



UIN JAKARTA

CURRICULUM DOCUMENT

Public Health Study Program



**UIN SYARIF HIDAYATULLAH JAKARTA
Faculty of Health Sciences
Public Health Study Program
Jl. Kertamukti Pisangan
Tangerang Selatan, Banten**



DOCUMENT

Compilation Higher Education Curriculum

Public Health Study Program

Study Program : Public Health
Faculty : Health Sciences
University : Syarif Hidayatullah Jakarta

MINISTRY OF RELIGION
SYARIF HIDAYATULLAH STATE ISLAMIC UNIVERSITY OF
JAKARTA
Year 2023

LIST OF CONTENTS

FOREWORD	IV
STUDY PROGRAM IDENTITY.....	V
1 FOUNDATION CURRICULUM.....	1
1.1 PHILOSOPHICAL BASIS.....	1
1.2 SOCIOLOGICAL BASIS	2
1.3 HISTORICAL BASIS	1
1.4 LEGAL FOUNDATION	1
2 VISION, MISSION, GOALS, AND STRATEGY OF STUDY PROGRAM	3
2.1 VISION.....	3
2.2 MISSION	3
2.3 OBJETIVES	3
2.4 STRATEGY	4
2.5 VALUE UNIVERSITY.....	6
3 EVALUATION CURRICULUM & TRACER STUDY	7
3.1 CURRICULUM EVALUATION.....	7
3.2 TRACER STUDY	7
4 PROGRAM EDUCATION OBJECTIVES (PEO) AND LEARNING OUTCOMES (LO).....	11
4.1 PROGRAM EDUCATION OBJECTIVES (PEO)	11
4.2 LEARNING OUTCOMES.....	12
4.3 PEO AND LO MATRIX.....	14
4.4 STUDY MATERIALS.....	1
5 DETERMINATION OF STUDY MATERIALS.....	17
5.1 OVERVIEW OF THE BODY OF KNOWLEDGE (BoK).....	17
6 COURSE STRUCTURE IN STUDY PROGRAM CURRICULUM.....	61
6.1 COURSE LOAD AND DURATION OF STUDY	61
6.2 COURSE STRUCTURE	61
7 LIST OF COURSE DISTRIBUTION FOR EACH SEMESTER.....	65
8 SEMESTER LEARNING PLAN	1
8.1 SEMESTER LEARNING PLAN.....	1
9 LEARNING OUTCUME ASSESMENT PORTOFOLIO	11



9.1 LECTURE MATERIALS (MODULES / TEXTBOOKS / PRESENTATION SLIDES), ASSIGNMENTS , AND SCENARIOS LEARNING.....	11
9.2 RUBRIC	15
9.3 ASSESSMENT	17
9.4 EVALUATION	26
10. MANAGEMENT & IMPLEMENTATION MECHANISM OF CURRICULUM..	28
10.1 LEARNING SYSTEM.....	28
10.2 RE-REGISTRATION AND STUDY PLAN SUBMISSION.....	30
10.3 CHANGE OF STUDY PLAN	31
11 CLOSING.....	31



FOREWORD

Assalamu'alaikum Wr Wb.,

We express our gratitude to the presence of God Almighty above His mercy and grace so that we can compile Book Curriculum of the Undergraduate Program in Public Health in the Public Health Study Program. Compilation curriculum This is effort strategic in increase quality education in the field of health public as well as prepare competent, professional and empowered graduates competitive in the world of work. Curriculum This arranged with referring to the need society, development knowledge knowledge and technology, as well policy government in field health. We also pay attention to relevance between education with field Work as well as challenge health at global and national levels.

We hope that the curriculum This can become guidelines in organization more education effective, efficient and quality high, so that capable produce graduates who have competence in field health community, soulful leadership, as well as capable give contribution real for improvement degrees health public. Saying accept we convey our love to all over the party that has play a role active in the process of being drafted curriculum this, good team compilers, lecturers, practitioners, and stakeholders interest others. We realize that curriculum This Still need improvements in the future. Therefore Therefore, we really hope for constructive criticism and suggestions for the sake of perfection. curriculum This. Finally, I hope book curriculum This can beneficial for all over community academics, as well as become useful reference in educate generation successor in the field health public.

Ciputat , August 2020

Head of Public Health Study Program

STUDY PROGRAM IDENTITY

1	Name of Higher Education Institution (HE)	Syarif Hidayatullah State Islamic University of Jakarta <input checked="" type="checkbox"/> PTKIN <input type="checkbox"/> PTKIS
2	Faculty	Faculty Health Sciences (Fikes)
3	Department	Hygiene
4	Study program	Public Health Study Program
5	Accreditation Status	Superior
6	Amount Student	460 people
7	Number of Lecturers	23
8	Study Program Address	Jl . Kertamukti No.4 Pisangan
9	Study Program Email	Kesmas.fikes@apps.uinjkt.ac.id
10	Study Program/College Website	https://pskm-uinjkt.id/



1 Foundation Curriculum

1.1 *Philosophical Basis*

The rise of science in the late 18th to early 19th centuries had an impact big against human life including its impact on health. One of important changes in health is health is not only seen as a biological problem, but health viewed from a social, cultural perspective, environment and behavior, studied in a multidisciplinary manner And multisectoral. Viewpoint This referred to as point of view health public.

The traces and history of public health can be traced from British literature. and America. The use of vital statistics in the UK (Bill of Mortality), the creation of waste channels and prohibitions throw away rubbish in Street in city Rome, implementation quarantine sea For boat And the contents Whichcome from region endemic plague in Venice And a number of activity environment other Already startedsince the century middle. What drives the efforts to create public health efforts is the very poor conditions of workers in England in 1850. However, the implementation of health effortsan orderly and coordinated society only began after the emergence of the Sanitary Reform Movement in the 1820s, which prompted the idea that the government must take responsibility for health of its population. This movement encouraged the emergence of various regulations (Public Health Act).

In further developments, public health is not only limited to sanitation measures environment to combat disturbances to health hazards that cannot be overcome independently. individual, but it has expanded to include the basic question “is poor sanitation become the main cause of transmission?, and Can a limited understanding like this be used? criteria For can entered to in field Work health public? Winslow, 1920 (inGeorge Pickett & John J. Hanlon, 2009), a staunch advocate of the need for scope Public health is expanding to non-biological aspects, providing a broader view more wide And see description in on no Enough it is said as coverage health society, Winslow then put forward the opinion that public health is effort professionals developed to be able to prevent disease, extend life life, and improve health efficiently, through organized community efforts in a way systematic. View This Then used And accepted in a way wide by field other asdefinition of health public.

This widely accepted definition is used by many countries to develop policy public, especially in American And English, Also in Indonesia. Government English issued Regulations made in England requiring local governments to improvedisposal waste, provide water clean, And clean the streets, jincrease standard

housing area And and so on. Era body tiny Which Also arise on end century to 19 That improve understanding of the causes of various infectious diseases Lots discovered at that time and increased understanding of environmental warfare. in the event disease. The trend towards finding the causes of disease and death, by presenting the figures-number statistics has push development epidemiology And statistics in health society. The causes of disease and death are studied, linked to public policy. Thatpolicy public Which notice aspect health And behavior Healthy, believed will lower future disease and death rates. Thus, the fields that develop in public health Also increasingly widespread includes:

1. Health environment
2. Safety And health Work
3. Epidemiology
4. Biostatistics
5. Administration policy health
6. Nutrition public
7. Education health And knowledge behavior
8. Health Reproduction

This field continues to develop and increase in line with developments technology, the problem that faced, and the hopes carried, but the goal remains the same, namely reducing the incidence of disease, prevent death early as well as discomfort And inability consequence disease in public. Developing understanding of the social, economic and political roles of health has opened new horizon that health problems are not only just for the purpose of curing the disease individual or group, but evolving towards systematic efforts for promotion and prevention disease. Thus, there is an opportunity for the use of a public health approach as a retrospective approach to aid the clinical treatment approach, as well at the same time approach prospective For prepare ability overcome problem in time will come. For that's it, health public attempted For control information and study which wide for prevent disease.

1.2 Sociological Basis

Interaction between community health education efforts to produce professionalism of manpower health public with competence Which needed with demands change as well as awareness of obtaining the right to health services quality, can be analyzed in at least three thinking main, namely :

1. Interaction between system education health public with evolution from definition and meaning knowledge health society that continues changed in line with demands public in field health moment This acknowledged still very minimal because of that differences from orientation , purpose And development between education tall health society . Conditions This acknowledged load doubt will professionalism power public health . With thus development conceptual educationhealth moment this and the future must can solve problem This with method fulfilldemands substantial about role main power health public in system service health , demands methodological to ability technical and how to practical from graduate of For understand in a way fast and precise problems and provide solution Good in a way conceptual and also practice .
2. Interaction between need development conceptual education health public Which professional besides need cost organization great education , but must can ensure equalization chance follow education , ensure equalization quality implementation on all over institutional education tall health society , which in the end Also will impact on expensive cost education Which must covered by public Situation. This of course just bring impact for difficult to obtain right follow education health society, by him there is a need to improve the quality, relevance and efficiency of management education in public health education institutions. This is necessary to face challenge in accordance demands change of life local, national and global
3. Interaction between graduate of health public with demands work professional, characterful, oral Andown ethics unfinished work all in all in accordance with need society . Conditions has formulated in a way clear on the definition and understanding health public as science , by him required the translation in a way conceptual and operational in system education health public , so that become eye chain performance And profile a power health Public



1.3 Historical Basis

Evaluation results standard education show that update curriculum done with utilise user survey results graduates and study tracers who have involving lecturers, deans and vice deans as well as get input from Public Health Expert and Director General Dikti. Achievements learning graduate of has made in accordance with profile graduates and KKNi levels depicted on the learning outcome (LO) conformity with KKNi and profile graduates. Structure curriculum has also been appropriate in formation achievement learning. Apart from that, there are eye studying flagship PSKM UIN Jakarta, namely eye studying media development, practicum media development, and practicum *Islamic Public Health* which supports LO. PHSP UIN Jakarta has running the learning process, management learning, assessment learning fulfill SNPT. However, the monitoring and evaluation process characteristics learning and assessment learning need improved. As effort act continued FIKES UIN Jakarta together with PHSP UIN Jakarta FIKES UIN Jakarta and PHSP UIN Jakarta organized more lecturers involved in activity monitoring and evaluation characteristics learning and assessment learning.

1.4 Legal Foundation

1. Constitution Republic of Indonesia Number 14 of 2005 concerning Teachers and Lecturers (State Regulation of the Republic of Indonesia 2005 Number 157, Supplement State Gazette of the Republic of Indonesia Number 4586);
2. Constitution Republic of Indonesia Number 12 of 2012 concerning Higher Education (State Regulation of the Republic of Indonesia 2012 Number 158, Supplement State Gazette of the Republic of Indonesia Number 5336);
3. Regulation President Republic of Indonesia Number 8 of 2012, Concerning Framework Indonesian National Qualification (KKNi);
4. Regulation of the Minister of Education and Culture Republic of Indonesia Number 73 of 2013, Concerning Implementation of KKNi in the Field College Tall;



-
5. Regulation of the Minister of Education and Culture Republic of Indonesia Number 3 of 2020, Concerning National Standards for Higher Education;
 6. Regulation of the Minister of Education and Culture Republic of Indonesia Number 5 of 2020, Concerning Accreditation of Study Programs and Universities Tall;
 7. Regulation of the Minister of Education and Culture Republic of Indonesia Number 7 of 2020, Concerning Establishment , Changes, Dissolution of PTN, and Establishment , Changes, Revocation Permission PTS;
 8. Regulation of the Minister of Education and Culture Republic of Indonesia Number 81 of 2014, Concerning Diplomas, Certificates Competence , and Certificates Higher Education Profession ;
 9. Regulation of the Minister of Research, Technology and Higher Education of the Republic of Indonesia
 10. Guidebook for Preparing KPT in the Industrial Era 4.0 for Supporting Independent Learning Independent Campus , Directorate General Belmawa , Directorate General of Higher Education-Ministry of Education and Culture , 2020.
 11. Independent Learning Guidebook – Independent Campus , Directorate General Belmawa , Directorate General of Higher Education-Ministry of Education and Culture , 2020.
 12. Regulation Rector UIN Jakarta No 10 Year 2015 About Guidelines Development UIN Curriculum Jakarta
 13. Decree of the Central Board of the Association Institutions Higher Education in Public Health Indonesia No: 005/AIPTKMI/I/2015 About Curriculum Undergraduate Study Program Standards Health Public Indonesia
 14. Minister of Education and Culture Regulation No 3 Year 2020 about Standard National Education Tall (SNPT)
 15. KMA No 353 Year 2004 about Guidelines Compilation Curriculum Education Tall Religion Islam
 16. Rector's Decree No. 503 of 2020 concerning Guidelines Compilation Curriculum of Syarif Hidayatullah State Islamic University Jakarta.



2 Vision, Mission, Goals, and Strategy of Study Program

2.1 *Vision*

To become a reputable Public Health Study Program at the national and international levels with excellence in integrating aspects of public health and Islamic science by 2034.

2.2 *Mission*

1. Building a health sciences faculty within the framework of an organizational structure and culture that is professional, accountable, religious, has integrity and entrepreneurialism
2. Organizing quality, innovative and fair health science education and teaching according to national and international needs
3. Carrying out superior research to develop the integration of health and Islamic sciences
4. Carrying out community service based on health science and Islam

2.3 *Objectives*

1. Producing public health graduates who are competent and have an Islamic character
2. Produce public health graduates who are able to implement Islamic concepts in health programs and are able to use health promotion approaches that consider Islamic values and community culture.
3. Producing research by lecturers and students in the development of public health science that is integrated with Islamic science
4. Produce the concept of "Islamic Public Health" through research studies of lecturers and students.
Producing community service programs that take into account Islamic values and the culture of Indonesian society and contribute to overcoming public health problems.



2.4 Strategy

1. Producing public health graduates who are competent and have an Islamic character
 - Curriculum Design: Integrate Islamic ethics and values into all public health courses, ensuring students develop both technical skills and strong moral character.
 - Workshops & Seminars: Regularly organize workshops on Islamic leadership, ethics in healthcare, and Islamic perspectives on public health issues.
 - Mentorship Programs: Pair students with mentors (faculty or community leaders) who model professionalism and Islamic values.
 - Competency-Based Assessments: Develop assessments that evaluate both public health competencies and the students' ability to apply Islamic principles in decision-making.
2. Produce public health graduates who are able to implement Islamic concepts in health programs and use health promotion approaches that consider Islamic values and community culture
 - Community-Based Learning: Incorporate community outreach programs where students practice health promotion in Muslim communities, focusing on culturally relevant strategies.
 - Islamic Health Promotion Modules: Create specific modules focused on health promotion methods that align with Islamic teachings and cultural contexts.
 - Partnerships with Islamic Organizations: Build partnerships with Islamic health and social organizations to provide students with real-world experience in Islamic health program implementation.
3. Producing research by lecturers and students in the development of public health science integrated with Islamic science
 - Research Grants for Islamic Public Health: Provide grants for research projects that explore intersections between public health and Islamic teachings, encouraging innovation in this field.



-
- Collaborative Research Networks: Establish networks between Islamic scholars and public health researchers to promote interdisciplinary research.
 - Student Research Programs: Develop programs where students work alongside faculty on Islamic health research, fostering a research culture from early in their academic careers.
4. Produce the concept of "Islamic Public Health" through research studies of lecturers and students
 - Center for Islamic Public Health Studies: Establish a research center dedicated to advancing the concept of Islamic Public Health, involving both faculty and students.
 - Annual Islamic Public Health Conference: Host an annual conference where faculty and students present research related to Islamic Public Health, fostering academic exchange.
 - Research Publication Support: Offer support to faculty and students for publishing in academic journals focused on Islamic health perspectives.
 5. Producing community service programs that take into account Islamic values and the culture of Indonesian society and contribute to overcoming public health problems
 - Islamic Health Camps: Organize health camps in underserved areas, delivering health services and education while integrating Islamic principles in health promotion.
 - Community Health Workshops: Conduct workshops in collaboration with local mosques and Islamic community centers on public health topics like nutrition, hygiene, and mental health, grounded in Islamic values.
 - Service-Learning Projects: Implement service-learning initiatives where students design and execute public health interventions that respect Islamic values and local culture.



2.5 Value University

Knowledge

Knowledge contain meaning that UIN Sharif God's guidance own commitment create source Power human Which intelligent, creative, And innovative. UIN Sharif God's guidance Jakarta wish play an optimal role in learning activities, discoveries, and engagement of research results to the community. This commitment is a form of responsibility of UIN Syarif Hidayatullah Jakarta in build source Power human nation Which majority Muslim. UIN Sharif God's guidance Jakarta want to become source formulation mark Islam Which in line with modernity And Indonesianness. By Because That, UIN Sharif God's guidance Jakarta offer Islamic studies, social, political, economic and modern science and technology studies including medicine in the perspective of integration knowledge.

Piety

Piety contain understanding that UIN Sharif God's guidance Jakarta own commitment develop inner quality in form piety in circles community academics. Piety Which individual (which is reflected in *habl min Allah*) and social piety (which is reflected in *habl min al-nas*) is a basis for the academic community of UIN Syarif Hidayatullah Jakarta in build relation social which are more wide.

Integrity

Integrity contain understanding that community academics UIN Sharif God's guidance Jakarta isa person who uses ethical values as a basis for decision making and behavior everyday. Integrity also contains the meaning that the academic community of UIN Syarif Hidayatullah Jakarta own trust self at a time value groups other.



3 Evaluation Curriculum & Tracer Study

3.1 Curriculum Evaluation

The study program conducts a curriculum evaluation every 5 years by involving internal and external stakeholders. The curriculum review involves AIPTKMI, IAKMI, deans, vice deans, lecturers, students, alumni, graduate users, institutions where students practice. The current curriculum in effect at PHSP UIN Jakarta is the 2015 curriculum. UIN Jakarta has evaluated and updated the 2015 curriculum and produced updates in terms of graduate profiles, graduate learning outcomes with adjustments to the university's vision and mission, and updates to the RPS. Based on Rector's Decree No. 720 of 2021 concerning Guidelines for the Preparation of Education Standards/Policies at UIN Syarif Hidayatullah Jakarta, the evaluation and updating of the Study Program curriculum must involve internal and external stakeholders. In implementing the evaluation and updating of the PSKM UIN Jakarta curriculum, both internal and external stakeholders have been involved. Internally, it involves the Dean, Vice Dean, Head of Study Program, Secretary of Study Program, Lecturers. Meanwhile, from external sources, it involves alumni, work institutions where students practice, IAKMI, AIPTKMI. Evaluation and updating are carried out to review the profile of PSKM UIN Jakarta graduates. In addition, a review of the learning achievements of graduates is also carried out in accordance with the Vision and Mission of the university, faculty and scientific vision of the Study Program.

A review of the formulation of study materials is also carried out to ensure the depth and breadth of the study materials. The stages of curriculum evaluation that have been carried out are as follows:

- a. Internship implementation evaluation workshop held on November 7, 2019 by presenting participants who were lecturers, alumni and graduate users. On this occasion, graduate users conveyed their assessments of PSKM UIN Jakarta alumni who work at their institutions. In addition, they also conveyed their hopes for the competencies needed in the world of work. The



-
- alumni who attended conveyed the abilities and competencies expected after graduating in order to be able to compete in the world of work. Input from graduate users and alumni is used as a consideration in the evaluation and updating of the curriculum.
- b. Learning Evaluation Workshop on November 16, 2020 This workshop was held with the aim of providing refreshment to lecturers in conducting learning evaluations as a consideration in updating the curriculum. In addition, it also provides knowledge to lecturers so that they can conduct learning evaluations correctly.
 - c. Curriculum workshop on "Curriculum Development with the concept of an Independent Campus in the Era of the Industrial Revolution 4.0" on May 27, 2021 which provides an overview of curriculum development with the concept of Independent Learning.
 - d. Curriculum Workshop on "Capabilities needed by Public Health Workers in the Future" on May 28, 2021 with the aim of providing an overview of the occupational map of Public Health workers and the needs of Public Health workers' abilities in the future.
 - e. Curriculum team lecturer meetings held routinely from April to September 2021
 - f. Review of the suitability of the Graduate Profile with the university's vision and mission, the Profile agreed upon at AIPTKMI and the needs of Public Health workers' abilities in the future.
 - g. Review of the conformity of CPL with KKNi and SNPT in the curriculum team meeting.
 - h. Review of the conformity of the formulation of study materials with CPL in the curriculum team meeting

The curriculum review takes into account the results of the tracer study and the results of the graduate user survey. The study program determines the graduate profile by referring to government policies, associations, consortiums, businesses, industries, paying attention to the development of science and technology and the University's Vision and Mission



-
1. Following the Guidelines for Integrating Health and Islamic Sciences
 2. Following the rules in the University's Curriculum Preparation Guidelines
 3. Following the University's Vision and Mission
 4. The graduate profile is determined by considering the agreement of AIPTKMI
 5. Carrying out a curriculum workshop with speakers from the Ministry of Research, Technology and Higher Education and IAKMI
 6. Determination of the graduate profile takes into account the results of tracer studies and surveys of graduate users
 7. Following the development of the need for Public Health workers in the world of work
 8. Paying attention to the policies of the Ministry of Health
 9. Establishing good cooperation with the business world and the world of industry

3.2 *Tracer Study*

Based on Rector's Decree 723 of 2021, Faculties are required to carry out tracer studies every year which include 5 aspects, namely (1) implementation of coordinated tracer studies at the PT level, (2) tracer study activities are carried out regularly every year and documented; (3) the contents of the questionnaire cover all core questions of the DIKTI tracer study; (4) targeted at the entire population; (5) the results are disseminated and used for curriculum development and learning. In addition, the waiting time for graduates to work (get a job/become entrepreneurs) is a maximum of 6 months and is relevant to the field of expertise of the study program by 60%.

The implementation of alumni tracer studies is carried out periodically every year, using instruments developed referring to the DIKTI tracer study. Based on Rector's Decree 723 of 2021, the level of satisfaction of graduate users is at least 80%. A survey of graduate user satisfaction levels was conducted on alumni users after 2 years of graduation in a 3-year period (2017-2019). The types of alumni abilities assessed by users are (1) integrity; (2) expertise based on the field of science; (3) English; (4) use of information



technology; (5) communication; (6) teamwork and leadership; (7) self-development. The results of the satisfaction level survey show that 5 of the 7 types of abilities assessed received a very good and good satisfaction level of 100%, while teamwork and leadership skills were 97.22% and English skills were 86.11%. Thus, the level of user satisfaction of graduates for the 7 types of abilities was more than 80% with an average level of user satisfaction of 97.62%. In addition, the results of the tracer study also found that the average waiting period for graduates in the last 3 years was 3.24 months. The results of the tracer study for alumni of 2017/2018, 2018/2019, and 2019/2020 respectively continued their studies as many as 2.78%, 2.8%, and 4.4%. The distribution of the level/size of alumni workplaces tracked in the 3-year academic period, obtained that alumni are spread across various settings including (1) health centers; (2) ministries, institutions/OPDs; (3) hospitals; (4) BUMN/BUMD; (5) national/international private employees; (6) national/international NGOs; (7) Islamic boarding school services; (8) self-employed; (9) the Ministry of Health in Gambia (Figure 9.9). All alumni work in positions according to their field of study. The follow-up that will be carried out to improve foreign language skills, through (1) increasing references/study materials in learning by using English references and (2) encouraging students to be active in student activities in the English language program.



4 Program Education Objectives (PEO) and Learning Outcomes (LO)

4.1 Program Education Objectives (PEO)

Table 1. Program Education Objectives (PEO) of Public Health Bachelor Degree Program

PEO's	Definition	Indicator
PEO 1 : Manager	The Health Manager has the ability to supervise and coordinate the team to ensure the organization runs according to the applicable standards / regulations to be able to achieve the objectives of the health service organization .	53% of graduates become staff who have a job description in coordinating various health service activities at the primary level in institutions / health care with Islamic morals.
PEO2: Innovator	Islamic moral reformers in health problem-solving strategies	2% of graduates become entrepreneurs in their fields (safety and health, environmental health promotion, biostatistics, nutrition, epidemiology, reproductive health) with Islamic morals.
PEO3: Researcher	Islamic Public Health Researchers as an effort to develop science and technology and to solve the problems of public health.	15% of graduates become researchers with Islamic morals in their workplace or take steps to find solutions to public health problems in the workplace based on scientific evidence such as data or others.
PEO4: Apprentice	A lifelong learner with Islamic morals to keep up with the development of science and technology to improve public health skills.	5% of graduates with Islamic morals learn about problem identification and finding solutions to public health problems from their predecessors
PEO 5 : Communitarian	Providing direction and guidance to the community in solving health problems	5% of graduates work in agencies or organizations engaged in community development to improve public health with Islamic morals.
PEO6: Leader	Islamic leaders in health problem solving	15% become leaders who have Islamic morals in the organization /agency where they work
PEO 7 : Educator	Health educators both in the general public and specialized communities such as health education in schools or in other educational institutions	5 % became educators with Islamic morals, both formally and informally place in improving the degree of public health



4.2 Learning Outcomes

To achieve the program educational objectives (PEO), all of the courses in the Public Health Study Program curriculum refer to 17 learning outcomes of public health.

Table 2. Learning Outcome (LO) Description of Public Health Bachelor Degree Program

Learning Outcome	Description
LO-1	Able to develop logical and critical thinking, systematic, innovative, and creative to solve public health problems and current issues independently, quality and measurable through inter and multidisciplinary approaches
LO-2	Able to make the right decisions to solve problems based on data and existing information, following ethics and social values, humanities, and nationalism
LO-3	Able to develop a network, evaluate and be responsible for work results
LO-4	Able to apply assessment and situation analysis in the field of public health at the level of primary health care with an interdisciplinary approach with attention to diversity of academic ethics academic ethics cultures, views, religions and beliefs, as well as values, norms and academic ethics
LO-5	Able to implement effective communication by paying attention to Islamic values as well as respecting the religious views, beliefs and opinions of others
LO-6	Able to implement public health programs to improve the quality of life in society, nation and state based on Pancasila by paying attention to Islamic values and local culture with full independence
LO-7	Able to carry out community empowerment in promotive and preventive activities by taking into account Islamic values and based on social sensitivity and concern for society and the environment
LO-8	Able to apply the principles of financial management by taking into account Islamic values and obeying applicable laws as a form of responsibility to the nation and state
LO-9	Able to apply leadership values and systems thinking in the field of public health with an interdisciplinary approach by paying attention to Islamic values and being responsible for their work independently
LO-10	Able to develop health promotion media by paying attention to Islamic values and culture of Indonesian society as well as the existing cultural diversity



LO-11	Have basic knowledge as a tool to analyze the situation of people's behavior, nutritional status, environmental health, occupational health and safety, and health services
LO-12	Have knowledge of effective communication (knowledge of communicators (language), messages (substance science of public health), communicants (psychology, education, anthropology, sociology, media and Islamic principles in communication)
LO-13	Have knowledge of planning, implementation, implementation and evaluation of health programs by taking into account Islamic values and local culture
LO-14	Having knowledge about community behavior, local culture, organizing, developing and empowering the community in accordance with Islamic values
LO-15	Able to translate programs in the form of budget planning, monitoring and evaluation of budgets
LO-16	Have knowledge about the interrelationships between sectors in solving health problems, leadership, organizations and health systems
LO-17	Having knowledge about target needs assessment, needs analysis, target development, objectives and media development (communication science, media evaluation)



4.3 PEO and LO Matrix

Table 3. Matrix Program Education Objectives of Public Health Bachelor Degree Program

LO	PEO						
	MANAGE R	INNOVA TOR	RESEARCHE RS	APPRENTIC E	COMMUNITY	LEAD ER	EDUCATO R
1. Able to develop systematic logical and critical thinking, innovative and creative to solve public health problems and current issues independently, with quality and measurable through inter and multidisciplinary approaches	√	√	√	√		√	√
2. Able to make the right decisions to solve problems based on existing data and information, following ethics and social values, humanities and nationalism	√		√	√		√	√



3. Able to develop networks, evaluate and be responsible for work results	√				√	√	√
4. Able to apply assessment and analysis of situations in the field of public health at the primary health care level with an interdisciplinary approach by taking into account the diversity of cultures, views, religion and beliefs as well as academic values, norms and ethics	√	√	√	√	√	√	√
5. Able to apply effective communication by paying attention to Islamic values and respecting other people's religious views, beliefs and opinions						√	√



6. Able to carry out community empowerment in promotive and preventive activities by paying attention to Islamic values and based on social sensitivity and concern for society and the environment	√	√	√		√	√	
7. Able to carry out community empowerment in promotive and preventive activities by paying attention to Islamic values and based on social sensitivity and concern for society and the environment	√				√	√	√



8. Able to apply the principles of financial management by taking into account Islamic values and obeying applicable laws as a form of responsibility to the nation and state	√		√				
9. Able to apply leadership values and systems thinking in the field of public health with an interdisciplinary approach by paying attention to Islamic values and being responsible for their work independently.	√	√	√			√	√
10. Able to develop health promotion media by taking into account Islamic values and the culture of Indonesian society and the diversity of exiting cultures	√	√					



11. Have basic knowledge as a tool to analyze the situation of community behavior, nutritional status, environmental health, occupational and safety, health services	√		√	√		√	√
12. Have knowledge of effective communication (knowledge of communicators (language) messages (public health substance science), communicants (psychology, education)	√			√			√
13. Have knowledge of planning, implementation and evaluation of health programs by taking into account Islamic values and local culture	√	√	√			√	



14. Have knowledge of community behavior, local culture, organizing, developing and empowering communities in accordance with Islamic values					√		√
15. Able to translate the program into budget planning, monitoring and evaluation							
16. Have knowledge of the interrelationships between sectors in solving health problems, leadership, organizations and health systems			√				
17. Knowledge of target needs assessment, needs analysis, target development, objectives and media development (communication science, media evaluation)		√					



LO	PEO 1 : Manager	PEO2: Innovator	PEO3: Researcher	PEO4: Apprentice	PEO 5 : Communitarian	PEO6: Leader	PEO 7 : Educator
(1) able to develop logical and critical thinking, systematic, innovative, and creative to solve public health problems and current issues independently, quality and measurable through inter and multidisciplinary approaches		V	V	V		V	
(2) Able to make the right decisions to solve problems based on data and existing information, following ethics and social values, humanities, and nationalism	V		V	V		V	
(3) Able to develop a network, evaluate and be responsible for work results	V				V		V
(4) Able to apply assessment and situation analysis in the field of public health at the level of primary health care with an interdisciplinary approach with			V				V



attention to diversity of academic ethics academic ethics cultures, views, religions and beliefs, as well as values, norms and							
(5) Able to implement effective communication by paying attention to Islamic values as well as respecting the religious views, beliefs and opinions of others	V				V	V	V
(6) Able to implement public health programs to improve the quality of life in society, nation and state based on Pancasila by paying attention to Islamic values and local culture with full independence	V				V	V	
(7) Able to carry out community empowerment in promotive and preventive activities by taking into account Islamic values and based on social sensitivity and concern for society and the environment					V		V



(8) Able to apply the principles of financial management by taking into account Islamic values and obeying applicable laws as a form of responsibility to the nation and state	V					V	
(9) Able to apply leadership values and systems thinking in the field of public health with an interdisciplinary approach by paying attention to Islamic values and being responsible for their work independently	V					V	
(10) Able to develop health promotion media by paying attention to Islamic values and culture of Indonesian society as well as the existing cultural diversity					V		V
(11) Have basic knowledge as a tool to analyze the situation of people's behavior, nutritional status, environmental health, K3 and health services		V	V				
(12) Have knowledge of effective communication (knowledge of communicators (language),	V				V	V	V



messages (substance science of public health), communicants (psychology, education, anthropology, sociology, media and Islamic principles in communication)							
(13) Have knowledge of planning, implementation, implementation and evaluation of health programs by taking into account Islamic values and local culture	V				V	V	
(14) Having knowledge about community behavior, local culture, organizing, developing and empowering the community in accordance with Islamic values					V		
(15) Able to translate programs in the form of budget planning, monitoring and evaluation of budgets	V					V	
(16) Have knowledge about the interrelationships between sectors in solving health problems, leadership, organizations and health systems	V					V	



(17) Having knowledge about target needs assessment, needs analysis, target development, objectives and media development (communication science, media evaluation)			V		V		V
---	--	--	---	--	---	--	---



4.4 Study Materials

Table 4. Study Materials Description of Public Health Bachelor Degree Program

No.	Study Materials	Description
1.	Anatomy Physiology	Discusses the parts of the body and their functions. Starting from the structure of the body, the constituent components of cells, tissues, organs and organ systems. The discussion of body structure is grouped into six large groups: First, support and movement systems (skeleton, integument, regulatory, integration and control systems (nerves, brain, endocrine), transport and body fluid systems (heart, blood and immune system), energy production system, maintenance and changes in the environment (respiration, digestion, urine, acid base balance) and finally the development system (reproduction). All of this is discussed from a public health perspective and is linked to verses from the Koran in the health sector.
2.	Health Psychology	<p>This course aims to equip students to study various basic psychological theories, behavioral theoretical models and research results in the field of psychology related to health problems. Discusses the concept of psychology as a science to examine individual behavior related to health and the relationship between psychology and public health, human psychological functions, lifestyle, stress and its relationship to health, adaptation to <i>serious illness (coping)</i>, patterns of health service use and compliance.</p> <p>Furthermore, through this lecture, students are expected to be able to emphasize the biopsychosocial model approach (social, emotional, behavioral, biological, social and spiritual) in understanding the factors that influence health, exploring problem topics and the application of health psychology in Indonesia in the context of health service institutions, communities and society.</p> <p>The level of student learning success is assessed by their level of mastery of the material as reflected in the assessment of learning outcomes, ability to apply knowledge, and their performance during the lecture</p>



No.	Study Materials	Description
		process.
3.	Socio Anthropology of Health	Provide knowledge and understanding of the basic concepts of anthropology, sociology, health anthropology, health sociology, the relationship between social facts and health and disease, western and non-western medical systems, culture and nutrition, culture and reproductive health as knowledge that underlies social and community perspectives in public health. The indicator of achievement in this course is understanding the basic theories and concepts in Health Anthropology and Health Sociology as basic knowledge of socio-cultural, community and behavioral perspectives in public health science.
4.	Introduction to Public Health	This course studies the definition of Health, public health, development of public health science, determinants of health, prevention efforts in realizing public health, interdisciplinary science that supports public health science, the national health system in realizing public health.
5.	Pancasila	Pancasila Course (<i>Civic Education</i>) is one of the courses that all UIN Syarif Hidayatullah Jakarta students must take, which substantively covers the four basic national consensuses: Pancasila, the 1945 Constitution, the Unitary State of the Republic of Indonesia (NKRI), and <i>Bhinneka Tunggal Ika</i> . Through a student-centered learning approach (<i>Student Centered Learning</i>). The learning process for this course is oriented as an effort to make Pancasila a source of values, character and inspiration for national and state life in Indonesia and as an effort to actualize Pancasila values in all aspects of national and state life.



No.	Study Materials	Description
6.	Microbiology and Parasitology	This course discusses types of bacteria, viruses, fungi and parasites as well as the diseases they cause and are closely related to public health. Understand the prevention and control of diseases caused by bacteria, viruses, fungi and parasites.
7.	Basics of Health Promotion	Students have knowledge, understanding and skills about the basics of how health promotion and education is carried out in a planned manner to shape healthy behavior in society. The indicator of achievement in this course is knowing and understanding the basic concepts/theories about health behavior and health education and being able to implement them by making health promotion/education plans for the formation of healthy behavior and change in society/community.
8.	Population Basics	This course studies population theory, population structure, population dynamics, population growth and distribution, fertility, mortality, migration, demographic transition.
9.	Basics of Reproductive Health	This course studies reproductive health concepts and issues globally, the reasons for needing attention to reproductive health issues, topics and issues of concern in reproductive health throughout the life cycle such as maternal and newborn health, contraceptive methods, adolescent reproductive health, advanced reproductive health age , concepts of gender and sexuality, violence against women, sexual violence against children, abortion, sexually transmitted infections, HIV/AIDS, infertility and reproductive tract diseases, as well as the concept of reproductive health in Islam and Reproductive Health (<i>Kespro</i>) in disaster situations. After taking this course, students are expected to be able to explain the concept of reproductive health and analyze one of the production health problems in society.



No.	Study Materials	Description
10.	Biochemistry	In this course, students study the structure and several selected biochemical reactions that take place in certain physiological functions to maintain certain homeostatic conditions, and the conditions or factors needed for these reactions to take place. Based on this understanding, students can explain how to prevent the emergence of pathological conditions because the body cannot return to its homeostatic condition for a long time. Apart from that, students study Islamic teachings which can motivate themselves to try to prevent the emergence of the pathological conditions discussed.
11.	Civic Education	-
12.	Descriptive and Inferential Biostatistics	In this course students are expected to understand basic statistical concepts, probability concepts, sampling distribution, estimation, processing and analysis of statistical data descriptively and inferentially.
13.	Basic Epidemiology	This course is a mandatory course that provides the ability to master the meaning (definition), use, figures and development of epidemiology. In this course, students will identify and discuss knowledge about the concept and natural history of disease, actions to prevent and control health problems/diseases in society, measures of disease frequency, morbidity and mortality statistics, strategies for observing the development and spread of health problems, and study design. epidemiology to estimate and determine the determinants of health problems. Students are also trained in skills in screening for health problems/diseases. The assessment method used is assessment of learning outcomes in the form of <i>UTS</i> , <i>UAS</i> , process and product assessments which include: assessment of case study results, assessment of discussion activity processes, and assignments both group and independent.



No.	Study Materials	Description
14.	General Pathology	This course discusses the basic concepts of pathology, the process of changes in the structure & function of human body tissues/organs and the body's response to these changes. The discussion of pathology also emphasizes the concept of disease and its prevention. In this course, damage or abnormalities to body organs and their mechanisms are also discussed.
15.	Health Policy Administration	In this course, students discuss knowledge about the concepts and basics of administration and policy and their application in the health sector. Apart from that, this lecture also discusses management, health systems and organizations and their application in the health system in Indonesia. The methods used in this lecture are lectures, discussions and presentations.
16.	Islamic Studies II	This course studies the definition of Health Jurisprudence, the concept of health according to the Messenger of Allah, the development of Islamic health science, medication that can break the fast, the law on medication that is haram, the law on family planning (Family Shopping /KB) in Islam, vaccinations from the perspective of Islamic jurisprudence, food, drink and sports from an Islamic perspective, the relationship of prayer and dhikr to health, the world of health and problems of interaction between the opposite sex, the role of individuals, society and the state in health.
17.	Legal and Health Ethics	This course studies the concepts and foundations of ethics in everyday life, ethics and health, health professional codes of ethics and health research ethics. Apart from that, it also discusses law and health law, health personnel law, hospital law, informed consent, malpractice law, as well as law related to public health issues.



No.	Study Materials	Description
18.	Data Management and Analysis	The Data Management and Analysis course provides teaching about data concepts and variables in research data, data management processes, data modification, data analysis methods and their interpretation. The indicator of achievement in this course is that students are able to process, analyze data and use statistical software and interpret it correctly.
19.	Data Management and Analysis Practicum	Data analysis data management courses study basic data management techniques, data collection and processing techniques, data transformation and analysis as well as data presentation and interpretation.
20.	Islam and Science	This course develops students' insight into the study of science and Islamic knowledge through an integrative paradigm. Indicators of achievement in this course are that students are able to explain the framework of scientific thinking in the perspective of ontology, epistemology and axiology as well as the impact and implementation in the scientific field, are able to carry out scientific arguments on the presentation of data provided, demonstrating knowledge of the basics of Islamic science in relation to themes developed by each field of expertise and students are able to understand the model of integration of science, religion and Indonesianism in respective scientific fields.



No.	Study Materials	Description
21.	Health Promotion	This course studies the history of the development of health promotions in Indonesia, knowledge about the role of health promotion in the SDGs, the global journey of health promotions from Ottawa to Shanghai, the competence of health promoters and health promotion in various settings.
22.	Health Economics	Discusses economic and insurance principles as well as applications in the health sector both macro and micro, along with examples of their application in Indonesia.
23.	Health Communications	This course studies knowledge about general concepts of communication, communication ethics, health communication, communication in behavior change, application theory of health communication.
24.	Epidemiology of Non-Communicable Diseases	This course is a mandatory course that provides the ability to master the application of epidemiological principles in explaining non-communicable diseases. This course also discusses the distribution, risk factors and prevention strategies for non-communicable diseases. Assessment of learning outcomes in the form of UTS, UAS, process and product assessments which include: assessment of discussion activity processes and group assignments.
25.	Epidemiology of Infectious Diseases	This course studies the definition of Health, public health, the development of public health science, determinants of health, prevention efforts in realizing public health, interdisciplinary science that supports public health science, the national health system in realizing public health, the position of public health in realizing global health .



No.	Study Materials	Description
26.	Community Development and Organizing	In this course, students discuss the concept of community, local culture, community behavior, aspects of community potential, the concept of community organizing and development, the concept of Community Development and Organizing planning (PPM), various methods of implementing PPM and evaluating PPM implementation. Indicators of achievement in this course are being able to evaluate the implementation of PPM to intervene in health problems by government and non-government institutions/institutions and being able to design PPM programs to solve public health problems.
27.	Basic Environmental Health	In this course, students understand the theory of Environmental Health, the sciences related to it, environmental health paradigms and epidemiology, disease vectors and reservoirs, water, air, land and food, city sanitation, housing
28.	Basic Science of Public Nutrition	This course directs students to study quantity data, methods of assessment, biological processes that occur, the impact of community nutritional problems in various life cycles on health, biological and socio-economic factors related to them, diet for prevention, and public health programs to overcome them.
29.	Research methodology	This course studies the stages of conducting scientific research. Students are explained about the process of preparing research proposals, both quantitative and qualitative, based on systematic scientific research concepts. In addition, students prepare proposals by raising public health problems that have been studied and cited based on scientific references, develop a research conceptual framework, determine research design, data collection methods and appropriate data analysis.



No.	Study Materials	Description
30.	Public Health Surveillance Practicum	This course is a mandatory course that emphasizes theoretical understanding of public health surveillance. In this course, students will practice analyzing surveillance data, making surveillance proposals and making surveillance reports. The assessment method used is assessment of learning outcomes in the form of UTS, UAS, and Formative, namely process and product assessments which include: assessment of discussion activity processes, and assignments, both group and independent.
31.	Public Health Surveillance	This course is a mandatory course that emphasizes theoretical understanding of public health surveillance. In this course, students will identify and discuss the meaning (definition) of surveillance, objectives and uses of surveillance, data sources, implementation and mechanisms for implementing surveillance. The assessment method used is assessment of learning outcomes in the form of UTS, UAS, and Formative, namely process and product assessments which include: assessment of discussion activity processes, and assignments, both group and independent.
32.	Health Service Planning & Evaluation	This course studies the stages of developing and creating programs in public health areas at primary health level. Students will learn POACE, namely planning, organization, action, control and evaluation. Students will understand the approach and important components of Planning and Evaluation of health service programs in the context of health. Students are able to plan, implement and evaluate health programs and understand how to create health programs that are acceptable to the community and can continue.



No.	Study Materials	Description
33.	Leadership and Public Health Systems Thinking	<p>This course discusses the urgency, function and position of strategic leadership and systems thinking in the transition to decentralization and the era of globalization, especially in the health sector. The aim of this course is to introduce strategic leadership and systems thinking as a new approach in dealing with health problems. This course explains the need to change the leadership model from traditional leadership to strategic leadership. Some of these changes need to be made individually, namely in the way of looking at future problems (mental model) and the ability to continue to improve one's quality (personal mastery). Apart from that, it is also necessary to make changes as a group, through team learning in creating a shared vision. This individual and group approach is always within the framework of systems thinking.</p> <p>To realize strategic leadership and systems thinking skills as a necessity in improving the performance of the health service system, a learning organization is needed. Therefore, the steps to create an organization that continues to learn will also be an important discussion in this lecture. This course also discusses the implementation of Islamic strategic leadership and systems thinking, learning organizations in the health sector</p>
34.	Health Financing and Budgeting	<p>The health financing course is expected to provide students with an understanding of how health financing is explored, allocated and spent so that it can support the implementation of health development that can improve the level of public health as high as possible. This section will discuss various health financing topics such as the meaning of health financing and its scope, health financing models and health service financing reform in Indonesia.</p>



No.	Study Materials	Description
35.	Environmental Quality Analysis	This course studies the meaning, objectives and benefits of environmental quality analysis, several terms contained in environmental health regulations, such as threshold values (NAB), Environmental Quality Standards, parameters, indicators, indices and others. Also studies the kinetics of agents/pollutants in air, water, vectors, food, waste and soil. Study pollutant parameters and their units, how to determine pollutant sampling points, how to collect them, how to measure and interpret measurement results, understand articles related to environmental quality, and analyze data from data in the field (Puskesmas) or from national/international articles.
36.	English	<p>This course focuses on two English language skills: writing and speaking in an academic context. The general instructional objective of this course is that students are expected to be able to express ideas by having the skills to write complete paragraphs and presentation skills in accordance with the paragraphs that have been written using acceptable and coherent English with correct and contextual linguistic elements.</p> <p>specifically for writing skills, students are expected to be able to understand the principle of complete sentences. Students are also expected to be able to present ideas in writing in the form of a narrative review with an introduction, method, results and discussion, conclusion and recommendation structure that is combined into a complete article.</p>
37.	Basic K3	This course discusses the concept and scope of K3, legal aspects, hazards and their control, risk management, PPE, Work Accidents and PAK, SMK3 as well as K3 programs in the workplace such as industrial hygiene, occupational health, occupational health surveillance, fire prevention and Emergency Response Systems, ergonomics and K3 promotion. Apart from discussing theory, in this course students also study the use of PPE through various media



No.	Study Materials	Description
38.	Arabic	This course is designed to develop students' ability to carry out simple conversations, read Arabic texts with harakat, and write simple sentences in Arabic with the themes of creed, worship, and morals.
39.	Field Learning Experience 1	The Field Learning Experience course is one of the courses that aims to provide experience to students in conducting analysis and assessment of public health situations.
40.	Health Information System	This course studies the meaning and characteristics of information systems, understanding health data and information, understanding GIS, indicators, data sources, data management with reference to the Health Metric Network (HMN), National Health Information System, Community Health Center and Hospital Information System, SI medical records, IS success assessment model, Evaluate SIK using HMN tools.
41.	Development of Health Promotion Media	This course studies media in health promotion, health promotion media, classification and characteristics of health promotion media and stages of development of health promotion media.
42.	Health Promotion Media Development Practicum	This course studies the technical aspects of making health promotion media posters and video reels as well as practices related to the stages of developing health promotion media
43.	Applied Ergonomics	This course discusses the history of ergonomic development. Human capabilities and limitations (human capabilities and limitations), human-machine system approach. Anthropometric measurements, work biomechanics concepts in manual material handling activities, work design, ergonomic concepts in the work environment, as well as carrying out ergonomic risk measurements using subjective and objective tools, as well as discussing how to implement ergonomic programs in several industries.



No.	Study Materials	Description
44.	<i>Human Factors and Behavior Based Safety</i>	This course discusses proactive prevention efforts that focus on dangerous behavior that has the potential to cause accidents. The discussion includes the causes of accidents, safety psychology, basic philosophy in behavior-based safety (BBS), definition and assessment of critical behavior, intervention methods and evaluation of BBS.
45.	Industrial Hygiene	This course discusses the Basic Concepts of HI which includes activities for anticipating, recognizing, evaluating and controlling various occupational health hazards that exist in the workplace. Occupational health hazards discussed in this course include noise, extreme hot and cold temperatures, vibration, ionizing and non-ionizing radiation, chemistry, biology, ergonomics and psychosocial hazards.
46.	Industrial Process	This course will explain the sources and hazards of various industrial processes that arise from raw materials, tools, processes, products, by-products (by-products) and waste.
47.	Noise and Vibration Management	This course discusses the concepts of noise and vibration, physiological responses to exposure to noise and vibration, strategies for controlling noise and vibration hazards, evaluating the dose of noise and vibration exposure received by workers and recommendations for controlling noise and vibration hazards according to the exposure received by workers.
48.	Occupational Safety and Health Management System	This course discusses the meaning, function, scope of the occupational safety and health management system and its implementation in companies. Also discussed are the elements of SMK3 and the relationship between the elements and the program for each element as well as how to measure them.



No.	Study Materials	Description
49.	Occupational Safety and Health Legislation	This course discusses various statutory regulations and implementing regulations in the field of K3 as a provision for students in carrying out their duties as K3 experts/work environment K3 experts to ensure that legal aspects are fulfilled in the workplace. Various legal materials that will be discussed in this course include (1) legal aspects of implementing K3 in Indonesia, (2) implementing K3 in Indonesia, (3) threshold values, standards and requirements for work environment health, (4) health standards work which includes (a) preventing disease, (b) improving health, (c) treating disease and (d) restoring health; (5) employment social security, (6) procedures for reporting and examining work accidents/PAK, (7) implementation of K3 in various fields/electricity, such as K3 electricity, K3 Chemistry, K3 Radiation, K3 Construction, K3 Oil and Gas and Mining and K3 in Health services.
50.	Industrial Toxicology	This course discusses the principles of toxicology, methods of measuring toxicity, target organs, the use of toxicological information for assessing safety levels, <i>dose response relationships</i> and the effects of chemical exposure on workers.
51.	Field Learning Experience 2	Field Learning Experience 2 course is one of the courses that aims to provide experience to students in intervening to solve public health problems based on evidence-based.
52.	Islamic Public Health Practice	This course discusses the theoretical framework and conceptual framework for research on the integration of Public Health Sciences in general and/or within the scope of the Public Health Sciences specialization with Islamic Sciences based on the ontology and epistemology of science.



No.	Study Materials	Description
53.	Disaster Management	In this course, students understand disaster theory, disaster risk assessment, reduction, disaster vulnerability, disaster stages starting from pre-disaster, disaster and post-disaster, assessment of temporary shelter locations, fulfillment of basic needs (WASH, health care, health services and information systems). Apart from that, students also understand surveillance and rapid assessment in disaster situations, leadership and cross-sectoral collaboration, the role of Health officers and Interprofessional collaboration, and community resilience.
54.	Disaster Management Practice	This course learns how to identify disaster vulnerabilities and dangers, create disaster mapping, disaster risk in each area, develop activity plans to form community readiness to face disasters, make recommendations for disaster mitigation, disaster response emergency organization plans, disaster evacuation shelter management plans, plans health surveillance, plans for controlling infectious diseases, plans for creating a disaster management information system, plans for preparing logistics and basic needs of refugees, disaster health services.
55.	Biomonitoring Practice	This course discusses biological monitoring programs due to exposure received in the workplace, including the concept of biomonitoring, blood and urine sampling strategies, introduction to potential exposure to chemical hazards, introduction to processes that require biological monitoring (BEI), BEI standards for various chemicals , control chemical exposure and design biological monitoring programs
56.	Fire Prevention and Emergency Response Systems	This course discusses the concepts and theories of fire occurrence as well as extinguishing theory, the concept of fire prevention and protection, elements of fire prevention including active protection systems, passive protection systems and life-saving means. Apart from that, emergency response preparedness systems are also discussed that are appropriate to specific location conditions.



No.	Study Materials	Description
57.	K3 Inspection and Audit	This course discusses the differences between the K3 Inspection program and the K3 Audit program, how it is implemented starting from the preparation, planning, implementation stages, to compiling results reports and following up on findings to make appropriate improvements. The teaching methods used are: lectures, discussions (small group discussions), presentations, assignments based on several case studies in the workplace, and at the end of the lecture students will carry out implementation (problem based learning) K3 inspections and audits in surrounding workplaces, making reports , and submitting a report to the workplace. As a form of community service which is proven by a handover sheet signed by the business owner.
58.	Occupational Health and Safety Laboratory Practicum	This course discusses strategies for measuring various occupational health hazards in the workplace, interpreting measurement results in order to carry out Health Risk Assessments in the workplace so that they can prioritize hazards and control them to safe levels.
59.	Occupational Health and Safety Laboratory	This course discusses sampling concepts and measurement strategies for various occupational health hazards in the workplace, including noise, vibration, extreme temperatures, lighting, particulates in order to carry out a Health Risk Assessment in the workplace so that hazards can be prioritized and controlled to a safe level.
60.	K3 Risk Management	This course discusses the risk management process starting from hazard identification, determining the probability and consequences of K3 risks in order to assess risks using appropriate risk identification techniques, determining appropriate control alternatives for certain risks according to the existing control hierarchy. So it is hoped that students will be able to apply risk identification using various methods, assess risks using qualitative and quantitative approaches in the workplace, be able to evaluate risk controls in the workplace and be able to develop K3 programs in the workplace.



No.	Study Materials	Description
61.	Work-related Diseases and Work-related Disease Surveillance	This lecture discusses the determinants, prevention and rehabilitation factors related to work-related diseases based on Presidential Decree No. 22 of 1993 such as respiratory diseases, skin, hearing damage, viruses, back and joint symptoms, pesticides, vibrations, pesticides, neuropsychiatric, and introduction to PAK surveillance. The lecture focuses on 3 parts: 1) looking for scientific evidence related to occupational diseases; 2) policies related to occupational health and safety and compensation for work, 3) developing effective intervention programs to reduce occupational diseases and improve work-related health.
62.	Work Accident Investigation and Prevention (K3)	This course discusses the definition and classification of work accidents, work accident prevention strategies and programs, various work accident theories, work accident investigation techniques in finding the root of the problem, work accident investigation procedures, recommendations for corrective action, development of K3 performance, costs due to work accidents and preparing work accident reports.
63.	Professional Development Seminar	This course studies how to choose topics to be researched to be further conveyed in seminar forums and discussed by competent speakers in their fields. The results of the discussion from the speakers on the results of this research will then be written in the form of articles and submitted to interested parties related to the topic seminar.
64.	Advanced Research Methods Practicum	This course is a continuation of the research methodology course. In this course, scientific research concepts and elements in the research proposal will be applied. The achievement indicator of this course is that students are able to compile research proposals that are ready to be tested and used as a final project. The methods used are lectures, discussions, presentations and assignments based on literature studies.



No.	Study Materials	Description
65.	<i>Internship</i>	<i>The Internship course is a mandatory course for the Public Health undergraduate study program. Internship is an intra-curricular activity that requires students to observe and practice work in agencies, institutions, or companies for a certain period equivalent to 3 field credits. This course aims to provide opportunities for students to gain practical knowledge and experience as well as apply the knowledge and skills gained during college so that they can better prepare themselves for work. After the internship, students are required to make an internship report in accordance with the internship report guidelines.</i>
66.	Indoor Air Quality Management and Industrial Ventilation	This course studies two things, namely (1) room air quality management and (2) industrial ventilation. In discussing the topic of indoor air quality management, the meaning of (a) anticipating and reconciling IAQ is discussed, containing the definition of IAQ, IAQ parameters, sources of indoor air quality pollutants, health effects due to indoor air quality, including sick buildings syndrome, building related illness, and multiple chemical resistance, (b) IAQ evaluation, namely discussing how to measure IAQ parameters and evaluating them by comparing IAQ regulations that apply both at national and international levels, (c) getting to know various types of IAQ controls based on findings in the field . To be able to address IAQ problems in the field, students must recognize and evaluate IAQ in a location and provide applicable recommendations for problem findings in the field. On the topic of industrial ventilation, students will learn an introduction to ventilation in general, types of ventilation, the advantages and disadvantages of each type of ventilation, dilution ventilation, local exhaust ventilation and the selection of appropriate respiratory protective equipment when conditions of exposure to chemical hazards in the workplace cannot be avoided. controlled by technical controls. In discussing dilution ventilation, students will study whether a location is considered safe or not, so that they can calculate the air requirements needed so that environmental conditions are comfortable for workers' health.



No.	Study Materials	Description
67.	Occupational Health and Safety Program	This course studies various programs in the workplace both related to occupational safety and occupational health, so that students are able to understand the scope of application of various K3 programs in the workplace, so that students gain an understanding of the aims and benefits of the program , when and where the program was implemented and how the program was implemented. Work safety programs discussed in this course include Contractor Safety Management System (CSMS), Machine Safeguard, Lock Out Tag Out (LOTO), Safety Sign, working at Height and Permit to Work (PTW). Meanwhile, occupational health programs discussed include Hazard Communication & Chemical Compatibility, Bloodborne Phatogen , Medical Service & Fit to Work, Worker Immunization, Reproductive Health, Occupational Nutrition and Mental Health
68.	<i>Undergraduate thesis</i>	<i>A thesis is a scientific work written by a student at the end of their study period at the Public Health Study Program, Faculty of Health Sciences, Syarif Hidayatullah State Islamic University, Jakarta under the guidance of a predetermined supervisor. The thesis is part of an assignment to achieve a Bachelor of Public Health (SKM) degree. The thesis must be prepared according to procedures and based on research data. It is hoped that writing scientific work can demonstrate students' reasoning abilities regularly and continuously in identifying important health problems in society</i>

5 Determination of Study Materials

5.1 Overview of the Body of Knowledge (BoK)

There are 12 subject matters courses in PHSP UIN Jakarta, detailed as follows:

1. Islamic (SM 1)
 - a. Islamic Studies I and II
 - b. Islam and Sciences
 - c. Practice Worship and Qiro'ah
2. Indonesian aspects (SM 2)
 - a. Pancasila
 - b. Civic Education
 - c. Indonesia
3. Language (SM 3)
 - a. Arabic
 - b. English
4. Biomedical (SM 4)
 - a. Microbiology and Parasitology
 - b. Anatomy and Physiology
 - c. Biochemistry
 - d. General Pathology
5. Biostatistics and Health Informatics (SM 5)
6. Epidemiology (SM 6)
7. Management of Health Care (SM 7)
8. Health Promotion (SM 8)
9. Environmental Health (SM 9)
10. Occupational Health and Safety (SM 10)
11. Public Health Nutrition (SM 11)
12. Reproductive Health (SM 12)

Table 5. Matrix of Subject Matters and Learning Outcomes of Public Health Bachelor Degree Program

N0.	Code	Subject Matters	LO 1	LO 2	LO 3	LO 4	LO 5	LO 6	LO 7	LO 8	LO 9	LO 10	LO 11	LO 12	LO 13	LO 14	LO 15	LO 16	LO 17
1.	SM01	Islamic																	
2.	SM02	Indonesian aspects																	
3.	SM03	Language																	
4.	SM04	Biomedic																	
5.	SM05	Biostatistics and Information Health																	
6.	SM06	Epidemiology																	
7.	SM07	Management and Health Care																	
8.	SM08	Health Promotion																	
9.	SM09	Environmental Health																	
10.	SM10	Occupational Health and Safety																	
11.	SM11	Public Health Nutrition																	
12.	SM12	Reproductive Health																	

Table 6. Matrix of Subject Matters and Courses per Semester of Public Health Bachelor Degree Program

Code	Courses	S M 01	SM 02	SM 03	SM 04	SM 05	SM 06	S M 07	SM 08	SM 09	SM 10	SM 11	SM 12
Semester 1													
KES 1010	ISLAMIC STUDIES I	✓											
ANT 6001	HEALTH SOCIOLOGY AND ANTHROPOLOGY								✓				
KES 1009	PUBLIC HEALTH INTRODUCTORY					✓	✓	✓	✓	✓	✓	✓	✓
POLI CE 3017	PANCASILA		✓										
SAR 5054	PRACTICE WORSHIP	✓											
SAR2 001	PRACTICE OF QIRAAH	✓											
KES 2002	HEALTH PSYCHOLOGY								✓				
BHS 6001	INDONESIAN			✓									
KES 6022	MICROBIOLOGY AND PARASITOLOGY				✓								
KES 1002	ANATOMY AND PHYSIOLOGY				✓								

Code	Courses	S M 01	SM 02	SM 03	SM 04	SM 05	SM 06	S M 07	SM 08	SM 09	SM 10	SM 11	SM 12
Semester 2													
KES 2007	BASIC EPIDEMIOLOGY						✓						
FKM 2134	BIOCHEMISTRY				✓								
FKM 2130	DESCRIPTIVE AND INFERENTIAL BIOSTATISTICS					✓							✓
POL 2002	CIVIC EDUCATION		✓										
SAR 5054	PRACTICE WORSHIP	✓											
SAR2 001	PRACTICE OF QIRAAH	✓											
FKM 2126	LEGAL AND HEALTH ETHICS		✓					✓					
FKM 2133	BASIC REPRODUCTIVE HEALTH												✓
FKM 2132	BASIC POPULATION					✓							
KES 2003	GENERAL PATHOLOGY				✓								
KES 3036	HEALTH POLICY ADMINISTRATION							✓					

Code	Courses	S M 01	SM 02	SM 03	SM 04	SM 05	SM 06	S M 07	SM 08	SM 09	SM 10	SM 11	SM 12
FKM 2131	BASIC HEALTH PROMOTION								✓				
KES 2001	ISLAMIC STUDIES II	✓											
Semester 3													
KES 6029	BASIC NUTRITION											✓	
KES 6024	HEALTH COMMUNICATION								✓				
KES 2005	BASICS OF ENVIRONMENTAL HEALTH									✓			
KES 3002	HEALTH ECONOMICS							✓					
KES 6306	DATA MANAGEMENT AND ANALYSIS					✓							
KES 6307	PRACTICUM DATA MANAGEMENT AND ANALYSIS					✓							
SAG 2002	ISLAM AND SCIENCE	✓											
KES 3039	COMMUNITY ORGANIZING AND DEVELOPMENT								✓				
KES 6023	HEALTH PROMOTION								✓				

Code	Courses	S M 01	SM 02	SM 03	SM 04	SM 05	SM 06	S M 07	SM 08	SM 09	SM 10	SM 11	SM 12
DOC UME NT 4027	EPIDEMIOLOGY OF COMMUNICABLE DISEASES						✓						
DOC UME NT 4028	EPIDEMIOLOGY OF NON-COMMUNICABLE DISEASES						✓						
Semester 4													
KES4 021	PUBLIC HEALTH SURVEILLANCE						✓						
KES 6302	HEALTH SURVEILLANCE PRACTICE						✓						
KES 6305	PLANNING AND EVALUATION OF HEALTH SERVICES							✓					
BHS 2131	ARABIC			✓									
KES 6304	LEADERSHIP AND HEALTH SYSTEMS THINKING PUBLIC							✓					
KES 4040	ENVIRONMENTAL QUALITY ANALYSIS									✓			
KES 6303	HEALTH FINANCING AND BUDGETING							✓					
Englis h 3008	ENGLISH			✓									
KES 4041	RESEARCH METHODOLOGY					✓	✓						

Code	Courses	S M 01	SM 02	SM 03	SM 04	SM 05	SM 06	S M 07	SM 08	SM 09	SM 10	SM 11	SM 12
KES 3031	BASIC HEALTH SAFETY										✓		
Semester 5													
KES4 021	HEALTH INFORMATION SYSTEM					✓							
KES 6559	HEALTH PROMOTION MEDIA DEVELOPMENT								✓				
KES 5741	PRACTICUM HEALTH PROMOTION MEDIA DEVELOPMENT								✓				
KES 5001	FIELD LEARNING EXPERIENCE I	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
KES 4011	INDUSTRIAL HYGIENE (OHS)										✓		
HUK 4103	OCCUPATIONAL HEALTH AND SAFETY REGULATION (OHS)										✓		
KES 4022	INDUSTRIAL PROCESSES (OHS)										✓		
KES 6502	APPLIED ERGONOMICS (OHS)										✓		
KES 6506	INDUSTRIAL TOXICOLOGY (OHS)										✓		
KES 5223	OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT SYSTEM (OHS)										✓		
KES 5011	VIBRATION AND NOISE MANAGEMENT (OHS)										✓		
KES 6558	HUMAN FACTORS AND BEHAVIOR BASED SAFETY (OHS)										✓		

Semester 6													
KES5027	FIELD LEARNING EXPERIENCE II	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
KES4328	DISASTER MANAGEMENT					✓	✓	✓	✓	✓	✓	✓	✓
KES4327	ISLAMIC PUBLIC HEALTH PRACTICUM	✓				✓	✓	✓	✓	✓	✓	✓	✓
KES4329	DISASTER MANAGEMENT PRACTICE					✓	✓	✓	✓	✓	✓	✓	✓
KES4334	OCCUPATIONAL HEALTH DISEASE AND SURVEILLANCE OF OCCUPATIONAL HEALTH DISEASE (OHS)										✓		
KES4335	BIOMONITORING PRACTICE (OHS)										✓		
KES4362	OCCUPATIONAL HEALTH AND SAFETY LABORATORY PRACTICUM (OHS)										✓		
KES4360	OCCUPATIONAL HEALTH AND SAFETY RISK MANAGEMENT (OHS)										✓		
KES4337	ACCIDENT INVESTIGATION AND PREVENTION										✓		
KES5217	SAFETY INSPECTION AND AUDITS (OHS)										✓		
KES4338	EMERGENCY RESPONSE SYSTEM AND FIRE PREVENTION										✓		

Code	Courses	S M 01	SM 02	SM 03	SM 04	SM 05	SM 06	S M 07	SM 08	SM 09	SM 10	SM 11	SM 12
Semester 7													
KES 5742	ADVANCED RESEARCH METHODOLOGY	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
KES 5020	HEALTH PROFESSION SEMINAR	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
KES 4528	OCCUPATIONAL HEALTH AND SAFETY PROGRAM AT WORKPLACE										✓		
KES 5722	INDOOR AIR QUALITY AND VENTILATION MANAGEMENT										✓		
Semester 8													
ABI 6017	INTERNSHIP	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
ABI 9042	THESIS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Table 7. Matrix of Learning Outcomes and Courses per Semester of Public Health Bachelor Degree Program

COURSES	LEARNING OUTCOMES (LO)																
	LO 01	LO 02	LO 03	LO 04	LO 05	LO 06	LO 07	LO 08	LO 09	LO 10	LO 11	LO 12	LO 13	LO 14	LO 15	LO 16	LO 17
FIRST SEMESTER																	
ISLAMIC STUDIES I					2	2	2	2	2	2			1	2			
HEALTH SOCIOLOGY AND ANTHROPOLOGY		2		2	2		3					2	1	2			
PUBLIC HEALTH INTRODUCTORY				2		2	2				3		2				
PANCASILA		1		1		1											
PRACTICE WORSHIP					1	1	1	1	1	1			1	1			
QIRAAH PRACTICE					1	1	1	1	1	1			1	1			
HEALTH PSYCHOLOGY					2					2		2					
BAHASA INDONESIA					2					2	2						
MIKROBIOLOGY AND PARASITOLOGY				1								2					
ANATOMY AND PHYSIOLOGY				1													
SECOND SEMESTER																	
BASIC EPIDEMIOLOGY	3	2		2									2				
BIOCHEMISTRY				1													
DESCRIPTIVE AND INFERENTIAL BIOSTATISTICS	3	2		2													
CIVIC EDUCATION		1				1			1	1							
LEGAL AND HEALTH ETHICS			2			1			2								
BASIC REPRODUCTIVE HEALTH				2		2	2				3		2				
BASIC POPULATION		2		2													
GENERAL PATHOLOGY				1							2						
HEALTH POLICY ADMINISTRATION											3		3				
BASIC HEALTH PROMOTION					3		3			2		3	2				
ISLAMIC STUDIES II					2	2	2	2	2	2		3	1	2			
THIRD SEMESTER																	
BASIC NUTRITION				2			2				3		2				



HEALTH COMMUNICATION					3		2			2		3				
BASIC OF ENVIRONMENTAL HEALTH				2							3		2			
HEALTH ECONOMICS								3							3	
DATA MANAGEMENT AND ANALYSIS	2	3		2												
PRACTICUM DATA MANAGEMENT AND ANALYSIS	2	3		2												
ISLAM AND SCIENCES	3					2	2	2	2	2	2					
COMMUNITY ORGANIZING AND DEVELOPMENT	2							3							3	3
HEALTH PROMOTION	2					3		3			3	3	3		2	
EPIDEMIOLOGY OF COMMUNICABLE DISEASES	2				2		2	2								
EPIDEMIOLOGY OF NON-COMMUNICABLE DISEASES	2				2		2	2								
FOURTH SEMESTER																
PUBLIC HEALTH SURVEILLANCE	2				3		2	2								
HEALTH SURVEILLANCE PRACTICUM	1				3		2	2								
PLANNING AND EVALUATION OF HEALTH SERVICES	2			2			3			3				3		3
ARABIC	3					1										
LEADERSHIP AND HEALTH SYSTEMS THINKING PUBLIC	2	3			2					3						
ENVIRONMENTAL QUALITY ANALYSIS	2		2		3											
HEALTH FINANCING AND BUDGETING	2									3						3
ENGLISH	3					1							2			
RESEARCH METHODOLOGY	3	3	2		2											
BASIC HEALTH SAFETY	2				2		2	2				3				
FIFTH SEMESTER																
HEALTH INFORMATION SYSTEM	2	2	2							2						
HEALTH PROMOTION MEDIA DEVELOPMENT	1	2									3		3			2



PRACTICUM HEALTH PROMOTION MEDIA DEVELOPMENT	1	3									3		3				3
FIELD LEARNING EXPERIENCE I	2	3	3	3	3												3
INDUSTRIAL HYGIENE (OHS)						2					3						
OCCUPATIONAL HEALTH AND SAFETY REGULATION (OHS)						2					3						
INDUSTRIAL PROCESSES (OHS)						2					3						
APPLIED ERGONOMICS (OHS)						2					3						
INDUSTRIAL TOXICOLOGY (OHS)						3					2						
OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT SYSTEM (OHS)						2					3						
VIBRATION AND NOISE MANAGEMENT (OHS)						2					3						
HUMAN FACTOR DAN BEHAVIOR BASED SAFETY (OSH)						2					3						
SIXTH SEMESTER																	
FIELD LEARNING EXPERIENCE II	3	3		3			3	3	3				3	3			
DISASTER MANAGEMENT	1	2		2	2		2										3
ISLAMIC PUBLIC HEALTH PRACTICUM	1			2								3					
DISASTER MANAGEMENT PRACTICUM	1	3		2	2		2										3
OCCUPATIONAL HEALTH DISEASE AND SURVEILLANCE OF OCCUPATIONAL HEALTH DISEASE (OHS)						2					3						
BIOMONITORING PRACTICUM (OHS)						2					3						
OCCUPATIONAL HEALTH AND SAFETY LABORATORY PRACTICUM (OHS)						3					2						
OCCUPATIONAL HEALTH AND SAFETY RISK MANAGEMENT (OHS)						2					3						
ACCIDENT INVESTIGATION AND PREVENTION						2					3						
SAFETY INSPECTION AND AUDITS (OHS)						2					3						
EMERGENCY RESPONSE SYSTEM AND FIRE PREVENTION						2					3						
SEVENTH SEMESTER																	
ADVANCED RESEARCH METHODOLOGY	1	3	2		2												



HEALTH PROFESSION SEMINAR	2			3	2												
OCCUPATIONAL HEALTH AND SAFETY PROGRAM AT WORKPLACE						2					3						
INDOOR AIR QUALITY AND VENTILATION MANAGEMENT						2					3						
EIGHTH SEMESTER																	
INTERNSHIP	3			3	3	3	3										
THESIS	4	3	3		3												

Note:

The numerical values 1, 2 and 3 represent the degree to which each course contribute to the achievement of learning outcomes

1 = Low contribution 2 = Moderate contribution 3= High contribution



6 Course Structure in Study Program Curriculum

6.1 Course Load and Duration of Study

The minimum course load for the Bachelor of Public Health Program is 150 semester credit units (SCU) or 228.71 ECTS, scheduled over eight (8) semesters, which can be completed in eight (8) semesters and a maximum of fourteen (14) semesters.

Table 8. Course Load and Duration of Study of Public Health Bachelor Degree Program

Total SCU/ECTS	Compulsory National Courses	Compulsory University Courses	Compulsory Study Program Courses	Elective Courses
150 SCU /228.71 ECTS	7 SCU/10.08 ECTS	14 SCU/22.28 ECTS	124 SCU/169.41 ECTS	20 SCU/26.93 ECTS

6.2 Course Structure

The course structure at PHSP UIN Jakarta is as follows:

- a. National Characterization courses totaling 7 SCU/ 10,08 ECTS , which consist of:
 1. Pancasila weighing 2 SCU/2,88 ECTS \
 2. Civic Education weighing 2 SCU/2,88 ECTS
 3. Indonesian Language weighing 3 SCU/4,32 ECTS
- b. University characteristic courses totaling 14 SCU/22,28 ECTS, which consist of:
 1. Islamic Studies weighing 4 SCU/5,76 ECTS
 2. Islam and Science weighing 3 SCU/2,88 ECTS
 3. Worship and Qiroah Practicum weighing 2 SCU/5,01 ECTS
 4. Arabic language weighing 3 SCU/4,32 ECTS
 5. English Language weighing 3 SCU/4,32 ECTS
- c. Study Program Courses consist of:
 1. Study program Compulsory Courses which consist of 124 SCU/ 169,41 ECTS. These courses are derived from the National Curriculum Courses (AIPTKMI). It is included in the compulsory study program course, study program courses, namely:
 - Media Development (1 SCU/1.46 ECTS)
 - Media Development Practicum (1 SCU/2.52 ECTS)



-
- Islamic Public Health Practicum (1 SCU/2.51 ECTS)
2. Elective courses which consist of 20 SCU/26,93 ECTS can be taken after students selected their specialization, starting in the 5th semeste



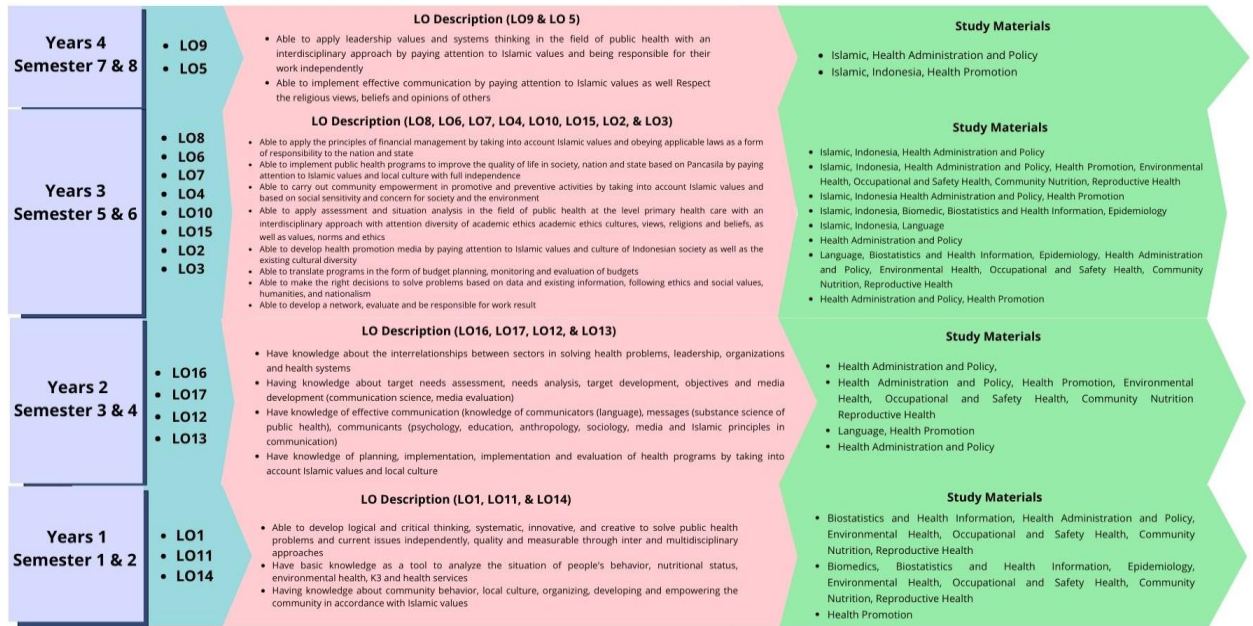
Table 9. Matrix of Course Structure in the Study Program Curriculum

Semester	Total SCU*/ECTS	Course Groups for Bachelor Degree			
		National Compulsory Courses	University Compulsory Courses	Study Program Compulsory Courses	Elective Courses
1	20 SCU /31.13 ECTS	5 SCU/7.20 ECTS	4 SCU/7.89 ECTS	11 SCU/16.04 ECTS	-
2	23 SCU/33.46 ECTS	2 SCU/2.88 ECTS	2 SCU/2.88 ECTS	19 SCU/27.7 ECTS	-
3	21 SCU/31.64 ECTS	-	2 SCU/2.88 ECTS	19 SCU/ 28.76 ECTS	-
4	21 SCU/31.57 ECTS	-	6 SCU/ 8.64 ECTS	15 SCU/22.93 ECTS	-
5	23 SCU/34.00 ECTS	-	-	20 SCU/26.20 ECTS	6 SCU/7.8 ECTS
6	27 SCU/41.30 ECTS	-	-	15 SCU/24.77 ECTS	12 SCU/16.53 ECTS
7	8 SCU/12.77 ECTS	-	-	6 SCU/ 10.17 ECTS	2 SCU/2.60 ECTS
8	7 SCU/12.83 ECTS	-	-	7 SCU/12.83 ECTS	-
Total	150 SCU/228.71 ECTS	7 SCU/10.08 ECTS	14 SCU/22.28 ECTS	124 SCU/169.41 ECTS	20 SCU/26.93 ECTS

*SCU: Semester Credit Unit



Figure 1. Competency Analysis of Public Health Bachelor Degree Program





7 LIST OF COURSE DISTRIBUTION FOR EACH SEMESTER

Table 10. Matrix of Course Structure in the Study Program Curriculum by Semester in detail

No	Course Name	Code of Course	Lecture (Face to Face) (SCU)	Number of lectures per semester	Practical (at Laboratory or filed) (SCU)	Number of Practical Per Semester	Total Lecture Hours (Face to Face) Per Semester	Hours of Midterm and Final Exams Per Semester	Total Hours Practical	Total Hours of Structure and Self Study Per semester	Lectures (ECTS)	Practical (ECTS)	Total EC TS
SEMESTER I													
1	ISLAMIC STUDIES II	KES 1010	2	14			23.33	3.33	0.00	59.73	2.88	0	2.88
2	PANCASILA	NAS 6112201	2	14			23.33	3.33	0.00	59.73	2.88	0	2.88
3	SOCIO-HEALTH ANTHROPOLOGY	ANT6001	3	14			35.00	5.00	0.00	91.20	4.37	0	4.37
4	BASICS OF PUBLIC HEALTH	KES 1009	2	14			23.33	3.33	0.00	60.80	2.92	0	2.92
5	PRACTICE OF WORSHIP	SAR 5054			1	14	0.00	5.67	39.67	29.87	0.00	2.51	2.51
6	PRACTICE OF QIRAAH	SAR 2001			1	14	0.00	5.67	39.67	29.87	0.00	2.51	2.51
7	INDONESIAN	NAS 6013203	3	14			35.00	5.00	0.00	89.60	4.32	0	4.32
8	MICROBIOLOGY AND PARASITOLOGY	KES 6022	2	14			23.33	3.33	0.00	60.80	2.92	0	2.92



9	ANATOMY PHYSIOLOGY	KES 1002	2	14			23.33	3.33	0.00	60.80	2.92	0	2.92
10	HEALTH PSYCHOLOGY	KES 2002	2	14			23.33	3.33	0.00	60.80	2.92	0	2.92
Total SCU			18	112	2	28	TOTAL ECTS FOR SEMESTER 1 THAT IS EQUAL TO 20 SCU =					31.13	
SEMESTER II													
1	PRINCIPLE OF EPIDEMIOLOGY	KES 2007	2	14			23.33	3.33	0.00	60.80	2.92	0	2.92
2	BIOCHEMISTRY	FKM 2134	2	14			23.33	3.33	0.00	60.80	2.92	0	2.92
3	DESCRIPTIVE AND INFERENTIAL BIOSTATISTICS	FKM 2130	3	14			35.00	5.00	0.00	91.20	4.37	0	4.37
4	Civic Education	POL 2002	2	14			23.33	3.33	0.00	59.73	2.88	0	2.88
5	LEGAL AND HEALTH ETHICS	FKM 2126	2	14			23.33	3.33	0.00	60.80	2.92	0	2.92
6	BASIC REPRODUCTIVE HEALTH/MCH	FKM 2133	2	14			23.33	3.33	0.00	60.80	2.92	0	2.92
7	BASIC OF POPULATION	FKM 2132	2	14			23.33	3.33	0.00	60.80	2.92	0	2.92
8	BASIC OF PATHOLOGY	KES 2003	2	14			23.33	3.33	0.00	60.80	2.92	0	2.92
9	BASIC OF HEALTH POLICY AND ADMINISTRATION	KES 3036	2	14			23.33	3.33	0.00	60.80	2.92	0	2.92
10	BASICS OF HEALTH PROMOTION	FKM 2131	2	14			23.33	3.33	0.00	60.80	2.92	0	2.92
11	ISLAMIC STUDIES II	KES 2001	2	14			23.33	3.33	0.00	59.73	2.88	0	2.88
Total SCU			23	154			TOTAL ECTS FOR SEMESTER 2 THAT IS EQUAL TO 23 SCU =					33.46	
SEMESTER III													



1	FOUNDATIONS OF COMMUNITY NUTRITION SCIENCE	KES 6029	3	14			35.00	5.00	0.00	91.20	4.37	0	4.37
2	HEALTH COMMUNICATION	KES 6024	2	14			23.33	3.33	0.00	60.80	2.92	0	2.92
3	FOUNDATIONS OF ENVIRONMENTAL HEALTH	KES 2005	2	14			23.33	3.33	0.00	60.80	2.92	0	2.92
4	HEALTH ECONOMICS	KES 3002	2	14			23.33	3.33	0.00	60.80	2.92	0	2.92
5	DATA MANAGEMENT AND ANALYSIS	KES 6306	1	14			11.67	1.67	0.00	30.40	1.46	0	1.46
6	DATA MANAGEMENT AND ANALYSIS PRACTICUM	KES 6307			1	14	0.00	5.67	39.67	30.40	0.00	2.52	2.52
7	ISLAM AND SCIENCE	SAG 2002	2	14			23.33	3.33	0.00	59.73	2.88	0	2.88
8	COMMUNITY ORGANIZATION AND DEVELOPMENT	KES 3039	2	14			23.33	3.33	0.00	60.80	2.92	0	2.92
9	HEALTH PROMOTION	KES 6023	2	14			23.33	3.33	0.00	60.80	2.92	0	2.92
10	INFECTIOUS DISEASE EPIDEMIOLOGY	DOCUMENT 4027	2	14			23.33	3.33	0.00	60.80	2.92	0	2.92
11	NON-COMMUNICABLE DISEASE EPIDEMIOLOGY	DOCUMENT 4028	2	14			23.33	3.33	0.00	60.80	2.92	0	2.92
	Total SCU		20	140	1	14							31.64
SEMESTER IV													
1	PUBLIC HEALTH SURVEILLANCE	KES 6301	2	14			23.33	3.33	0.00	60.80	2.92	0	2.92



2	PUBLIC HEALTH SURVEILLANCE PRACTICUM	KES 6302			1	14	0.00	5.67	39.67	30.40	0.00	2.52	2.52
3	HEALTH PLANNING AND EVALUATION	KES 6305	2	14			23.33	3.33	0.00	60.80	2.92	0	2.92
4	ARABIC LANGUAGE	BHS 2131	3	14			35.00	5.00	0.00	89.60	4.32	0	4.32
5	LEADERSHIP AND SYSTEMS THINKING IN HEALTH	KES 6304	2	14			23.33	3.33	0.00	60.80	2.92	0	2.92
6	ENVIRONMENTAL QUALITY ANALYSIS	KES 4040	2	14			23.33	3.33	0.00	60.80	2.92	0	2.92
7	HEALTH FINANCING AND BUDGETING	KES 6303	2	14			23.33	3.33	0.00	60.80	2.92	0	2.92
8	ENGLISH LANGUAGE	BHS3008	3	14			35.00	5.00	0.00	89.60	4.32	0	4.32
9	RESEARCH METHODOLOGY	KES 4041	2	14			23.33	3.33	0.00	60.80	2.92	0	2.92
10	FUNDAMENTALS OF OCCUPATIONAL HEALTH AND SAFETY	KES 3031	2	14			23.33	3.33	0.00	60.80	2.92	0	2.92
	Total SCU		20	126	1	14							31.57
SEMESTER V													
1	HEALTH INFORMATION SYSTEM	KES 4021	2	14			23.33	3.33	0.00	60.80	2.92	0	2.92
2	HEALTH PROMOTION MEDIA DEVELOPMENT	KES 6559	1	14			11.67	1.67	0.00	30.40	1.46	0	1.46
3	HEALTH DEVELOPMENT MEDIA PRACTICUM	KES 5741			1	14	0.00	5.67	39.67	30.40	0.00	2.52	2.52
4	FIELD LEARNING EXPERIENCE I	KES 5001			2	22	0.00	0.00	0.00	110.00	0.00	3.67	3.67



	Sub Major OHS and Elective												
5	INDUSTRIAL HYGIENE (OHS)	KES 4011	2	14			23.33	3.33	0.00	58.67	2.84	0	2.84
6	OCCUPATIONAL HEALTH AND SAFETY REGULATION (OHS)	HUK 4103	2	14			23.33	3.33	0.00	58.67	2.84	0	2.84
7	INDUSTRIAL PROCESSES (OHS)	KES 4022	2	14			23.33	3.33	0.00	51.20	2.60	0	2.60
8	APPLIED ERGONOMICS (OHS)	KES 6502	3	14			35.00	5.00	0.00	88.00	4.27	0	4.27
9	INDUSTRIAL TOXICOLOGY (OHS)	KES 6506	2	14			23.33	3.33	0.00	51.20	2.60	0	2.60
10	OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT SYSTEM (OHS)	KES 5223	2	14			23.33	3.33	0.00	58.67	2.84	0	2.84
11	VIBRATION AND NOISE MANAGEMENT (OHS)	KES 5011	2	14			23.33	3.33	0.00	58.67	2.84	0	2.84
12	HUMAN FACTORS AND BEHAVIOR BASED SAFETY (OSH)	KES 6558	2	14			23.33	3.33	0.00	51.20	2.60	0	2.60
	Total SCU		20	140	3	36				TOTAL ECTS FOR SEMESTER 5 THAT IS EQUAL TO 23 SCU =			34.00
SEMESTER VI													
1	DISASTER MANAGEMENT	KES 4328	1	14			11.67	1.67	0.00	30.40	1.46	0	1.46
2	DISASTER MANAGEMENT PRACTICE	KES 4329			1	14	0.00	5.67	39.67	29.87	0.00	2.51	2.51
3	ISLAMIC PUBLIC HEALTH PRACTICUM	KES 4327			1	14	0.00	5.67	39.67	29.87	0.00	2.51	2.51
4	FIELD LEARNING EXPERIENCE II	KES 5027			3	22	0.00	0.00	0.00	165.00	0.00	5.50	5.50
	Sub Major OHS and Elective												



5	OCCUPATIONAL HEALTH DISEASE AND SURVEILLANCE OF OCCUPATIONAL HEALTH DISEASE (OHS)	KES 4334	3	14			35.00	5.00	0.00	76.80	3.89	0	3.89
6	BIOMONITORING PRACTICE (OHS)	KES 4335	3	14			35.00	5.00	0.00	91.20	4.37	0	4.37
7	OCCUPATIONAL HEALTH AND SAFETY LABORATORY PRACTICUM (OHS)	KES 4362	3	14			35.00	5.00	0.00	91.20	4.37	0	4.37
8	OCCUPATIONAL HEALTH AND SAFETY RISK MANAGEMENT (OHS)	KES 4360	3	14			35.00	5.00	0.00	88.00	4.27	0	4.27
9	ACCIDENT INVESTIGATION AND PREVENTION	KES 4337	3	14			35.00	5.00	0.00	88.00	4.27	0	4.27
10	SAFETY INSPECTION AND AUDITS (OHS)	KES 5217	3	14			35.00	5.00	0.00	76.80	3.89	0	3.89
11	EMERGENCY RESPONSE SYSTEM AND FIRE PREVENTION	KES 4338	3	14			35.00	5.00	0.00	88.00	4.27	0	4.27
	Total SCU		22	112	5	50							TOTAL ECTS FOR SEMESTER 6 THAT IS EQUAL TO 27 SCU = 41.30
SEMESTER VII													
1	HEALTH PROFESSION SEMINAR	KES 5020			2	22	0.00	0.00	0.00	110.00	0.00	3.67	3.67
2	ADVANCED RESEARCH METHODOLOGY	KES 5742			2	22	0.00	0.00	0.00	110.00	0.00	3.67	3.67
3	OCCUPATIONAL HEALTH AND SAFETY PROGRAM AT WORKPLACE	KES 4528	2	14			23.33	3.33	0.00	58.67	2.84	0	2.84
4	INDOOR AIR QUALITY AND VENTILATION MANAGEMENT	KES 5722	2	14			23.33	3.33	0.00	51.20	2.60	0	2.60




	Total SCU		4	28	4	44		TOTAL ECTS FOR SEMESTER 7 THAT IS EQUAL TO 8 SCU =					12.77
SEMESTER VIII													
1	INTERNSHIP	ABI 6017			3	22	0.00	0.00	0.00	165.00	0.00	5.50	5.50
2	FINAL PROJECT (THESIS)	ABI 9042			4	22	0.00	0.00	0.00	220.00	0.00	7.33	7.33
	Total SCU				7	44		TOTAL ECTS FOR SEMESTER 8 THAT IS EQUAL TO 7 SCU =					12.83
								Total Credits (SKS or SCU) for Completion of Bachelor Program					150
								Total Credits (ECTS) for Completion of Bachelor Program					228.71

ELECTIVE COURSES



8 SEMESTER LEARNING PLAN

8.1 Semester Learning Plan

	SYARIF HIDAYATULLAH STATE ISLAMIC UNIVERSITY OF JAKARTA FACULTY OF HEALTH SCIENCES PUBLIC HEALTH STUDY PROGRAM					Document Code
SEMESTER LEARNING PLAN						
COURSE (Course)	CODE	MK Group	WEIGHT (credits)		SEMESTER	Date Compilation
Basic Science of Community Nutrition	KES 6029	Mandatory Study Program	T = 87.5	P=12.5	3	August 2022
AUTHORIZATION	RPS Developer		RMK Coordinator		Head of PRODI	
	Febrianti		-		Chess Rosidati	
Learning Outcomes (CP)	CPL-PRODI charged to MK					
		CPL 04. Able to apply assessment and analysis situation in the field public health at the level service primary health with approach interdisciplinary with notice diversity culture , religious views and trust , and values , norms and ethics academic CPL 11. Have knowledge base as tool For analyze situation behavior community , nutritional status , health environment , K3 and services health CPL 13 Has knowledge about planning , implementation , implementation and evaluation of health programs with notice values Islam and culture local				
	CPL⇒ Achievements Course Learning (CPMK)					
CPL04 ..	CPMK1 Able to apply knowledge about magnitude problem , physiological process occurrence , impact health , Risk factors , guidelines nutrition balanced , nutritional status assessment , prevention program problem nutrition and					



	CPL11 CPL 13	knowledge Islam related programs in situations nutrition communities in the working area of a particular health center (C3) CPMK2 Has knowledge base For analyze situation nutrition public CPMK3 Has knowledge about nutrition program public
CPMK ⇒ Sub-CPMK		
	CPMK1. . CPMK2. .	subCPMK1 Able to apply knowledge regarding the physiological processes of nutritional problems and health impacts in simulations of planning and evaluation of community nutrition programs provided. subCPMK2 Able to apply knowledge regarding the magnitude of the problem and assessment of nutritional status in simulations of planning and evaluation of community nutrition programs provided subCPMK3 Able to apply knowledge regarding risk factors and balanced nutrition guidelines in simulations of planning and evaluation of community nutrition programs provided subCPMK4 Able to apply Islamic knowledge in simulations of planning and evaluation of community nutrition programs provided subCPMK5 Demonstrate an honest, disciplined, independent, serious and responsible attitude in the learning process in class and assignment submission (S3) subCPMK6 Able to explain the biological process of occurrence, health impacts of stunting, wasting, anemia, obesity, central obesity or hypercholesterolemia and the benefits of balanced nutrition guidelines in preventing the nutritional problems discussed (C3) subCPMK7 Able to explain the biological and socio-economic factors of stunting, wasting, anemia, obesity, central obesity or hypercholesterolemia based on the relationship between systematic review articles and original articles from international journals Q1 and Q1, or national journals S1, S2 and S3 (C3) sub CPMK8 Able to explain the relationship between knowledge of verses of the Qur'an or hadith that are relevant to the discussion of preventing the problems of stunting, wasting, anemia, obesity, central obesity or hypercholesterolemia that are raised (C3) subCPMK9 Able to assess nutritional status and determine the prevalence of wasting, anemia, hypercholesterolemia, obesity, and central obesity in their class (P3)



	CPMK3	<p>subCPMK10 Able to obtain secondary data on the magnitude of nutritional problems and information on methods for determining the magnitude of stunting, wasting, anemia, hypercholesterolemia, obesity, and central obesity problems from credible sources (P2)</p> <p>subCPMK11 Able to interpret data on the magnitude of nutritional problems appropriately according to the applicable trigger level or standard (C3).</p> <p>subCPMK12 Able to obtain the latest and accurate information about intervention programs for stunting, wasting, anemia, hypercholesterolemia, obesity, or central obesity in Indonesia (P2)</p> <p>subCPMK13 Able to determine the relationship between national programs related to overcoming stunting, wasting, anemia, hypercholesterolemia, obesity, or central obesity with surveillance activities, integrated health posts, integrated health posts and nutritional program activities in certain health center work areas (C3).</p>								
Description MK Brief	<p>This course prepares students to conduct a nutritional situation analysis in the primary health care work area in the interests of planning and evaluating nutrition and health programs by the primary health care unit (Sub CPMK 1-5). Before being able to do this, students must have sufficient basic knowledge to conduct a nutritional situation analysis (Sub CPMK 6-11), and basic knowledge about nutrition programs in health centers (Sub CPMK 12 and 13).</p>									
Study Materials / Learning Materials	<p>Sub CPMK 1-5 can be achieved by reviewing cases of nutritional problems and specific nutritional programs in a community health center.</p> <p>The study materials and learning materials for each sub-CPMK 6 -13 are as follows:</p>									
	<table border="1"> <thead> <tr> <th data-bbox="353 1016 703 1054">Sub CPMK</th> <th data-bbox="703 1016 1518 1054">Study Materials</th> <th data-bbox="1518 1016 2101 1054">Learning materials</th> </tr> </thead> <tbody> <tr> <td data-bbox="353 1054 703 1262">Sub CPMK 6</td> <td data-bbox="703 1054 1518 1262" rowspan="2">Nutritional Problems</td> <td data-bbox="1518 1054 2101 1262"> <ol style="list-style-type: none"> 1. Physiological Processes and Health Impacts of Wasting and Stunting 2. Physiological Processes and Health Impacts of Anemia and Hypercholesterolemia 3. Physiological Processes and Health Impacts of Obesity and Central Obesity </td> </tr> <tr> <td data-bbox="353 1262 703 1390">Sub CPMK 7</td> <td data-bbox="1518 1262 2101 1390"> <ol style="list-style-type: none"> 4. Biological and socio-economic factors of wasting and stunting </td> </tr> </tbody> </table>	Sub CPMK	Study Materials	Learning materials	Sub CPMK 6	Nutritional Problems	<ol style="list-style-type: none"> 1. Physiological Processes and Health Impacts of Wasting and Stunting 2. Physiological Processes and Health Impacts of Anemia and Hypercholesterolemia 3. Physiological Processes and Health Impacts of Obesity and Central Obesity 	Sub CPMK 7	<ol style="list-style-type: none"> 4. Biological and socio-economic factors of wasting and stunting 	
Sub CPMK	Study Materials	Learning materials								
Sub CPMK 6	Nutritional Problems	<ol style="list-style-type: none"> 1. Physiological Processes and Health Impacts of Wasting and Stunting 2. Physiological Processes and Health Impacts of Anemia and Hypercholesterolemia 3. Physiological Processes and Health Impacts of Obesity and Central Obesity 								
Sub CPMK 7		<ol style="list-style-type: none"> 4. Biological and socio-economic factors of wasting and stunting 								



	Sub CPMK8 Sub CPMK 10 and 11		<ol style="list-style-type: none"> 5. Biological and socioeconomic factors of anemia and hypercholesterolemia 6. Biological and socioeconomic factors of obesity and central obesity 7. Verses of the Qur'an or hadith that are relevant to the discussion of preventing problems of stunting, wasting, anemia, obesity, central obesity or hypercholesterolemia. 8. The magnitude of the community's nutritional problems and trigger levels
	Sub CPMK 9 Sub CPMK 12 and 13	<p>Nutritional Status Assessment</p> <p>Nutrition Program</p>	<ol style="list-style-type: none"> 9. Anthropometric nutritional status assessment, biochemical assessment of hemoglobin and blood cholesterol status 10. Nutrition intervention program 11. Wasting and Stunting Control Program 12. Anemia and Hypercholesterolemia Control Program 13. Obesity and Central Obesity Control Program
Library	Main :		
	<ol style="list-style-type: none"> 1. Buttriss, JL, Welch, AA, Kearney, JM, Lanham , SA (editors). <i>New Public Health Nutrition</i> . 2nd^{ed}. 2018. John Wiley & Sons, Inc. 2. https://www.litbang.kemkes.go.id/report-riset-kesehatan-dasar-risikesdas/, https://pusdatin.kemkes.go.id/ 3. Robert D. Lee, David C. Nieman. <i>Nutritional assessment</i> . 6th ed. 2013. Mc-Graw Hill. 4. Brown, JE, et.al. <i>Nutrition through the life cycle</i> . 4th ed. 2011. 5. Articles relevant and trusted journals 6. Ministry of Health of the Republic of Indonesia. <i>Balanced Nutrition Guidelines</i>. 2014 		



		7. WHO Physical Activity Recommendations 8. http://hukor.kemkes.go.id/uploads/produk_law/PMK_No_28_Th_2019_ttg_Angka_Sufficient_Gizi_Yang_Dianjurkan_untuk_Masyarakat_Indonesia.pdf 9. https://www.panganku.org/id-ID/beranda 10. Directorate General of Public Health Ministry of Health of the Republic of Indonesia. <i>Proceedings: WNPG XI Field 1: Improving Community Nutrition "Accelerating Stunting Reduction Through Revitalizing Food and Nutrition Security in Order to Achieve Development Goals</i> . 2019. Sinar Harapan Library. 11. Modules for each session					
		Supporters :					
		Books text base relevant physiology and pathology .					
Supporting lecturer		Dr. Febrianti, Dr. Ratri Ciptaningtyas, Yustiyani, MGz					
Subject condition		Anatomy physiology , pathology , biochemistry , basic epidemiology , basic AKK, biostatistics					
Week To-	Sub-CPMK (Final ability of each learning stage)	Evaluation		Learning Form (BP), Learning Methods (LMP), Student Assignments, [Estimated Time]		Learning materials [Library]	Weight Evaluation (%)
		Indicator	Techniques & Criteria	Offline	Online		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	Introduction all sub CPMK	Accuracy answer student about function nutrition health society , plan lectures and components mark end	Formative : Questions oral to student in a way random end session lectures	Listen to the overview, explanation of RPS, get group and listen explanation task each group For Session 2-7	-	Overview : knowledge nutrition , nutrition public health , function nutrition public health , related Islamic teachings nutrition and health RPS Explanation (List of references 1)	



2	subCPMK6 Able to explain the physiological process of occurrence, the health impacts of stunting, wasting, anemia, obesity, central obesity and hypercholesterolemia as well as the benefits of balanced nutrition guidelines in preventing the nutritional problems discussed (C3)	Accuracy explanation in accordance literature	Formative : observation moment presentation and questions answer in class straightened out what was wrong and redirected what was still not enough . Summative : PG UTS questions (value 0 - 100)	Collaborative learning. Students from designated group will presentation , responded to by the respondent must from the group that gets the same task , then by students from group other . To be continued with discussion deepening achievement competency and delivery of AKG and PGS by lecturers		Physiological Processes and Health Impacts of Wasting and Stunting (Reference no. 1, 3, 4,5,6,7,8,10)	50% of mid-term exam score
3	sub CPMK8 Able to explain the relationship between knowledge of verses of the Qur'an or hadith that are relevant to the discussion of preventing the problems of stunting, wasting, anemia, obesity, central obesity or hypercholesterolemia that are raised (C3)				Physiological Processes and Health Impacts of Anemia and Hypercholesterolemia (Reference no. 1,3, 4,5,6,7,8,10)		
4	Sub CPMK 7 Able to explain factor biological and social economy problems of stunting, wasting, anemia, obesity , obesity central or hypercholesterolemia based on connection between systematic review article with article original from				Physiological Processes and Health Impacts of Obesity and Central Obesity (reference no. 1,3, 4,5,6,7,8,10)	25% of mid-term exam score	
5	Sub CPMK 7 Able to explain factor biological and social economy problems of stunting, wasting, anemia, obesity , obesity central or hypercholesterolemia based on connection between systematic review article with article original from	Accuracy election article Accuracy explanation connection factor social economic and biological with problem nutrition discussed	Formative : observation moment presentation and questions answer in class straightened out what was wrong and redirected what was still not enough . Summative : PG UTS questions (value 0 - 100)	Collaborative learning. Students from designated group will presentation , responded to by the respondent must from the group that gets the same task , then by students from group other . To be continued with discussion deepening achievement competence led by lecturer		Biological and Socioeconomic Factors of Wasting and Stunting (reference no. 5)	25% of mid-term exam score
6	Sub CPMK 7 Able to explain factor biological and social economy problems of stunting, wasting, anemia, obesity , obesity central or hypercholesterolemia based on connection between systematic review article with article original from				Biological and Socioeconomic Factors of Anemia and Hypercholesterolemia (reference no.5)		



7	journal international Q1 and Q1, or journal national S1, S2 and S3 (C3)					Biological and Socioeconomic Factors of Obesity and Central Obesity (reference no.5)	
8	Sub CPMK 6,7, and 8			Exam write choice double		UTS	20% value end
9	Sub CPMK9 Able to do nutritional status assessment and determining prevalence of wasting, anemia, hypercholesterolemia, obesity, and obesity central in its class (P3)	1. Accuracy of steps do measurement of BB, TB, body fat percentage, circumference waist, circumference arm above, hemoglobin and cholesterol levels blood blood in accordance instruction in module practical work 2..Accuracy of interpretation of nutritional status based on results measurement 3. Accuracy calculation prevalence of wasting, anemia, hypercholesterolemia, obesity, and obesity central.	Formative : observation during practical work in progress Summative : value form fill individuals (35%) and reports results group practicum (35% of sub CPMK 8 value)	Explanation theory and demonstration practice by lecturer Student practice measure One Friend a group Measurement results written and interpreted in the form provided, Measurement results all individual in class collected, shared to all group, processed become prevalence data of nutritional status class and made the report in the ppoint file. Result form Work individuals and groups collected before session 10th started.		Anthropometry, Assessment of hemoglobin and cholesterol status blood (reference no. 3) and module practical work	20% value end
10	Sub CPMK 9 Able to do nutritional status assessment and determining	Able to do evaluation nutrition in the situation real at the	Report down field : value 100 if Can do, value maximum 80 if	Student down field together his group, according to directions in module down field, then make report results down field		Go to the Field to Health Center, Integrated Health	



	<p>prevalence of wasting, anemia, hypercholesterolemia, obesity, and obesity central in its class</p> <p>Sub CPMK 12</p> <p>Able to get information latest and accurate about the intervention program to problems of stunting, wasting, anemia, hypercholesterolemia, obesity, or obesity central in Indonesia (P2)</p>	<p>integrated health post or post office</p> <p>ability get information benefit results measurement at integrated health posts / integrated health posts for system surveillance health center, nutrition program and PTM program at health center</p>	<p>only help do measurement .(30% of sub CPMK 8 value)</p> <p>Evaluation formative</p> <p>For session 12: report benefit results measurement for health center</p>		<p>Service Post or Postal Service</p> <p>(reference : module) down field)</p>	
11	<p>Sub CPMK 10</p> <p>Able to obtain secondary data magnitude problem nutrition and information about method determination magnitude problems of stunting, wasting, anemia, hypercholesterolemia, obesity, and obesity central from source credible (P2)</p> <p>Sub CPMK 11</p> <p>Able to interpret quantitative data problem nutrition in a way appropriate according to trigger level or applicable standards (C3) .</p>	<p>Credible data sources, relevant data, information complete</p> <p>Interpretation appropriate using the applicable trigger level</p>	<p>Report Work Session 11</p>	<p>Student Work independent per group accompanied by a lecturer in class</p> <p>Work result collected in form report</p>	<p>Magnitude Community Nutrition Problems</p> <p>(reference no.2)</p>	<p>5% final value</p> <p>5% value end</p>



12	subCPMK12 Able to get information latest and accurate about the intervention program to problems of stunting, wasting, anemia, hypercholesterolemia, obesity, or obesity central in Indonesia (P2)	Information relevant and obtained from credible source	Evaluation formative to report Work Session 12	Student Work independent per group accompanied by a lecturer in class Work result collected in form report		Nutrition Intervention Program (reference no. 2)	
13	Sub CPMK 13 Able to determine connection between national programs related prevention of stunting, wasting, anemia, hypercholesterolemia, obesity, or obesity central with activity surveillance, integrated health posts, integrated health posts and nutrition program activities in the work area health center certain (C3).	Accuracy determination relatedness	Evaluation formative : observation presentation in class and giving feedback to making paper Evaluation summative in form paper (60-100)	Collaborative learning. Students from designated group will presentation, responded to by the respondent must from the group that gets the same task, then by students from group other. To be continued with discussion deepening achievement competence led by lecturer Students who get task topics discussed make paper based on current feedback presentation and questions answer. Papers are collected before exam end oral.		Wasting and Stunting Control Program	10% value end
14						Anemia and hypercholesterolemia control program	
15						Program for Control Obesity and Central Obesity	
16	subCPMK1 Able to apply knowledge regarding physiological processes the occurrence problem nutrition and impact health in simulation nutrition program planning and evaluation the community that is given subCPMK2 Able to apply knowledge about magnitude nutritional	Accuracy answer in exam oral	Exam oral to study One case Nutrition problems and programs in the work area health center	Exam oral done take turns per group with different cases For each group		Oral UAS	Sub cpmk1: 10% value end Sub cpmk 2: 10% value end Sub cpmk 3: 10% value end Sub cpmk 4: 5% value end



	<p>status problems and assessment in simulation nutrition program planning and evaluation the community that is given subCPMK3</p> <p>Able to apply knowledge about factor risks and guidelines nutrition balanced in simulation nutrition program planning and evaluation the community that is given subCPMK4</p> <p>Able to apply knowledge Islam in simulation nutrition program planning and evaluation the community that is given subCPMK5</p> <p>Show attitude honest , disciplined , independent , serious, and responsible answer in the process of learning in class and collecting assignment (S3)</p>					<p>Sub Cpmk 5: 5% of mark end</p>
--	--	--	--	--	--	---

9 LEARNING OUTCOME ASSESMENT PORTOFOLIO

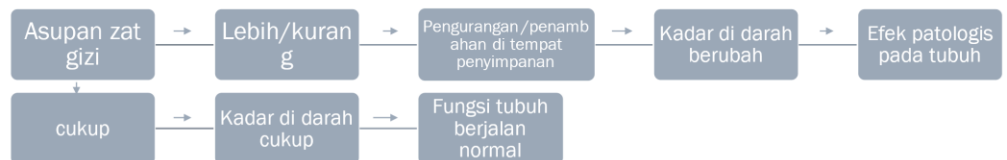
9.1 *Lecture Materials (Modules / Textbooks / Presentation Slides), Assignments , and Scenarios Learning*



Tugas untuk pertemuan 2,3 dan 4

SIT DOLOR AMET

Proses biologis malnutrisi dan dampak bagi kesehatan





Siapkan presentasi maks 30 menit

- 1. jelaskan zat gizi terkait, fungsi zat gizi tersebut dalam fungsi tubuh normal yang berjalan apabila malnutrisi **tidak** terjadi
- 2.jelaskan proses biologis sampai malnutrisi yang dibahas dapat terlihat kasat mata
3. jelaskan dampak malnutrisi bagi tubuh/kesehatan tubuh
4. Jelaskan pesan gizi Pedoman Gizi seimbang mana yang bermanfaat untuk mencegah malnutrisi yang kalian bahas
5. Jelaskan pemahaman terhadap ayat AQ atau hadist yang relevan dengan pembahasan pencegahan malnutrisi yang dibahas

-
- salah satu dari 3 kelompok dengan tugas yang sama akan presentasi, kelompok yang lain akan menjadi pemberi tanggapan utama untuk menyampaikan kesamaan dan perbedaan presentasi dengan hasil kerja kelompoknya.
 - mahasiswa dari kelompok lain diberi waktu untuk bertanya sehingga dapat mencapai target pembelajaran yaitu: mampu menjelaskan proses biologis malnutrisi dan dampaknya bagi kesehatan (stunting, wasting, anemia, obesitas, obesitas sentral dan hiperkolesterolemia)
 - **ulasan dari dosen (15 menit)**



Your best quote that reflects your approach... “It’s one small step for man, one giant leap for mankind.”

- NEIL ARMSTRONG

Distribution group : one class shared into 18 groups (@ 2 people)

3 groups will assigned studying wasting, 3 groups learn stunting, 3 groups studying anemia, 3 groups learn hypercholesterolemia , 3 groups learn obesity , 3 groups learn obesity central .

When looking at each other face in class , group presenting appointed on the spot , and 2 groups others who study same topic become Respondent must .

One student from other groups act as a moderator.

Lecture Materials (Modules / Textbooks / Presentation Slides), Lesson Plans Assignments , and Scenarios Learning

Tugas sesi 5-7

Perhatikan kualitas artikel berdasarkan desain penelitiannya



Figure 2.2 Hierarchy of epidemiological study design for establishing causality. SR: systematic review; RCT: randomised controlled trial.

Tugas:

1. Carilah kerangka teori atau kerangka pikir yang relevan dengan masalah gizi yang ditugaskan dalam artikel systematic review di jurnal yang berkualitas baik di <https://www.scimagojr.com/> dengan kata kunci *Framework*. Contoh: stunting framework
2. Pahami kerangka pikir yang ada melalui artikel tersebut agar kemudian kalian bisa menjelaskan di kelas
3. Carilah minimal 3 artikel asli dengan 3 desain penelitian berbeda (case control, cross sectional, dan cohort) untuk mendapatkan bukti dan penjelasan tambahan mengenai hubungan antara faktor biologis dan sosial yang telah ada pada poin 1. Artikel asli bisa dinyatakan berkualitas S1,S2 di <https://sinta.kemendikbud.go.id> atau Q1, Q2,Q3 di <https://www.scimagojr.com/>
4. Siapkan materi presentasi maksimal 30 menit dari hasil kajian kelompok untuk menjelaskan faktor-faktor biologis dan sosial ekonomi masalah gizi sesuai tugas masing-masing
5. Tuliskan informasi kualitas artikel yang digunakan dengan menuliskan (S1, S2, Q1, Q2, dll pada bagian belakang tiap artikel di slide daftar pustaka

Same as 3 sessions previously , still with the same group and with assignment problem same nutrition , distribution group : one class shared into 18 groups (@ 2 people) When face to face face in class , group presenting appointed on the spot , and 2 groups others who study same topic become Respondent mandatory . One student from other groups act as a moderator.



9.2 Rubric

RUBRIK PENILAIAN LAPORAN

Kelompok :
 Nama :
 Mahasiswa (NIM) :

Kriteria Penilaian	Nilai	Bobot Nilai	Bobot x Nilai
BAB 1. PENDAHULUAN			
Ditulis dengan baik, singkat dan menarik		15%	0
Memberikan pernyataan permasalahan dengan jelas tentang prioritas dan akar masalah dari perilaku yang akan diintervensi			
Menjelaskan keterkaitan antara masalah, alternatif solusi dengan intervensi dan signikansi dari intervensi yang dilakukan			
BAB 2. MANAJEMEN PENETAPAN ALTERNATIF SOLUSI DAN INTERVENSI			
Deskripsi dengan jelas tahapan dalam penetapan alternatif solusi dan setiap metode yang dipilih dalam manajemen intervensi		15%	0
Rasionalisasi pemilihan kegiatan			
BAB 3. HASIL DAN PEMBAHASAN			
3.1 Pelaksanaan Rencana Tindak Lanjut			
Kesesuaian alur dengan tujuan kegiatan		25%	0
Keterlibatan sumber daya masyarakat, lintas sektor dan stakeholder dalam pelaksanaan kegiatan intervensi			
Ketepatan penggunaan media komunikasi			
Ketepatan metode kegiatan intervensi berdasarkan tujuan kegiatan			
3.2 Evaluasi			
Kesesuaian kegiatan intervensi dengan tujuan dan rencana intervensi		20%	0
Kesesuaian pemilihan sumber daya berdasarkan bentuk kegiatan intervensi			
Ketepatan pemilihan metode evaluasi			
Ketepatan pelaksanaan evaluasi			
BAB 4. SIMPULAN DAN SARAN			
Ketepatan simpulan dalam menjawab tujuan		10%	0
Ketepatan saran yang diberikan dengan temuan yang ada dan kesesuaian sasaran atau target dari saran yang diberikan			
DAFTAR PUSTAKA DAN SISTEMATIKA PENULISAN LAPORAN			
Ketepatan penulisan daftar pustaka dan sitasi		15%	0
Tata tulis benar dan menggunakan bahasa yang benar dan baku			
Keautentikan naskah (bukan plagiasi)			
Ketepatan waktu mengumpulkan makalah			
TOTAL NILAI		0	



RUBRIK PENILAIAN PRESENTASI

Kelompok :
 Nama :
 Mahasiswa (NIM) :

NO	Komponen Penilaian	Kriteria	Rentang Nilai	Nilai
1	Organisasi	Sangat Baik: presentasi terorganisasi dengan baik, mampu menyajikan data dan fakta yang meyakinkan untuk mendukung kesimpulan	≥80	
		Baik: Presentasi sudah berfokus, dapat menyajikan sedikit data dan bukti dukung untuk menarik kesimpulan	60 - 79	
		Di Bawah Harapan: tidak ada organisasi yang jelas, penjelasan cenderung melompat, fakta yang digunakan sebagai bukti dukung tidak relevan	0-59	
2	Isi	Sangat Baik: isi akurat, lengkap, tepat, menarik minat audien.	≥80	
		Baik: isi secara umum memuaskan namun tidak lengkap. Audien dapat mempelajari beberapa fakta yang tersirat.	60 - 79	
		Di bawah harapan: isinya tidak kurat atau terlalu umum. Audien menangkap pesan yang salah.	0-59	
3	Gaya Presentasi	Sangat baik: Pembicara tenang, menggunakan intonasi yang tepat, berbicara tanpa bergantung pada catatan, berinteraksi intensif dengan audien dan selalu melakukan kontak mata	≥80	
		Baik: secara umum pembicara tenang namun berbicara dengan nada datar, cukup sering bergantung pada catatan atau power point. Kadang ada kontak mata namun lebih banyak mengabaikan audien	60 - 79	
		Di bawah harapan: pembicara cemas dan tidak nyaman, membaca berbagai catatan, mengabaikan audien, dan tidak ada kontak mata dengan audien karena terlalu banyak membaca catatan atau power point	0-59	
4	Argumentasi	Sangat Baik: Argumen logis, dasar teori relevan, ada data dukung, menjawab masalah secara spesifik	≥80	



			Baik: Argumen kurang logis, ada dasar teori dan data dukung, namun tidak mampu mengaitkan antara teori dengan data.	60 - 79	
			Di bawah harapan: Argumen tidak logis, dasar teori tidak relevan, tidak ada data dukung	0-59	
5	PPT (Alat Bantu Presentasi)		Sangat Memuaskan: tayangan gambar menarik dari aspek desain, animasi, penataan gambar dan warna. PPT dinamis dan inspiratif serta diorganisasikan dengan sistematis, tidak memuat terlalu banyak tulisan	≥80	
			Memuaskan: tayangan gambar menarik dari aspek desain, ada gambar, namun penataan materi belum sistematis.	60-79	

9.3 Assessment

9.3.1 Preparation

Evaluation formative done with observation moment moment presentation and questions answer in class. *Feedback* to student given directly in class moment discussion or after discussion class closed by moderator. Evaluation summative for sub CPMK 6 with question choice double exam mid- semester with 15 questions following:

No	Question items	Alternative answer
1	Correct statement :	a. A person who experiences hypercholesterolemia Certain have a BMI above normal b. A person who experiences obesity level 2 for sure experience hypercholesterolemia c. Someone who experiences obesity central Certain experience hypercholesterolemia d. A person who experiences hypercholesterolemia Certain own circumference belly above normal
2.	In individuals who experience obesity happen increase body weight at an abnormal level caused by the accumulation of fat in the body body . One of the impact direct from the presence of excess fat in blood is :	a. Atherosclerosis b. Cirrhosis c. Diabetes Mellitus d. Anemia
3.	Activity sufficient physical required For maintain normal weight . Activity physique it is said enough , except	a. 50 minutes exercise with intensity currently as much as 3 times a week b. Minimum 5 minutes / day for 7 times a week c. Minimum 30 minutes / day for 5 times a week



		d. 3 times a day for 10 minutes or 2 times a day for 15 minutes for 5 times a week
4.	Why do activity minimum physical level moderate can routinely prevent hypercholesterolemia ?	a. Burning body fat stores . b. Increase LDL levels in blood . c. Improve HDL levels in blood . d. Prevent increasing intake cholesterol
5.	Correct explanation about benefit do weighing weight :	a. Can prevent wasting if done periodic for example at least one month very b. Can prevent wasting if to be continued with action act the right continuation c. Not useful For prevent stunting in the fetus If carried out by teenagers daughter d. Not useful For prevent obesity child If done by men age fertile
6.	Recommendations limit salt intake in guidelines nutrition balanced , if run by a woman age fertile will :	a. Prevent it give birth to children who are LBW because obesity b. Prevent it give birth to children who are LBW because hypertension c. Not related with prevention birth stunted child d. Not related with prevention birth wasting child
7.	The low protein levels in blood , body protein production is below normal, production metabolit immunity the body below , and the occurrence of edema is the condition called as	a. Marasmus b. Kwashiorkor c. Anemia d. Stunting
8.	Substance nutrition that must be fulfilled in mother pregnant so that stunting does not occur occurs in the fetus :	a. Source energy b. Protein c. Vitamins and minerals d. All the answer above Correct
9.	Correct explanation about connection between stunting and wasting:	a. Disadvantages energy in wasting, if Keep going to be continued will causes stunting b. Protein deficiency in stunting will cause wasting c. Iodine vitamin deficiency in wasting will causes stunting d. Disadvantages substance iron in stunting will cause wasting
10.	Unfulfilled nutrition in KEK adolescents has impact term long that is :	a. Risk give birth to low birth weight baby b. Weak , tired , lethargic c. Anemia d. Vulnerable caught disease infection
11.	Following is messages Balanced Nutrition Guidelines that can prevent the occurrence of Stunting, except ...	a. Get used to it consumption protein-rich side dishes tall b. Wash hand use soap and running water c. Get used to it consumption diverse food main d. Get used to it drink enough and safe water
12.	A child new known experiencing stunting at the age of 3 years , is it? Still Possible improve nutritional status return become normal/ not stunted?	a. maybe Because growth bone Still happen until 18 years old b. maybe caught up in his teenage years whatever the level of stunting c. very difficult Because the growth that fast happened in 1000 days First life



		d. no Possible Because growth fast only happened in 1000 days First his life
13.	What function of Vitamin B12 and Folic Acid in anemia prevention ?	<ul style="list-style-type: none"> a. Functioning as blood plasma booster b. Functioning in protein breakdown for hemoglobin formation c. Functioning as substance hemoglobin builder d. Functioning as substance builder erythrocytes .
14.	The most appropriate explanation Why teenagers who have KEK big risk also for having anemia:	<ul style="list-style-type: none"> a. Teenagers who experience KEK weak tired and lethargic b. Teenagers who are at risk of KEK experience protein deficiency c. KEK occurs consequence lack substance iron d. KEK causes body No produce ferritin
15.	A person who has anemia tends to often feel weak and lethargic . Symptoms the appear in connection Function of Fe in :	<ul style="list-style-type: none"> a. Neurotransmitter synthesis b. Formation enzyme c. Transportation Oxygen d. Improve system immune

Evaluation summative for sub CPMK 8 is implemented with Essay questions with 2 alternatives , each student get 1 question in a way random when exam .

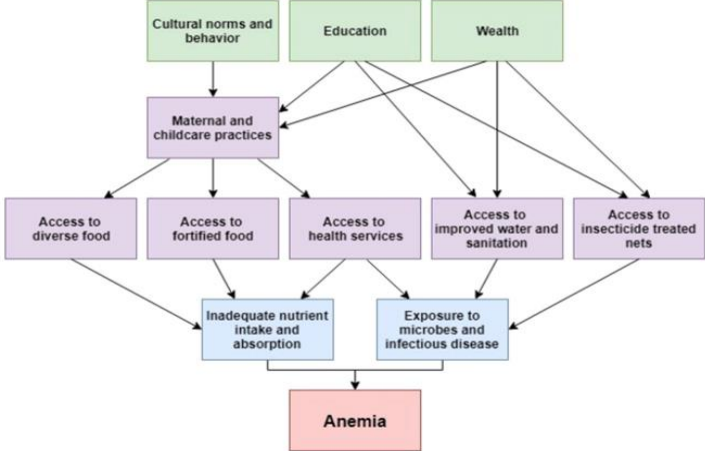
Because is as following :

Alternative no	Question
A	<p>When you read translation paragraph following :</p> <p>Hi everyone Humans , eat halal again Good from what is on earth , and do not You follow steps devil ; because indeed devil That is the real enemy for you . (QS. Al-Baqarah verse 168)</p> <p>Explain connection paragraph the with problem obesity central , wasting, and hypercholesterolemia and explain the 3 things that have been or will You do For answer call in paragraph the .</p>
B	<p>“And let people be afraid to Allah, if if they leave children they in condition weak , which they worry about to welfare them . Therefore that , they be pious and fearful to the Almighty God big .” (QS. an-Nisaa' : 9)</p> <ul style="list-style-type: none"> a. Explain connection the verse above with message Balanced Nutrition Guidelines For prevent wasting, stunting and anemia problems b. Explain 3 things that have happened or You do For answer call in paragraph the .

Evaluation formative to quality selected journal as reference, relevance articles and sections from selected articles For delivered, and accuracy understanding to Contents article. *Feedback* to student given at the time ask answer or after time

ask answer class closed. Evaluation summative done with 2 packages alternative (package A and B) questions choice double in UTS. Each student will get 1 package of sola random moment exam implemented. The questions will be given is as following :

Package A

No	Question items	Alternative answer
<p>Questions 16-20 are related with charts and text following :</p> <p>Fig. 1 Theoretical framework for predictors of anemia</p> 		
16.	Risk factors for anemia that can intervened power public health in a way direct in the chart above is is :	<ul style="list-style-type: none"> a. cultural norms b. education c. wealth d. maternal and child wealth
17.	Explanation about How the most appropriate factor for access to fortified food For describe its influence against anemia in the chart above is :	<ul style="list-style-type: none"> a . fortified foods substance iron and acid folat will reduce exposure against disease agents infectious b. access to fortified foods with substance iron and acid folat will increase immunity c. access to fortified foods with substance iron and acid folat will increase intake both of them d. fortification food with substance iron and acid folat will always can reduce prevalence of anemia
18.	Drinking water origin factor in results research in table following can explain factors in chart framework theory obesity above :	<ul style="list-style-type: none"> a. access to improved water b. access to sanitation c. access to insectides treated net d. exposure to microbes and infectious disease

Variables	Anemic n (%)	Non-anemic n (%)	OR (95%CI) ^(a)	p-value
Gender				
Female	17 (42.5)	185 (50.1)	1	
Male	23 (57.5)	184 (49.9)	0.8 (0.5-0.1)	0.20
Household situation				
Urban	04 (10.0)	67 (18.2)	1	
Rural	36 (90.0)	302 (81.8)	0.7 (0.4-1.1)	0.08
Condition in the Family				
Child	37 (92.5)	333 (90.2)		
Grandchild/other relative	03 (7.5)	36 (9.8)	0.4 (0.2-0.9)	0.02
Householder has an income				
No	09 (22.5)	75 (20.4)	1	
Yes (working, retired)	31 (77.5)	293 (79.6)	0.7 (0.4-1.1)	0.13
Householder working situation				
Employed	13 (32.5)	128 (35.4)	1	
Autonomous	18 (45.0)	149 (41.2)	0.9 (0.6-1.5)	0.90
Tenant farmer, others	09 (22.5)	85 (23.5)	1.6 (0.9-2.7)	0.05
Poverty according to UNDP ^(b)				
No	03 (8.3)	64 (20.4)	1	
Yes	33 (91.7)	250 (79.6)	0.67 (0.40-1.12)	0.124
Drinking water origin				
Public network or artesian well	17 (42.5)	124 (33.7)	1	
Shallow well or cistern	05 (12.5)	100 (27.2)	0.7 (0.4-1.1)	0.14
Dam, stream or water source	18 (45.0)	144 (39.1)	0.6 (0.4-0.9)	0.03

Zanin, F. H. C., Da Silva, C. A. M., Bonomo, É., Teixeira, R. A., De Jesus Pereira, C. A., Dos Santos, K. B., Fausto, M. A., Negrão-Correa, D. A., Lamounier, J. A., & Carneiro, M. (2015). Determinants of iron deficiency anemia in a cohort of children aged 6-71 months living in the northeast of Minas Gerais, Brazil. PLoS ONE, 10(10), 1-14. <https://doi.org/10.1371/journal.pone.0139555>

19. Correct statement from table “Determinants of iron deficiency anemia in a cohort of children aged 6-71 months...” above is :

- a. child gender factor relate with anemia
- b. working status self-employed relate with anemia
- c. poverty status relate with anemia
- d. conditions in the family relate with anemia

20. Correct statement from table “Determinants of iron deficiency anemia in a cohort of children aged 6-71 months...” above is :

- a. child from family whose source of drinking water is water flow from the dam or risky springs more big suffer from anemia compared to with drinking water source other .
- b. child from family whose source of drinking water is water flow from the dam or risky springs more small suffer from anemia compared to with public water well .
- c. child from man at risk more low experiencing anemia compared to child from Woman
- d. his parents who only look after child Alone at risk more big suffer from anemia compared to those who also take care of other people's children.

Package B

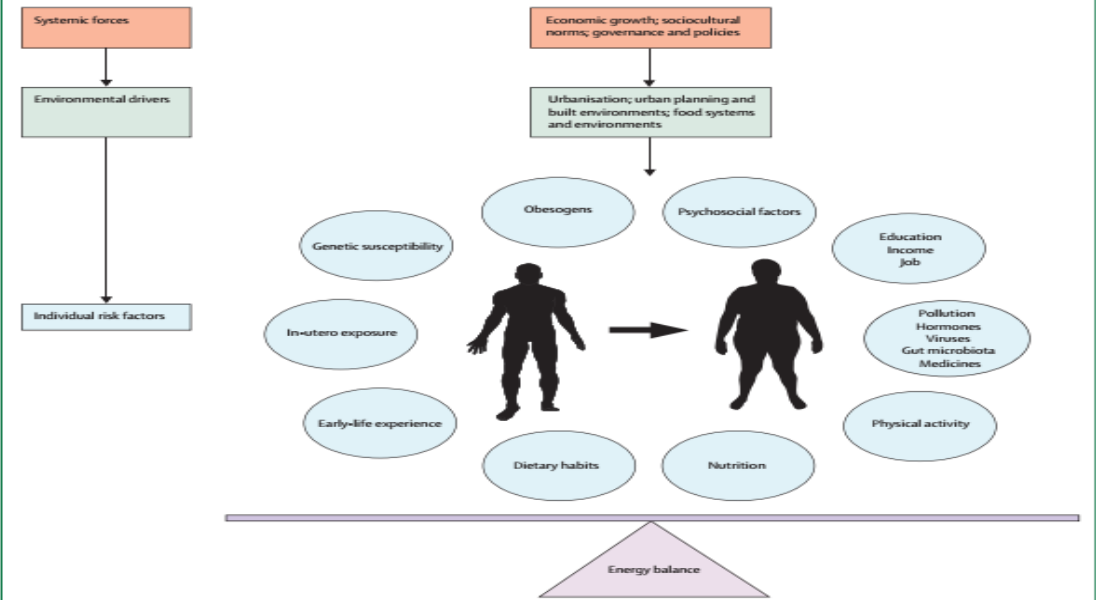
No	Question items	Alternative answer
<p>Questions 16-20 are related with charts and text following :</p>		
 <p>The diagram illustrates the determinants of obesity in China. It is structured as follows:</p> <ul style="list-style-type: none"> Systemic forces (orange box) lead to Environmental drivers (green box), which then lead to Individual risk factors (blue box). Economic growth; sociocultural norms; governance and policies (orange box) lead to Urbanisation; urban planning and built environments; food systems and environments (green box). Individual risk factors include: Genetic susceptibility, In-utero exposure, Early-life experience, Dietary habits, Nutrition, Psychosocial factors, and Physical activity. Environmental drivers include: Obesity, Psychosocial factors, Education, Income, Job, Pollution, Hormones, Viruses, Gut microbiota, Medicines. Energy balance is shown at the bottom, represented by a balance scale. 		
16.	Risk factors obesity that is not can intervened in the chart above is is :	<ul style="list-style-type: none"> a. growth economy b. urbanization c. pollution d. genetics
17.	Explanation in utero exposure factors in most likely chart is :	<ul style="list-style-type: none"> a. lack or excess substance nutrition experienced by the fetus b. exposure substance pollution moment fetus c. inheritance amount cell adipose from parents d. exposure pattern consumption Mother to fetus
18.	Research result table 2 below can explain factors in chart framework theory obesity above :	<ul style="list-style-type: none"> a. economic growth b. built environment c. job d. income

	Table 2. Adjusted ORs (95% CIs) of obesity (BMI ≥ 25 kg/m ²) and abdominal obesity (waist circumference >90 cm for men, >80 cm for women) by educational and income level in men and women							
	Men				Women			
	Obesity		Abdominal obesity		Obesity		Abdominal obesity	
	Crude OR	Adjusted OR	Crude OR	Adjusted OR	Crude OR	Adjusted OR	Crude OR	Adjusted OR
Income ($\times 10^4$ won)*								
<100	1	1	1	1	1	1	1	1
100 to 199	1.61 (1.33 to 1.93)	1.23 (0.99 to 1.54)	1.31 (1.07 to 1.59)	1.16 (0.91 to 1.48)	0.99 (0.85 to 1.15)	1.43 (1.19 to 1.73)	0.65 (0.57 to 0.75)	1.08 (0.91 to 1.30)
200 to 299	1.88 (1.50 to 2.35)	1.37 (1.04 to 1.81)	1.40 (1.10 to 1.78)	1.38 (1.03 to 1.86)	0.75 (0.61 to 0.91)	1.06 (0.82 to 1.36)	0.56 (0.46 to 0.67)	0.95 (0.75 to 1.20)
≥ 300	2.09 (1.59 to 2.74)	1.65 (1.18 to 2.32)	1.56 (1.16 to 2.10)	1.37 (0.94 to 1.98)	0.66 (0.51 to 0.86)	1.11 (0.81 to 1.53)	0.46 (0.36 to 0.58)	0.92 (0.68 to 1.24)
<i>p</i> for trend	<0.0001	<0.005	0.0038	<0.05	<0.0001	NS	<0.0001	NS
Education (years)								
≤ 6	1	1	1	1	1	1	1	1
6 to 12	1.68 (1.36 to 2.08)	1.27 (0.95 to 1.68)	1.68 (1.36 to 2.08)	1.39 (1.04 to 1.85)	0.66 (0.57 to 0.76)	0.73 (0.58 to 0.91)	0.40 (0.35 to 0.45)	0.65 (0.53 to 0.81)
≥ 13	1.73 (1.37 to 2.18)	1.25 (0.89 to 1.77)	1.73 (1.37 to 2.18)	1.32 (0.91 to 1.90)	0.27 (0.21 to 0.34)	0.38 (0.27 to 0.54)	0.15 (0.12 to 0.18)	0.35 (0.26 to 0.49)
<i>p</i> for trend	<0.0001	NS	<0.001	NS	<0.0001	<0.001	<0.0001	<0.005

Adjusted ORs were determined by multiple logistic regression analysis after adjusting for age (continuous), area of residence, smoking status, alcohol intake, moderate exercise, marital status, fat intake/total energy intake, and income level or education level. OR, odds ratio; CI, confidence interval; NS, not significant.

* Won, Korean currency.

Yoon, Y. S., Oh, S. W., & Park, H. S. (2006). Socioeconomic status in relation to obesity and abdominal obesity in Korean adults: a focus on sex differences. *Obesity*, 14(5), 909-919.

- | | | |
|-----|--|---|
| 19. | Correct statement from Table 2 Socioeconomic status in relation to obesity and abdominal obesity in Korean adults: a focus on sex differences: | <ul style="list-style-type: none"> a. increasingly tall income the more big risk experience obesity in men b. increasingly tall income the more big risk experience obesity in women c. increasingly low income the more big risk experience obesity in men d. increasingly low income the more big risk obesity in men and women |
| 20. | Correct statement from Table 2 Socioeconomic status in relation to obesity and abdominal obesity in Korean adults: a focus on sex differences: | <ul style="list-style-type: none"> a. increasingly low education the more big risk experience obesity central in men b. increasingly low education the more big risk experience obesity central in women c. increasingly low education the more big risk experience obesity central in men and women d. a, b, c are all wrong |

Value of each student against 3 CPL in subject This is as following :

Name	CPL 11	CPL13	CPL04	mark end	Letter
TAZKIYATUL MUTHIAH	80.33	78.00	74.25	75.70	B
SAFIRA MULYANINGSIH	85.67	78.00	78.38	80.55	A
RATNA SARI	68.00	78.00	76.25	69.10	C
PASHA FAUZIYAH LABRII GAVRILLA	82.50	80.00	77.25	78.40	B
SITI RAHMA MAULIDA	87.67	80.00	78.92	82.17	A

THE PRINCESS OF AYUNING	80.17	80.00	78.88	77.65	B
SARAH RAMADHONA	80.83	80.00	77.88	77.65	B
REZA DWI KURNIA	83.17	0.00	0.00	39.90	E
RESTY NOOR FITRIA	81.83	78.00	75.13	76.95	B
NUR AFIVA	82.67	78.00	76.28	77.91	B
NOFI ANDRIYANI	82.00	78.00	76.25	77.50	B
THE SONGS OF ZAHIRA GUSTIARA	85.50	74.00	76.50	79.30	B
NABILA PRINCESS AULIA	82.00	78.00	77.50	78.00	B
ADINDA FEBRIANTI UTAMI	83.00	80.00	76.89	78.56	B
AHIRNA, THE PRINCESS OF ARITONANG	84.33	77.00	78.92	79.87	B
AHMAD ZAKI KHOERUL INSAN	80.00	74.00	76.13	76.85	B
ASTARINA FAJARIAN	82.83	80.00	79.46	80.48	A
THE END OF THE END	88.83	80.00	78.58	82.73	A
FARA DILLA	84.00	78.00	73.75	77.70	B
FARAHSYIFA KHAIRUNISA	86.67	78.00	76.13	80.25	A
THE MOST BEAUTIFUL ONE	86.50	78.00	76.50	80.30	A
LYNNAWATI WULANDARI	82.00	78.00	73.94	76.58	B
THE BEAUTIFUL EMPRESS OF PALENDANG	82.83	78.00	71.88	76.25	B
MAULIDA NUR AZIZAH	79.67	80.00	77.25	76.70	B
MEUTHIA SALSABILLA IRENE	85.33	85.00	78.94	81.28	A
DINDA JAMILATUNNISA	84.67	78.00	76.53	79.21	B
FIRDA MAWADDAH SYARIF	87.17	78.00	75.88	80.45	A
NURFAZRIAH	73.00	74.00	75.75	72.50	B
QUEEN ANISATUN NABILAH	81.00	78.00	76.96	77.18	B
DIVA MUHAMMAD ALVIANSYAH	87.67	74.00	77.75	81.10	A

Haidar Rifqi Albadii	89.17	80.00	78.67	82.97	A
Maya Audina	86.67	80.00	76.96	80.78	A
Natasha Mashita	90.17	78.00	72.75	81.00	A
Syifa Khairunnisa Almyranthi	85.00	80.00	78.38	81.35	A
Destri Evi Safitri	86.50	78.00	77.50	80.70	A
Diana Fahrunezza	90.00	74.00	76.75	82.10	A
Efa Nurmaulidha	87.00	80.00	74.00	79.80	B
Fadil Habibie Rachman	78.67	80.00	77.29	76.12	B
Beautiful Lupianty	84.17	74.00	74.75	78.80	B
Isma Amalia Wildhani	83.00	80.00	75.83	78.13	B
Ismawati	80.67	78.00	77.54	77.22	B
Jihan Sakinah Princess	83.17	77.00	80.58	79.83	B
Special to Adinda Aprina	92.17	80.00	76.08	83.73	A
Larasati Dwi Azhari	82.33	80.00	76.31	77.92	B
Maurinisa Azahra	87.83	80.00	76.13	81.15	A
Muhammad Al-Faith	86.33	80.00	76.63	80.45	A
Muhammad Fawwaz Dhiyaulhaq	88.00	80.00	76.19	81.28	A
Mutia Syifa Komairoh	87.33	80.00	76.63	81.05	A
The Prophet of Nur Hasanah	85.00	80.00	79.25	80.70	A
Nadira Aini Fatinaya	88.17	80.00	77.67	81.97	A
My Woman	84.67	80.00	78.04	81.02	A
Average value	84.08	77.00	75.27	78.37	

Seen that on average, the third CPL value in subject This has been above 70 , which means the learning process has succeed deliver majority student achieve the charged CPL in subject .



9.4 Evaluation

Evaluation CPMK achievement in subject This consists of 3:

CPMK1 Able to apply knowledge about magnitude problem, physiological process occurrence, impact health factors risk , guidelines nutrition balanced , nutritional status assessment, prevention program problem nutrition and knowledge Islam related programs in situations nutrition community in the work area health center certain (C3) CPMK2 Has knowledge base For analyze situation nutrition public CPMK3 Has knowledge about nutrition program public. **The success of CPMK 1**, if seen from average value of all subCPMK the compiler is as The following is as following :

Sub CPMK	Average value
1	77.56
2	71.23
3	77.25
4	78.03
5	95.93

All sub CPMKs are on average already above 70, then can said to be a learning process Already succeed deliver student achieve CPMK 1. **For CPMK 2**, still There is there are sub CPMKs that have not been achieve the target as in the table as follows :

Sub CPMK	Average value
6,7,and 8	61.81
8	79.54
9	91.59
10 and 11	98.82

Value entry per subCPMK has not been done moment check the UTS, so that its value Still mark combination for 3 sub CPMK: 6, 7 and 8. However Because There is mark subCPMK 8 which is essay questions , so that its value has entry separate , then can concluded that the sub CPMK whose value is Not yet reaching 70 are sub



CPMK 6 and 7. The learning target was not achieved in these 2 sub CPMK in accordance with learning process notes . Efforts to ask for student make paper after meeting in class , not yet succeed direct student For repair its value . Students Not yet Can independent add understanding in the material learning What is written? in paper No Far different with what they convey in a way oral at meetings 2-7. **For CPMK 3**, students on average already reach value above 70 , as following :

Sub CPMK	Average value
12	80.57
13	77.00

Evaluation and feedback come back from Student. Student representative convey that plan learning has delivered with good. Material and method evaluation considered has transparent and appropriate what happened. No There is input for repair from student representatives.

Evaluation and feedback come back from lecturer peer. Need There is repair in the learning process mechanism physiological Because material learning the one that feels the lowest his achievements moment exam end.

Reflection (assessment) self) lecturer:

1. Design learning in a way general Already give chance all student involved active in class. Division changing group after UTS (jigsaw) push student each other cooperate in a way maximum inside group small old and group small new . In addition, the plenary session in class allow cooperation between group small achieve learning targets in class.
2. Balanced Nutrition Guidelines and Nutritional Adequacy Figures as Material form intervention general in Public Health Nutrition it is necessary added to the overview at meeting 1. It was not explained matter the in meeting 1 make student No own base do assignments at meetings 2-4.
3. In the discussion material in meetings 2-7, lecturer need more Lots time add explanation for learning targets achieved.
4. In the discussion material learning before the midterm exam lecturer need exemplify connection material discussion with example program, as



information beginning for students. It is expected when their session 16 more easy link it up with case planning and evaluation of the programs provided.

5. Need answer entry students per number questions in the mid-term exam, so that allow For evaluate achievement learning student more detail.
6. Due to inaccuracy in calculation, creation there are mid-term exam questions deviation from design initial, weight realized value become changed: 30% of sub CPMK 8; 52% of subCPMK 6, and 18% of subCPMK 7. Need customized For year front.

RPS no need revised in a way macro, only need changes at meetings 1-4:

1. 1st Meeting / Giving outlook beginning For prepare all Sub CPMK. What is needed fixed is from side material learning. Need added AKG and PSG material more details, material Islam reduced the slides.

2. Meeting 2-4 / Sub CPMK 6 and 8

What is needed done is remove material study Islam in task presentation. Study material Islam given in task making paper only, written feedback is given to all group before exam end. Repair in the necessary learning process done is more the amount lecturer give explanation mechanism physiological and impact health so that learning targets Can achieve.

3. Meeting 3-7 /Sub CPMK 7

What is needed fixed is the learning process in class: lecturer need request presenter For explain each factor in the framework in class through moment presentation taking place. If one group No Can explain, 2 groups other requested follow explain.

10. Management & implementation mechanism of curriculum

10.1 Learning System

10.1.1 Basic Definition

Some basic definitions used in the semester credit system are explained below. A semester is the smallest unit of time used to express the duration of an educational program's teaching and learning process. The organization of a complete educational program from start to finish will be



divided into semester-based activities, so at the beginning of each semester, students must plan their learning activities for that semester. One semester is equivalent to approximately 16 (sixteen) working weeks of learning activities and concludes with a final semester examination. One academic year consists of two regular semesters: the odd and even semesters. Semester Credit Units / *Unit Semester Credit* (SKS) are units used to indicate:

1. The amount of student study load.
2. The recognition of students' learning efforts.
3. The effort required by students to complete a program, whether it's a semester-based or full program.
4. The effort required for educational delivery by the instructors.

Courses Load is the number of credits taken by a student in a particular semester. At the same time, Cumulative Study Load is the minimum number of credits that a student must complete to be considered as having completed a specific study program. Cumulative study time is the maximum time limit that a student must adhere to in completing their studies in an educational program. The minimum and maximum cumulative study loads for the Bachelor of Public Health Study Program are set at 150 credits (236.21 ECTS), respectively, scheduled for an eight-semester study period and a maximum of 14 semesters. One SKS (Semester Credit Unit) of lecture activity is determined to be equivalent to the study load for each week of a semester, consisting of the following three activities:

1. One hour (50 minutes) of face-to-face interaction.
2. One hour (60 minutes) of structured assignments.
3. About one hour (48-57 minutes) of independent work.

One SKS (Semester Credit Unit) seminar activity is primarily based on lecture activities (item 1). The number of references used and summarized for presentation in front of the forum is a minimum of 3 (three) titles, depending on the weight of the references. One credit of laboratory



practical activity is determined to be equivalent to a study load of about 170 minutes of scheduled laboratory work, accompanied by:

1. The course instructor planned 1-2 hours of structured activities, including discussions, seminars, literature studies, laboratory/field research, and participation in an institution.
2. 1-2 hours of independent activities, including searching for books/journals in other libraries, preparing research, and writing the thesis/final assignment.

The learning process is conducted using student-centered learning (SCL) methods, which are adapted according to the policies of each study program, including problem-based learning, role play, simulation, mini-lectures, e-learning, and group discussions.

10.1.2 Student Registration

Every student admitted and registered at UIN Syarif Hidayatullah Jakarta is required to be familiar with the academic program they are enrolled in. Therefore, every student must carry out the following:

10.2 Re-registration and Study Plan Submission

At the beginning of each semester, students are required to complete re-registration and submit their study plans through the Academic Information System (AIS). Failure to do so will result in the student's status being changed to "Non-Active," and their rights as a student for that semester will not apply. To be able to attend classes in the following semester, the student must re-register by fully settling their financial obligations for the current semester and any outstanding debts from previous semesters. The semester in which a student's status is "Non-Active" will still be counted as part of their overall study duration. e-RS (Electronic Study Plan) submission is subject to the following conditions:

- a. Students in their first semester (semester I) are only allowed to take courses designated for that semester. Students in subsequent semesters can take courses as specified.
- b. Students must pay attention to mandatory and elective course groups.



- c. Sequential or prerequisite courses must be taken in the prescribed order.
- d. The number of courses and their corresponding credit load must adhere to the applicable regulations, taking into consideration the semester's grade point average and the maximum allowable credit load.
- e. Students are allowed to take cross-disciplinary courses within the university as long as the course content, nomenclature, course codes, and alignment with the discipline packages of the student's program of study are met.
- f. Throughout their academic journey, students must re-register and submit a Study Plan each semester (including thesis/dissertation and selecting an academic advisor for each semester)

10.3 Change of Study Plan

According to the academic calendar, changes, substitutions, and course cancellations can be made during the e-RS input schedule. Suppose the Academic Advisor has validated the e-RS, but the student wishes to change or cancel courses. In that case, the process can be carried out after approval by the Academic Advisor as long as the e-RS input schedule has not been closed.

11 Closing

In sum up, this curriculum still needs improvement in the future. Therefore, we really hope for constructive criticism and suggestions for the perfection of this curriculum. Finally, hopefully this curriculum book can be useful for all academicians, and be a useful reference in educating the next .