DAFTAR PUSTAKA

Aghnia JP, Eryati Darwin, Efrida N.D. 2012. *Pola Infeksi Oportunistik yang menyebabkan kematian pada penyandang AIDS di RS Dr.M.Djamil Padang tahun 2010-2012*. Padang

Anggraeni, N.D. 2010. *Ketahanan hidup satu tahun pasien HIV/AIDS dengan pengobatan regimen ARV lini pertama berdasarkan jumlah CD4 sebelum pengobatan ARV di RSPI prof. Dr. Sulianti saroso tahun 2005-2010*. Jakarta

Avy Violary et al. 2021. *Earl/y Antiretroviral Therapy and Mortality among HIV-Infected Infants*. The New England Journal Medicine

Brian C.Zanoni et al. 2011. *Risk Factors Associated with Increased Mortality among HIV Infected Children initiating Antiretroviral Therapy in South Africa.* South Africa. Plos One, Journal Pone

Carolyn Bolton et al. 2007. *Clinical outcomes and CD4 Cell response in Children Receiving Antiretroviral Therapy at Primary Health Care Facilities in Zambia*. American Medical Association.

Collins, I. J., et al. 2010. *Long-Term Survival of HIV-Infected Children Receiving Antiretroviral Therapy in Thailand*: A 5-year Observational Cohort Study, Clinical Infectious Diseases, Thailand.

Dahlan, M. S. 2009. *Besar Sampel untuk Desain Khusus*. Dalam: Besar Sampel dan Cara Pengambilan Sampel, dalam P enelitian Kedokteran dan Kesehatan, Salemba Medika, Jakarta

Dean AG, Sulivan KM. 2021. *Sample size for designing clinical research.* Open source Epidemiology Statistic for Public Health.

Dinas Kesehatan Provinsi Sulawesi Selatan. 2021. *Laporan Perkembangan HIV/AIDS di Provinsi Sulawesi Selata.* Makassar

Direktorat Jendral Pengendalian Penularan Penyakit Lingkungan Kementerian Kesehatan Republik Indonesia. 2020. *Statistik Kasus HIV/AIDS di Indonesia.* Jakarta: Kemenkes RI.

Dyah Perwitasari, Eggi Arguni. 2016. *Predicting Factors for Mortality among HIV Infection Children Receiving Antiretroviral Therapy in Dr.Sardjito Hospital in Yogyakarta and Dr.Kariadi Hopital Semarang.* Sari Pediatri.

Edmonds, et al. 2011. *The Effect o Highly Active Antiretroviral Therapy on The Survival of HIV-Infected Children* in a Resource-Deprived Setting: A cohort Study. Plos medicine

Eduardo Villamor et al. 2005. *Child Mortality in relation to HIV Infection, Nutritional status and socio-economic background.* USA, Department of Nutrition Harvard School of Public Health.

Emmanuel Ademola, Sunday Adedeji. 2018. *Mortality in a Cohort of HIV-Infected Children: A 12 Month Outcome of Antiretroviral Therapy in Makurdi, Nigeria.* Nigeria, Journal Hindawi.

Endang W, Yetti MN, Bambang S, 2018. Buku Ajar Hematologi Onkologi Anak. Anemia Penyakit Kronik. Jakarta: Badan penerbit IDAI.

Ikatan Dokter Anak Indonesia. 2011. *Asuhan Nutrisi Pediatrik*. Jakarta: UKK Nutrisi dan Penyakit Metabolik.

Ikatan Dokter Anak Indonesia. 2008. *Pedoman Nasional Tuberculosis Anak*, edisi kedua, UKK Respirologi. Jakarta.

Iroezindu MO, Ofundu EO & Hausler H et al. 2013. *Prevalance and Risk Factors of Opportunistic Infections in HIV Patients Receiving Antiretroviral Theraphy in a Resource-Limited Setting in Nigeria.* In: AIDS and Clinical Research.

Jonathan Izudi et al, 2018. *High Baseline CD4 count and exclusive breastfeeding are associated with lower rates of Mother to child transmission in Northwestern Uganda.* Uganda. Journal Hindawi

Karnite et al, 2012. *Years of potential life lost due to HIV infection and associated factors based on national HIV surveillance data in Latvia.* Latvia.

Kementrian Kesehatan Republik Indonesia. 2021. *Pedoman nasional terapi antiretroviral*. Jakarta: Departemen Kesehatan Republik Indonesia.

Kementrian Kesehatan Republik Indonesia. 2016. *Petunjuk teknis manajemen dan tatalaksana TB anak*. Asik, Hastuti EB, Evarini Y, editors. Jakarta: Bakti Husada

Latuperissa D. 2018. *Human Immunodeficiency virus.* Buku Ajar Infeksi dan penyakit tropis, edisi keempat. Jakarta. Badan penerbit IDAI.

Lidya R, Rutherford M, Apriani L, Janssen W, Rahmadi A, Parwati I. 2009. *Improving diagnosis of pulmonary tuberculosis among HIV/AIDS patients: literature review and experience in a teaching hospital in Indonesia*.Indonesia.

Lubis MY. 2014. *Hubungan Jumlah Cluster of Differentiation 4 (CD4) dengan Infeksi Oportunistik Pada Pasien HIV/AIDS di RSUP Haji Adam Malik Medan.* Medan: Universitas Sumatera Utara.

Matondang CS, Kurniati N. 2010. *Infeksi HIV pada Bayi dan anak*. Buku Ajar Alergi-Imunologi Anak, Jakarta: Badan penerbit IDAI.

Mark K. Kabue et al. 2012. *Mortality and Clinical Outcomes in HIV-Infected Children on Antiretroviral Therapy in Malawi, Lesotho and Swaziland*. Malawi

Moss WJ, Clements HJ. 2003. *Imuunization of children at risk of infection with HIV.* Bull World Health Organ.

Murage, E.W.K., Norris, S.A., Pettifor, J.M., Tollman, S.M., Grobusch, K.K., Olive X.F.G., Dunger, D.B., Kahn, K. 2011. *Nutritional Status and HIV in Rural South African Children*, BMC Pediatrics Vol.23. No.3.

Nasronudin. 2008. *HIV dan AIDS. Pendekatan biologi molekuler, klinis dan social*. Surabaya: Universitas Airlangga

Rahajoe NN, Setyanto DB. 2018. *Patogenesis, Diagnosis dan Tatalaksana Tuberkulosis pada anak*. Buku Ajar Respirologi anak, edisi pertama. Ikatan Dokter Anak Indonesia.Jakarta.

Sandra Fagundes Moreira, Eliana Zandonade. 2015. *Mortality in Children and Adolescent vertically infected by HIV receiving care at a referral Hospital in Vitoria, Brazil.* Brazil. BioMed Central.

Stella Ngwende et al, 2008. *Factors associated with HIV infection among children born to mothers on the prevention of mother to child transmission programme at Chitungwiza Hospital, Zimbabwe.* Zimbabwe.

Sumantri R, Wicaksana R, Ariantana AR. 2009. *Prevalensi dan faktor risiko anemia pada HIV-AIDS*. Majalah Kedokteran Bandung.

Sumantri R, Iman Supandiman, 2012. *Opportunity of Death in Human Immunodeficiency Virus-Acquired Immunodeficiency Syndrome Patients by Combining Degree of Anemia, Body Mass Index and Cluster Differentiation 4 Count.* Bandung. Majalah Kedokteran Bandung.

Susanto et al, 2011. Buku Ajar Nutrisi dan Penyakit Metabolik Anak. Malnutrisi akut berat dan terapi nutrisi berbasis komunitas. Jakarta. Badan penerbit IDAI.

Swanson EC, 2013. Cytomegalovirus infection: new prosphects for prevention and therapy. Pediatry Clinical Noth America.

Ubra, R. 2012. *Faktor- faktor yang berhubungan dengan kepatuhan pengobatan minum ARV pada pasien HIV di Kabupaten Mimika Provinsi Papua*.

United Nations Programme on HIV and AIDS (UNAIDS). 2021. *Report on the Global AIDS Epidemic*. Geneva: UNAIDS.

Wamalwa, D. C., obimbo, E.M., Farquhar, C., Richardson, B.A., Ngacha, D.A.M., 2010. *Predictors of Mortality in HIV infected Children on*

Antiretroviral Therapy in Kenya: a Prospective Cohort. BMC Pediatrics.

World Health Organization. 2006. *Definitions of HIV for surveillance and revised clinical staging and immunological classification of HIV related disease in adults and children, HIV-Related Opportunistic Diseases*. Switzerland: Publications of the World Health.

World Health Organization. 2021. *Consolidated Giudelines on HIV Prevention, Testing, Treatment, Service Delivery and Monitoring*. Switzerland: Publications of the World Health.

Yani, F. F., Akib, A. P., Supriyatno, B., Setyanto, D. B., Kurniati, N., Kiswandani. 2006. *Penyakit Respiratorik Pada Anak Dengan HIV,* Sari Pediatri Vol. 8.

KEMENTERIAN PENDIDIKAN DAN KEBUDAYAAN
UNIVERSITAS HASANUDDIN
FAKULTAS KEDOKTERAN

KOMITE ETIK PENELITIAN KESEHATAN

Sekretariat : Lantai 2 Gedung Laboratorium Terpadu

JL.PERINTIS KEMERDEKAAN KAMPUS TAMALANREA KM.10, Makassar.

Telp.0411-5044671, Fax (0411) 586297.

Contact person **dr. Agus Salim Buchari,M.Med,PhD,SpGK** (HP. 081241850858)

Lampiran 1

NASKAH PENJELASAN UNTUK MENDAPAT PERSETUJUAN DARI KELUARGA / SUBJEK PENELITIAN (informasi untuk subjek)

IDENTIFIKASI FAKTOR RISIKO KEMATIAN

HUMAN IMMUNODEFICIENCY VIRUS PADA ANAK

Penelitian ini menggunakan data sekunder dengan menggunakan data rekam medis sehingga tidak dilakukan penjelasan / inform consent kepada subjek penelitian

Penanggung jawab penelitian :

Nama : dr. Muhammad Alief Akbar Yusuf

Alamat : Jl.Dg.Hayo No.52, Makassar.

Telepon : 08114444862

KEMENTERIAN PENDIDIKAN DAN KEBUDAYAAN
UNIVERSITAS HASANUDDIN
FAKULTAS KEDOKTERAN

KOMITE ETIK PENELITIAN KESEHATAN

Sekretariat : Lantai 2 Gedung Laboratorium Terpadu

JL.PERINTIS KEMERDEKAAN KAMPUS TAMALANREA KM.10, Makassar.

Telp.0411-5044671, Fax (0411) 586297.

Contact person **dr. Agus Salim Buchari,M.Med,PhD,SpGK** (HP. 081241850858)

Lampiran 2

FORMULIR PERSETUJUAN

MENGIKUTI PENELITIAN SETELAH MENDAPAT PENJELASAN :

Penelitian ini menggunakan data sekunder dengan mengambil data dari rekam medis sehingga tidak ada formulir penelitian bagi subjek penelitian.

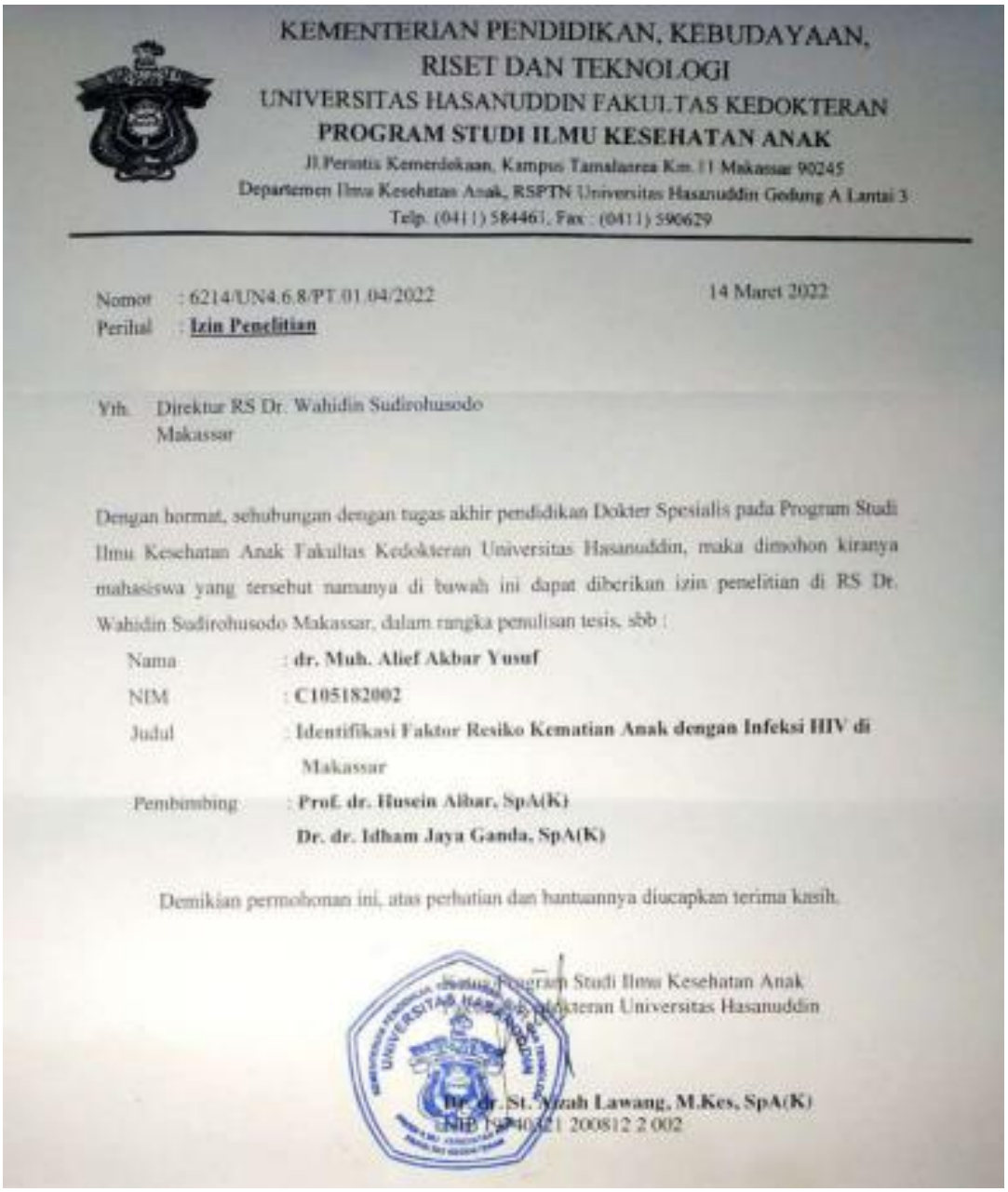
Penanggung jawab penelitian :

Nama : dr. Muhammad Alief Akbar Yusuf

Alamat : Jl.Dg.Hayo No.52, Makassar.

Telepon : 08114444862

Lampiran 3. Surat Rekomendasi Persetujuan Etik



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN,
RISET DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN FAKULTAS KEDOKTERAN
PROGRAM STUDI ILMU KESEHATAN ANAK
Jl.Perintis Kemerdekaan, Kampus Tamalanrea Km.11 Makassar 90245
Departemen Ilmu Kesehatan Anak, RSPTN Universitas Hasanuddin Gedung A Lantai 3
Telp. (0411) 584461, Fax : (0411) 590629

Nomor : 6214/UN4.6.8/PT.01.04/2022 — 14 Maret 2022
Perihal : **Izin Penelitian**

Yth. Direktur RS Dr. Wahidin Sudirohusodo
Makassar

Dengan hormat, sehubungan dengan tugas akhir pendidikan Dokter Spesialis pada Program Studi Ilmu Kesehatan Anak Fakultas Kedokteran Universitas Hasanuddin, maka dimohon kiranya mahasiswa yang tersebut namanya di bawah ini dapat diberikan izin penelitian di RS Dr. Wahidin Sudirohusodo Makassar, dalam rangka penulisan tesis, sbb :

Nama	: **dr. Muh. Alief Akbar Yusuf**
NIM	: **C105182002**
Judul	: **Identifikasi Faktor Resiko Kematian Anak dengan Infeksi HIV di** Makassar
Pembimbing	: **Prof. dr. Husein Albar, SpA(K)**
	Dr. dr. Idham Jaya Ganda, SpA(K)

Demikian permohonan ini, atas perhatian dan bantuannya diucapkan terima kasih.

Ketua Program Studi Ilmu Kesehatan Anak
Fakultas Kedokteran Universitas Hasanuddin

Dr. dr. St. Aisyah Lawang, M.Kes, SpA(K)
NIP 19740321 200812 2 002

KEMENTERIAN PENDIDIKAN, KEBUDAYAAN, RISET DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN FAKULTAS KEDOKTERAN
KOMITE ETIK PENELITIAN KESEHATAN
RISPTN UNIVERSITAS HASANUDDIN
RSUP Dr. WAHIDIN SUDIROHUSODO MAKASSAR
Sekretariat : Lantai 2 Gedung Laboratorium Terpadu
JL.PERINTIS KEMERDEKAAN KAMPUS TAMALANREA KM.10 MAKASSAR 90245.
Contact Person: dr. Agussalim Bukhari, MMed,PhD, SpGK. TELP. 08124183083[illegible], 0411 5780103, Fax : 0411-580431

REKOMENDASI PERSETUJUAN ETIK

Nomor : 095A/UN4.6.4.5.31/ PP36/ 2022

Tanggal: 28 Pebruari 2022

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

No Protokol	UH22010035	No Sponsor Protokol	
Peneliti Utama	**dr. Muhammad Alief Akbar Yusuf**	Sponsor	
Judul Peneliti	Identifikasi Faktor Risiko Kematian Anak Dengan Infeksi HIV di **Makassar**		
No Versi Protokol	**1**	Tanggal Versi	**24 Januari 2022**
No Versi PSP		Tanggal Versi	
Tempat Penelitian	RS Dr. Wahidin Sudirohusodo dan RS Labuang Baji Makassar		
Jenis Review	[ ] Exempted [x] Expedited [ ] Fullboard Tanggal	Masa Berlaku **28 Pebruari 2022** sampai **28 Pebruari 2023**	Frekuensi review lanjutan
Ketua KEPK FKUH RSUH dan RSWS	Nama **Prof.Dr.dr. Suryani As'ad, M.Sc.,Sp.GK (K)**	Tanda tangan	
Sekretaris KEPK FKUH RSUH dan RSWS	Nama **dr. Agussalim Bukhari, M.Med.,Ph.D.,Sp.GK (K)**	Tanda tangan	

Kewajiban Peneliti Utama:

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

NO	RM	NAMA	JK	USIA	PENDIDIKAN	GAJI	HP	BB/TB	GIZI	LAMA ARV	DIARE	TB	CAP	KANDIDIASIS	OI LAINNYA	STADIUM	HB	CD4
1	764235	UWAIS AL QARNI	L	11 BULAN	SMA	< 3 JT		5,70	BURUK	2 MINGGU	YA	YA	TIDAK	YA	TIDAK	IV	6,8	48
2	750293	JHOHANIS ALLINSKY	L	8 TAHUN 11 BULAN	SMA	< 3 JT	82349903990	12,125	BURUK	1 MINGGU	YA	YA	TIDAK	YA	TIDAK	IV	5,3	19
3	761802	MUH.ADHITYA	L	9 BULAN	SMA	< 3 JT	85145748841	4,62	BURUK	1 MINGGU	YA	YA	YA	YA	TIDAK	IV	7,2	2422
4	782021	RESKI EKA PUTRA	L	10 TAHUN 5 BULAN	SD	< 3 JT	82191333608	13,131	BURUK	5 BULAN	YA	YA	YA	YA	TIDAK	IV	5,2	3
5	779310	YENI TRIONO	P	12 TAHUN	SD	<3 JT	85237538312	36,141	BURUK	7 TAHUN	YA	TIDAK	TIDAK	YA	YA	III	10,6	19
6	762160	ANNISA NURUL	P	14 TAHUN 2 BULAN	SMA	> 3 JT	82339906645	16,142	BURUK	6 TAHUN 2 BULAN	YA	YA	TIDAK	TIDAK	YA	III	10,5	7
7	752051	AM.PASHA ISLAM	L	5 BULAN	S1	> 3 JT	81355213505	4,65	BURUK	1 BULAN	YA	YA	TIDAK	YA	TIDAK	III	9,6	534
8	781176	M.KIANDRA	L	5 TAHUN 5 BULAN	SD	< 3 JT	85298340657	13,105	BURUK	4 BULAN	YA	TIDAK	YA	YA	TIDAK	IV	4,8	22
9	755717	M.HARIDEWANTO	L	17 TAHUN 6 BULAN	SMA	> 3 JT	85242169157	30,155	BURUK	7 TAHUN	TIDAK	YA	TIDAK	TIDAK	TIDAK	III	10,2	401
10	774303	M.NABIL	L	3 BULAN	SD	< 3 JT	85342204444	4,55	BURUK	12 HARI	YA	YA	TIDAK	TIDAK	TIDAK	III	10,9	759
11	795770	A, AMANDA	P	6 TAHUN 6 BULAN	SMA	< 3 JT	81342376557	10,114	BURUK	6 BULAN	YA	TIDAK	TIDAK	YA	YA	IV	7,1	20
12	780709	KHALILA APRISA	P	3 TAHUN 7 BULAN	SMA	> 3 JT	8114607275	13,90	BAIK	1 TAHUN	TIDAK	TIDAK	YA	TIDAK	TIDAK	II	10,6	854
13	717220	DAI MUHAMMAD	L	4 TAHUN 9 BULAN	SMA	< 3 JT	85342599879	14,97	BURUK	2 TAHUN 2 BULAN	YA	YA	YA	TIDAK	TIDAK	III	10,7	833
14	811574	AKSEL VALENCIA	L	4 BULAN	SD	< 3 JT	81296591545	3,60	BURUK	1 MINGGU	YA	TIDAK	YA	YA	TIDAK	III	8	2859
15	810830	SOFIA	P	10 BULAN	SMA	< 3 JT	81342426170	6,64	BURUK	1 MINGGU	YA	TIDAK	YA	YA	TIDAK	III	6,1	307
16	663151	ARISSA	P	5 TAHUN 4 BULAN	S1	> 3 JT	82195031861	13,124	BURUK	3 TAHUN 4 BULAN	TIDAK	TIDAK	YA	TIDAK	TIDAK	II	12,6	2200
17	822044	VALENCIA STEVANI	P	13 TAHUN	SMA	< 3 JT	82187545984	34,145	BURUK	7 TAHUN	TIDAK	TIDAK	YA	YA	TIDAK	III	8,7	60
18	813649	KELVIN ALRISKY	L	2 TAHUN 8 BULAN	SMA	> 3 JT	82227779521	8,85	BURUK	1 BULAN	TIDAK	TIDAK	YA	YA	YA	III	9,8	55
19	788881	IMRAN SATRIA	L	14 TAHUN 9 BULAN	SMA	< 3 JT		40,151	BURUK	1 BULAN	YA	YA	TIDAK	YA	TIDAK	IV	6,6	21
20	832170	VARIEL OKTAVIAN	L	9 TAHUN 4 BULAN	S1	> 3 JT	82195113777	15,121	BURUK	1 MINGGU	YA	TA	TIDAK	YA	TIDAK	IV	7,9	1
21	634801	HAERUL	L	13 TAHUN	SMA	< 3 JT	85242191626	20,116	BURUK	4 TAHUN 3 BULAN	TIDAK	YA	TIDAK	YA	TIDAK	III	11	78
22	831682	SULHAM RASAK	L	1 TAHUN 8 BULAN	SMA	< 3 JT	81242654282	6,74	BURUK	1 BULAN	TIDAK	TIDAK	YA	TIDAK	TIDAK	III	8,8	382
23	864809	ARGINA	P	2 TAHUN 3 BULAN	S1	> 3 JT	81242329495	6,62	BURUK	1 BULAN	TIDAK	YA	YA	YA	TIDAK	IV	11	0
24	865994	RAHMAD ARDIYANSYA	L	2 TAHUN 1 BULAN	SMA	< 3 JT	85241230468	9,78	BURUK	1 BULAN	YA	TIDAK	YA	TIDAK	TIDAK	III	11,8	580
25	623616	ANINDYA NAFIZA	P	2 TAHUN	SMA	< 3 JT	85343811222	21,115	BURUK	5 TAHUN 4 BULAN	YA	YA	YA	TIDAK	TIDAK	IV	6,9	8
26	874610	MAULIDA	P	13 TAHUN	SMA	< 3 JT	81339535824	33,144	BURUK	8 TAHUN	YA	TIDAK	TIDAK	YA	TIDAK	III	10,4	26
27	904085	REGINA PUTRI	P	1 TAHUN 8 BULAN	SMA	< 3 JT	81217625381	10,80	BURUK	1 BULAN	YA	TIDAK	TIDAK	TIDAK	TIDAK	III	10,2	820
28	898636	AISYAH NUR FADILLA	P	1 TAHUN 6 BULAN	SMA	< 3 JT	85298882945	4,66	BURUK	1 BULAN	YA	TIDAK	TIDAK	YA	TIDAK	III	10,8	203
29	874412	QUENZA REYNIDA	P	4 TAHUN 8 BULAN	SMA	> 3 JT	82190612550	13,94	BURUK	3 BULAN	TIDAK	TIDAK	TIDAK	TIDAK	TIDAK	III	5,7	464

30	873533	WAODE AIRA	P	2 TAHUN 3 BULAN	SMA	< 3 JT	81237666213	13,80	BAIK	3 BULAN	TIDAK	TIDAK	TIDAK	TIDAK	TIDAK	II	3,3	947
31	881738	YEFTA	P	10 TAHUN 5 BULAN	SMA	< 3 JT	81245176776	19,125	BURUK	4 TAHUN	TIDAK	YA	TIDAK	YA	YA	III	10,5	14
32	899223	BUAZHAR PANGUMI	L	14 TAHUN 6 BULAN	SMA	< 3 JT	82196986251	22,40	BURUK	7 TAHUN	TIDAK	TIDAK	YA	TIDAK	TIDAK	III	10,4	155
33	924530	ANUM NAFEEZA	P	7 BULAN	S1	> 3 JT	8126702347	4,60	BURUK	2 MINGGU	YA	TIDAK	YA	YA	TIDAK	III	6,5	122
34	792446	FALQI	L	5 TAHUN 2 BULAN	SMA	< 3 JT	81341572199	11,96	BURUK	8 BULAN	YA	TIDAK	YA	TIDAK	YA	III	5,8	14
35	926562	AYU CELLA	P	11 TAHUN 8 BULAN	SD	< 3 JT	85299167878	15,135	BURUK	2 TAHUN	YA	TIDAK	YA	YA	TIDAK	IV	6,1	7
36	898622	AISYAH NUR FADILLA	P	2 TAHUN 4 BULAN	SMA	< 3 JT	8529883945	9,80	BURUK	10 BULAN	YA	TIDAK	TIDAK	TIDAK	TIDAK	III	9,8	850
37	900373	AABIR YUSUF	L	10 BULAN	S1	> 3 JT	82195681311	10,64	BAIK	2 BULAN	YA	TIDAK	TIDAK	TIDAK	TIDAK	II	10,9	161
38	907756	ABD.RASYID	L	1 TAHUN 10 BULAN	S1	>3 JT	85340892699	11,78	BURUK	1 BULAN	YA	TIDAK	YA	TIDAK	TIDAK	III	10,3	27
39	775254	GERALD	L	5 TAHUN 1 BULAN	S1	>3 JT	81356240409	12,101	BURUK	4 TAHUN 3 BULAN	YA	TIDAK	YA	YA	TIDAK	III	8,6	27
40	929626	ADIFA KEYLA	P	3 TAHUN 5 BULAN	SMP	< 3 JT	82158811743	5,80	BURUK	1 TAHUN 10 BULAN	YA	YA	YA	YA	TIDAK	IV	6,3	15
41	930492	ADHIVA RAMADANI	P	10 BULAN	SMP	< 3 JT	82395504840	5,69	BURUK	20 HARI	YA	TIDAK	TIDAK	TIDAK	TIDAK	III	7,2	5473
42	934212	MUH.ALKAHFI	L	5 BULAN	SMA	< 3 JT	82344539519	5,56	BURUK	2 HARI	TIDAK	TIDAK	YA	YA	YA	III	8,1	130
43	934824	PUTRI ANDRIANI	P	2 TAHUN 6 BULAN	SD	< 3 JT	81244333501	6,74	BURUK	1 BULAN	YA	TIDAK	YA	YA	TIDAK	III	11,6	972
44	938788	AI NURRAHIM	L	1 TAHUN 4 BULAN	SMA	< 3 JT	85298465067	6,71	BURUK	1 BULAN	YA	YA	TIDAK	TIDAK	TIDAK	III	8,7	435
45	907446	AKILA ARSITA	P	4 TAHUN 6 BULAN	SMA	< 3 JT	85255531668	9,83	BURUK	3 TAHUN 4 BULAN	YA	TIDAK	YA	YA	TIDAK	III	9,8	131
46	950832	NUR AISYAH	P	3 TAHUN	SD	< 3 JT	82348422966	8,5, 78	BURUK	2 TAHUN 2 BULAN	YA	TIDAK	YA	YA	TIDAK	III	8,3	408
47	751675	MUH.ADE IBRAHIM	L	9 TAHUN 10 BULAN	SMA	< 3 JT		11, 130	BURUK	4 TAHUN	YA	YA	TIDAK	YA	TIDAK	IV	11,5	58
48	956492	MUH.RIDWAN	L	15 TAHUN 5 BULAN	SMP	< 3 JT	85298576492	48, 160	BURUK	1 BULAN	YA	TIDAK	YA	TIDAK	YA	III	7,9	61
49	960475	GATAZKHA	L	3 TAHUN 8 BULAN	SMA	< 3 JT	87881591818	7,98	BURUK	1 BULAN	YA	TIDAK	YA	YA	TIDAK	III	4,9	9
50	727381	MUH FAHMI	L	1 TAHUN 2 BULAN	SMA	< 3 JT	85299980953	5,72	BURUK	1 MINGGU	YA	YA	YA	YA	TIDAK	IV	4,9	63
51	723912	KENZO GAMALIEL	L	4 TAHUN 8 BULAN	S1	> 3 JT	85399375221	11,110	BURUK	4 HARI	YA	YA	YA	TIDAK	TIDAK	III	4,6	15
52	704617	MARZUQI ALINSKY	L	7 TAHUN 8 BULAN	SMA	< 3 JT	81299268886	15,121	BURUK	2 HARI	YA	YA	YA	YA	TIDAK	IV	9,1	24
53	724638	MARSEL	L	3 TAHUN 6 BULAN	S1	> 3 JT	85241369868	8,98	BURUK	5 HARI	YA	TIDAK	YA	YA	TIDAK	III	11	22
54	672585	JURANAH QAULIYA	P	4 TAHUN 5 BULAN	S1	> 3 JT	8975110569	10,107	BURUK	3 HARI	YA	YA	YA	TIDAK	TIDAK	III	9,8	20
55	721131	BANGKIT	L	4 TAHUN 6 BULAN	SMP	< 3 JT	85343751096	12,108	BURUK	1 TAHUN	YA	YA	TIDAK	YA	TIDAK	III	9,7	22
56	675632	ADITYA FRAMONO	L	12 TAHUN	SMP	< 3 JT	82291936292	22,130	BURUK	3 TAHUN 4 BULAN	TIDAK	YA	TIDAK	TIDAK	TIDAK	III	12,5	247
57	687889	MUH HAMKA	L	3 TAHUN 9 BULAN	SMA	< 3 JT	85342741965	5, 91	BURUK	1 BULAN	YA	YA	TIDAK	YA	TIDAK	III	13,5	53
58	730619	RESKY LOAY	L	3 BULAN	S1	> 3 JT		4,55	BURUK	1 BULAN	YA	YA	YA	YA	TIDAK	III	10,5	1848

Lampiran 5. Analisis Data

Statistics

		Jenis Kelamin	Kelompok Usia	GIZI	Lama Arv	Infeksi Oportunistik	STADIUM	Anemia	Status Imunologi	Kondisi Keluar RS	sosioekonomi	pendidikan
N	Valid	58	58	58	58	58	58	58	58	58	58	58
	Missing	0	0	0	0	0	0	0	0	0	0	0

Jenis Kelamin

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Laki-laki	34	58.6	58.6	58.6
	Perempuan	24	41.4	41.4	100.0
	Total	58	100.0	100.0	

Kelompok Usia

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	< 2 Tahun	17	29.3	29.3	29.3
	≥ 2 tahun	41	70.7	70.7	100.0
	Total	58	100.0	100.0	

GIZI

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Gizi Baik	3	5.2	5.2	5.2
	Malnutrisi	55	94.8	94.8	100.0
	Total	58	100.0	100.0	

Lama Arv

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	≥ 6 Bulan	23	39.7	39.7	39.7
	< 6 Bulan	35	60.3	60.3	100.0
	Total	58	100.0	100.0	

Infeksi Oportunistik

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	< 3	20	34.5	34.5	34.5
	≥ 3	38	65.5	65.5	100.0
	Total	58	100.0	100.0	

STADIUM

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-2	3	5.2	5.2	5.2
	3-4	55	94.8	94.8	100.0
	Total	58	100.0	100.0	

Anemia

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ringan-Sedang	37	63.8	63.8	63.8
	Berat	21	36.2	36.2	100.0
	Total	58	100.0	100.0	

Status Imunologi

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak Imunosupresi Berat	15	25.9	25.9	25.9
	Imunosupresi Berat	43	74.1	74.1	100.0
	Total	58	100.0	100.0	

Kondisi Keluar RS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Hidup	37	63.8	63.8	63.8
	Meninggal	21	36.2	36.2	100.0
	Total	58	100.0	100.0	

sosioekonomi

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	menengah kebawah	40	69.0	69.0	69.0
	atas	18	31.0	31.0	100.0
	Total	58	100.0	100.0	

pendidikan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	non perguruan tinggi	46	79.3	79.3	79.3
	perguruan tinggi	12	20.7	20.7	100.0
	Total	58	100.0	100.0	

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Jenis Kelamin * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
Kelompok Usia * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
GIZI * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
Lama Arv * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
Infeksi Oportunistik * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
STADIUM * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
Anemia * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
Status Imunologi * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
sosioekonomi * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
pendidikan * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%

Jenis Kelamin * Kondisi Keluar RS Crosstabulation

			Kondisi Keluar RS		
			Hidup	Meninggal	Total
Jenis Kelamin	Laki-laki	Count	20	14	34
		% within Kondisi Keluar RS	54.1%	66.7%	58.6%
	Perempuan	Count	17	7	24
		% within Kondisi Keluar RS	45.9%	33.3%	41.4%
Total		Count	37	21	58
		% within Kondisi Keluar RS	100.0%	100.0%	100.0%

Kelompok Usia * Kondisi Keluar RS Crosstabulation

			Kondisi Keluar RS		
			Hidup	Meninggal	Total
Kelompok Usia	< 2 Tahun	Count	10	7	17
		% within Kondisi Keluar RS	27.0%	33.3%	29.3%
	≥ 2 tahun	Count	27	14	41
		% within Kondisi Keluar RS	73.0%	66.7%	70.7%
Total		Count	37	21	58
		% within Kondisi Keluar RS	100.0%	100.0%	100.0%

GIZI * Kondisi Keluar RS Crosstabulation

			Kondisi Keluar RS		
			Hidup	Meninggal	Total
GIZI	Gizi Baik	Count	3	0	3
		% within Kondisi Keluar RS	8.1%	0.0%	5.2%
	Malnutrisi	Count	34	21	55
		% within Kondisi Keluar RS	91.9%	100.0%	94.8%
Total		Count	37	21	58
		% within Kondisi Keluar RS	100.0%	100.0%	100.0%

Lama Arv * Kondisi Keluar RS Crosstabulation

			Kondisi Keluar RS		
			Hidup	Meninggal	Total
Lama Arv	≥ 6 Bulan	Count	18	5	23
		% within Kondisi Keluar RS	48.6%	23.8%	39.7%

	< 6 Bulan	Count	19	16	35
		% within Kondisi Keluar RS	51.4%	76.2%	60.3%
Total		Count	37	21	58
		% within Kondisi Keluar RS	100.0%	100.0%	100.0%

Infeksi Oportunistik * Kondisi Keluar RS Crosstabulation

			Kondisi Keluar RS		
			Hidup	Meninggal	Total
Infeksi Oportunistik	< 3	Count	20	0	20
		% within Kondisi Keluar RS	54.1%	0.0%	34.5%
	≥ 3	Count	17	21	38
		% within Kondisi Keluar RS	45.9%	100.0%	65.5%
Total		Count	37	21	58
		% within Kondisi Keluar RS	100.0%	100.0%	100.0%

STADIUM * Kondisi Keluar RS Crosstabulation

			Kondisi Keluar RS		
			Hidup	Meninggal	Total
STADIUM	1-2	Count	3	0	3
		% within Kondisi Keluar RS	8.1%	0.0%	5.2%
	3-4	Count	34	21	55
		% within Kondisi Keluar RS	91.9%	100.0%	94.8%
Total		Count	37	21	58
		% within Kondisi Keluar RS	100.0%	100.0%	100.0%

Anemia * Kondisi Keluar RS Crosstabulation

			Kondisi Keluar RS		
			Hidup	Meninggal	Total
Anemia	Ringan-Sedang	Count	32	5	37
		% within Kondisi Keluar RS	86.5%	23.8%	63.8%
	Berat	Count	5	16	21
		% within Kondisi Keluar RS	13.5%	76.2%	36.2%
Total		Count	37	21	58
		% within Kondisi Keluar RS	100.0%	100.0%	100.0%

Status Imunologi * Kondisi Keluar RS Crosstabulation

			Kondisi Keluar RS		
			Hidup	Meninggal	Total
Status Imunologi	Tidak Imunosupresi Berat	Count	13	2	15
		% within Kondisi Keluar RS	35.1%	9.5%	25.9%
	Imunosupresi Berat	Count	24	19	43
		% within Kondisi Keluar RS	64.9%	90.5%	74.1%
Total		Count	37	21	58
		% within Kondisi Keluar RS	100.0%	100.0%	100.0%

sosioekonomi * Kondisi Keluar RS Crosstabulation

			Kondisi Keluar RS		
			Hidup	Meninggal	Total
sosioekonomi	menengah kebawah	Count	24	16	40
		% within Kondisi Keluar RS	64.9%	76.2%	69.0%
	atas	Count	13	5	18
		% within Kondisi Keluar RS	35.1%	23.8%	31.0%
Total		Count	37	21	58
		% within Kondisi Keluar RS	100.0%	100.0%	100.0%

pendidikan * Kondisi Keluar RS Crosstabulation

			Kondisi Keluar RS		
			Hidup	Meninggal	Total
pendidikan	non perguruan tinggi	Count	30	16	46
		% within Kondisi Keluar RS	81.1%	76.2%	79.3%
	perguruan tinggi	Count	7	5	12
		% within Kondisi Keluar RS	18.9%	23.8%	20.7%
Total		Count	37	21	58
		% within Kondisi Keluar RS	100.0%	100.0%	100.0%

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Jenis Kelamin * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
Kelompok Usia * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
GIZI * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
Lama Arv * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
Infeksi Oportunistik * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
STADIUM * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
Anemia * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
Status Imunologi * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
sosioekonomi * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
pendidikan * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%

Crosstab

			Kondisi Keluar RS		
			Hidup	Meninggal	Total
Jenis Kelamin	Laki-laki	Count	20	14	34
		% within Jenis Kelamin	58.8%	41.2%	100.0%
		% within Kondisi Keluar RS	54.1%	66.7%	58.6%
	Perempuan	Count	17	7	24
		% within Jenis Kelamin	70.8%	29.2%	100.0%
		% within Kondisi Keluar RS	45.9%	33.3%	41.4%
Total		Count	37	21	58
		% within Jenis Kelamin	63.8%	36.2%	100.0%
		% within Kondisi Keluar RS	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.879[a]	1	.349		
Continuity Correction[b]	.436	1	.509		
Likelihood Ratio	.889	1	.346		
Fisher's Exact Test				.413	.256
Linear-by-Linear Association	.863	1	.353		
N of Valid Cases	58				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 8.69.

b. Computed only for a 2x2 table

Crosstab

			Kondisi Keluar RS		
			Hidup	Meninggal	Total
Kelompok Usia	< 2 Tahun	Count	10	7	17
		% within Kelompok Usia	58.8%	41.2%	100.0%
		% within Kondisi Keluar RS	27.0%	33.3%	29.3%
	≥ 2 tahun	Count	27	14	41
		% within Kelompok Usia	65.9%	34.1%	100.0%
		% within Kondisi Keluar RS	73.0%	66.7%	70.7%
Total		Count	37	21	58
		% within Kelompok Usia	63.8%	36.2%	100.0%
		% within Kondisi Keluar RS	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.257[a]	1	.612		
Continuity Correction[b]	.043	1	.836		
Likelihood Ratio	.255	1	.614		
Fisher's Exact Test				.765	.414
Linear-by-Linear Association	.253	1	.615		
N of Valid Cases	58				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.16.

b. Computed only for a 2x2 table

Crosstab

			Kondisi Keluar RS		
			Hidup	Meninggal	Total
GIZI	Gizi Baik	Count	3	0	3
		% within GIZI	100.0%	0.0%	100.0%
		% within Kondisi Keluar RS	8.1%	0.0%	5.2%
	Malnutrisi	Count	34	21	55
		% within GIZI	61.8%	38.2%	100.0%
		% within Kondisi Keluar RS	91.9%	100.0%	94.8%
Total		Count	37	21	58
		% within GIZI	63.8%	36.2%	100.0%
		% within Kondisi Keluar RS	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.796[a]	1	.180		
Continuity Correction[b]	.523	1	.470		
Likelihood Ratio	2.789	1	.095		
Fisher's Exact Test				.547	.252
Linear-by-Linear Association	1.765	1	.184		
N of Valid Cases	58				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 1.09.

b. Computed only for a 2x2 table

Crosstab

			Kondisi Keluar RS		
			Hidup	Meninggal	Total
Lama Arv	≥ 6 Bulan	Count	18	5	23
		% within Lama Arv	78.3%	21.7%	100.0%
		% within Kondisi Keluar RS	48.6%	23.8%	39.7%
	< 6 Bulan	Count	19	16	35
		% within Lama Arv	54.3%	45.7%	100.0%
		% within Kondisi Keluar RS	51.4%	76.2%	60.3%
Total		Count	37	21	58

	% within Lama Arv	63.8%	36.2%	100.0%
	% within Kondisi Keluar RS	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	3.454[a]	1	.063		
Continuity Correction[b]	2.494	1	.114		
Likelihood Ratio	3.586	1	.058		
Fisher's Exact Test				.094	.056
Linear-by-Linear Association	3.394	1	.065		
N of Valid Cases	58				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 8.33.

b. Computed only for a 2x2 table

Crosstab

			Kondisi Keluar RS		
			Hidup	Meninggal	Total
Infeksi Oportunistik	< 3	Count	20	0	20
		% within Infeksi Oportunistik	100.0%	0.0%	100.0%
		% within Kondisi Keluar RS	54.1%	0.0%	34.5%
	≥ 3	Count	17	21	38
		% within Infeksi Oportunistik	44.7%	55.3%	100.0%
		% within Kondisi Keluar RS	45.9%	100.0%	65.5%
Total		Count	37	21	58
		% within Infeksi Oportunistik	63.8%	36.2%	100.0%
		% within Kondisi Keluar RS	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	17.326[a]	1	.000		
Continuity Correction[b]	15.016	1	.000		
Likelihood Ratio	23.676	1	.000		
Fisher's Exact Test				.000	.000

Linear-by-Linear Association	17.027	1	.000		
N of Valid Cases	58				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 7.24.

b. Computed only for a 2x2 table

Crosstab

			Kondisi Keluar RS		
			Hidup	Meninggal	Total
STADIUM	1-2	Count	3	0	3
		% within STADIUM	100.0%	0.0%	100.0%
		% within Kondisi Keluar RS	8.1%	0.0%	5.2%
	3-4	Count	34	21	55
		% within STADIUM	61.8%	38.2%	100.0%
		% within Kondisi Keluar RS	91.9%	100.0%	94.8%
Total		Count	37	21	58
		% within STADIUM	63.8%	36.2%	100.0%
		% within Kondisi Keluar RS	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.796[a]	1	.180		
Continuity Correction[b]	.523	1	.470		
Likelihood Ratio	2.789	1	.095		
Fisher's Exact Test				.547	.252
Linear-by-Linear Association	1.765	1	.184		
N of Valid Cases	58				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 1.09.

b. Computed only for a 2x2 table

Crosstab

			Kondisi Keluar RS		
			Hidup	Meninggal	Total
Anemia	Ringan-Sedang	Count	32	5	37
		% within Anemia	86.5%	13.5%	100.0%
		% within Kondisi Keluar RS	86.5%	23.8%	63.8%
	Berat	Count	5	16	21

	% within Anemia	23.8%	76.2%	100.0%
	% within Kondisi Keluar RS	13.5%	76.2%	36.2%
Total	Count	37	21	58
	% within Anemia	63.8%	36.2%	100.0%
	% within Kondisi Keluar RS	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	22.785[a]	1	.000		
Continuity Correction[b]	20.152	1	.000		
Likelihood Ratio	23.574	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	22.392	1	.000		
N of Valid Cases	58				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 7.60.

b. Computed only for a 2x2 table

Crosstab

			Kondisi Keluar RS		
			Hidup	Meninggal	Total
Status Imunologi	Tidak Imunosupresi Berat	Count	13	2	15
		% within Status Imunologi	86.7%	13.3%	100.0%
		% within Kondisi Keluar RS	35.1%	9.5%	25.9%
	Imunosupresi Berat	Count	24	19	43
		% within Status Imunologi	55.8%	44.2%	100.0%
		% within Kondisi Keluar RS	64.9%	90.5%	74.1%
Total		Count	37	21	58
		% within Status Imunologi	63.8%	36.2%	100.0%
		% within Kondisi Keluar RS	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	4.583[a]	1	.032		
Continuity Correction[b]	3.345	1	.067		
Likelihood Ratio	5.125	1	.024		

Fisher's Exact Test				.059	.030
Linear-by-Linear Association	4.504	1	.034		
N of Valid Cases	58				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 5.43.

b. Computed only for a 2x2 table

Crosstab

			Kondisi Keluar RS		
			Hidup	Meninggal	Total
sosioekonomi	menengah kebawah	Count	24	16	40
		% within sosioekonomi	60.0%	40.0%	100.0%
		% within Kondisi Keluar RS	64.9%	76.2%	69.0%
	atas	Count	13	5	18
		% within sosioekonomi	72.2%	27.8%	100.0%
		% within Kondisi Keluar RS	35.1%	23.8%	31.0%
Total		Count	37	21	58
		% within sosioekonomi	63.8%	36.2%	100.0%
		% within Kondisi Keluar RS	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.803[a]	1	.370		
Continuity Correction[b]	.361	1	.548		
Likelihood Ratio	.822	1	.365		
Fisher's Exact Test				.556	.277
Linear-by-Linear Association	.789	1	.374		
N of Valid Cases	58				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.52.

b. Computed only for a 2x2 table

Crosstab

		Kondisi Keluar RS		
		Hidup	Meninggal	Total
non perguruan tinggi	Count	30	16	46
	% within pendidikan	65.2%	34.8%	100.0%
	% within Kondisi Keluar RS	81.1%	76.2%	79.3%
perguruan tinggi	Count	7	5	12
	% within pendidikan	58.3%	41.7%	100.0%

	% within Kondisi Keluar RS	18.9%	23.8%	20.7%
Total	Count	37	21	58
	% within pendidikan	63.8%	36.2%	100.0%
	% within Kondisi Keluar RS	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.195[a]	1	.659		
Continuity Correction[b]	.011	1	.917		
Likelihood Ratio	.193	1	.661		
Fisher's Exact Test				.741	.451
Linear-by-Linear Association	.192	1	.661		
N of Valid Cases	58				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 4.34.

b. Computed only for a 2x2 table

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Anemia * kondisi keluar	54	100.0%	0	0.0%	54	100.0%

Anemia * kondisi keluar Crosstabulation

Count

		kondisi keluar		
		Hidup	Meninggal	Total
Anemia	Ringan	30	3	33
	sedang-berat	5	16	21
Total		35	19	54

Tests of Homogeneity of the Odds Ratio

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

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2-sided)
Cochran's	25.336	1	.000
Mantel-Haenszel	22.063	1	.000

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate			32.000
ln(Estimate)			3.466
Standard Error of ln(Estimate)			.793
Asymptotic Significance (2-sided)			.000
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	6.760
		Upper Bound	151.469
	ln(Common Odds Ratio)	Lower Bound	1.911
		Upper Bound	5.020

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.

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Infeksi Oportunistik * kondisi keluar	54	100.0%	0	0.0%	54	100.0%

Infeksi Oportunistik * kondisi keluar Crosstabulation

Count

		kondisi keluar		
		Hidup	Meninggal	Total
Infeksi Oportunistik	< 3	25	5	30
	≥ 3	10	14	24
Total		35	19	54

Tests of Homogeneity of the Odds Ratio

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

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2-sided)
Cochran's	10.150	1	.001
Mantel-Haenszel	8.250	1	.004

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate			7.000
ln(Estimate)			1.946
Standard Error of ln(Estimate)			.641
Asymptotic Significance (2-sided)			.002
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	1.991
		Upper Bound	24.608
	ln(Common Odds Ratio)	Lower Bound	.689

	Upper Bound	3.203

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.

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Jenis Kelamin * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
Kelompok Usia * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
GIZI * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
Lama Arv * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
Infeksi Oportunistik * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
STADIUM * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
Anemia * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
Status Imunologi * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
sosioekonomi * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
pendidikan * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%

Crosstabs

Notes

Output Created		25-APR-2022 23:48:24
Comments		
Input	Data	D:\2022 KULIAH PASCA\PENELITIAN KANDAYYA\31 maret Penelitian dr alief .sav
	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	58

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=JenisKelamin KelompokUsia GIZI LamaARV InfeksiOportunistik STADIUM Anemia StatusImunologi sosioekonomi pendidikan BY Luaran /FORMAT=AVALUE TABLES /STATISTICS=CHISQ CMH(1) /CELLS=COUNT COLUMN /COUNT ROUND CELL.
Resources	Processor Time	00:00:00.05
	Elapsed Time	00:00:00.16
	Dimensions Requested	2
	Cells Available	524245

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Jenis Kelamin * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
Kelompok Usia * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
GIZI * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
Lama Arv * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
Infeksi Oportunistik * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
STADIUM * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
Anemia * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
Status Imunologi * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%

sosioekonomi * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%
pendidikan * Kondisi Keluar RS	58	100.0%	0	0.0%	58	100.0%

Jenis Kelamin * Kondisi Keluar RS

Crosstab

			Kondisi Keluar RS		
			Hidup	Meninggal	Total
Jenis Kelamin	Laki-laki	Count	20	14	34
		% within Kondisi Keluar RS	54.1%	66.7%	58.6%
	Perempuan	Count	17	7	24
		% within Kondisi Keluar RS	45.9%	33.3%	41.4%
Total		Count	37	21	58
		% within Kondisi Keluar RS	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.879[a]	1	.349		
Continuity Correction[b]	.436	1	.509		
Likelihood Ratio	.889	1	.346		
Fisher's Exact Test				.413	.256
Linear-by-Linear Association	.863	1	.353		
N of Valid Cases	58				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 8.69.

b. Computed only for a 2x2 table

Tests of Homogeneity of the Odds Ratio

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

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2-sided)
Cochran's	.879	1	.349
Mantel-Haenszel	.428	1	.513

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate			.588
ln(Estimate)			-.531
Standard Error of ln(Estimate)			.568
Asymptotic Significance (2-sided)			.351
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	.193
		Upper Bound	1.792
	ln(Common Odds Ratio)	Lower Bound	-1.645
		Upper Bound	.583

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.

Kelompok Usia * Kondisi Keluar RS

Crosstab

			Kondisi Keluar RS		
			Hidup	Meninggal	Total
Kelompok Usia	< 2 Tahun	Count	10	7	17
		% within Kondisi Keluar RS	27.0%	33.3%	29.3%
	≥ 2 tahun	Count	27	14	41
		% within Kondisi Keluar RS	73.0%	66.7%	70.7%
Total		Count	37	21	58
		% within Kondisi Keluar RS	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.257[a]	1	.612		
Continuity Correction[b]	.043	1	.836		
Likelihood Ratio	.255	1	.614		
Fisher's Exact Test				.765	.414
Linear-by-Linear Association	.253	1	.615		
N of Valid Cases	58				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.16.

b. Computed only for a 2x2 table

Tests of Homogeneity of the Odds Ratio

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

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2-sided)
Cochran's	.257	1	.612
Mantel-Haenszel	.042	1	.837

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate	.741
ln(Estimate)	-.300

Standard Error of ln(Estimate)			.593
Asymptotic Significance (2-sided)			.613
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	.232
		Upper Bound	2.367
	ln(Common Odds Ratio)	Lower Bound	-1.462
		Upper Bound	.862

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.

GIZI * Kondisi Keluar RS

Crosstab

			Kondisi Keluar RS		
			Hidup	Meninggal	Total
GIZI	Gizi Baik	Count	3	0	3
		% within Kondisi Keluar RS	8.1%	0.0%	5.2%
	Malnutrisi	Count	34	21	55
		% within Kondisi Keluar RS	91.9%	100.0%	94.8%
Total		Count	37	21	58
		% within Kondisi Keluar RS	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.796[a]	1	.180		
Continuity Correction[b]	.523	1	.470		
Likelihood Ratio	2.789	1	.095		
Fisher's Exact Test				.547	.252
Linear-by-Linear Association	1.765	1	.184		
N of Valid Cases	58				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 1.09.

b. Computed only for a 2x2 table

Tests of Homogeneity of the Odds Ratio

	Chi-Squared	df	Asymptotic Significance (2-sided)
Breslow-Day	.	.	.
Tarone's	.	.	.

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2-sided)
Cochran's	1.796	1	.180
Mantel-Haenszel	.514	1	.473

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate			.[a]
ln(Estimate)			.
Standard Error of ln(Estimate)			.
Asymptotic Significance (2-sided)			.
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	.
		Upper Bound	.
	ln(Common Odds Ratio)	Lower Bound	.
		Upper Bound	.

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.

a. Every stratum is such that the first group's second response outcome is 0 or the second group's first response outcome is 0.

Lama Arv * Kondisi Keluar RS

Crosstab

			Kondisi Keluar RS		
			Hidup	Meninggal	Total
Lama Arv	≥ 6 Bulan	Count	18	5	23
		% within Kondisi Keluar RS	48.6%	23.8%	39.7%
	< 6 Bulan	Count	19	16	35
		% within Kondisi Keluar RS	51.4%	76.2%	60.3%
Total		Count	37	21	58
		% within Kondisi Keluar RS	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	3.454[a]	1	.063		
Continuity Correction[b]	2.494	1	.114		
Likelihood Ratio	3.586	1	.058		
Fisher's Exact Test				.094	.056
Linear-by-Linear Association	3.394	1	.065		
N of Valid Cases	58				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 8.33.

b. Computed only for a 2x2 table

Tests of Homogeneity of the Odds Ratio

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

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2-sided)
Cochran's	3.454	1	.063
Mantel-Haenszel	2.451	1	.117

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate			3.032
ln(Estimate)			1.109
Standard Error of ln(Estimate)			.609
Asymptotic Significance (2-sided)			.069
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	.919
		Upper Bound	9.998
	ln(Common Odds Ratio)	Lower Bound	-.084
		Upper Bound	2.302

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.

Infeksi Oportunistik * Kondisi Keluar RS

Crosstab

			Kondisi Keluar RS		
			Hidup	Meninggal	Total
Infeksi Oportunistik	< 3	Count	20	0	20
		% within Kondisi Keluar RS	54.1%	0.0%	34.5%
	≥ 3	Count	17	21	38
		% within Kondisi Keluar RS	45.9%	100.0%	65.5%
Total		Count	37	21	58
		% within Kondisi Keluar RS	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	17.326[a]	1	.000		
Continuity Correction[b]	15.016	1	.000		
Likelihood Ratio	23.676	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	17.027	1	.000		
N of Valid Cases	58				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 7.24.

b. Computed only for a 2x2 table

Tests of Homogeneity of the Odds Ratio

	Chi-Squared	df	Asymptotic Significance (2-sided)
Breslow-Day	.	.	.
Tarone's	.	.	.

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2-sided)
Cochran's	17.326	1	.000
Mantel-Haenszel	14.757	1	.000

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate			.[a]
ln(Estimate)			.
Standard Error of ln(Estimate)			.
Asymptotic Significance (2-sided)			.
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	.
		Upper Bound	.
	ln(Common Odds Ratio)	Lower Bound	.
		Upper Bound	.

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.

a. Every stratum is such that the first group's second response outcome is 0 or the second group's first response outcome is 0.

STADIUM * Kondisi Keluar RS

Crosstab

			Kondisi Keluar RS		
			Hidup	Meninggal	Total
STADIUM	1-2	Count	3	0	3
		% within Kondisi Keluar RS	8.1%	0.0%	5.2%
	3-4	Count	34	21	55
		% within Kondisi Keluar RS	91.9%	100.0%	94.8%
Total		Count	37	21	58
		% within Kondisi Keluar RS	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.796[a]	1	.180		
Continuity Correction[b]	.523	1	.470		
Likelihood Ratio	2.789	1	.095		
Fisher's Exact Test				.547	.252
Linear-by-Linear Association	1.765	1	.184		
N of Valid Cases	58				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 1.09.

b. Computed only for a 2x2 table

Tests of Homogeneity of the Odds Ratio

	Chi-Squared	df	Asymptotic Significance (2-sided)
Breslow-Day	.	.	.
Tarone's	.	.	.

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2-sided)
Cochran's	1.796	1	.180
Mantel-Haenszel	.514	1	.473

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate			.[a]
ln(Estimate)			.
Standard Error of ln(Estimate)			.
Asymptotic Significance (2-sided)			.
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	.
		Upper Bound	.
	ln(Common Odds Ratio)	Lower Bound	.
		Upper Bound	.

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.

a. Every stratum is such that the first group's second response outcome is 0 or the second group's first response outcome is 0.

Anemia * Kondisi Keluar RS

Crosstab

			Kondisi Keluar RS		
			Hidup	Meninggal	Total
Anemia	Ringan-Sedang	Count	32	5	37
		% within Kondisi Keluar RS	86.5%	23.8%	63.8%
	Berat	Count	5	16	21
		% within Kondisi Keluar RS	13.5%	76.2%	36.2%
Total		Count	37	21	58
		% within Kondisi Keluar RS	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	22.785[a]	1	.000		
Continuity Correction[b]	20.152	1	.000		
Likelihood Ratio	23.574	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	22.392	1	.000		
N of Valid Cases	58				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 7.60.

b. Computed only for a 2x2 table

Tests of Homogeneity of the Odds Ratio

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

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2-sided)
Cochran's	22.785	1	.000
Mantel-Haenszel	19.804	1	.000

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate			20.480
ln(Estimate)			3.019
Standard Error of ln(Estimate)			.703
Asymptotic Significance (2-sided)			.000
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	5.167
		Upper Bound	81.180
	ln(Common Odds Ratio)	Lower Bound	1.642
		Upper Bound	4.397

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.

Status Imunologi * Kondisi Keluar RS

Crosstab

			Kondisi Keluar RS		
			Hidup	Meninggal	Total
Status Imunologi	Tidak Imunosupresi Berat	Count	13	2	15
		% within Kondisi Keluar RS	35.1%	9.5%	25.9%
	Imunosupresi Berat	Count	24	19	43
		% within Kondisi Keluar RS	64.9%	90.5%	74.1%
	Total	Count	37	21	58
		% within Kondisi Keluar RS	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	4.583[a]	1	.032		
Continuity Correction[b]	3.345	1	.067		
Likelihood Ratio	5.125	1	.024		
Fisher's Exact Test				.059	.030
Linear-by-Linear Association	4.504	1	.034		
N of Valid Cases	58				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 5.43.

b. Computed only for a 2x2 table

Tests of Homogeneity of the Odds Ratio

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

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2-sided)
Cochran's	4.583	1	.032
Mantel-Haenszel	3.287	1	.070

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate			5.146
ln(Estimate)			1.638
Standard Error of ln(Estimate)			.819
Asymptotic Significance (2-sided)			.046
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	1.033
		Upper Bound	25.635
	ln(Common Odds Ratio)	Lower Bound	.032
		Upper Bound	3.244

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.

sosioekonomi * Kondisi Keluar RS

Crosstab

			Kondisi Keluar RS		
			Hidup	Meninggal	Total
sosioekonomi	menengah kebawah	Count	24	16	40
		% within Kondisi Keluar RS	64.9%	76.2%	69.0%
	atas	Count	13	5	18
		% within Kondisi Keluar RS	35.1%	23.8%	31.0%
Total		Count	37	21	58
		% within Kondisi Keluar RS	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.803[a]	1	.370		
Continuity Correction[b]	.361	1	.548		
Likelihood Ratio	.822	1	.365		
Fisher's Exact Test				.556	.277
Linear-by-Linear Association	.789	1	.374		
N of Valid Cases	58				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.52.

b. Computed only for a 2x2 table

Tests of Homogeneity of the Odds Ratio

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

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2-sided)
Cochran's	.803	1	.370
Mantel-Haenszel	.355	1	.551

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate			.577
ln(Estimate)			-.550
Standard Error of ln(Estimate)			.617
Asymptotic Significance (2-sided)			.373
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	.172
		Upper Bound	1.935
	ln(Common Odds Ratio)	Lower Bound	-1.760
		Upper Bound	.660

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.

pendidikan * Kondisi Keluar RS

Crosstab

			Kondisi Keluar RS		
			Hidup	Meninggal	Total
pendidikan	non perguruan tinggi	Count	30	16	46
		% within Kondisi Keluar RS	81.1%	76.2%	79.3%
	perguruan tinggi	Count	7	5	12
		% within Kondisi Keluar RS	18.9%	23.8%	20.7%
Total		Count	37	21	58
		% within Kondisi Keluar RS	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.195[a]	1	.659		
Continuity Correction[b]	.011	1	.917		
Likelihood Ratio	.193	1	.661		
Fisher's Exact Test				.741	.451
Linear-by-Linear Association	.192	1	.661		
N of Valid Cases	58				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 4.34.

b. Computed only for a 2x2 table

Tests of Homogeneity of the Odds Ratio

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

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2-sided)
Cochran's	.195	1	.659
Mantel-Haenszel	.011	1	.917

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate			1.339
ln(Estimate)			.292
Standard Error of ln(Estimate)			.662
Asymptotic Significance (2-sided)			.659
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	.366
		Upper Bound	4.905
	ln(Common Odds Ratio)	Lower Bound	-1.006
		Upper Bound	1.590

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.