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LAMPIRAN

Lampiran 1

INFORM CONSENT

PERAN FAKTOR SANITASI DAN *NEUTROFIL LIMFOSIT RATIO (NLR)* TERHADAP LUARAN KEHAMILAN PADA IBU HAMIL YANG MENERIMA EKSTRAK DAUN KELOR (*Moringa oleifera*) SEJAK MASA PRAKONSEPSI DI KABUPATEN TAKALAR

Assalamualaikum wr. wb

Yang terhormat Ibu, perkenalkan nama kami dr.Miranti, M.Kes dan tim, pada kesempatan kali ini kami mohon kesediaan Ibu untuk berkenan menjadi responden penelitian dengan judul tersebut di atas, sehingga kami akan menanyakan kepada Ibu beberapa pertanyaan yang berkaitan dengan Sanitasi dan Kesehatan, serta kesediaan pengambilan sampel darah. Untuk jawaban yang Ibu berikan dan hasil pemeriksaan darah tersebut akan kami kaji dan senoga kedepan akan menjadi informasi dan bermanfaat bagi peningkata program kesehatan di kabupaten Takalar dan kami menjamin kerahasiaannya.

Apakah Ibu bersedia menjadi responden pada penelitian ini?

1. Ya
2. Tidak

Atas bantuan dan kesediaan waktu yang telah Ibu berikan, kami ucapkan terimakasih. Wassalamualaikum wr. wb.

LEMBAR PERSETUJUAN (INFORM COSENT)

Setelah mendengar penjelasan tentang mengenai tujuan penelitian, prosedur penelitian, manfaat dan inti dari kuesioner ini. Saya mengerti bahwa:

- Pada diri saya akan dilakukan wawancara sesuai dengan pertanyaan pada kuesioner Maka dengan ini saya yang bertanda tangan di bawah ini:

Nama ibu : _____
Umur : _____ tahun
Alamat : _____
Wilayah Puskesmas : _____
Usia Kehamilan : _____
No. Telepon : _____

Menyatakan setuju untuk berpartisipasi sebagai subyek penelitian ini secara sukarela dan bebas tanpa ada paksaan, dengan catatan apabila merasa dirugikan dalam penelitian ini dalam bentuk apapun berhak membatalkan persetujuan ini.

_____, tanggal __/__/2021

Pembuat pernyataan,

(_____)

Lampiran 2

KUESIONER PENELITIAN

PERAN FAKTOR SANITASI DAN *NEUTROFIL LIMFOSIT RATIO (NLR)* TERHADAP LUARAN KEHAMILAN PADA IBU HAMIL YANG MENERIMA EKSTRAK DAUN KELOR (*Moringa oleifera*) SEJAK MASA PRAKONSEPSI DI KABUPATEN TAKALAR

FORMULIR INSPEKSI SANITASI AIR BERSIH

JENIS SARANA : Sumur Gali

No.	Pertanyaan	Risiko	
		Ya	Tidak
1.	Apakah ada jamban pada radius 10 m disekitar sumur ?		
2.	Apakah ada sumur pencemar lain pada radius 10 m disekitar sumur, misalnya kotoran hewan, sampah, genangan air, dll ?		
3.	Apakah ada/sewaktu-waktu ada genangan air pada jarak 2 (dua) meter sekitar sumur ?		
4.	Apakah saluran pembuangan air limbah rusak/tidak ada?		
5.	Apakah lantai semen yang mengitari sumur mempunyai radius kurang dari 1 (satu) meter ?		
6.	Apakah ada/sewaktu-waktu ada genangan air diatas lantai semen sekeliling sumur ?		
7.	Apakah didaerah hulu intake digunakan sebagai tempat limpahan air dari hasil kegiatan peternakan (sapi perah, ayam, dan lain-lain)?		
8.	Apakah ember dan tali timba diletakkan sedemikian rupa sehingga memungkinkan terjadi pencemaran ?		
9.	Apakah bibir sumur (cincin) tidak sempurna sehingga memungkinkan air merembes kedalam sumur ?		
10.	Apakah dinding semen sedalam 3 (tiga) meter dari atas permukaan tanah tidak diplester cukup rapat/tidak sempurna ?		
	Jumlah jawaban Ya		

JUMLAH

Skor resiko pencemaran : 6 – 10 = Tinggi (T)

0 – 5 = Rendah (R)

FORMULIR INSPEKSI SANITASI AIR BERSIH

JENIS SARANA : Perpipaan

No.	Pertanyaan	Risiko	
		Ya	Tidak
1.	Apakah air yang dipergunakan berasal bukan dari sambungan rumah sendiri ?		
2.	Bila air yang dipergunakan dari sambungan rumah sendiri, adakah kemungkinan terjadi cross-connection pada jaringan perpipaan disekitar rumah ?		
3.	Bila air yang dipergunakan untuk keperluan sehari-hari berasal dari kran umum, adakah kemungkinan terjadi pencemaran pada kran umum tersebut ?		
4.	Bilamana air yang dipergunakan untuk keperluan sehari-hari diperoleh tanpa melalui sarana penyaluran apakah pencemaran berasal dari alat pengangkutan ?		
5.	Apakah air yang diambil dari tendon yang mudah terkena pencemaran ?		
6.	Apakah tempat pencemaran air (tandon) dalam keadaan tidak memenuhi syarat ?		
Jumlah jawaban Ya			

J U M L A H

Skor resiko pencemaran :

4 – 6 = Tinggi (T)

0 – 3 = Rendah (R)

FORMULIR INSPEKSI SANITASI JAMBAN

I. Jenis Jamban yang Dimiliki

- | | |
|--|--------------------------|
| 1. Tidak ada | <input type="checkbox"/> |
| 2. Cemplung tanpa tutup | <input type="checkbox"/> |
| 3. Cemplung dengan tutup | <input type="checkbox"/> |
| 4. Plengsengan | <input type="checkbox"/> |
| 5. Leher angsa tanpa septiktank | <input type="checkbox"/> |
| 6. Leher angsa dengan septiktank dan resapan | <input type="checkbox"/> |

II. Uraian Diagnosa Tingkat risiko Pencemaran

No.	Pertanyaan	Ya	Tidak
1.	Jarak cubluk/ resapan atau lubang penampungan kurang dari 10 meter dari sumur atau sumber air bersih?		
2.	Apabila jarak dari penampungan atau dinding resapan kurang dari 10 m, apakah letak lubang/ resapan tersebut di bagian yang lebih tinggi dari sumber air?		
3.	Lantai jamban tidak rapat, sehingga memungkinkan serangga dan binatang penular penyakit dapat masuk ke dalam cubluk/ resapan sehingga menimbulkan bau		
4.	Lubang masuk kotoran terbuka / tidak ditutup		
5.	Jamban belum dilengkapi dengan rumah jamban		
6.	Lantai licin dan tidak mudah dibersihkan		
7.	Panjang/ lebar lantai < 1 meter		
8.	Rumah jamban tanpa atap		
9.	Apakah di dalam/sekitar jamban ada kecoa/lalat?		
10.	Apakah lantai jamban kotor?		
11.	Apakah saluran jamban tidak mudah digelontor?		
12.	Apakah tidak tersedia sabun di jamban?		
13.	Apabila jamban dilengkapi dengan bak penampung air, apakah terdapat jentik nyamuk?		

Penilaian Faktor Resiko:

Tingkat risiko Tinggi (T) = Bila jumlah jawaban ya: 7 - 13 ; atau
Bila jumlah jawaban ya: 3 - 5, tetapi terdapat
pada nomor 1, 2 dan 3.

Tingkat risiko Rendah (R) = Bila jumlah jawaban ya: 0 – 6 dan tidak terdapat
pada nomor 1, 2 dan 3.

Formulir Inspeksi Saluran Pembuangan Air Limbah

No.	Pertanyaan	Risiko	
		Ya	Tidak
1.	Apakah air buangan dari septiktank/lubang penampungan kotoran dialirkan ke pekarangan rumah?		
2.	Apakah air buangan yang di resapkan mencemari sumber air? (dengn jarak <10 m)		
3.	Apakah air buangan menimbulkan genangan?		
4.	Apakah saluran air buangan dalam keadaan terbuka?		
5.	Apakah menimbulkan bau atau aroma tidak sedap?		
	Jumlah jawaban Ya		

Penilaian :

Skor risiko pencemaran : 0 – 2 = Rendah

3 – 5= Tinggi

Formulir Inspeksi Pengelolaan Sampah

No.	Pertanyaan	Risiko	
		Ya	Tidak
1.	Apakah tempat sampah tidak terbuat dari bahan kedap air?		
2.	Apakah tempat sampah tidak dalam kondisi tertutup?		
3.	Apakah tempat sampah tidak mudah dibuka? (mengotori tangan)		
4.	Apakah tempat sampah tidak dibersihkan setiap hari?		
5.	Apakah tempat sampah diletakkan di dalam rumah?		
6.	Apakah jumlah tempat sampah tidak cukup menampung seluruh sampah?		
7.	Apakah tempat sampah tidak mudah diangkat?		
8.	Apakah tempat pembuangan sementara dekat dari rumah?		
9.	Apakah TPS berjarak kurang dari 10 m dari sumber air?		
10.	Apakah TPS menjadi sarang perkembangbiakan binatang?		
11.	Apakah sampah tidak dimusnahkan selama tiga hari sekali?		
	Jumlah jawaban Ya		

Penilaian :

Skor risiko pencemaran : 0 – 5 =Rendah

6 – 11= Tinggi

Lampiran 3

SOP PENGAMBILAN DARAH VENA UNTUK PEMERIKSAAN NEUTROFIL LIMFOSIT RATIO

1. Pengambilan darah vena sebaiknya dilakukan pada pagi hari sebelum sarapan setelah tidak makan selama 8-10 jam, apabila tidak memungkinkan dilakukan pada waktu kapanpun sepanjang hari.
2. Pengambilan darah vena dilakukan oleh petugas kesehatan terampil seperti perawat atau analis
3. Darah vena ditampung di tabung vacutainer EDTA warna ungu untuk pemeriksaan hematologi dan vacutainer merah untuk pemeriksaan kimia klinik dan imunologi.
4. Tabung darah diberi label dan dicantumkan nama, umur dan kode sampel yang disepakati peneliti.
5. Sampel didata dan diberi kode untuk memudahkan penyusunan dan penelusuran data
6. Pemberian kode dilakukan oleh asisten penelitian di Luwuk
7. Darah EDTA sebaiknya langsung diperiksa dengan alat pemeriksaan Hematology analyzer 5 diff dan apabila tdk memungkinkan disimpan di lemari es suhu 2-8 °C hingga 2 hari
8. Pemisahan serum dilakukan dari tabung merah dengan sentrifus 10 menit 3500 rpm. Serum dipisahkan dalam cup-cup sampel minimal 1 ml per cup sampel, diusahakan sebanyak mungkin cup sampel (replikasi) untuk mengantisipasi pengulangan pemeriksaan.
9. Serum dapat disimpan di freezer suhu -20°C hingga pemeriksaan dilakukan
10. Pengiriman serum/darah EDTA/urin ke Palu dilakukan dengan tromol es untuk menjaga suhu sampel via darat atau udara.
11. Sampel yang di terima di Palu dikirimkan ke RS Anutapura Palu untuk pemeriksaan hematologi Rutin untuk dapatkan hasil Neutrofil Limfosit Ratio
12. Hasil pemeriksaan dikirimkan ke asisten penelitian untuk didata.
13. Sisa sampel serum disimpan hingga 6 bulan sejak pengambilan sampel apabila dibutuhkan di kemudian hari

LAMPIRAN 4



**KEMENTERIAN PENDIDIKAN, KEBUDAYAAN
RISET, DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN
FAKULTAS KESEHATAN MASYARAKAT**

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

REKOMENDASI PERSETUJUAN ETIK

Nomor : **4885/UN4.14.1/TP.02.02/2021**

Tanggal : 2 Agustus 2022

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

No.Protokol	05111993029	No. Sponsor Protokol	
Peneliti Utama	Miranti	Sponsor	Pribadi
Judul Peneliti	Peran Faktor Sanitasi dan Neutrofil Limfosit Ratio (NLR) terhadap Luaran Kehamilan Pada Ibu Hamil yang Menerima Ekstrak Daun Kelor (Moringa Oleifera) Sejak Masa Prakonsepsi di kabupaten takalar		
No.Versi Protokol	1	Tanggal Versi	5 November 2019
No.Versi PSP	1	Tanggal Versi	5 November 2019
Tempat Penelitian	Kecamatan Polongbangkeng Utara, Kabupaten Takalar		
Judul Review	<input type="checkbox"/> Exempted <input type="checkbox"/> Expedited <input checked="" type="checkbox"/> Fullboard	Masa Berlaku 2 Agustus 2022 Sampai 2 Agustus 2023	Frekuensi review lanjutan
Ketua Komisi Etik Penelitian	Nama : Prof.dr.Veni Hadju,M.Sc,Ph.D	Tanda tangan 	Tanggal 2 Agustus 2022
Sekretaris komisi Etik Penelitian	Nama : Dr. Wahiduddin, SKM.,M.Kes	Tanda tangan 	Tanggal 2 Agustus 2022

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 5

Crosstabs

		Notes
Output Created		08-NOV-2022 14:33:11
Comments		
Input	Data	D:\DESERTASI BU MIRANTI\data baru.sav
	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	60
Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.
	Cases Used	Statistics for each table are based on all the cases with valid data in the specified range(s) for all variables in each table.
Syntax		CROSSTABS /TABLES=sumur_gali perpipaan jamban air_limbah sampah BY kat_NLR /FORMAT=AVALUE TABLES /STATISTICS=CHISQ CC ETA CMH(1) /CELLS=COUNT EXPECTED TOTAL /COUNT ROUND CELL.
Resources	Processor Time	00:00:00,02
	Elapsed Time	00:00:00,02
	Dimensions Requested	2
	Cells Available	174734

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
sumur gali * kategori NLR	60	100.0%	0	0.0%	60	100.0%
perpipaan * kategori NLR	60	100.0%	0	0.0%	60	100.0%
jamban * kategori NLR	60	100.0%	0	0.0%	60	100.0%
air limbah * kategori NLR	60	100.0%	0	0.0%	60	100.0%
sampah * kategori NLR	60	100.0%	0	0.0%	60	100.0%

sumur gali * kategori NLR

Crosstab

			kategori NLR		Total
			tidak inflamasi	Inflamasi	
sumur gali	risiko rendah	Count	33	10	43
		Expected Count	30.1	12.9	43.0
		% of Total	55.0%	16.7%	71.7%
	risiko tinggi	Count	9	8	17
		Expected Count	11.9	5.1	17.0
		% of Total	15.0%	13.3%	28.3%
Total	Count	42	18	60	
	Expected Count	42.0	18.0	60.0	
	% of Total	70.0%	30.0%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	3.287 ^a	1	.070		
Continuity Correction ^b	2.251	1	.134		
Likelihood Ratio	3.154	1	.076		
Fisher's Exact Test				.116	.069
Linear-by-Linear Association	3.232	1	.072		
N of Valid Cases	60				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.10.

b. Computed only for a 2x2 table

Directional Measures

			Value
Nominal by Interval	Eta	sumur gali Dependent	.234
		kategori NLR Dependent	.234

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Contingency Coefficient	.228	.070
N of Valid Cases		60	

Tests of Homogeneity of the Odds Ratio

	Chi-Squared	df	Asymp. Sig. (2-sided)
Breslow-Day	.000	0	.
Tarone's	.000	0	.

Tests of Conditional Independence

	Chi-Squared	df	Asymp. Sig. (2-sided)
Cochran's	3.287	1	.070
Mantel-Haenszel	2.214	1	.137

Mantel-Haenszel Common Odds Ratio Estimate

Estimate	2.933
ln(Estimate)	1.076
Std. Error of ln(Estimate)	.605
Asymp. Sig. (2-sided)	.075
Asymp. 95% Confidence Interval	
Common Odds Ratio	Lower Bound
	Upper Bound
ln(Common Odds Ratio)	Lower Bound
	Upper Bound
	.896
	9.608
	-.110
	2.263

The Mantel-Haenszel common odds ratio estimate is asymptotically normally distributed under the common odds ratio of 1.000 assumption. So is the natural log of the estimate.

perpipaan * kategori NLR

Crosstab

			kategori NLR		Total
			tidak inflamasi	Inflamasi	
perpipaan	risiko rendah	Count	32	11	43
		Expected Count	30.1	12.9	43.0
		% of Total	53.3%	18.3%	71.7%
	risiko tinggi	Count	10	7	17
		Expected Count	11.9	5.1	17.0
		% of Total	16.7%	11.7%	28.3%
Total	Count	42	18	60	
	Expected Count	42.0	18.0	60.0	
	% of Total	70.0%	30.0%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.411 ^a	1	.235		
Continuity Correction ^b	.766	1	.381		
Likelihood Ratio	1.366	1	.242		
Fisher's Exact Test				.348	.190
Linear-by-Linear Association	1.387	1	.239		
N of Valid Cases	60				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.10.

b. Computed only for a 2x2 table

Directional Measures

			Value
Nominal by Interval	Eta	perpipaan Dependent	.153
		kategori NLR Dependent	.153

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Contingency Coefficient	.152	.235
N of Valid Cases		60	

Tests of Homogeneity of the Odds Ratio

	Chi-Squared	df	Asymp. Sig. (2-sided)
Breslow-Day	.000	0	.
Tarone's	.000	0	.

Tests of Conditional Independence

	Chi-Squared	df	Asymp. Sig. (2-sided)
Cochran's	1.411	1	.235
Mantel-Haenszel	.753	1	.385

Mantel-Haenszel Common Odds Ratio Estimate

Estimate		2.036
ln(Estimate)		.711
Std. Error of ln(Estimate)		.604
Asymp. Sig. (2-sided)		.239
Asymp. 95% Confidence Interval Common Odds Ratio	Lower Bound	.623
	Upper Bound	6.655

In(Common Odds Ratio)	Lower Bound	- .473
	Upper Bound	1.895

The Mantel-Haenszel common odds ratio estimate is asymptotically normally distributed under the common odds ratio of 1.000 assumption. So is the natural log of the estimate.

jamban * kategori NLR

Crosstab

			kategori NLR		Total
			tidak inflamasi	Inflamasi	
jamban	risiko rendah	Count	31	8	39
		Expected Count	27.3	11.7	39.0
		% of Total	51.7%	13.3%	65.0%
	risiko tinggi	Count	11	10	21
		Expected Count	14.7	6.3	21.0
		% of Total	18.3%	16.7%	35.0%
Total	Count	42	18	60	
	Expected Count	42.0	18.0	60.0	
	% of Total	70.0%	30.0%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	4.776 ^a	1	.029		
Continuity Correction ^b	3.572	1	.059		
Likelihood Ratio	4.660	1	.031		
Fisher's Exact Test				.040	.030
Linear-by-Linear Association	4.696	1	.030		
N of Valid Cases	60				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 6.30.

b. Computed only for a 2x2 table

Directional Measures

			Value
Nominal by Interval	Eta	jamban Dependent	.282
		kategori NLR Dependent	.282

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Contingency Coefficient	.272	.029
N of Valid Cases		60	

Tests of Homogeneity of the Odds Ratio

	Chi-Squared	df	Asymp. Sig. (2-sided)
Breslow-Day	.000	0	.
Tarone's	.000	0	.

Tests of Conditional Independence

	Chi-Squared	df	Asymp. Sig. (2-sided)
Cochran's	4.776	1	.029
Mantel-Haenszel	3.513	1	.061

Mantel-Haenszel Common Odds Ratio Estimate

Estimate		3.523	
ln(Estimate)		1.259	
Std. Error of ln(Estimate)		.590	
Asymp. Sig. (2-sided)		.033	
Asymp. 95% Confidence Interval	Common Odds Ratio	Lower Bound	1.108
		Upper Bound	11.198
	ln(Common Odds Ratio)	Lower Bound	.103
		Upper Bound	2.416

The Mantel-Haenszel common odds ratio estimate is asymptotically normally distributed under the common odds ratio of 1.000 assumption. So is the natural log of the estimate.

air limbah * kategori NLR

Crosstab

		kategori NLR		Total	
		tidak inflamasi	Inflamasi		
air limbah	risiko rendah	Count	24	11	35
		Expected Count	24.5	10.5	35.0
		% of Total	40.0%	18.3%	58.3%

risiko tinggi	Count	18	7	25
	Expected Count	17.5	7.5	25.0
	% of Total	30.0%	11.7%	41.7%
Total	Count	42	18	60
	Expected Count	42.0	18.0	60.0
	% of Total	70.0%	30.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.082 ^a	1	.775		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.082	1	.775		
Fisher's Exact Test				1.000	.503
Linear-by-Linear Association	.080	1	.777		
N of Valid Cases	60				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.50.

b. Computed only for a 2x2 table

Directional Measures

			Value
Nominal by Interval	Eta	air limbah Dependent	.037
		kategori NLR Dependent	.037

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Contingency Coefficient	.037	.775
N of Valid Cases		60	

Tests of Homogeneity of the Odds Ratio

	Chi-Squared	df	Asymp. Sig. (2-sided)
Breslow-Day	.000	0	.
Tarone's	.000	0	.

Tests of Conditional Independence

	Chi-Squared	df	Asymp. Sig. (2-sided)
--	-------------	----	-----------------------

Cochran's	.082	1	.775
Mantel-Haenszel	.000	1	1.000

Mantel-Haenszel Common Odds Ratio Estimate

Estimate	.848
ln(Estimate)	-.164
Std. Error of ln(Estimate)	.575
Asymp. Sig. (2-sided)	.775
Asymp. 95% Confidence Interval	
Common Odds Ratio	Lower Bound
	Upper Bound
	2.620
ln(Common Odds Ratio)	Lower Bound
	Upper Bound
	-1.292
	.963

The Mantel-Haenszel common odds ratio estimate is asymptotically normally distributed under the common odds ratio of 1.000 assumption. So is the natural log of the estimate.

sampah * kategori NLR

Crosstab

			kategori NLR		Total
			tidak inflamasi	Inflamasi	
sampah	risiko rendah	Count	23	9	32
		Expected Count	22.4	9.6	32.0
		% of Total	38.3%	15.0%	53.3%
	risiko tinggi	Count	19	9	28
		Expected Count	19.6	8.4	28.0
		% of Total	31.7%	15.0%	46.7%
Total	Count	42	18	60	
	Expected Count	42.0	18.0	60.0	
	% of Total	70.0%	30.0%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.115 ^a	1	.735		
Continuity Correction ^b	.003	1	.955		
Likelihood Ratio	.115	1	.735		
Fisher's Exact Test				.783	.477
Linear-by-Linear Association	.113	1	.737		
N of Valid Cases	60				

- a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 8.40.
 b. Computed only for a 2x2 table

Directional Measures

			Value
Nominal by Interval	Eta	sampah Dependent	.044
		kategori NLR Dependent	.044

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Contingency Coefficient	.044	.735
N of Valid Cases		60	

Tests of Homogeneity of the Odds Ratio

	Chi-Squared	df	Asymp. Sig. (2-sided)
Breslow-Day	.000	0	.
Tarone's	.000	0	.

Tests of Conditional Independence

	Chi-Squared	df	Asymp. Sig. (2-sided)
Cochran's	.115	1	.735
Mantel-Haenszel	.003	1	.955

Mantel-Haenszel Common Odds Ratio Estimate

Estimate		1.211	
ln(Estimate)		.191	
Std. Error of ln(Estimate)		.564	
Asymp. Sig. (2-sided)		.735	
Asymp. 95% Confidence Interval	Common Odds Ratio	Lower Bound	.401
		Upper Bound	3.658
	ln(Common Odds Ratio)	Lower Bound	-.915
		Upper Bound	1.297

The Mantel-Haenszel common odds ratio estimate is asymptotically normally distributed under the common odds ratio of 1.000 assumption. So is the natural log of the estimate.

LAMPIRAN 6



CURICULUM VITAE

I. DATA PRIBADI

1. Nama : Miranti
2. NIM : K013181037
3. NIP : 19860711 201903 2 010
4. Jenis Kelamin : Perempuan
5. Agama : Islam
6. Tempat Tanggal lahir : Palu, 11 Juli 1986
7. Alamat : Jl Slamet Riadi No. 1 Palu, Sulawesi Tengah
8. Email : myraumar20@gmail.com
9. Institusi : Universitas Tadulako Palu Sulawesi Tengah
10. No. Telp : 085394581122

II. RIWAYAT PENDIDIKAN

1. SD Negeri 5 Palu, lulus tahun 1998
2. SMP Negeri 1 Palu, lulus tahun 2001
3. SMU Negeri 1 Palu, lulus tahun 2004
4. Sarjana Kedokteran Fakultas Kedokteran Universitas Hasanuddin Makassar, lulus tahun 2009
5. Profesi Dokter Fakultas Kedokteran Universitas Hasanuddin, Makassar, lulus tahun 2011
6. Program Magister Kesehatan Program Pasca Sarjana Universitas Indonesia Timur Makassar, lulus tahun 2016
7. Pendidikan Doktor FKM Universitas Hasanuddin 2018-sekarang

III. RIWAYAT PEKERJAAN

1. PNS : Fakultas Kedokteran Universitas Tadulako Palu Sulawesi Tengah (2019 – sekarang)
2. Dokter di RS Anutapura Palu (2013 – sekarang)
3. Dokter di RSUD Tadulako (Agustus 2017 – sekarang)

IV. KARYA ILMIAH

1. Determinants of the incidence of stunting in the working area of Kinovaro Sigi Health Center (2019)
[www.elsevier.es/enfermeriaclinica\(Q3\),https://doi.org/10.1016/j.enfcli.2019.10.077](http://www.elsevier.es/enfermeriaclinica(Q3),https://doi.org/10.1016/j.enfcli.2019.10.077)
2. Description Of Health Status And Pregnancy Risk Levels In Pregnancy Women In Tondo Puskesmas Talise Village, Palu City (2020)
Macedonian Journal of Medical Sciences. 2021 Dec 16; 9(E):1522-1527.
<https://doi.org/10.3889/oamjms.2021.7895>
3. A Determinat Analysis of Stunting Prevalence On Under 5-Years-Old Children to Establish Stunting Management Policy (2021)
Macedonian Journal of Medical Science (Q3),
<https://doi.org/10.3889/oamjms.2021.5622>
4. Sanitation and Multiple Micronutrient Supplementation in Pregnancy Outcomes : Literatur Review
Macedonian Journal of Medical Sciences. 2022 May 12; 10(F):380-385.
<https://doi.org/10.3889/oamjms.2022.9052>

V. SEMINAR / KONGERENSE ILMIAH NASIONAL DAN INTERNATIONAL

1. 4th International Symposium of Public Health (Universitas Airlangga-Griffith University) as Participant and Presenter Tahun 2019
2. The Firts International Conference On Nutrition and Public Health (ICNPH) (UNHAS) as Participant and Presenter 2019
3. International Virtual Conference Beyond national health care system in Indonesia toward universal coverage (KAGAMA UGM) as Participant and Committe Tahun 2020
4. International Conference Of Public Health (UNTAD) as Participant Tahun 2019
5. The 2nd International Conference On Nutrition and Public Health (ICNPH) (UNHAS) as Participant 2021
6. International Interdisciplinary Conference on Enviromental Sciences and Sustainable Developments (UNTAD) as Participant and Presenter 2021
7. The 8th International Conference on Public Health (UNS) as Participant 2021
8. International Seminar on Environmental Medicine (UNTAD) as Participant and Committe Tahun 2022

LAMPIRAN 7

DOKUMENTASI PENELITIAN

