

DAFTAR PUSTAKA

- Aksoy, L. and Alper, Y. 2019. The Effects of Royal Jelly on Oxidative Stress and Toxicity in Tissues Induced by Malathion, an Organophosphate Insecticide. *Journal of the Hellenic Veterinary Medical Society*. Vol.70. No.2. pp. 1517–1524. Available at: <https://doi.org/10.12681/jhvms.20827>.
- Al-Okbi, S.Y. and Al-Siedy, E.S.K. 2022. Anticancer, Antioxidant, and Antihyperlipidemic Effects of Royal Jelly. *Journal of the Arab Society for Medical Research*. Vol.17. No.1. pp. 68–76. Available at: <https://doi.org/10.4103/jasmr.jasmr>.
- Antari, A.L. 2017. *Immunologi Dasar*. 1st edn.
- Anwar, F. et al. 2018. Food Consumption and Improving Iron Deficiency Anaemia among Women Workers at Tea Plantation in Pengalengan-Bandung.
- Arif, M., Yustisia, I. and Padlihanah. 2020. The Combination From Ethanol Extract of Moringa Leaves (*Moringa oleifera* L.) and Ethanol Extract of Papaya Leaves (*Carica papaya* L.) Slows The Tumor Growth in Sprague Dawley Rats Induced. Vol.7. No.12-dimethylbenz(a)anthracene', *Medicina Clinica Practica*, 3, p. 100100. Available at: <https://doi.org/10.1016/j.mcpsp.2020.100100>.
- Arora, S. Arora, S. Signifikansi Nutrisi dan Potensi Terapeutik Kelor Tanaman ajaib.J. *Biokimia Pangan*. 2021. 45. e13933.
- Asadi, N. et al. 2019. Effect of Royal Jelly on Testicular Antioxidant Enzymes Activity, MDA Level and Spermatogenesis in Rat Experimental Varicocele Model. *Tissue and Cell*. Vol. 57. pp. 70–77. Available at: <https://doi.org/10.1016/j.tice.2019.02.005>.
- Astuti, A. et al. 2021. Pengaruh Pemberian Madu Terhadap Berat Badan Dan Kadar Malondialdehyd Pada Ibu Hamil Dengan Anemia. *Jurnal Keperawatan Muhammadiyah*. Vol.6. No.3. Available at: <https://doi.org/10.30651/jkm.v6i3.8600>.
- Ayu, A., Hadju, V. and Aryadi, A. 2020. The Effect of Moringa Oleifera Leaf Plus Royal Jelly Supplementation on Body Weight and Haematocrit Level in Anaemic Pregnant Women at Puskesmas Polongbangkeng Utara, Takalar Regency.
- Babiker, E.E. et al. 2021. Effect of Partial Replacement of Alfalfa Hay With Moringa Species Leaves on Milk Yield and Composition of Najdi ewes. *Tropical Animal Health and Production*. Vol.48. No.7. pp. 1427–1433. Available at: <https://doi.org/10.1007/s11250-016-1111-9>.
- Bakir, M. and Ozhan, T. 2023. The Role of Royal Jelly on Exhaustive Exercise-Induced Oxidative Stress. *Türk Doğa ve Fen Dergisi*. Vol.12. No.2. pp. 1–7. Available at: <https://doi.org/10.46810/tdfd.1205005>.

- Bhalchandra, W. Alqadhi, Y.A. and Ninawe, A.S. 2018. Ameliorative Role of Bee Honey and Royal Jelly Against Cisplatin Induced Alteration in Hematological Parameters in Male Wister Albino Rat. *International Journal of Pharmacy and Pharmaceutical Sciences*. Vol.10. No.4. p.110. Available at: <https://doi.org/10.22159/ijpps.2018v10i4.23153>.
- Chea, N. et al. 2023. Prevalence of Undernutrition Among Pregnant Women and its Differences Across Relevant Subgroups in Rural Ethiopia: a community-based cross-sectional study. *Journal of Health, Population and Nutrition*. Vol.42. No.1. pp. 1–10. Available at: <https://doi.org/10.1186/s41043-023-00358-6>.
- Christijanti, W. et al. 2022. The Effect of Moringa Leaf Extract on Hyperglycemic Rat Liver Function. *Biosaintifika*. Vol.14. No.2. pp. 279–284. Available at: <https://doi.org/10.15294/biosaintifika.v14i2.35431>.
- Coffey, D. and Geruso, M. 2018. Sanitation, Disease, and Anemia: Evidence From Nepal. pp. 1–37.
- El-Tarabany, M.S. 2018. Effect of Royal Jelly on Behavioural Patterns, Feather Quality, Egg Quality and Some Haematological Parameters in Laying Hens at The Late Stage of Production. *Journal of Animal Physiology and Animal Nutrition*. Vol.102. No.2. pp. e599–e606. Available at: <https://doi.org/10.1111/jpn.12801>.
- Fitri, I. and Wiji, R. N. 2018. Asupan zat gizi makro dan kenaikan berat badan selama hamil terhadap luaran kehamilan. *Jurnal Gizi Klinik Indonesia*. Vol.15. No.2. p. 66. doi: 10.22146/ijcn.39163.
- Fitriah, A. H. D. 2018. *Buku Praktis Gizi Ibu Hamil*. Media Nusa Creative. Vol.53. No.9. p. 287.
- Fox, S. E., & Iii, C. A. N. (2010). How the Timing and Quality of Early Experiences Influence the Development of Brain Architecture, 81(1), 28–40.
- Ghanbari, E., Nejati, V. and Khazaei, M. 2016. Improvement in Serum Biochemical Alterations and Oxidative Stress of Liver and Pancreas Following Use of Royal Jelly in Streptozotocin-induced Diabetic Rats. *Cell Journal*. Vol.8. No.3. pp. 362–370. Available at: <https://doi.org/10.22074/cellj.2016.4564>.
- Hadi, F.S. Amir, A. and . D. 2022. The Effect of Moringa Oleifera Leaf Water Extract on the Number of Ovarian Follicles and the Enzyme Levels of Superoxide Dismutase of Rattus Norvegicus Rats Exposed to Depot Medroxyprogesterone Acetate (DMPA). *International Journal of Science and Healthcare Research*. Vol.7. No.1. pp. 166–178. Available at: <https://doi.org/10.52403/ijshr.20220128>.
- Hadju, V. 2020. Moringa Olifera Leaf Powder Supplementation Improved The Maternal Health and Birth Weight:a Rondamised Controlled Trial in Pregnant Woman. *Australian Journal of Herbal and Naturopathic Medicine*.

Vo.32. No.3. <https://doi.org/10.33235/ajhnm.32.3.94-101>.

- Hadju, V. 2023. Pemanfaatan Produk Ekstrak Daun Kelor yang Diperkaya Royal Jelly (Moriven Plus) dalam Upaya Percepatan Penurunan Stunting di Kabupaten Tojo Una-Una, Sulawesi Tengah. Universitas Hasanuddin, Makassar. Kedaireka.
- Hadju, V. Dassir, M. et al. 2020. Effects of Moringa Oleifera Leaves and Honey Supplementation During Pregnancy on Mothers and Newborns: A review of the current evidence. *Open Access Macedonian Journal of Medical Sciences*. Vol.8. pp. 208–214. doi: 10.3889/oamjms.2020.4670.
- Hafid, R. 2022. The Effect of Giving Pumpkin Seed Biscuits and Moringa Leaf Extract Capsules to Pregnant Women on Levels of MDA (Melondialdehyde), Cortisol , Total Anti-Oxidant and Stress in Bone Regency, South Sulawesi Province PROGRAM PASCASARJANA. Vol.10. No.6. pp. 1161–1168.
- Hasriani. Nontji. Hadju, V. As'ad, S. Singrang, Bahar. 2020. Efek Teh Daun Kelor (Moringa Oleifera Tea) terhadap Kadar Leukosit Ibu Hamil. *Jurnal Ilmiah Kesehatan*. Vol.13. No.2. ISSN.1978-3167.
- Islam, Z. et al. 2021. Moringa oleifera is a Prominent Source of Nutrients with Potential Health Benefits. *International Journal of Food Science*. Available at: <https://doi.org/10.1155/2021/6627265>.
- Kemendes Republik Indonesia. 2022. Gizi Seimbang Ibu Hamil, Kementerian Kesehatan Republik Indonesia. Available at: https://yankes.kemkes.go.id/view_artikel/405/gizi-seimbang-ibu-hamil.
- Kemendes RI. 2022. Petunjuk Teknis Pemberian Makanan Tambahan (PMT) Berbahan Pangan Lokal untuk Balita dan Ibu Hamil. Kemendes June. pp. 78–81. Available at: https://kesmas.kemkes.go.id/assets/uploads/contents/others/20230516_Juknis_Tatalaksana_Gizi_V18.pdf.
- Khadrawy, S.M. et al. 2023. Royal Jelly and Chlorella vulgaris Mitigate Gibberellic Acid-Induced Cytogenotoxicity and Hepatotoxicity in Rats via Modulation of the PPAR α /AP-1 Signaling Pathway and Suppression of Oxidative Stress and Inflammation', *Foods*. Vol.12. No.6. pp. 1–24. Available at: <https://doi.org/10.3390/foods12061223>.
- Khoubnasabjafari, M. Ansarin, K. and Jouyban, A. 2016. Salivary Malondialdehyde as an Oxidative Stress Biomarker in Oral and Systemic Diseases. *Journal of Dental Research, Dental Clinics, Dental Prospects*. Vol.10. No.2. pp. 71–74. Available at: <https://doi.org/10.15171/joddd.2016.011>.
- Khurshid M. Jafery SN Platelets and Leucocyte Counts in Pregnancy.2017.<http://www.jpma.org>.
- Khuzaimah, A. et al. 2021. Effect of Honey and Moringa Oleifera Leaf Extracts

- Supplementation for Preventing DNA Damage in Pssive Smoking Pregnancy. *Core.Ac.Uk*. Vol.24. No.1. pp. 138–145. Available at: <https://core.ac.uk/download/pdf/249334805.pdf>.
- Kumala, N. and Febriana, M. 2018. Perbedaan Pengaruh Ekstrak Daun Kelor (*Moringa Oleifera*) Dan Ekstrak Kacang Hijau (*Phaseolus Radiatus*) Terhadap Kadar MDA Pada Tikus Putih (*Rattus Norvegicus*) Yang Dibuat Hiperkolesterolemia. *Jurnal Ilmiah Kesehatan dan Aplikasinya*. Vol.6. No.2. pp. 471–476.
- Kusmiyati et al. 2018. Expression of Catalase and Malondialdehyde Levels in Silicon Dioxyde-exposed Lung Tissue of Mice Treated with *Moringa oleifera* Leaves Extract 323 | Publisher : Humanistic Network for Science and Technology. *Health Notions*. Vol.2. No.3. pp. 323–331.
- Lindasari, F. Kale, P.R. and Darmakusuma, D. 2021. Effect of Addition of *Moringa* Leaves (*Moringa oleifera*) on Chemical Characteristics and Nutritional Value of Chicken Sausage Chips. *Jurnal Sain Peternakan Indonesia*. Vol.16. No.4. pp. 347–353. Available at: <https://doi.org/10.31186/jspi.id.16.4.347-353>.
- Lobo, V. et al. 2010. Free radicals, antioxidants and functional foods: Impact on human health. *Pharmacognosy Reviews*. Vol.4. No.8. pp. 118–126. Available at: <https://doi.org/10.4103/0973-7847.70902>.
- Manggul, M.S. et al. 2021. Biscuits Containing *Moringa Oleifera* Leaves Four Improve Conditions of Anemia in Pregnant Women. *Gaceta Sanitaria*. Vol.35. pp.191–S195. Available at: <https://doi.org/10.1016/j.gaceta.2021.07.013>.
- Mansour, S. A. et al. 2018. The protective effect of moringa tea against cypermethrin-induced hepatorenal dysfunction, oxidative stress, and histopathological alterations in female rats', *Asian Journal of Pharmaceutical and Clinical Research*. Vol.11. No.10. pp.111–117. doi: 10.22159/ajpcr.2018.v11i10.24993.
- Miranti, 2022. Peran Faktor Sanitasi dan Neutrofil Limfosit Rasio Terhadap Luaran Kehamilan Pada Ibu Hamil Yang Menerima Ekstrak Daun Kelor Sejak Masa Prakonsepsi di Takalar. Universitas Hasanuddin.
- Misrawati. Marliah. 2021. Pengaruh Pemberian Tepung Daun Kelor Pada Ibu Hamil Terhadap Kadar Malondialdehid. *Jurnal Ilmiah Kesehatan Sandi Husada*. Vol.10. No.1. ISSN.2654-4563.
- Morton, P.G. 2015. *Panduan Pemeriksaan Kesehatan*.
- Mulyani E.Y. Hardinsyah. Briawan D., Santoso B.I. 2018. Analisis Status Hidrasi Dan Asupan Zat Gizi Serta Air Pada Ibu Hamil. *Jurnal Mkmi*. Vol.14. No.3.

- Musrif, F. et al. 2021. the Effect of Giving Moringa-Honey on Leucocyte and Total Lymphocyte Count in Pregnant Women in Maros District. *Turkish Journal of Computer and Mathematics Education*. Vol.12. No.14. pp.2506–2514. Available at: <https://www.proquest.com/scholarly-journals/effect-giving-moringa-honey-on>
- Nadimin, N. 2018. Pengaruh Kebiasaan Konsumsi Sayur, Buah dan Perokok Pasif Terhadap Kapasitas Antioksidan Total Ibu Hamil. *Media Kesehatan Masyarakat Indonesia*. Vol.14. No.2. p.181. Available at: <https://doi.org/10.30597/mkmi.v14i2.3634>.
- Nadimin. 2016. The Influence Provision of Moringa Leaf Exctracy (Moringa Oleifera) against the Level of MDA (Malondialdehyde) in Pregnant Women. *International Journal of Sciences: Basic and Applied Research (IJSBAR)*. Vol.27. No.3. pp.48–56.
- Ngamukote, S. et al. 2018. Moringa Oleifera Leaf Extract Increases Plasma Antioxidant Status Associated With Reduced Plasma Malondialdehyde Concentration Without Hypoglycemia in Fasting Healthy Volunteers. *Chinese Journal of Integrative Medicine*, (10330), pp.1–6. Available at: <https://doi.org/10.1007/s11655-016-2515-0>.
- Nisak, K. 2022. Korelasi Nilai Absolute Lymphocyte Count (ALC) dengan Mortalitas Pasien Covid-19. Vol.19.
- Nuraiman. Irsan. Adnan, Y. 2018. Perbedaan Kadar Malondialdehid Ibu Hamil Setelah Pemberian Ekstrak dan Tepung Daun Kelor di Wilayah Puskesmas Singgani Kota Palu. *Media Publikasi Penelitian Kebidanan*. Vol.1. No.2. ISSN.2620-8717.
- Nurdin, M.S. Thahir, A.I.A., Haju, V. 2018. Supplementations on Pregnant Women and the Potential of Moringa Oleifera Supplement to Prevent Adverse Pregnancy Outcome. *International Journal of Science and Healthcare Research*. Vol.3. No.1. ISSN: 2455-7587.
- Pasupuleti, V.R. et al. 2018. Honey, Propolis, and Royal Jelly: A Comprehensive Review of Their Biological Actions and Health Benefits. *Oxidative Medicine and Cellular Longevity*. Available at: <https://doi.org/10.1155/2017/1259510>.
- Patel et al. 2019. Effects of sanitation practices on adverse pregnancy outcomes in India: a conducive finding from recent Indian demographic health survey. *BMC Pregnancy and Childbirth* (2019) 19:378 diakses dari (<https://doi.org/>)
- Patintingan, C.G. et al. 2023. Moringa oleifera Leaves Extract Ameliorates Doxorubicin-Induced Cardiotoxicity vVa Its Mitochondrial Biogenesis Modulatory Activity in Rats. *Journal of Experimental Pharmacology*. Vol.15. pp.307–319. Available at: <https://doi.org/10.2147/JEP.S413256>.
- Penalver, R. et al. 2022. Nutritional and Antioxidant Properties of Moringa Oleifera Leaves in Functional Foods. *Foods*.Vol.11. No.8. pp. 1–13. Available at:

<https://doi.org/10.3390/foods11081107>.

Pizzino, G. et al. 2017. Oxidative Stress: Harms and Benefits for Human Health. *Oxidative Medicine and Cellular Longevity*. Available at: <https://doi.org/10.1155/2017/8416763>.

Pop, O.L., Kerezsi, A.D. and Ciont, C. 2022. A Comprehensive Review of Moringa Oleifera Bioactive Compounds—Cytotoxicity Evaluation and Their Encapsulation Foods. Vol.1. No.23. pp. 1–18. Available at: <https://doi.org/10.3390/foods11233787>.

Pourmoradian, S. et al. 2019. Effects of Royal Jelly Supplementation on Glycemic Control and Oxidative Stress Factors in Type 2 Diabetic Female: A randomized clinical trial. *Chinese Journal of Integrative Medicine*. Vol.20. No.5. p. 347–352. Available at: <https://doi.org/10.1007/s11655-014-1804-8>.

Prasetio, D.B. Setyaningsih, Y. Suhartono, Suroto. 2022. The Effect of Moringa Leaf Extract on Malondialdehyde Levels in Male Wistar Rats. *Journal of Hunan University*. Vol.49. No.4. <https://doi.org/10.55463/issn.1674-2974.49.4.44>.

Priyanto, Y. et al. 2023. Aktivitas Antioksidan Daun Kelor (*Moringa oleifera*) Pada Tikus Diabetik Induksi Aloksan. *Life Science*. Vol.12. No.1. pp. 97–106.

Rahnema, S. 2018. Practical Steps, The Transition from Capitalism. Available at: https://doi.org/10.1007/978-3-319-43835-1_8.

Reda, R.M. et al. 2023. The Potential Effect of Moringa Oleifera Ethanolic Leaf Extract Against Oxidative Stress, Immune Response Disruption Induced by Abamectin Exposure in *Oreochromis niloticus*. *Environmental Science and Pollution Research*. Vol.30. No.20. pp.58569–58587. Available at: <https://doi.org/10.1007/s11356-023-26517-0>.

Ridha, R. et al. 2022. The Effect of Pumpkin Seed Biscuits and Moringa Capsules on (Malondialdehyde) Levels and Birth Outcomes of Pregnant Women. *Open Access Macedonian Journal of Medical Sciences*. Vol.10. pp.278–282. Available at: <https://doi.org/10.3889/oamjms.2022.8619>.

Rotella, R. Jose. Soriano. 2023. The Impact of *Moringa oleifera* Supplementation on Anemia and other Variables during Pregnancy and Breastfeeding: A Narrative Review. *Nutrients*. Vol.15. 2674.

Rozaan Fadlurrahman, A. and Harliansyah. 2018. Penentuan Kadar Malondialdehid (MDA) pada Saliva Wanita Perokok Usia 26-35 Determination of Malondialdehyde (MDA) Levels in the Saliva of Women Smokers age 26-35 Years. *Majalah Kesehatan Pharmamedika*. Vol.10. No.2. pp.2085–2396.

Saberivand, A. et al. 2022. Synergistic Effect of Royal jelly in Combination With Glycerol and Dimethyl Sulfoxide on Cryoprotection of Romanov Ram Sperm. *Cryobiology*. pp. 87–97. Available at: <https://doi.org/10.1016/j.cryobiol.2021.05.006>.

- Saleh, SN. 2019. Pengaruh Pemberian Tepung Daun Kelor (*Moringa Oleifera* Leaves) Terhadap Peningkatan Kadar Hemoglobin Pada Remaja Putri Di Kecamatan Tamalatea Kabupaten Jeneponto. Thesis. Universitas Hasanuddin.
- Salim, S. 2019. Oxidative Stress and Psychological Disorders. *Current Neuropharmacology*. pp. 140–147.
- Sugiyono. 2017. Metode Penelitian Kuantitatif, Kualitatif dan Kombinasi (Mixed Methods). Edited by Sutopo. Bandung. Alfabeta.
- Suryani, I. 2018. Efek Ekstrak Methanol Daun Kelor (*Moringa oleifera*) Terhadap Penurunan Kadar Malondialdehyde (MDA) Pada Kultur Sel Trabecular Meshwork Penderita. Available at: <http://repository.ub.ac.id/id/eprint/158059>.
- Thadeus, M.S. et al. 2023. Moringa oleifera Fruit Extract as a Potential Antioxidant Against Liver Injury by 2-Nitropropane induction in obese male mice model: pre-clinical study. *F1000Research*. p.300. Available at: <https://doi.org/10.12688/f1000research.121695.1>.
- Via, Z. 2020. The Effects Of Moringa Oleifera Leaf Extract Plus Royal Jelly Capsule Supplementation On MDA (Malondialdehyd) Level In Anemic Pregnant Women In Polongbangkeng Utara Takalar Regency.
- Wang, J. et al. 2020. Salivary Biomarkers of Oxidative Stress: A critical review. *Free Radical Biology and Medicine*. 85. pp.95–104. Available at: <https://doi.org/10.1016/j.freeradbiomed.2015.04.005>.
- Wang, Q. Liu, F. Zhao, Y. Cui, B. & Ban, Y. 2020. Can neutrophil-to-lymphocyte and monocyte-to-lymphocyte ratios be useful markers for predicting missed abortion in the first trimester of pregnancy? *Journal of Obstetrics and Gynaecology Research*. Vol.46. No.9. 1702–1710. <https://doi.org/10.1111/jog.1434>.
- Wang, W. et al. 2023. Effects of Major Royal Jelly Proteins on the Immune Response and Gut Microbiota Composition in Cyclophosphamide-Treated Mice. *Nutrients*. Vol.15. No.4. Available at: <https://doi.org/10.3390/nu15040974>.
- Waykar and Y. A. Alqadhi. 2019. Protective Role of Honey and Royal Jelly on Cisplatin Induced Oxidative Stress in Liver of Rat. *International Journal of Pharmaceutical Sciences And Research*. Vol.10. No.8. p. 3898. Available at: [https://doi.org/10.13040/IJPSR.0975-8232.10\(8\).3898-04](https://doi.org/10.13040/IJPSR.0975-8232.10(8).3898-04).
- Wexler, A. et al. 2020. Pregnancy and health in the age of the Internet: A content analysis of online “birth club” forums. *PLoS ONE*. Vol.15. no.4. pp. 1–15. doi: 10.1371/journal.pone.0230947.

- WHO. 2018. Water, Sanitation and Hygiene in Health Care Facilities'. Who, p. 38
- Wihanto, L. and Lysias, G. 2023. Moringa oleifera Leaf Ethanol Extract Inhibits Toxoplasma gondii Tachyzoites Replication. Vol.11. No.1. pp. 35–43. Available at: <https://doi.org/10.20473/ijtid.v11i1.42672>.
- Wilma, F. 2020. Pengaruh Pemberian Suplemen ekstrak Daun Kelor (Moringa Oleivera Leaves) Plus Royal Jelly terhadap Kadar Hormon Kortisol dan Tingkat Stres Pada Ibu Hamil anemia Di Kabupaten Takalar. Journal of Chemical Information and Modeling. Vol.53. No.9. pp. 21–25. Available at: <http://www.elsevier.com/locate/scp>.
- Yulianti, R. et al. 2020. The Effectiveness of Tetragonola Honey Combinations Affbiroi and Royal Jelly as Immunomodulators :immunomodulators modelling in facing the plague of COVID-19. Jurnal Profesi Medika. Jurnal Kedokteran dan Kesehatan. Vol.14. No.1–2. pp.146–156. Available at: <https://doi.org/10.33533/jpm.v14i1-2.2046>.
- Yulni. Haju, V. Bahari, B. Citrakesumasari. Zainal. 2020. The Effect of Extract Supplements of Moringa Oleifera Leaves Plus Royal Jelly on Hemoglobin (Hb) Levels of Anemia Pregnant Mother in Takalar Regency. International Journal Paper Advance and Scientific Review. Vol.1. No.1. Page.22-29. ISSN.2709-0248.
- Yuslianti, E.R. et al. 2020. Efek Aplikasi Gel Madu Rambutan Pada Mukosa Labial Inferior Terhadap Kadar Malondialdehid (Mda) Saliva. Cakradonya Dental Journal. Vol.12. No.2. pp. 111–118. Available at: <https://doi.org/10.24815/cdj.v12i2.18442>.
- Yustika, A.R. Aulannia'am and Prasetyawan, S. 2018. Kadar Malondialdehid (mda) dan Gambaran Histologi Pada Ginjal Tikus Putih. Student Journal. Vol.1. No.2. pp. 222–228.
- Zhang, R. Zhao, W. Chai, B. Wang, T. Yu, C. Wang, H. Zhao, S. 2018. Efek Dari Merokok Ibu Pada Hasil Kehamilan Menggunakan dibantu Teknologi Reproduksi. Jurnal Ginekologi Obstetri dan Human Reproduction.

DAFTAR LAMPIRAN

Lampiran 1 Naskah Penjelasan Penelitian



**Pengaruh Pemberian Kapsul Ekstrak Daun Kelor
(Moringa Oleifera) yang diperkaya dengan Royal Jelly
(MRJ) Terhadap Berat Badan, Asupan Makanan, Kadar
Hemoglobin, Indeks Eritrosit, Indeks Infeksi, Kadar MDA,
Kadar Kortisol dan Tingkat Stres pada Ibu Hamil**

RAHASIA

NASKAH PENJELASAN KEPADA RESPONDEN PENELITIAN

Assalamualaikum Warahmatullahi Wabarakatuh

Selamat pagi/siang/ibu.

Dengan Hormat

Nama peneliti Baiq Dwinta Diah Larasanty, Dian Rianti Said, Dwi Kartika Sari dan Riska Mila Valentina, kami adalah mahasiswa Magister Ilmu Kebidanan Universitas Hasanuddin yang sedang menjalani pendidikan dan saat ini sedang melakukan penelitian sebagai bagian dari tugas akhir yang berjudul **“Pengaruh Pemberian Kapsul Ekstrak Daun Kelor (Moringa Oleifera) yang diperkaya dengan Royal Jelly (MRJ) Terhadap Berat Badan, Asupan Makanan, Kadar Hemoglobin, Indeks Eritrosit, Indeks Infeksi, Kadar Malondialdehyde (MDA), Kadar Kortisol dan Tingkat Stres pada Ibu Hamil”**.

Pada penelitian ini, ibu hamil usia kehamilan 13-26 minggu dipilih sebagai calon responden. Penelitian ini bertujuan untuk mengetahui pengaruh pemberian Kapsul Ekstrak Daun Kelor (Moringa Oleifera) yang diperkaya dengan Royal Jelly (MRJ) terhadap Berat Badan, Asupan Makanan, Kadar Hemoglobin, Indeks Eritrosit, Indeks Infeksi, Kadar Malondialdehyde (MDA), Kadar Kortisol dan Tingkat Stres yang nantinya akan mempengaruhi kondisi ibu hamil dalam rangka menjaga kesehatan tubuh selama kehamilannya..

Ibu hamil terpilih menjadi responden akan diberikan kapsul ekstrak daun kelor (Moringa Oleifera) yang diperkaya dengan royal jelly (MRJ) dengan dosis 2 kapsul yang diminum dalam sehari atau Multiple Micronutrient Supplement (MMS) dosis 1 tablet yang diminum dalam sehari selama 3 bulan. Responden akan diambil sampel darah (3 ml) dan air liur (10 mikroliter) sebanyak dua kali. Pengambilan pertama

dilakukan pada hari sebelum pemberian kapsul ekstrak daun kelor (*Moringa Oleifera*) atau Multiple Micronutrient Supplement (MMS) untuk pretest dan pengambilan kedua diambil pada hari pertama setelah 3 bulan pemberian kapsul ekstrak daun kelor (*Moringa Oleifera*) atau Multiple Micronutrient Supplement (MMS). kapsul ekstrak daun kelor (*Moringa Oleifera*) atau Multiple Micronutrient Supplement (MMS) tidak memiliki efek samping bagi kesehatan jika dikonsumsi sesuai dosis yang diberikan. Selama ibu dalam masa penelitian tidak diperkenankan untuk mengkonsumsi suplemen tambahan selain biskuit tambahan dari puskesmas karena akan mengganggu hasil penelitian. Namun sebelumnya akan dilakukan wawancara sekitar 15 menit kepada ibu tentang beberapa data identitas diri yang dibutuhkan diantaranya nama, umur, pekerjaan, paritus, HPHT, tes DASS, sanitasi dan aktivitas fisik.

Setiap data responden bersifat rahasia dan hanya akan digunakan untuk kepentingan penelitian. Selama proses penelitian, ibu tidak akan dikenakan biaya apapun. Pemeriksaan kadar hemoglobin, indeks eritrosit, kadar malondialdehyde, kadar kortisol dan kadar leukosit ditanggung oleh peneliti. Bila ibu bersedia menjadi responden, mohon untuk menandatangani surat persetujuan yang telah disiapkan. Namun, jika selama penelitian ibu merasa tidak berkenan dengan alasan tertentu, ibu berhak mengundurkan diri dari penelitian.

Demikian penjelasan ini kami sampaikan, dan atas kesediaan ibu menjadi responden dalam penelitian ini disampaikan terima kasih

Ketua Peneliti

TTD

Prof. dr. Veni Hadju, M.Sc, Ph.D

Tim Peneliti

1. Baiq Dwinta Diah Larasanty
2. Dian Rianti Said
3. Dwi Kartika Sari
4. Riska Mila Valentina



Lampiran 2 Lembar Informed Consent

LEMBAR INFORMED CONSENT

Saya yang bertanda tangan di bawah ini:

Nama (inisial) :

Umur :

Alamat :

Setelah membaca dan mendengarkan penjelasan penelitian ini (terlampir), maka saya memahami tujuan penelitian ini yang nantinya akan bermanfaat. Saya mengerti bahwa penelitian ini menjunjung tinggi hak-hak saya sebagai partisipan.

Saya sangat memahami bahwa keikutsertaan saya menjadi partisipan pada penelitian ini sangat besar manfaatnya bagi pemahaman dalam mengetahui perbedaan efek pemberian ekstrak daun kelor yang diperkaya royal jelly terhadap kadar MDA dan TLC pada ibu hamil. Dengan menandatangani surat persetujuan ini, berarti saya telah menyatakan untuk berpartisipasi dalam penelitian ini tanpa paksaan dan bersifat sukarela.

Makassar,

Peneliti

Informan

Saksi,

Dian Rianti Said () ()

Lampiran 3 Persetujuan Pengambilan Darah

NO URUT RESPONDEN:

RAHASIA

FORMULIR KESEDIAAN
PENGAMBILAN DARAH (KADAR HEMOGLOBIN, INDEKS
ERITROSIT, INDEKS INFLAMASI) DAN SALIVA (KADAR MDA,
KADAR KORTISOL) BAGI IBU HAMIL

Saya telah mendapatkan penjelasan secara rinci dan mengerti mengenai Survey yang dilakukan oleh Tim Peneliti Universitas Hasanuddin dan saya mengerti bahwa partisipasi saya dilakukan secara sukarela dan saya dapat menolak atau mengundurkan diri sewaktu-waktu tanpa sanksi apapun.

Tanggal Kesiediaan : _____ / Juli / 2023

Nama Informan : _____

Umur : _____

Jenis Kelamin : _____

Pekerjaan : _____

Alamat (Dusun, Desa) : _____

Tlp/HP : _____

Enumerator,

Responden

Lampiran 4 Lembar Kuesioner Penyaringan

KUESIONER PENYARINGAN**A. Identitas**

No. Responden / Umur : / Tahun

Paritas :

Jarak Kehamilan :

Pendidikan :

Pekerjaan :

Alamat :

No. HP :

HPHT :

B. Anamnesa

1. Apakah Ibu menerima obat MMS ?

- a. Ya b. Tidak

2. Apakah MMS yang diberikan dikonsumsi?

- a. Ya b. Tidak

3. Apakah ibu merasakan manfaatnya?

- a. Ya b. Tidak

4. Apakah Ibu mengonsumsi tablet lain selain MMS ?

- a. Ya b. Tidak

Jika Ya (ingat) apa jenisnya, nama dan berapa banyak yang ibu konsumsi sejak hamil.

Jenis / nama :

Jumlah :

5. Apakah ibu ada riwayat penyakit keturunan?

- a. Ya b. Tidak

6. Apakah keluarga ibu ada riwayat penyakit keturunan?

- a. Ya b. Tidak

Jika Ya, Sebutkan :

7. Apakah ibu alergi pada jenis obat dan makan tertentu?

- a. Ya, sebutkan b. Tidak

8. Apakah kehamilan ibu direncanakan?
a. Ya b. Tidak
9. Pemeriksaan Antropometri :
a. BB Sebelum Hamil : kg
b. TB : kg
c. IMT :
d. BB Sekarang : kg
e. LILA : cm
10. Pemeriksaan Fisik :
a. Keadaan umum :
b. Tekanan darah : mm.hg
c. Respirasi : x/mnt
d. Denyut nadi : x/ mnt
e. Suhu : °C
11. Pemeriksaan Penunjang :
a. Haemoglobin : gr/dl
b. Leukosit :

Diagnosa :

Kesimpulan :

Lampiran 5 Lembar Kontrol Pemberian MMS

LEMBAR KONTROL PEMBERIAN MMS

No. Responden:

Nama Inisial :

Umur :

Paritas :

Pekerjaan :

Pendidikan :

Alamat :

No. Hp :

Berilah tanda centang (✓) pada kolom di bawah ini setiap kali ibu mengkonsumsi MMS

Waktu Konsumsi	Minggu I							Minggu II					Jumlah yang diberikan	
	1	2	3	4	5	6	7	8	9	10	11	12		13
Malam														Jumlah :
	Minggu III							Minggu IV					Jumlah :	
	15	16	17	18	19	20	21	22	23	24	25	26		27
Malam														Sisa:
	Minggu V							Minggu VI					Jumlah :	
	29	30	31	32	33	34	35	36	37	38	39	40		41
Malam														Sisa:
	Minggu VII							Minggu VII						

Lampiran 6. Lembar Kontrol Pemberian MRJ

**LEMBAR PEMBERIAN KAPSUL EKSTRAK DAUN KELOR YANG DIPERKAYA
DENGAN ROYAL JELLY**

No. Responden:

Nama Inisial :

Umur :

Paritas :

Pekerjaan :

Pendidikan :

Alamat :

No. Hp :

Berilah tanda centang (✓) pada kolom di bawah ini setiap kali ibu mengkonsumsi Ekstrak Kelor yang diperkaya Royal Jelly

Waktu Konsu msi	Minggu I							Minggu II					Jumlah yang diberik an		
	1	2	3	4	5	6	7	8	9	1 0	1 1	1 2	1 3	1 4	Jumlah :
Malam														Sisa :	
	Minggu III							Minggu IV					Jumlah		
	1	1	1	1	1	2	2	2	2	2	2	2	2	2	:
	5	6	7	8	9	0	1	2	3	4	5	6	7	8	
Malam														Sisa:	
	Minggu V							Minggu VI					Jumlah		
	2	3	3	3	3	3	3	3	3	3	3	4	4	4	:
	9	0	1	2	3	4	5	6	7	8	9	0	1	2	
Malam														Sisa:	
	Minggu VII							Minggu VII							

Minggu 1							
Minggu 2							
Minggu 3							
Minggu 4							

Bulan ke-III

KELOMPOK PEMBERIAN MULTI MIKRO NUTRIEN SUPLEMEN							
Tanggal							
	Senin	Selasa	Rabu	Kamis	Jumat	Sabtu	Minggu
Minggu 1							
Minggu 2							
Minggu 3							
Minggu 4							

Lampiran 9. Lembar Periksa Kadar Malondialdehid (MDA) Dan Total Limfosit Count (TLC) Pada Kelompok MRJ



**LEMBAR HASIL PEMERIKSAAN KADAR MALONDIALDEHID DAN
TOTAL LIMFOSIT COUNT PADA KELOMPOK PEMBERIAN
SUPLEMEN EKSTRAK DAUN KELOR YANG DIPERKAYA ROYAL
JELLY**

No	Nama Responden	Umur	Kadar <i>Malondialdehid</i>		<i>Total Limfosit Count</i>	
			Pre test	Post Test	Pre test	Post Test
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
...						
...						
...						

33						

Lampiran 10. Lembar Periksa Kadar Malondialdehid (MDA) Dan Total Limfosit Count (TLC) Pada Kelompok MRJ



**LEMBAR HASIL PEMERIKSAAN KADAR MALONDIALDEHID DAN
TOTAL LIMFOSIT COUNT PADA KELOMPOK PEMBERIAN
MULTI MIKRO NUTRIEN SUPLEMEN**

No	Nama Responden	Umur	Kadar <i>Malondialdehid</i>		<i>Total Limfosit Count</i>	
			Pre test	Post Test	Pre test	Post Test
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
...						
...						
...						

33						

Lampiran 11. Master Tabel Pre dan Post Intervensi MRJ

TABEL PRE DAN POST INTERVENSI MRJ																			
No	Desa	Nama Ibu Hamil	Tablet	Umur	Coding	Paritas	Coding	Pendidikan Ibu	Coding	Rata" pendapatan per bulan	Coding	Pekerjaan	Coding	Pre Stress	Post Stress	Pre MDA	Post MDA	Pre TLC	Post TLC
1	Gori-gori	Ha	A	26	0	2	2	SMP	1	1-2 juta	1	Tidak Berkerja	1	18	16	18.6	-4.426	1419	1596
2	Gori-gori	Su	A	32	0	2	2	SD	1	<1 juta	1	Berkerja	0	15	15	45.55	0.911	1999	2660
3	Gori-Gori	FDM	A	24	0	1	1	SMA	0	1-2 juta	1	Tidak Berkerja	1	19	15	54.057	34.335	1593	1935
4	Gori-Gori	El	A	30	0	2	2	SD	1	1-2 juta	1	Tidak Berkerja	1	17	17	51.98	44.36	3690	2822
5	Masing	NVG	A	25	0	1	1	SMA	0	>5 juta	0	Tidak Berkerja	1	15	7	18.874	12.844	2224	2430
6	Masing	HK	A	30	0	1	1	SMA	0	<1 juta	1	Tidak Berkerja	1	16	14	69.316	43.44	2574	2571
7	Paisubuloli	Yu	A	26	0	3	2	SMA	0	<1 juta	1	Tidak Berkerja	1	22	9	78.571	52.236	2115	2615
8	Paisubuloli	Ju	A	29	0	2	2	SD	1	1-2 juta	1	Tidak Berkerja	1	23	25	63.721	37.3	2460	2293
9	Sinorang	Vi	A	21	0	0	0	SMA	0	2.1-3 juta	1	Tidak Berkerja	1	18	25	12.102	72.371	2419	2635
10	Sinorang	As	A	32	0	2	2	Sarjana	0	3.1->5 juta juta	0	Berkerja	0	19	22	50.011	11.764	1700	1699
11	Sukamaju	NS	A	26	0	2	2	SD	1	<1 juta	1	Tidak Berkerja	1	21	21	61.078	28.64	2249	2730
12	Sukamaju	NOA	A	33	0	3	2	SD	1	2.1-3 juta	1	Tidak Berkerja	1	23	18	44.81	41.474	2610	3042
13	Argakencana	Lis	A	22	0	0	0	SMA	0	1-2 juta	1	Tidak Berkerja	1	15	11	24.023	13.884	2236	1985
14	Minakarya	Sul	A	20	0	0	0	SMA	0	1-2 juta	1	Tidak Berkerja	1	16	27	50.11	35.01	1896	1700
15	Moilong	Sar	A	23	0	0	0	SMA	0	1-2 juta	1	Berkerja	0	16	7	50.477	31.578	1541	1473
16	Moilong	TO	A	20	0	1	1	SMA	0	<1 juta	1	Tidak Berkerja	1	15	10	80.652	5.828	2156	2161
17	Moilong	NH	A	33	0	3	2	SMA	0	1-2 juta	1	Tidak Berkerja	1	15	16	6.889	33.123	2096	1689
18	Moilong	Mir	A	25	0	2	2	SMA	0	<1 juta	1	Tidak Berkerja	1	20	9	47.778	35.469	3136	2688
19	Moilong	LL	A	25	0	2	2	SMP	1	1-2 juta	1	Tidak Berkerja	1	16	15	29.66	0.149	2090	1687
20	Mulyoharjo	SP	A	29	0	1	1	SMA	0	3.1->5 juta juta	0	Tidak Berkerja	1	17	14	51.546	15.384	1555	1545
21	Mulyoharjo	Nur	A	21	0	0	0	SMA	0	1-2 juta	1	Tidak Berkerja	1	19	8	68.811	15.223	2015	2010
22	Mulyoharjo	Har	A	24	0	1	1	Tidak tamat SD	1	<1 juta	1	Tidak Berkerja	1	21	13	31.846	17.1	2013	2416
23	Sidoharjo	PW	A	20	0	0	0	SMA	0	1-2 juta	1	Tidak Berkerja	1	19	20	43.494	43.63	2095	1693
24	Sidoharjo	Ar	A	33	0	2	2	SMP	1	<1 juta	1	Tidak Berkerja	1	15	13	11.669	16.907	4.262	1920
25	Slamet harjo	Ru	A	31	0	1	1	Diploma	1	1-2 juta	1	Berkerja	0	25	16	64.885	16.866	1926	1283
26	Sumberharjo	SAS	A	23	0	1	1	SMA	0	>5 juta	0	Tidak Berkerja	1	20	20	72.13	37.85	1587	1753
27	Sumberharjo	Id	A	23	0	1	1	SMA	0	2.1-3 juta	1	Tidak Berkerja	1	24	22	70.736	37.94	1593	1696
28	Tou	Lus	A	22	0	1	1	SMA	0	2.1-3 juta	1	Tidak Berkerja	1	15	10	18.307	6.889	1824	1884
29	Tou	Fir	A	25	0	2	2	SMA	0	1-2 juta	1	Tidak Berkerja	1	31	15	21.86	19.63	2290	1836
30	Tou	SS	A	23	0	1	1	SMA	0	1-2 juta	1	Tidak Berkerja	1	16	19	-4.184	1.822	2158	3420
31	Toili	AS	A	24	0	1	1	SMA	0	<1 juta	1	Tidak Berkerja	1	18	24	92.031	54.5	1556	2653

Lampiran 12. Tabel Pre dan Post Intervensi MMS

TABEL PRE DAN POST KONTROL MMS																		
Desa	Nama Ibu Hamil	Tablet	Umur	Coding	Paritas	Coding	Pendidikan Ibu	Coding	Rata" pendapatan per bulan	Coding	Pekerjaan	Coding	Pre Stress	Post Stress	Pre MDA	Post MDA	Pre TLC	Post TLC
Bone Balantak	ABU	B	19	1	2	2	SMP	1	1-2 juta	1	Tidak Bekerja	1	16	14	-5.515	1.315	1755	2064
Gori-Gori	SDS	B	25	0	2	2	SMP	1	2.1-3 juta	1	Tidak Bekerja	1	15	14	12.63	1.243	2231	2491
Masing	Han	B	24	0	1	1	SMA	0	1-2 juta	1	Tidak Bekerja	1	17	13	11.539	-0.19	2366	2729
Paisubuloli	Sriy	B	26	0	1	1	SMA	0	3.1->5 juta juta	0	Tidak Bekerja	1	20	20	13.367	2.112	2635	2203
Paisubuloli	BG	B	24	0	1	1	SMP	1	<1 juta	1	Tidak Bekerja	1	23	20	37.11	2.367	2008	1911
Sinorang	War	B	23	0	0	0	Sarjana	0	3.1->5 juta juta	0	Bekerja	0	21	18	62.147	2.528	2101	1938
Sinorang	NM	B	35	0	3	2	SMP	1	2.1-3 juta	1	Tidak Bekerja	1	22	19	65.947	22.77	2087	1340
Sukamaju	NF	B	18	1	0	0	SMA	0	3.1->5 juta juta	0	Tidak Bekerja	1	15	13	35.469	15.32	1433	2950
Sukamaju	WPA	B	23	0	1	1	SMP	1	1-2 juta	1	Tidak Bekerja	1	21	10	23.152	11.547	3916	6643
Sukamaju	KA	B	25	0	1	1	SMA	0	<1 juta	1	Tidak Bekerja	1	15	13	22.651	1.473	1826	2166
Argakencana	Sria	B	29	0	1	1	SD	1	2.1-3 juta	1	Tidak Bekerja	1	16	14	58.362	54.51	1682	943
Karang anyar	SN	B	30	0	2	2	SMP	1	1-2 juta	1	Tidak Bekerja	1	16	14	71.23	20.382	1713	1469
Karang anyar	RA	B	18	1	0	0	SMP	1	1-2 juta	1	Tidak Bekerja	1	25	19	45.616	14.933	2229	2674
Karang anyar	SS	B	20	0	0	0	SMA	0	1-2 juta	1	Tidak Bekerja	1	29	24	83.76	76.422	1954	1638
Minakarya	NH	B	26	0	1	1	SMP	1	<1 juta	1	Tidak Bekerja	1	18	17	19.8	38.44	1003	2398
Minakarya	BH	B	31	0	1	1	SMA	0	<1 juta	1	Bekerja	0	23	20	-0.093	0.377	2391	1979
Minakarya	Fris	B	21	0	0	0	SMA	0	<1 juta	1	Tidak Bekerja	1	21	19	19.584	12.671	1881	1701
Moilong	Ut	B	23	0	1	1	SMP	1	1-2 juta	1	Tidak Bekerja	1	15	12	21.832	34.89	2225	2058
Moilong	NNS	B	29	0	1	1	SMA	0	1-2 juta	1	Tidak Bekerja	1	22	22	76.824	34.316	1430	1756
Moilong	Sar	B	18	1	0	0	SMP	1	<1 juta	1	Tidak Bekerja	1	19	12	53.58	41.18	2764	2040
Mulyoharjo	EE	B	26	0	1	1	SD	1	2.1-3 juta	1	Tidak Bekerja	1	18	13	34.633	46.241	1553	1601
Mulyoharjo	RF	B	22	0	0	0	SMA	0	1-2 juta	1	Tidak Bekerja	1	24	15	48.421	5.708	1973	1977
Sidoharjo	DSP	B	31	0	1	1	SMA	0	3.1->5 juta juta	0	Bekerja	0	20	18	12.455	13.371	2838	1739
Sidoharjo	BF	B	28	0	2	2	SMP	1	<1 juta	1	Tidak Bekerja	1	16	14	3.225	35.469	2675	1909
Sidomakmur	YO	B	24	0	2	2	SMP	1	1-2 juta	1	Tidak Bekerja	1	15	14	23.432	0.852	1425	1539
Sidomakmur	RA	B	20	0	0	0	SMA	0	2.1-3 juta	1	Tidak Bekerja	1	18	17	41.262	-0.128	1760	1426
Slamet harjo	DD	B	19	1	0	0	SMA	0	<1 juta	1	Tidak Bekerja	1	23	20	47.016	0.597	2929	1959
Sumberharjo	Mut	B	28	0	1	1	SMA	0	1-2 juta	1	Tidak Bekerja	1	15	15	44.546	-1.457	2651	1583
Sumberharjo	FY	B	31	0	1	1	SMA	0	>5 juta	0	Bekerja	0	20	16	-0.24	17.034	2445	1972
Sumberharjo	NH	B	30	0	1	1	Diploma	0	2.1-3 juta	1	Bekerja	0	17	17	-3.458	1.125	1481	1350

Lampiran 13. Hasil SPSS

1. Hasil Bivariat Karakteristik dengan Kelompok MRJ dan MMS

Usia dik * Kelompok

Crosstab

			Kelompok		Total
			Tablet A	Tablet B	
Usia dik Tidak berisiko (20-35 tahun)	Count		31	25	56
	% within Usia dik		55.4%	44.6%	100.0%
	% within Kelompok		100.0%	83.3%	91.8%
	% of Total		50.8%	41.0%	91.8%
Berisiko (< 20 / > 35 tahun)	Count		0	5	5
	% within Usia dik		0.0%	100.0%	100.0%
	% within Kelompok		0.0%	16.7%	8.2%
	% of Total		0.0%	8.2%	8.2%
Total	Count		31	30	61
	% within Usia dik		50.8%	49.2%	100.0%
	% within Kelompok		100.0%	100.0%	100.0%
	% of Total		50.8%	49.2%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	5.628 ^a	1	.018		
Continuity Correction ^b	3.631	1	.057		
Likelihood Ratio	7.559	1	.006		
Fisher's Exact Test				.024	.024

Linear-by-Linear Association	5.536	1	.019		
N of Valid Cases	61				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 2,46.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
For cohort Kelompok = Tablet B	.446	.333	.598
N of Valid Cases	61		

Paritas * Kelompok

Crosstab

			Kelompok		Total
			Tablet A	Tablet B	
Paritas	Belum pernah melahirkan	Count	7	9	16
		% within Paritas	43.8%	56.3%	100.0%
		% within Kelompok	22.6%	30.0%	26.2%
		% of Total	11.5%	14.8%	26.2%
Primipara		Count	12	15	27
		% within Paritas	44.4%	55.6%	100.0%
		% within Kelompok	38.7%	50.0%	44.3%
		% of Total	19.7%	24.6%	44.3%
Multipara		Count	12	6	18
		% within Paritas	66.7%	33.3%	100.0%

	% within Kelompok	38.7%	20.0%	29.5%
	% of Total	19.7%	9.8%	29.5%
Total	Count	31	30	61
	% within Paritas	50.8%	49.2%	100.0%
	% within Kelompok	100.0%	100.0%	100.0%
	% of Total	50.8%	49.2%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.568 ^a	2	.277
Likelihood Ratio	2.607	2	.272
Linear-by-Linear Association	1.840	1	.175
N of Valid Cases	61		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 7,87.

Risk Estimate

	Value
Odds Ratio for Paritas (Belum pernah melahirkan / Primipara)	^a

a. Risk Estimate statistics cannot be computed. They are only computed for a 2*2 table without empty cells.

Pendidikan ibu * Kelompok

Crosstab

		Kelompok		Total
		Tablet A	Tablet B	
Pendidikan ibu Tinggi	Count	22	16	38
	% within Pendidikan ibu	57.9%	42.1%	100.0%
	% within Kelompok	71.0%	53.3%	62.3%
	% of Total	36.1%	26.2%	62.3%
Rendah	Count	9	14	23
	% within Pendidikan ibu	39.1%	60.9%	100.0%
	% within Kelompok	29.0%	46.7%	37.7%
	% of Total	14.8%	23.0%	37.7%
Total	Count	31	30	61
	% within Pendidikan ibu	50.8%	49.2%	100.0%
	% within Kelompok	100.0%	100.0%	100.0%
	% of Total	50.8%	49.2%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	2.018 ^a	1	.155		
Continuity Correction ^b	1.338	1	.247		
Likelihood Ratio	2.031	1	.154		
Fisher's Exact Test				.192	.124
Linear-by-Linear Association	1.985	1	.159		
N of Valid Cases	61				

a. 0 cells (,0%) have expected count less than 5. The minimum expected count is 11,31.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Pendidikan ibu (Tinggi / Rendah)	2.139	.744	6.151
For cohort Kelompok = Tablet A	1.480	.831	2.636
For cohort Kelompok = Tablet B	.692	.421	1.136
N of Valid Cases	61		

Pendapatan * Kelompok**Crosstab**

		Kelompok		Total
		Tablet A	Tablet B	
Pendapatan Tinggi	Count	8	11	19
	% within Pendapatan	42.1%	57.9%	100.0%
	% within Kelompok	25.8%	36.7%	31.1%
	% of Total	13.1%	18.0%	31.1%
Rendah	Count	23	19	42
	% within Pendapatan	54.8%	45.2%	100.0%
	% within Kelompok	74.2%	63.3%	68.9%
	% of Total	37.7%	31.1%	68.9%
Total	Count	31	30	61
	% within Pendapatan	50.8%	49.2%	100.0%
	% within Kelompok	100.0%	100.0%	100.0%
	% of Total	50.8%	49.2%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2- sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	.838 ^a	1	.360		
Continuity Correction ^b	.409	1	.523		
Likelihood Ratio	.841	1	.359		
Fisher's Exact Test				.416	.262
Linear-by-Linear Association	.825	1	.364		
N of Valid Cases	61				

a. 0 cells (,0%) have expected count less than 5. The minimum expected count is 9,34.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Pendapatan (Tinggi / Rendah)	.601	.201	1.796
For cohort Kelompok = Tablet A	.769	.424	1.393
For cohort Kelompok = Tablet B	1.280	.770	2.126
N of Valid Cases	61		

Pekerjaan * Kelompok

Crosstab

			Kelompok		Total
			Tablet A	Tablet B	
Pekerjaan	Tidak bekerja	Count	27	25	52
		% within Pekerjaan	51.9%	48.1%	100.0%
		% within Kelompok	87.1%	83.3%	85.2%
		% of Total	44.3%	41.0%	85.2%
Bekerja	Bekerja	Count	4	5	9
		% within Pekerjaan	44.4%	55.6%	100.0%
		% within Kelompok	12.9%	16.7%	14.8%
		% of Total	6.6%	8.2%	14.8%
Total		Count	31	30	61
		% within Pekerjaan	50.8%	49.2%	100.0%
		% within Kelompok	100.0%	100.0%	100.0%
		% of Total	50.8%	49.2%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2- sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	.172 ^a	1	.679		
Continuity Correction ^b	.003	1	.958		
Likelihood Ratio	.172	1	.678		
Fisher's Exact Test				.731	.478
Linear-by-Linear Association	.169	1	.681		
N of Valid Cases	61				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 4,43.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Pekerjaan (Tidak bekerja / Bekerja)	1.350	.325	5.601
For cohort Kelompok = Tablet A	1.168	.538	2.538
For cohort Kelompok = Tablet B	.865	.452	1.656
N of Valid Cases	61		

Kepatuhan * Kelompok**Crosstab**

		Kelompok		Total
		Tablet A	Tablet B	
Kepatuhan Patuh ($\geq 80\%$)	Count	27	26	53
	% within Kepatuhan	50.9%	49.1%	100.0%
	% within Kelompok	87.1%	86.7%	86.9%
	% of Total	44.3%	42.6%	86.9%
Tidak patuh ($\leq 80\%$)	Count	4	4	8
	% within Kepatuhan	50.0%	50.0%	100.0%
	% within Kelompok	12.9%	13.3%	13.1%
	% of Total	6.6%	6.6%	13.1%
Total	Count	31	30	61

% within Kepatuhan	50.8%	49.2%	100.0%
% within Kelompok	100.0%	100.0%	100.0%
% of Total	50.8%	49.2%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2- sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	.002 ^a	1	.960		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.002	1	.960		
Fisher's Exact Test				1.000	.628
Linear-by-Linear Association	.002	1	.961		
N of Valid Cases	61				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 3,93.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Kepatuhan (Patuh (>= 80%) / Tidak patuh (<= 80%))	1.038	.235	4.593
For cohort Kelompok = Tablet A	1.019	.485	2.139
For cohort Kelompok = Tablet B	.981	.466	2.067
N of Valid Cases	61		

Pre stres ord * Kelompok

Crosstab

			Kelompok		Total
			Tablet A	Tablet B	
Pre stres ord	Ringan	Count	17	15	32
		% within Pre stres ord	53.1%	46.9%	100.0%
		% within Kelompok	54.8%	50.0%	52.5%
		% of Total	27.9%	24.6%	52.5%
	Sedang	Count	13	14	27
		% within Pre stres ord	48.1%	51.9%	100.0%
		% within Kelompok	41.9%	46.7%	44.3%
		% of Total	21.3%	23.0%	44.3%
	Berat	Count	1	1	2
		% within Pre stres ord	50.0%	50.0%	100.0%
		% within Kelompok	3.2%	3.3%	3.3%
		% of Total	1.6%	1.6%	3.3%
Total	Count	31	30	61	
	% within Pre stres ord	50.8%	49.2%	100.0%	
	% within Kelompok	100.0%	100.0%	100.0%	
	% of Total	50.8%	49.2%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.146 ^a	2	.930
Likelihood Ratio	.146	2	.930
Linear-by-Linear Association	.116	1	.733
N of Valid Cases	61		

a. 2 cells (33,3%) have expected count less than 5. The minimum expected count is ,98.

Risk Estimate

	Value
Odds Ratio for Pre stres ord (Ringan / Sedang)	a

a. Risk Estimate statistics cannot be computed. They are only computed for a 2*2 table without empty cells.

Correlations

Correlations

		Kelompok	Paritas	Pre stres ord
Kelompok	Pearson Correlation	1	-.175	.044
	Sig. (2-tailed)		.177	.736
	N	61	61	61
Paritas	Pearson Correlation	-.175	1	-.118
	Sig. (2-tailed)	.177		.365
	N	61	61	61
Pre stres ord	Pearson Correlation	.044	-.118	1
	Sig. (2-tailed)	.736	.365	
	N	61	61	61

2. Hasil Bivariat Karakteristik dengan Kadar MDA

Usia dik * Pre MDA dik Crosstabulation

			Pre MDA dik			Total
			< 15 nmol	15-35,3 nmol	> 35,3 nmol	
Usia dik	Tidak berisiko (20-35 tahun)	Count	12	11	33	56
		% within Usia dik	21.4%	19.6%	58.9%	100.0%
		% within Pre MDA dik	92.3%	78.6%	97.1%	91.8%
		% of Total	19.7%	18.0%	54.1%	91.8%
Berisiko (< 20 / > 35 tahun)	Count	Count	1	3	1	5
		% within Usia dik	20.0%	60.0%	20.0%	100.0%
		% within Pre MDA dik	7.7%	21.4%	2.9%	8.2%
		% of Total	1.6%	4.9%	1.6%	8.2%
Total	Count	Count	13	14	34	61
		% within Usia dik	21.3%	23.0%	55.7%	100.0%
		% within Pre MDA dik	100.0%	100.0%	100.0%	100.0%
		% of Total	21.3%	23.0%	55.7%	100.0%

Paritas * Pre MDA dik Crosstabulation

			Pre MDA dik			Total
			< 15 nmol	15-35,3 nmol	> 35,3 nmol	
Paritas	Belum pernah melahirkan	Count	2	5	9	16
		% within Paritas	12.5%	31.3%	56.3%	100.0%
		% within Pre MDA dik	15.4%	35.7%	26.5%	26.2%
		% of Total	3.3%	8.2%	14.8%	26.2%
Primipara	Count	5	6	16	27	

	% within Paritas	18.5%	22.2%	59.3%	100.0%
	% within Pre MDA dik	38.5%	42.9%	47.1%	44.3%
	% of Total	8.2%	9.8%	26.2%	44.3%
Multipara	Count	6	3	9	18
	% within Paritas	33.3%	16.7%	50.0%	100.0%
	% within Pre MDA dik	46.2%	21.4%	26.5%	29.5%
	% of Total	9.8%	4.9%	14.8%	29.5%
Total	Count	13	14	34	61
	% within Paritas	21.3%	23.0%	55.7%	100.0%
	% within Pre MDA dik	100.0%	100.0%	100.0%	100.0%
	% of Total	21.3%	23.0%	55.7%	100.0%

Pendidikan ibu * Pre MDA dik Crosstabulation

		Pre MDA dik			Total
		< 15 nmol	15-35,3 nmol	> 35,3 nmol	
Pendidikan Tinggi ibu	Count	4	10	24	38
	% within Pendidikan ibu	10.5%	26.3%	63.2%	100.0%
	% within Pre MDA dik	30.8%	71.4%	70.6%	62.3%
	% of Total	6.6%	16.4%	39.3%	62.3%
Rendah	Count	9	4	10	23
	% within Pendidikan ibu	39.1%	17.4%	43.5%	100.0%
	% within Pre MDA dik	69.2%	28.6%	29.4%	37.7%

	% of Total	14.8%	6.6%	16.4%	37.7%
Total	Count	13	14	34	61
	% within Pendidikan ibu	21.3%	23.0%	55.7%	100.0%
	% within Pre MDA dik	100.0%	100.0%	100.0%	100.0%
	% of Total	21.3%	23.0%	55.7%	100.0%

Pendapatan * Pre MDA dik Crosstabulation

		Pre MDA dik			Total
		< 15 nmol	15-35,3 nmol	> 35,3 nmol	
Pendapatan Tinggi	Count	4	2	13	19
	% within Pendapatan	21.1%	10.5%	68.4%	100.0%
	% within Pre MDA dik	30.8%	14.3%	38.2%	31.1%
	% of Total	6.6%	3.3%	21.3%	31.1%
Rendah	Count	9	12	21	42
	% within Pendapatan	21.4%	28.6%	50.0%	100.0%
	% within Pre MDA dik	69.2%	85.7%	61.8%	68.9%
	% of Total	14.8%	19.7%	34.4%	68.9%
Total	Count	13	14	34	61
	% within Pendapatan	21.3%	23.0%	55.7%	100.0%
	% within Pre MDA dik	100.0%	100.0%	100.0%	100.0%
	% of Total	21.3%	23.0%	55.7%	100.0%

Pekerjaan * Pre MDA dik Crosstabulation

		Pre MDA dik			Total
		< 15 nmol	15-35,3 nmol	> 35,3 nmol	
Pekerjaan Tidak bekerja	Count	11	12	29	52
	% within Pekerjaan	21.2%	23.1%	55.8%	100.0%
	% within Pre MDA dik	84.6%	85.7%	85.3%	85.2%
	% of Total	18.0%	19.7%	47.5%	85.2%
	<hr/>				
Bekerja	Count	2	2	5	9
	% within Pekerjaan	22.2%	22.2%	55.6%	100.0%
	% within Pre MDA dik	15.4%	14.3%	14.7%	14.8%
	% of Total	3.3%	3.3%	8.2%	14.8%
	<hr/>				
Total	Count	13	14	34	61
	% within Pekerjaan	21.3%	23.0%	55.7%	100.0%
	% within Pre MDA dik	100.0%	100.0%	100.0%	100.0%
	% of Total	21.3%	23.0%	55.7%	100.0%

Kepatuhan * Pre MDA dik Crosstabulation

		Pre MDA dik			Total
		< 15 nmol	15-35,3 nmol	> 35,3 nmol	
Kepatuhan	Count	12	13	28	53

Patuh (>= 80%)	% within Kepatuhan	22.6%	24.5%	52.8%	100.0%
	% within Pre MDA dik	92.3%	92.9%	82.4%	86.9%
	% of Total	19.7%	21.3%	45.9%	86.9%
Tidak patuh (<= 80%)	Count	1	1	6	8
	% within Kepatuhan	12.5%	12.5%	75.0%	100.0%
	% within Pre MDA dik	7.7%	7.1%	17.6%	13.1%
	% of Total	1.6%	1.6%	9.8%	13.1%
Total	Count	13	14	34	61
	% within Kepatuhan	21.3%	23.0%	55.7%	100.0%
	% within Pre MDA dik	100.0%	100.0%	100.0%	100.0%
	% of Total	21.3%	23.0%	55.7%	100.0%

Pre stres ord * Pre MDA dik Crosstabulation

			Pre MDA dik			Total
			< 15 nmol	15-35,3 nmol	> 35,3 nmol	
Pre stres ord	Ringan	Count	9	10	13	32
		% within Pre stres ord	28.1%	31.3%	40.6%	100.0%
		% within Pre MDA dik	69.2%	71.4%	38.2%	52.5%
		% of Total	14.8%	16.4%	21.3%	52.5%
Sedang		Count	4	3	20	27
		% within Pre stres ord	14.8%	11.1%	74.1%	100.0%
		% within Pre MDA dik	30.8%	21.4%	58.8%	44.3%
		% of Total	6.6%	4.9%	32.8%	44.3%

Berat	Count	0	1	1	2
	% within Pre stres ord	0.0%	50.0%	50.0%	100.0%
	% within Pre MDA dik	0.0%	7.1%	2.9%	3.3%
	% of Total	0.0%	1.6%	1.6%	3.3%
Total	Count	13	14	34	61
	% within Pre stres ord	21.3%	23.0%	55.7%	100.0%
	% within Pre MDA dik	100.0%	100.0%	100.0%	100.0%
	% of Total	21.3%	23.0%	55.7%	100.0%

Correlations

		Usia dik	Paritas	Pendidikan ibu	Pendapatan	Pekerjaan	Kepatuhan	Pre stres ord	Pre MDA dik
Usia dik	Pearson Correlation	1	-.093	.014	.072	.044	.061	-.164	-.127
	Sig. (2-tailed)		.475	.914	.582	.735	.641	.207	.328
	N	61	61	61	61	61	61	61	61
Paritas	Pearson Correlation	-.093	1	.419**	.030	-.018	-.017	-.118	-.128
	Sig. (2-tailed)	.475		.001	.821	.889	.896	.365	.327
	N	61	61	61	61	61	61	61	61
Pendidikan ibu	Pearson Correlation	.014	.419**	1	.158	-.228	-.002	.019	-.290*
	Sig. (2-tailed)	.914	.001		.224	.077	.990	.886	.023
	N	61	61	61	61	61	61	61	61
Pendapatan	Pearson Correlation	.072	.030	.158	1	-.219	-.053	-.022	-.108
	Sig. (2-tailed)	.582	.821	.224		.090	.683	.868	.408
	N	61	61	61	61	61	61	61	61
Pekerjaan	Pearson Correlation	.044	-.018	-.228	-.219	1	.386**	-.047	-.006

	Sig. (2-tailed)	.735	.889	.077	.090		.002	.718	.966
	N	61	61	61	61	61	61	61	61
Kepatuhan	Pearson Correlation	.061	-.017	-.002	-.053	.386**	1	-.092	.135
	Sig. (2-tailed)	.641	.896	.990	.683	.002		.480	.299
	N	61	61	61	61	61	61	61	61
Pre stres ord	Pearson Correlation	-.164	-.118	.019	-.022	-.047	-.092	1	.265*
	Sig. (2-tailed)	.207	.365	.886	.868	.718	.480		.039
	N	61	61	61	61	61	61	61	61
Pre MDA dik	Pearson Correlation	-.127	-.128	-.290*	-.108	-.006	.135	.265*	1
	Sig. (2-tailed)	.328	.327	.023	.408	.966	.299	.039	
	N	61	61	61	61	61	61	61	61

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

3. Hasil Bivariat Karakteristik dengan Kadar TLC

Usia dik * Pre TLC dik Crosstabulation

			Pre TLC dik			Total
			Rendah	Normal	Tinggi	
Usia dik	Tidak berisiko (20-35 tahun)	Count	13	40	3	56
		% within Usia dik	23.2%	71.4%	5.4%	100.0%
		% within Pre TLC dik	92.9%	90.9%	100.0%	91.8%
		% of Total	21.3%	65.6%	4.9%	91.8%
Usia dik	Berisiko (< 20 / > 35 tahun)	Count	1	4	0	5
		% within Usia dik	20.0%	80.0%	0.0%	100.0%
		% within Pre TLC dik	7.1%	9.1%	0.0%	8.2%
		% of Total	1.6%	6.6%	0.0%	8.2%
Total		Count	14	44	3	61
		% within Usia dik	23.0%	72.1%	4.9%	100.0%
		% within Pre TLC dik	100.0%	100.0%	100.0%	100.0%
		% of Total	23.0%	72.1%	4.9%	100.0%

Paritas * Pre TLC dik Crosstabulation

			Pre TLC dik			Total
			Rendah	Normal	Tinggi	
Paritas	Belum pernah melahirkan	Count	5	9	2	16
		% within Paritas	31.3%	56.3%	12.5%	100.0%
		% within Pre TLC dik	35.7%	20.5%	66.7%	26.2%
		% of Total	8.2%	14.8%	3.3%	26.2%
	Primipara	Count	5	22	0	27
		% within Paritas	18.5%	81.5%	0.0%	100.0%
		% within Pre TLC dik	35.7%	50.0%	0.0%	44.3%
		% of Total	8.2%	36.1%	0.0%	44.3%
	Multipara	Count	4	13	1	18
		% within Paritas	22.2%	72.2%	5.6%	100.0%
		% within Pre TLC dik	28.6%	29.5%	33.3%	29.5%
		% of Total	6.6%	21.3%	1.6%	29.5%
Total	Count	14	44	3	61	
	% within Paritas	23.0%	72.1%	4.9%	100.0%	
	% within Pre TLC dik	100.0%	100.0%	100.0%	100.0%	
	% of Total	23.0%	72.1%	4.9%	100.0%	

Pendidikan ibu * Pre TLC dik Crosstabulation

			Pre TLC dik			Total
			Rendah	Normal	Tinggi	
Pendidikan ibu	Tinggi	Count	9	27	2	38
		% within Pendidikan ibu	23.7%	71.1%	5.3%	100.0%
		% within Pre TLC dik	64.3%	61.4%	66.7%	62.3%
		% of Total	14.8%	44.3%	3.3%	62.3%
	Rendah	Count	5	17	1	23
		% within Pendidikan ibu	21.7%	73.9%	4.3%	100.0%
		% within Pre TLC dik	35.7%	38.6%	33.3%	37.7%
Total	Count	14	44	3	61	
	% within Pendidikan ibu	23.0%	72.1%	4.9%	100.0%	
	% within Pre TLC dik	100.0%	100.0%	100.0%	100.0%	
	% of Total	23.0%	72.1%	4.9%	100.0%	

Pendapatan * Pre TLC dik Crosstabulation

			Pre TLC dik			Total
			Rendah	Normal	Tinggi	
Pendapatan	Tinggi	Count	3	16	0	19
		% within Pendapatan	15.8%	84.2%	0.0%	100.0%
		% within Pre TLC dik	21.4%	36.4%	0.0%	31.1%
		% of Total	4.9%	26.2%	0.0%	31.1%
	Rendah	Count	11	28	3	42
		% within Pendapatan	26.2%	66.7%	7.1%	100.0%
		% within Pre TLC dik	78.6%	63.6%	100.0%	68.9%
		% of Total	18.0%	45.9%	4.9%	68.9%
Total	Count	14	44	3	61	
	% within Pendapatan	23.0%	72.1%	4.9%	100.0%	
	% within Pre TLC dik	100.0%	100.0%	100.0%	100.0%	
	% of Total	23.0%	72.1%	4.9%	100.0%	

Pekerjaan * Pre TLC dik Crosstabulation

			Pre TLC dik			Total
			Rendah	Normal	Tinggi	
Pekerjaan	Tidak bekerja	Count	13	37	2	52
		% within Pekerjaan	25.0%	71.2%	3.8%	100.0%
		% within Pre TLC dik	92.9%	84.1%	66.7%	85.2%
		% of Total	21.3%	60.7%	3.3%	85.2%
	Bekerja	Count	1	7	1	9
		% within Pekerjaan	11.1%	77.8%	11.1%	100.0%
		% within Pre TLC dik	7.1%	15.9%	33.3%	14.8%
% of Total		1.6%	11.5%	1.6%	14.8%	
Total	Count	14	44	3	61	
	% within Pekerjaan	23.0%	72.1%	4.9%	100.0%	
	% within Pre TLC dik	100.0%	100.0%	100.0%	100.0%	
	% of Total	23.0%	72.1%	4.9%	100.0%	

Kepatuhan * Pre TLC dik Crosstabulation

			Pre TLC dik			Total
			Rendah	Normal	Tinggi	
Kepatuhan	Patuh (>= 80%)	Count	14	38	1	53
		% within Kepatuhan	26.4%	71.7%	1.9%	100.0%
		% within Pre TLC dik	100.0%	86.4%	33.3%	86.9%
		% of Total	23.0%	62.3%	1.6%	86.9%
	Tidak patuh (=< 80%)	Count	0	6	2	8
		% within Kepatuhan	0.0%	75.0%	25.0%	100.0%
		% within Pre TLC dik	0.0%	13.6%	66.7%	13.1%
		% of Total	0.0%	9.8%	3.3%	13.1%
Total	Count	14	44	3	61	
	% within Kepatuhan	23.0%	72.1%	4.9%	100.0%	
	% within Pre TLC dik	100.0%	100.0%	100.0%	100.0%	

Pre stres ord * Pre TLC dik Crosstabulation

			Pre TLC dik			Total
			Rendah	Normal	Tinggi	
Pre stres ord	Ringan	Count	10	20	2	32
		% within Pre stres ord	31.3%	62.5%	6.3%	100.0%
		% within Pre TLC dik	71.4%	45.5%	66.7%	52.5%
		% of Total	16.4%	32.8%	3.3%	52.5%
	Sedang	Count	4	22	1	27
		% within Pre stres ord	14.8%	81.5%	3.7%	100.0%
		% within Pre TLC dik	28.6%	50.0%	33.3%	44.3%
		% of Total	6.6%	36.1%	1.6%	44.3%
	Berat	Count	0	2	0	2
		% within Pre stres ord	0.0%	100.0%	0.0%	100.0%
		% within Pre TLC dik	0.0%	4.5%	0.0%	3.3%
		% of Total	0.0%	3.3%	0.0%	3.3%
Total	Count	14	44	3	61	
	% within Pre stres ord	23.0%	72.1%	4.9%	100.0%	
	% within Pre TLC dik	100.0%	100.0%	100.0%	100.0%	
	% of Total	23.0%	72.1%	4.9%	100.0%	
% of Total			23.0%	72.1%	4.9%	100.0%

	N	61	61	61	61	61	61	61	61
Pre stres ord	Pearson Correlation	-.164	-.118	.019	-.022	-.047	-.092	1	.152
	Sig. (2-tailed)	.207	.365	.886	.868	.718	.480		.241
	N	61	61	61	61	61	61	61	61
Pre TLC dik	Pearson Correlation	-.012	.016	.010	-.030	.151	.337**	.152	1
	Sig. (2-tailed)	.928	.903	.939	.816	.245	.008	.241	
	N	61	61	61	61	61	61	61	61

** . Correlation is significant at the 0.01 level (2-tailed).

4. Hasil Homogenitas

Oneway**Test of Homogeneity of Variances**

	Levene Statistic	df1	df2	Sig.
Pre TLC	.311	1	59	.579
Post TLC	.125	1	59	.725
Delta_TLC	1.333	1	59	.253
Pre MDA	.099	1	59	.755
Post MDA	.000	1	59	.993
Delta_MDA	.202	1	59	.655

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Pre MDA	Between Groups	2393.619	1	2393.619	3.911	.053
	Within Groups	36110.254	59	612.038		
	Total	38503.873	60			
Post MDA	Between Groups	1331.447	1	1331.447	3.636	.061
	Within Groups	21604.959	59	366.186		
	Total	22936.406	60			
Delta_MDA	Between Groups	154.645	1	154.645	.259	.613
	Within Groups	35192.643	59	596.485		
	Total	35347.288	60			

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Pre TLC	Between Groups	28614.209	1	28614.209	.082	.776

	Within Groups	20585310.774	59	348903.572		
	Total	20613924.984	60			
Post TLC	Between Groups	84103.957	1	84103.957	.139	.711
	Within Groups	35674044.305	59	604644.819		
	Total	35758148.262	60			
Delta_TLC	Between Groups	14604.595	1	14604.595	.029	.865
	Within Groups	29697199.209	59	503342.359		
	Total	29711803.803	60			

5. Hasil Normalitas

Explore Kelompok

Case Processing Summary

		Cases					
		Valid		Missing		Total	
		N	Percent	N	Percent	N	Percent
Pre TLC	Tablet A	31	100.0%	0	0.0%	31	100.0%
	Tablet B	30	100.0%	0	0.0%	30	100.0%
Post TLC	Tablet A	31	100.0%	0	0.0%	31	100.0%
	Tablet B	30	100.0%	0	0.0%	30	100.0%
Delta_TLC	Tablet A	31	100.0%	0	0.0%	31	100.0%
	Tablet B	30	100.0%	0	0.0%	30	100.0%

Descriptives

		Kelompok		Statistic	Std. Error
Pre TLC	Tablet A	Mean		2155.32	105.806
		95% Confidence Interval for Mean	Lower Bound	1939.24	
			Upper Bound	2371.41	

		5% Trimmed Mean	2097.45	
		Median	2095.00	
		Variance	347040.892	
		Std. Deviation	589.102	
		Minimum	1419	
		Maximum	4000	
		Range	2581	
		Interquartile Range	590	
		Skewness	1.618	.421
		Kurtosis	3.168	.821
	Tablet	Mean	2112.00	108.140
	B	95% Confidence Interval for Mean	Lower Bound	1890.83
			Upper Bound	2333.17
		5% Trimmed Mean	2083.85	
		Median	2047.50	
		Variance	350830.483	
		Std. Deviation	592.309	
		Minimum	1003	
		Maximum	3916	
		Range	2913	
		Interquartile Range	787	
		Skewness	.820	.427
		Kurtosis	1.591	.833
Post TLC	Tablet	Mean	2145.81	95.042
	A	95% Confidence Interval for Mean	Lower Bound	1951.71
			Upper Bound	2339.91
		5% Trimmed Mean	2126.66	
		Median	1985.00	
		Variance	280019.961	

	Std. Deviation		529.169	
	Minimum		1283	
	Maximum		3420	
	Range		2137	
	Interquartile Range		939	
	Skewness		.492	.421
	Kurtosis		-.596	.821
Tablet	Mean		2071.53	177.056
B	95% Confidence Interval for Mean	Lower Bound	1709.41	
		Upper Bound	2433.65	
	5% Trimmed Mean		1941.30	
	Median		1948.50	
	Variance		940463.637	
	Std. Deviation		969.775	
	Minimum		943	
	Maximum		6643	
	Range		5700	
	Interquartile Range		579	
	Skewness		3.790	.427
	Kurtosis		17.786	.833
Delta_TLC Tablet	Mean		-9.52	108.080
A	95% Confidence Interval for Mean	Lower Bound	-230.24	
		Upper Bound	211.21	
	5% Trimmed Mean		14.23	
	Median		-1.00	
	Variance		362118.525	
	Std. Deviation		601.763	
	Minimum		-2080	
	Maximum		1262	

	Range		3342	
	Interquartile Range		744	
	Skewness		-.972	.421
	Kurtosis		4.055	.821
Tablet	Mean		-40.47	147.132
B	95% Confidence Interval for Mean	Lower Bound	-341.39	
		Upper Bound	260.45	
	5% Trimmed Mean		-113.57	
	Median		-165.00	
	Variance		649435.982	
	Std. Deviation		805.876	
	Minimum		-1099	
	Maximum		2727	
	Range		3826	
	Interquartile Range		849	
	Skewness		1.664	.427
	Kurtosis		4.017	.833

Tests of Normality

	Kelompok	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
Pre TLC	Tablet A	.184	31	.009	.847	31	.000
	Tablet B	.090	30	.200*	.956	30	.244
Post TLC	Tablet A	.150	31	.075	.939	31	.079
	Tablet B	.246	30	.000	.610	30	.000
Delta_TLC	Tablet A	.133	31	.171	.916	31	.018
	Tablet B	.175	30	.020	.861	30	.001

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

Explore

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Pre MDA	31	100.0%	0	0.0%	31	100.0%
Post MDA	31	100.0%	0	0.0%	31	100.0%
Delta_MDA	31	100.0%	0	0.0%	31	100.0%

Descriptives

		Statistic	Std. Error	
Pre MDA	Mean	45.20613	4.396412	
	95% Confidence Interval for Mean	Lower Bound	36.22746	
		Upper Bound	54.18480	
	5% Trimmed Mean	45.35468		
	Median	50.01100		
	Variance	599.182		
	Std. Deviation	24.478187		
	Minimum	-4.184		
	Maximum	92.031		
	Range	96.215		
	Interquartile Range	43.025		
	Skewness	-.166	.421	
	Kurtosis	-.803	.821	
Post MDA	Mean	26.25906	3.311361	
	95% Confidence Interval for Mean	Lower Bound	19.49636	
		Upper Bound	33.02177	
	5% Trimmed Mean	25.66412		
	Median	28.64000		
	Variance	339.919		
	Std. Deviation	18.436880		
	Minimum	-4.426		
	Maximum	72.371		

	Range		76.797	
	Interquartile Range		25.096	
	Skewness		.334	.421
	Kurtosis		-.290	.821
Delta_MDA	Mean		-18.9471	4.47877
	95% Confidence Interval for Mean	Lower Bound	-28.0939	
		Upper Bound	-9.8002	
	5% Trimmed Mean		-19.9914	
	Median		-19.7220	
	Variance		621.841	
	Std. Deviation		24.93673	
	Minimum		-74.82	
	Maximum		60.27	
	Range		135.09	
	Interquartile Range		28.25	
	Skewness		.809	.421
	Kurtosis		2.723	.821

Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Pre MDA	.117	31	.200*	.971	31	.534
Post MDA	.142	31	.114	.963	31	.359
Delta_MDA	.094	31	.200*	.948	31	.140

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

6. Hasil Pre Intervensi Kadar MDA (Independent T Test)

T-Test**Group Statistics**

	Kelompok	N	Mean	Std. Deviation	Std. Error Mean
Pre MDA	Tablet A	31	45.20613	24.478187	4.396412
	Tablet B	30	32.67613	25.006761	4.565589

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Pre MDA	Equal variances assumed	.099	.755	1.978	59	.053	12.529996	6.335964	-.148239	25.208231
	Equal variances not assumed			1.977	58.824	.053	12.529996	6.338221	-.153549	25.213540

7. Hasil Intervensi Kadar TLC (Mann Whitney)

NPar Tests**Mann-Whitney Test**

Ranks				
	Kelompok	N	Mean Rank	Sum of Ranks
Pre TLC	Tablet A	31	31.35	972.00
	Tablet B	30	30.63	919.00
	Total	61		
Post TLC	Tablet A	31	33.45	1037.00
	Tablet B	30	28.47	854.00
	Total	61		
Delta_TLC	Tablet A	31	33.44	1036.50
	Tablet B	30	28.48	854.50
	Total	61		

Test Statistics^a			
	Pre TLC	Post TLC	Delta_TLC
Mann-Whitney U	454.000	389.000	389.500
Wilcoxon W	919.000	854.000	854.500
Z	-.159	-1.096	-1.089
Asymp. Sig. (2-tailed)	.874	.273	.276

a. Grouping Variable: Kelompok

8. Selisih (Delta) Kada MDA (Independent T Test)

T-Test**Group Statistics**

	Kelompok	N	Mean	Std. Deviation	Std. Error Mean
Delta_MDA	Tablet A	31	-18.9471	24.93673	4.47877
	Tablet B	30	-15.7622	23.88003	4.35988

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Delta_MDA	Equal variances assumed	.202	.655	-.509	59	.613	-3.18486	6.25494	15.70098	9.33125
	Equal variances not assumed			-.510	58.994	.612	-3.18486	6.25043	15.69198	9.32225

9. Hasil Pre dan Post Kelompok Intervensi Kadar MDA (Paired Samples T Test)

T-Test**Paired Samples Statistics**

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Pre MDA	45.20613	31	24.478187	4.396412
	Post MDA	26.25906	31	18.436880	3.311361

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Pre MDA & Post MDA	31	.351	.053

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Pre MDA - Post MDA	18.947065	24.936733	4.478769	9.800197	28.093932	4.230	30	.000

10. Hasil Pre Kelompok Intervensi Kadar TLC (Wilcoxon)

NPar Tests**Wilcoxon Signed Ranks Test**

		Ranks		
		N	Mean Rank	Sum of Ranks
Post TLC - Pre TLC	Negative Ranks	16 ^a	15.06	241.00
	Positive Ranks	15 ^b	17.00	255.00
	Ties	0 ^c		
	Total	31		

a. Post TLC < Pre TLC

b. Post TLC > Pre TLC

c. Post TLC = Pre TLC

Test Statistics^a

	Post TLC - Pre TLC
Z	-.137 ^b
Asymp. Sig. (2-tailed)	.891

a. Wilcoxon Signed Ranks Test

b. Based on negative ranks.

11. Hasil Post Kelompok Kontrol Kadar MDA dan TLC (Wilcoxon)

NPar Tests**Wilcoxon Signed Ranks Test****Ranks**

		N	Mean Rank	Sum of Ranks
Post MDA - Pre MDA	Negative Ranks	21 ^a	17.90	376.00
	Positive Ranks	9 ^b	9.89	89.00
	Ties	0 ^c		
	Total	30		

a. Post MDA < Pre MDA

b. Post MDA > Pre MDA

c. Post MDA = Pre MDA

Test Statistics^a

	Post MDA - Pre MDA
Z	-2.952 ^b
Asymp. Sig. (2-tailed)	.003

a. Wilcoxon Signed Ranks Test

b. Based on positive ranks.

NPar Tests
Wilcoxon Signed Ranks Test

Ranks

	N	Mean Rank	Sum of Ranks
Post TLC - Pre TLC Negative Ranks	18 ^a	15.94	287.00
Positive Ranks	12 ^b	14.83	178.00
Ties	0 ^c		
Total	30		

- a. Post TLC < Pre TLC
 b. Post TLC > Pre TLC
 c. Post TLC = Pre TLC

Test Statistics^a

	Post TLC - Pre TLC
Z	-1.121 ^b
Asymp. Sig. (2-tailed)	.262

- a. Wilcoxon Signed Ranks Test
 b. Based on positive ranks.

Lampiran 14. Rekomendasi Etik



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN
RISET, DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN

FAKULTAS KESEHATAN MASYARAKAT

Jl. Perintis Kemerdekaan Km. 10 Makassar 90245, Telp. (0411) 585658,
E-mail : fkm.unhas@gmail.com, website: <https://fkm.unhas.ac.id/>

REKOMENDASI PERSETUJUAN ETIK

Nomor : 4352/UN4.14.1/TP.01.02/2023

Tanggal : 10 Juli 2023

Dengan ini Menyatakan bahwa Protokol dan Dokumen yang Berhubungan dengan Protokol berikut ini telah mendapatkan Persetujuan Etik :

No.Protokol	30623092125	No. Sponsor Protokol	
Peneliti Utama	<ol style="list-style-type: none"> 1. Prof. Dr. Veni Hadju, M. Sc.,Ph. D 2. Dian Rianti Said 3. Baiq Dwinta Diah Larasanty 4. Dwi Kartika Sari 5. Riska Mila Valentina 	Sponsor	JOB Pertamina Medco Tomori Sulawesi dan biaya mandiri
Judul Peneliti	Pengaruh Pemberian Kapsul Ekstrak Daun Kelor (<i>Moringa Oleifera</i>) yang diperkaya dengan Royal Jelly (MRJ) Terhadap Berat Badan, Kadar Hemoglobin, Malondialdehid (MDA) , Kortisol pada Ibu Hamil		
No.Versi Protokol	1	Tanggal Versi	30 Juni 2023
No.Versi PSP	1	Tanggal Versi	30 Juni 2023
Tempat Penelitian	Kecamatan Batui Selatan (Batsel) dan Moilong, Kabupaten Banggai, Sulawesi Tengah		
Judul Review	<input type="checkbox"/> Exempted <input checked="" type="checkbox"/> Expedited <input type="checkbox"/> Fullboard	Masa Berlaku	Frekuensi review lanjutan
		10 Juli 2023 Sampai 10 Juli 2024	
Ketua Komisi Etik Penelitian	Nama : Prof.dr.Veni Hadju,M.Sc,Ph.D	Tanda tangan	 Tanggal 10 Juli 2023
Sekretaris komisi Etik Penelitian	Nama : Dr. Wahiduddin, SKM.,M.Kes	Tanda tangan	 Tanggal 10 Juli 2023

Kewajiban Peneliti Utama :

1. Menyerahkan Amandemen Protokol untuk persetujuan sebelum di implementasikan
2. Menyerahkan Laporan SAE ke Komisi Etik dalam 24 Jam dan dilengkapi dalam 7 hari dan Laporan SUSAR dalam 72 Jam setelah Peneliti Utama menerima laporan
3. Menyerahkan Laporan Kemajuan (progress report) setiap 6 bulan untuk penelitian resiko tinggi dan setiap setahun untuk penelitian resiko rendah
4. Menyerahkan laporan akhir setelah Penelitian berakhir
5. Melaporkan penyimpangan dari protocol yang disetujui (protocol deviation/violation)
6. Mematuhi semua peraturan yang ditentukan

Lampiran 15. Surat Izin Penelitian



PEMERINTAH KABUPATEN BANGGAI
DINAS PENANAMAN MODAL DAN
PELAYANAN TERPADU SATU PINTU (DPMPTSP)
JL. JEND. AHMAD YANI NO. 12 TELP. 0461 -21620 LUWUK – KAB. BANGGAI
SULAWESI TENGAH

IZIN PENELITIAN

Nomor : 503/125/DPMPTSP/IP/XII/2022

- Dasar : 1. Surat Permohonan Izin Penelitian Sdr. Prof. dr. Veni Hadju, MSc. PhD, tanggal 25 November 2022.
 2. Rekomendasi Badan Kesatuan Bangsa dan Politik Kabupaten Banggai Nomor : 070/216.1/BKB-P/2022, tanggal 05 Desember 2022.

Diberikan Izin Penelitian kepada :

Nama : **Prof. dr. VENI HADJU, MSc. PhD**
 Pekerjaan : Dosen
 NIK : **7309011803620001**
 Alamat : Pesantren Darul Istiqomah Kec. Mandai Kab. Maros
 Lembaga : Universitas Hasanuddin Makassar
 Fakultas : Kesehatan Masyarakat
 Penanggung Jawab : Ketua Peneliti
 Judul Penelitian : Study Penanganan Stunting Dan Peningkatan Kualitas Kesehatan Di Area Operasi JOB Pertamina-Medco E&P Tomori Sulawesi
 Daerah Penelitian : Area Operasi JOB Pertamina-Medco E&P Tomori Sulawesi Kabupaten Banggai

Dengan ketentuan-ketentuan Sebagai berikut :

1. Tidak dibenarkan mengadakan kegiatan yang tidak sesuai dengan penelitian yang dimaksud;
2. Mentaati peraturan perundang-undangan yang berlaku serta mengindahkan norma dan adat istiadat setempat;
3. Apabila masa berlaku izin penelitian ini sudah berakhir dan pelaksanaannya belum selesai maka diwajibkan mengajukan perpanjangan Izin Penelitian;
4. Apabila tidak mentaati ketentuan seperti tersebut di atas maka Izin Penelitian ini dicabut dan dinyatakan tidak berlaku.
5. Izin Penelitian ini mulai berlaku selama 1 (satu) tahun sejak tanggal dikeluarkan sampai dengan **06 Desember 2023**.

Dikeluarkan di Luwuk
 Pada Tanggal 06 Desember 2022



KEPALA DINAS PENANAMAN MODAL DAN
 PelayanAN TERPADU SATU PINTU
 KABUPATEN BANGGAI

Dr. AGUS LEMBA KURAPA
 Kepala Dinas Utama Muda, IV/c
 NIP. 19670103 199303 1 011

Lampiran16. Surat Keterangan Selesai Meneliti



PEMERINTAH KABUPATEN BANGGAI
DINAS KESEHATAN
UPTD PUSKESMAS SINORANG



Alamat : Desa Bonebalantak kec. Batui selatan 94763, Email : pkmsinorang1@gmail.com

SURAT KETERANGAN SELESAI PENELITIAN

Nomor: 445 / 763 / SKT / PKM . BAN / X / 2023

Yang Bertanda tangan dibawah ini : Kepala UPTD Puskesmas Sinorang Kecamatan Batui Selatan, dengan ini menerangkan bahwa:

Nama : Dian Rianti Said
 NIM : P102221007
 Program Studi : Magister Kebidanan
 Konsentrasi : Kebidanan
 Asal Perguruan Tinggi : Universitas Hasanuddin Makassar

Benar telah melakukan penelitian di wilayah kerja Puskesmas Sinorang Kecamatan Batui Selatan, Kabupaten Banggai Sulawesi Tengah sejak 13 Juli s/d 31 Oktober 2023 untuk penyusunan Tugas Akhir (Tesis) dengan judul "**PENGARUH PEMBERIAN KAPSUL EKSTRAK DAUN KELOR YANG DIPERKAYA DENGAN ROYAL JELLY (MRJ) TERHADAP KADAR MALONDIALDEHID (MDA) DAN TOTAL LIMFOSIT COUNT (TLC) PADA IBU HAMIL**".

Demikian surat keterangan ini dibuat untuk dapat digunakan sebagaimana mestinya.

Batui Selatan, Oktober 2023
 Mengetahui,
 Kepala UPTD Puskesmas Sinorang

Bdn. Seriy Soeleman, S.Tr.Keb
 NIP.19750930 200604 2 017



PEMERINTAH KABUPATEN BANGGAI
DINAS KESEHATAN
UPTD PUSKESMAS SINORANG



Alamat : Desa Bonebalantak kec. Batui selatan 94763, Email : pkmsinorang1@gmail.com

SURAT KETERANGAN SELESAI PENELITIAN

Nomor: 445 / 763 / SKT / PKM . KIN / X / 2023

Yang Bertanda tangan dibawah ini : Kepala UPTD Puskesmas Sinorang Kecamatan Batui Selatan, dengan ini menerangkan bahwa:

Nama : Dian Rianti Said
 NIM : P102221007
 Program Studi : Magister Kebidanan
 Konsentrasi : Kebidanan
 Asal Perguruan Tinggi : Universitas Hasanuddin Makassar

Benar telah melakukan penelitian di wilayah kerja Puskesmas Sinorang Kecamatan Batui Selatan, Kabupaten Banggai Sulawesi Tengah sejak 13 Juli s/d 31 Oktober 2023 untuk penyusunan Tugas Akhir (Tesis) dengan judul "**PENGARUH PEMBERIAN KAPSUL EKSTRAK DAUN KELOR YANG DIPERKAYA DENGAN ROYAL JELLY (MRJ) TERHADAP KADAR MALONDIALDEHID (MDA) DAN TOTAL LIMFOSIT COUNT (TLC) PADA IBU HAMIL**".

Demikian surat keterangan ini dibuat untuk dapat digunakan sebagaimana mestinya.

Batui Selatan, Oktober 2023
 Mengetahui,
 Kepala UPTD Puskesmas Sinorang



Bdn. Serly Sdeleman, S.Tr.Keb
 NIP.19750930 200604 2 017

Lampiran 17. Dokumentasi Penelitian

A. Sosialisasi Lintas Sektor



B. Dokumentasi Penandatanganan Informed Consent dan Pemberian Intervensi



C. Pengambilan Sampel Darah dan Saliva



3. Pemantauan Minum Obat dan Pemeriksaan Kesehatan



4. Pemeriksaan Laboratorium

