm	:	Early Conference Registration
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Wednesday, July 25

Recital Hall, Universiti Malaysia Sabah

7:30-8:45am	:	registration On-Site-Payment Seating in Recital Hall
8.45am	:	Arrival Universiti Malaysia Sabah Top Officials
8.50am	:	Arrival UMS Vice-Chancellor
09.00-9.45am	:	Arrival Chief Minister/VIP
9.00-9.45 am	:	Opening Ceremony Malaysia National Song

President AAICP Speech

Vice-Chancellor Speech

Chief Minister/VIP Speech

Thursday, July 26

Parallel sessions: Invited Speakers

Faculty of Psychology and Education

Parallel sessions: Invited Speakers

09.00-09.30am	:	Invited Speaker 1: Professor Dr. Kwartarini Wahyu Yuniarti Invited Speaker 2: Associate Professor Dr. Alpana Vaidya Invited Speaker 3: Associate Professor Dr. Balan Rathakrishnan
09.40-11.10am	:	Concurrent Session 01
11.10-13.00pm	:	Lunch and Poster Session
13.00-14.30pm	:	Concurrent Session 02

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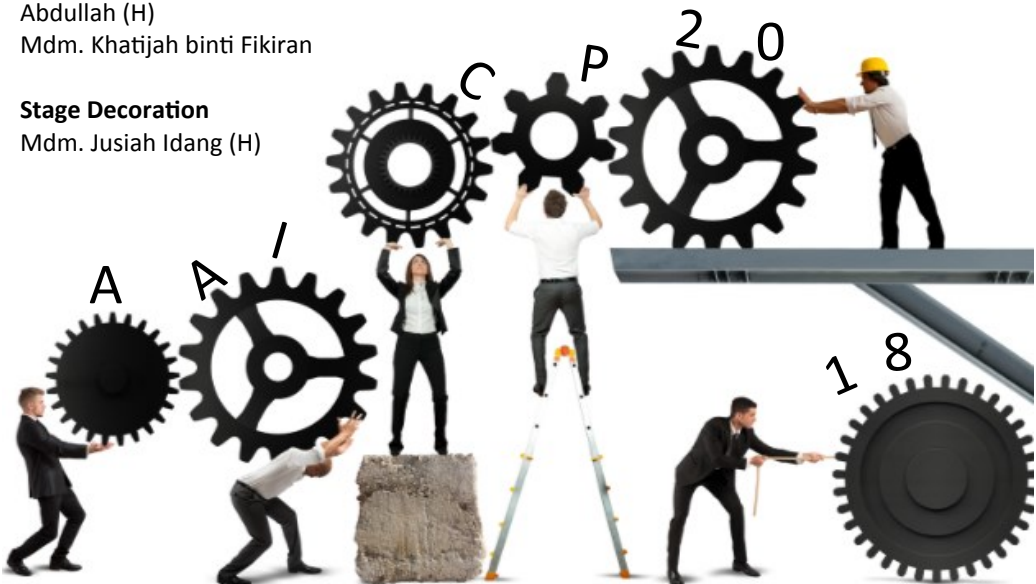




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APPLICATION OF ADDIE MODEL IN DEVELOPING RPGSR LEARNING MODULES

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ABSTRACT

This article describes the ADDIE phase used to develop robotic and programming prototypes module for elementary school students. The five phases of the ADDIE model process are "Analyzing", "Designing", "Developing", "Implementing" and "Evaluate". In developing the modules, the ADDIE model is chosen to be used as a guideline as it is one of the systematic design models in the production of effective and user-friendly learning materials. However, there are various of instructional models that also available.

Keywords: *Robotic in education, children robotic and programming module, coding for children, ADDIE model.*

INTRODUCTION

In the module development, the ADDIE model proposed by Branch (2009), is applied according to the needs of the study. ADDIE models (analyzes, design, develop, implement, evaluate) have emerged as the most commonly used models of course designers and developers (Royal, 2007), in addition to other models such as Gagne and Briggs, Dick and Carey and ISD (Instructional Systems Design) (Nurulnadwan Aziz, 2015). ADDIE model has been described as generic as other instructional models also have an equivalent ADDIE phase for multiple processes (Reiser, 2002). The ADDIE model used in module designing; based on the characteristics of the model that develops the lesson, while emphasizing the use of resources and tools. While each phase is mutually dependent on one another, however, the development phase does not necessarily follow the sequence pattern but is carried out throughout the process to ensure the module is of the highest quality and optimum to be implemented (Gustafson & Branch, 2002; Dick *et al.*, 2001; Darryl, 2014) (Figure 1)(Table1).



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FAITH IN SPIRITUALITY TO TREAT INFERTILITY: AN EPIDEMIOLOGICAL STUDY IN CERTAIN PARTS OF NORTHERN INDIA

Uma Dutta¹, Shraddha Basu² and Manidipa Baruah²

¹Cell and Molecular Biology, Department of Zoology, Cotton University, Guwahati, India.

²Department of Psychology, Gauhati University, Guwahati, India.

ABSTRACT

Infertility is a major medical condition that has severely affected the societal life of several married couples in India. They have to continually fight against the common perception of sterility of the community and the undue stigma associated with the same. A substantial volume of literature is available, which has focused on the medical, psychological, social, and cultural consequences of infertility. However, issues such as religious and spiritual dimensions of infertility have received little attention, which can be important governing factors in a country like India. Infertility being a multifaceted problem, health professionals must consider all such aspects of holistic care while dealing with women with fertility problems, and the religious and spiritual beliefs of the despondent can provide another option to cope with the crisis. Present study focusses on this particular topic from an epidemiological point of view in a certain part of northern and eastern India. A sample of 132 infertile women have been selected from the infertility clinic through personal interview, which has been conducted using a standard questionnaire. They have been advised by their doctors to participate in spiritual activities, such as, yoga, meditation and religious discussion, in an attempt to improve their psychological health. Positive results have been obtained in 70 cases. Their religious and spiritual beliefs helped in overall improvement of their both mental and physical health. Concerned activities also helped them and their families to control emotions, anxiety and stress, thereby leading to a gross reduction in chemical imbalance in their system. It can be concluded from the present study that the faith imposed on spirituality by the infertile women can lead to some positive psychological impacts both to the woman and also to their families.

INTRODUCTION

Fertility is the normal ability to produce offspring. Consequently, it determines the reproductive potentiality of a person in his or her race. It is an important phenomenon to maintain the racial status of organism through the process of reproduction and a very essential aspect of individual's life, as this procedure carries some traits from the parent generation to next generation. Fertility can be viewed as the outcome of a combination of biological, behavioural and environmental influences. Such stimuli are further characterized by numerous elements, such as value, belief, culture, society, financial conditions, living status, and other relevant aspects governing individual reproductive behaviour, which are often termed as the proximate determinants of fertility. The primary role of these factors is to regulate the proper hormonal balances, in order to maintain the reproductive health. Features usually affecting the desire of a pair to have offspring encompass religiosity, inter-generational spread of values, wedding, social care and pro-family government programs. Each pair has a distinctive set of situations depending on all the associated physiological factors, such as, ovulation, tubal factor, male factor, age, uterine factor and peritoneal factor (adapted from "Infertility: An Overview. A Guide for Patients", American Society for Reproductive Medicine, 2003), making fertility a multi-faceted topic of research.



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INFLUENCE OF STUDENT LIFE STRESSOR AND SLEEP DISTURBANCE ON DEPRESSION: COMPARISON OF JAPANESE STUDENTS, CHINESE STUDENTS AND CHINESE INTERNATIONAL STUDENTS IN JAPAN

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ABSTRACT

Depression is one of the mental health problems that should be addressed globally. In the depression survey of 23 countries, the depression problems in university students are serious especially in East Asian countries (Steptoe et al., 2007). Both student life stressor and sleep disturbance are cited as background factors of depression. Survey was conducted to clarify following purposes: to verify the depression model of university students from student life stressor and sleep disturbance, and to examine the model by depression level from the result of multiple-population analysis. More than 1,100 students (Japanese students, Chinese students, Chinese international students in Japan) participated in this study. Three self-rating questionnaires were administered to all participants: BDI- II, sleep disturbance questionnaire (based on ICD-10 and DSM-5), and the Scale of Life Events in Interpersonal and Achievement Domains for University Students. Common in the data of all 3 groups, sleep disturbance had stronger effect than student life stressor on depression. From the results of analysis on depression severity, when depression is not severe or is mild, dealing with stressor is effective. However, when depression is moderate or severe, it is more effective to handle sleep disturbance. Therefore, to prevent depression, it is important to support increasing skills with stress coping. The importance of pharmacological treatment and non-pharmacological treatment (such as cognitive behavioral therapy) was also suggested.

INTRODUCTION

Depression is one of the mental health problems that should be addressed globally (World Health Organization, 2008). Depression can be seen on all levels of life-span development and the depression problems among university students are no exception. In the depression survey of 23 countries, Japan ranked third just behind Taiwan and Korea. It can be said that the depression problems are serious especially in East Asian countries (Steptoe et al., 2007). Furthermore, there is no data that shows its improvements. It is anticipated that depression will be the first in Global burden of disease in 2020 (Murray et al., 1996). Therefore, depression problems among Asian university students should be addressed on a priority basis.

To adopt countermeasure for depression, it is important to handle the cause of it. Student life



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RELATIONSHIP BETWEEN DEPRESSION, ANXIETY, AND QUALITY OF LIFE AMONG WOMEN WITH INFERTILITY PROBLEM

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ABSTRACT

Cases of infertility tend to increase every year. Prevalence of infertility in the world is 16%. The prevalence of depression and anxiety disorders in infertile women is 57% and 67.2% respectively. Depression affects 350 million people worldwide. Women are twice as likely to be depressed as men. Data from 44 countries showed an anxiety prevalence of 0.9% - 28.3%. The prevalence of infertility in married couples of reproductive ages in Indonesia is 12-15%. Women with infertility more often get stigma than men. Emotional impacts emerge in marriages that result in depression and anxiety that allegedly decreases quality of life. To analyze the relation of depression and anxiety to the quality of life of women with infertility. A cross sectional study of 213 respondents at a private clinic in Kota Semarang, Indonesia. The questionnaire used consisted of socio-demographic components, HADS Scale (to determine the degree of anxiety and depression) and FertiQoL (to assess the quality of life of an individual with infertility) in Indonesian version. From 213 respondents, the average age was 31.8 years (min-max 21-47 years). mean duration of infertility is 4.9 years (min-max 1-17 years). Significant relations were found in total HADS with total FertiQoL ($p = 0.001$, $cc = -428$). HADS-D with total FertiQoL ($p = 0.001$, $cc = -326$). HADS-A with total FertiQoL ($p = 0.001$, $cc = -434$). There was a significant relation between total HADS, HADS-D and HADS-A with emotional, mind / body, relational, social, environment, tolerability, total scaled core, total scaled treatment domain of FertiQoL. The higher the depression and/or the anxiety, the more it will decrease the quality of life of women with infertility.

Keywords: depression, anxiety, quality of life, infertile women.

INTRODUCTION

One of the natural needs of and individual is the need for reproduction. Reproduction is one thing that affects the quality of one's life. Any state of constraints in the reproductive system may have an emotional impact on marriage. Impacts that arise include depression and anxiety that allegedly lead to a decrease in the quality of life of the married couple. In the case of infertility, the stigma from the society might be stronger appointed to women compared their partners.¹



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