

## Daftar Pustaka

- Ahmed, M.H., Ghatge, M.S. and Safo, M.K., 2020. Hemoglobin: structure, function and allostery. *Vertebrate and invertebrate respiratory proteins, lipoproteins and other body fluid proteins*, pp.345-382.
- Al Hassan, N.N., 2015. The prevalence of iron deficiency anemia in a Saudi University female students. *Journal of microscopy and ultrastructure*, 3(1), pp.25-28.
- Al-Jamea, L.H., Woodman, A., Heiba, N.M., Elshazly, S.A., Khalaf, N.B., Fathallah, D.M., Al-Nashmi, M.E., Quiambao, J.V. and Deifalla, A.H., 2021. Genetic analysis of TMPRSS6 gene in Saudi female patients with iron deficiency anemia. *Hematology/Oncology and Stem Cell Therapy*, 14(1), pp.41-50.
- Aulia, N. R. (2021). *Peran Pengetahuan Gizi Terhadap Asupan Energi, Status Gizi Dan Sikap Tentang Gizi Remaja*.
- Batar, B., Bavunoglu, I., Hacıoglu, Y., Cengiz, M., Mutlu, T., Yavuzer, S., ... & Guven, M. (2018). The role of TMPRSS6 gene variants in iron-related hematological parameters in Turkish patients with iron deficiency anemia. *Gene*, 673, 201-205.
- ..., F., Tarkar, A., Dion, S.P., Désilets, A., Ghinet, M.G., Boudreault, ..., St-Georges, C., Marsault, É., Paone, D., Collins, J. and Macphee,



C.H., 2019. Discovery and development of TMPRSS6 inhibitors modulating hepcidin levels in human hepatocytes. *Cell Chemical Biology*, 26(11), pp.1559-1572.

Buerkli S;, Pei SN;, Hsiao SC;, Lee CT;, Zeder C;, Zimmermann MB;, et al.  
The TMPRSS6 variant (SNP rs855791) affects iron metabolism and oral iron absorption-a stable iron isotope study in Taiwanese women. 2021; Available from: <https://doi.org/10.3929/ethz-b-000448483>

Chambers JC, Zhang W, Li Y, Sehmi J, Wass MN, Zabaneh D, Hoggart C, Bayele H, McCarthy MI, Peltonen L, Freimer NB, Srai SK, Maxwell PH, Sternberg MJ, Ruukonen A, Abecasis G, Jarvelin MR, Scott J, Elliott P, Kooner JS. Genome-wide association study identifies variants in TMPRSS6 associated with hemoglobin levels. *Nat Genet*. 2009 Nov;41(11):1170-2. doi: 10.1038/ng.462. Epub 2009 Oct 11. PMID: 19820698; PMCID: PMC3178047.

Chaparro, C. M., & Suchdev, P. S. (2019). Anemia epidemiology, pathophysiology, and etiology in low-and middle-income countries. *Annals of the new York Academy of Sciences*, 1450(1), 15-31.



ra, I., Gahutu, J.B., Zeile, I., Musemakweri, A. and Mockenhaupt, P., 2014. Anaemia, iron deficiency and a common polymorphism of iron-regulation, TMPRSS 6 rs855791, in R wandan children. *Tropical Medicine & International Health*, 19(1), pp.117-122.

De Falco, L., Tortora, R., Imperatore, N., Bruno, M., Capasso, M., Girelli, D., Castagna, A., Caporaso, N., Iolascon, A. and Rispo, A., 2018. The role of TMPRSS6 and HFE variants in iron deficiency anemia in celiac disease. *American journal of hematology*, 93(3), pp.383-393.

Deivita Y, Syafruddin S, Andi Nilawati U, Aminuddin A, Burhanuddin B, Zahir Z. Overview of Anemia; risk factors and solution offering. *Gac Sanit.* 2021;35 Suppl 2:S235-S241. doi: 10.1016/j.gaceta.2021.07.034. PMID: 34929820

Donker, A.E., Schaap, C.C., Novotny, V.M., Smeets, R., Peters, T.M., van den Heuvel, B.L., Raphael, M.F., Rijnveld, A.W., Appel, I.M., Vlot, A.J. and Versluijs, A.B., 2016. Iron refractory iron deficiency anemia: a heterogeneous disease that is not always iron refractory. *American journal of hematology*, 91(12), pp.E482-E490.

Du, X., She, E., Gelbart, T., Truksa, J., Lee, P., Xia, Y., Khovananth, K., Mudd, S., Mann, N., Moresco, E.M.Y. and Beutler, E., 2008. The serine protease TMPRSS6 is required to sense iron deficiency. *Science*, 320(5879), pp.1088-1092.

Febrianti, Z., Oenzil, F., Arbi, F., & Lubis, G. (2014). Soluble transferrin receptor levels in obese and non obese adolescents. In *Original Article ediatr Indones* (Vol. 54, Issue 2).



ez-Lázaro, D., & Seco-Calvo, J. (2023). Nutrition, Nutritional Status and Functionality. In *Nutrients* (Vol. 15, Issue 8). MDPI.

<https://doi.org/10.3390/nu15081944>

Finberg, K.E., Heeney, M.M., Campagna, D.R., Aydınok, Y., Pearson, H.A., Hartman, K.R., Mayo, M.M., Samuel, S.M., Strouse, J.J., Markianos, K. and Andrews, N.C., 2008. Mutations in TMPRSS6 cause iron-refractory iron deficiency anemia (IRIDA). *Nature genetics*, 40(5), pp.569-571.

Fitriany, J. and Saputri, A.I., 2018. Anemia defisiensi besi. *AVERROUS: Jurnal Kedokteran dan Kesehatan Malikussaleh*, 4(2), pp.1-14.

Folgueras, A.R., de Lara, F.M., Pendás, A.M., Garabaya, C., Rodríguez, F., Astudillo, A., Bernal, T., Cabanillas, R., López-Otín, C. and Velasco, G., 2008. Membrane-bound serine protease matriptase-2 (Tmprss6) is an essential regulator of iron homeostasis. *Blood, The Journal of the American Society of Hematology*, 112(6), pp.2539-2545.

Ganz, T. 2016. Iron metabolism. *Williams Hematology, 10th ed.*; McGraw Hill: New York, NY, USA.

Gibson, S.R. *Principles of Nutritional Assessment*, 3rd ed.; Oxford University Press: New York, NY, USA, 2024; retrieved from <https://nutritionalassessment.org/iron/index.html>



Wainaina, W.N., Towers, G.W., Swinkels, D.W. *et al.* Inter-ethnic differences in genetic variants within the transmembrane protease, line 6 (*TMPRSS6*) gene associated with iron status indicators: a

systematic review with meta-analyses. *Genes Nutr* **10**, 442 (2015).

<https://doi.org/10.1007/s12263-014-0442-2>

Hoffbrand, V. and Moss, P.A.H., 2016. *Hoffbrand's essential haematology* 7<sup>th</sup> edition. Wiley Blackwell

Hoshe, S.H., Gazally, M.E.A. and AL-Shammari, H.N., 2023. Role of TMPRSS6 rs855791 (T> C) polymorphism with iron and ferritin in Iraqi adult patients with iron deficiency anemia. In *BIO Web of Conferences* (Vol. 65, p. 07009). EDP Sciences.

Hu Y, Stilp AM, McHugh CP, Rao S, Jain D, Zheng X, et al. Whole-genome sequencing association analysis of quantitative red blood cell phenotypes: The NHLBI TOPMed program. *Am J Hum Genet.* 2021 May 6;108(5):874–93.

Ismail S, Essawi M (2012) Genetic polymorphism studies in humans. *Middle East J Med Genet* 1:57–63.

Indonesian Pediatric Society. 2013. Kurva pertumbuhan CDC-2000 lengkap. <https://www.idai.or.id/downloads/CDC/Kurva-pertumbuhan-CDC-2000-lengkap.pdf>

Indrasari, O. R., Sutikno, E., Ilmu Kesehatan, F., Ilmu Kesehatan Bhakti  
yana Kediri, I., & Sains Teknologi dan Analisis, F. (2020). Faktor  
yang Mempengaruhi Status Gizi Remaja Usia 16-18 Tahun. In *The  
Indonesian Journal of Health* (Issue 3).



Infusino I, Braga F, Dolci A, Panteghini M. Soluble transferrin receptor (sTfR) and sTfR/log ferritin index for the diagnosis of iron-deficiency anemia. A meta-analysis. *Am J Clin Pathol.* 2012 Nov;138(5):642-9. doi: 10.1309/AJCP16NTXZLZFAIB. PMID: 23086764.

Iriani, A., Purnamasari, E. and Wirawan, R., 2015. NILAI RUJUKAN SOLUBLE TRANSFERRIN RECEPTOR (sTfR){(Soluble Transferrin Receptor Refence Value (sTfR)}. *INDONESIAN JOURNAL OF CLINICAL PATHOLOGY AND MEDICAL LABORATORY*, 21(3), pp.211-214.

Jallow, M. W., Campino, S., Saidykhan, A., Prentice, A. M., & Cerami, C. (2021). Common variants in the TMPRSS6 gene alter hepcidin but not plasma iron in response to oral iron in healthy gambian adults: a recall-by-genotype study. *Current developments in nutrition*, 5(3), nzab014.

Ji, Y., Flower, R., Hyland, C., Saiepour, N., & Faddy, H. (2018). Genetic factors associated with iron storage in Australian blood donors. *Blood Transfusion*, 16(2), 123.

Kadir, S. (2019). The Role of Mother Knowledge and Parenting Culture in Determining The Toddler Nutrition Status. 2019.

Komuzzaman, M. (2021). Is BMI associated with anemia and hemoglobin level of women and children in Bangladesh: A study with multiple



statistical approaches. *PLoS ONE*, 16(10 October).

<https://doi.org/10.1371/journal.pone.0259116>

Kaushansky, K., 2016. *Williams hematology*. McGraw-Hill Education.

Kementrian Kesehatan Republik Indonesia. 2018. Riset Kesehatan dasar 2018. Jakarta: Kementrian Kesehatan Republik Indonesia.

Kementrian kesehatan Republik Indonesia.2021. Remaja Sehat komponen utama pembangunan SDM Indonesia.

<https://www.kemkes.go.id/article/view/21012600002/remaja-sehat-komponen-utama-pembangunan-sdm>

indonesia.html#:~:text=Berdasarkan%20data%20Risesdas%202018%2C%20prevalensi,optimal%20dan%20kurangnya%20aktifitas%20fisik.

Khan, D. S. A., Das, J. K., Zareen, S., Lassi, Z. S., Salman, A., Raashid, M., Dero, A. A., Khanzada, A., & Bhutta, Z. A. (2022). Nutritional Status and Dietary Intake of School-Age Children and Early Adolescents: Systematic Review in a Developing Country and Lessons for the Global Perspective. In *Frontiers in Nutrition* (Vol. 8). Frontiers Media S.A. <https://doi.org/10.3389/fnut.2021.739447>



l., Roshita, A., Suryantan, J., Izwardy, D. and Rah, J.H., 2021. Frequent consumption of Micronutrient-Rich foods is associated with reduced risk of anemia among adolescent girls and boys in Indonesia:

A Cross-Sectional study. *Food and Nutrition Bulletin*, 42(1\_suppl), pp.S59-S71.

Kong, X., Dong, X., Yang, S., Qian, J., Yang, J., Jiang, Q., Li, X., Wang, B., Yan, D., Lu, S. and Zhu, L., 2019. Natural selection on TMPRSS6 associated with the blunted erythropoiesis and improved blood viscosity in Tibetan pigs. *Comparative Biochemistry and Physiology Part B: Biochemistry and Molecular Biology*, 233, pp.11-22.

Kosmachevskaya, O.V. and Topunov, A.F., 2018. Alternate and additional functions of erythrocyte hemoglobin. *Biochemistry (Moscow)*, 83, pp.1575-1593.

Lee, P.L., Barton, J.C., Khaw, P.L., Bhattacharjee, S.Y. and Barton, J.C., 2012. Common TMPRSS6 mutations and iron, erythrocyte, and pica phenotypes in 48 women with iron deficiency or depletion. *Blood Cells, Molecules, and Diseases*, 48(2), pp.124-127.

Lone, N.M., Shah, S.H.S., Farooq, M., Arif, M., Younis, S. and Riaz, S., 2021. Role of TMPRSS6 rs855791 (T> C) polymorphism in reproductive age women with iron deficiency anemia from Lahore, Pakistan. *Saudi journal of biological sciences*, 28(1), pp.748-753.



la NPO, Moedjiono AI, Suriah, Tahir M, Masni, Suarayasa K, Nur R, am A. 2021. Effect of education through video and packaging difications of iron tablets on female adolescent behavior in the iron



supplementation intake in SMPN 2 and SMPN 1 Parigi. *Gac Sanit.* 2021;35 Suppl 2:S127-S130. doi: 10.1016/j.gaceta.2021.10.011. PMID: 34929794.

McLean E, Cogswell M, Egli I, Wojdyla D, de Benoist B. 2009. Worldwide prevalence of anaemia, WHO vitamin and mineral nutrition information system, 1993-2005. *Public Nutr.* 2009;12:444-54

Mohd Atan, F. N. E., Wan Mohd Saman, W. A., Kamsani, Y. S., Khalid, Z., & Abdul Rahman, A. (2022). TMPRSS6 gene polymorphisms associated with iron deficiency anaemia among global population. *Egyptian Journal of Medical Human Genetics*, 23(1), 1-16.

Pei, S.N., Ma, M.C., You, H.L., Fu, H.C., Kuo, C.Y., Rau, K.M., Wang, M.C. and Lee, C.T., 2014. TMPRSS6 rs855791 polymorphism influences the susceptibility to iron deficiency anemia in women at reproductive age. *International journal of medical sciences*, 11(6), p.614.

Piao, W., Wang, L., Zhang, T., Wang, Z., Shanguan, S., Sun, J., & Huo, J. (2017). A single-nucleotide polymorphism in transferrin is associated with soluble transferrin receptor in Chinese adolescents. *Asia Pacific Journal of Clinical Nutrition*, 26(6), 1170-1178.



AJ, Hooper JD, Folgueras AR et al (2009) Matriptase-2 (TMPRSS6): A proteolytic regulator of iron homeostasis. *Haematologica* 94:840–849

Sharma, P., Bhatia, P., Singh, M., Das, R., Jain, R., Bansal, D., Attri, S.V.  
and Trehan, A., 2021. A case series highlighting structured  
hematological, biochemical and molecular approach to clinical oral



iron refractoriness in children: A pressing need for a 3-tier system for classification of variants in TMPRSS6 gene. *Blood Cells, Molecules, and Diseases*, 89, p.102569.

Shattnawi, K. K., Alomari, M., Al-Sheyab, N., & Bani Salameh, A. (2018). The relationship between plasma ferritin levels and body mass index among adolescents. *Scientific Reports*, 8(1). <https://doi.org/10.1038/s41598-018-33534-4>

Shinta D; Asmarinah, Adhiyanto C, Htet MK, Fahmida U. The Association of *TMPRSS6* Gene Polymorphism and Iron Intake with Iron Status among Under-Two-Year-Old Children in Lombok, Indonesia. *Nutrients*. 2019 Apr 19;11(4):878. doi: 10.3390/nu11040878. PMID: 31010126; PMCID: PMC6521251.

Suega, K., 2015. Aspek Biologik dan Klinik dari Besi: dari Anemia Defisiensi Besi sampai Anemia dengan Kelebihan Besi. *PT. Percetakan Bali*.

Tamuno Alfred, Yoav Ben-Shlomo, Rachel Cooper, Rebecca Hardy, Ian J. Deary, Jane Elliott, Sarah E. Harris, Elina Hypponen, Mika Kivimaki, Meena Kumari, Jane Maddock, Chris Power, John M. Starr, Diana Kuh, Ian N.M. Daym and the HALCyon Study Team. "Genetic variants influencing biomarkers of nutrition are not associated with cognitive disability in middle-aged and older adults." *The Journal of nutrition* 143, no. 5 (2013): 606-612.



Tanaka T, Roy CN, Yao W, Matteini A, Semba RD, Arking D, Walston JD, Fried LP, Singleton A, Guralnik J, Abecasis GR, Bandinelli S, Longo DL, Ferrucci L. A genome-wide association analysis of serum iron concentrations. *Blood*. 2010 Jan 7;115(1):94-6. doi: 10.1182/blood-2009-07-232496. Epub 2009 Oct 30. PMID: 19880490; PMCID: PMC2803694.

Thompson, J.L., Manore, M.M. and Vaughan, L. 2011. *The Science of Nutrition*, 2<sup>nd</sup> edition: What disorders can result from inadequate intakes of nutrients involved in blood health?, Benjamin Cummings

Thurnham, D.I.; Mburu, A.S.W.; Mwaniki, D.L.; Wagt, A.D. Micronutrients in childhood and the influence of subclinical inflammation. *Proc. Nutr. Soc.* **2005**, *64*, 502–509.

[CrossRef]

Uramako, D. F. (2021). Faktor Determinan yang Berpengaruh Terhadap Status Gizi Remaja. *Jurnal Ilmiah Kesehatan Sandi Husada*, *10*(2), 560–567. <https://doi.org/10.35816/jiskh.v10i2.651>

van der Staaïj, H., Donker, A.E., Bakkeren, D.L., Salemans, J.M., Mignot-Evers, L.A., Bongers, M.Y., Dieleman, J.P., Galesloot, T.E., Laarakkers, C.M., Klaver, S.M. and Swinkels, D.W., 2022. Transferrin saturation/Hepcidin Ratio Discriminates TMPRSS6-Related Iron Refractory Iron Deficiency Anemia from Patients with Multi-Causal Iron



Deficiency Anemia. *International Journal of Molecular Sciences*, 23(3), p.1917.

World Health Organization. 2011a. Haemoglobin concentration for the diagnosis of anaemia and assessment of severity. Geneva

World Health Organization. 2011b. The Global prevalence of anemia in 2011. Geneva

World Health Organization. 2016. Guideline: Daily Iron Supplementation in Adult Women and Adolescent Girls. Geneva: World Health Organization; 2016. PMID: 27195351.

World Health Organization. 2020. WHO Guideline on Use of ferritin Concentrations to Assess Iron Status in Individuals and Populations. Geneva.



## LAMPIRAN

### Lampiran 1. Ethical Clearance



#### REKOMENDASI PERSETUJUAN ETIK

Nomor : 595/UN4.6.4.5.31/ PP36/ 2023

Tanggal: 28 Agustus 2023

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

No Protokol	UH23080560		No Sponsor	
Peneliti Utama	dr. Rifana Cholidah, M.Sc		Sponsor	
Judul Peneliti	Analisis Pengaruh Polimorfisme Gen Tmprss6 pada Status Zat Besi Remaja Putri yang Mendapatkan Tablet Zat Besi di Mataram, Lombok, Indonesia			
No Versi Protokol	2	Tanggal Versi	25 Agustus 2023	
No Versi PSP	2	Tanggal Versi	25 Agustus 2023	
Tempat Penelitian	Mataram, Lombok, Indonesia			
Jenis Review	<input type="checkbox"/> Exempted	Masa Berlaku	28 Agustus 2023	Frekuensi review lanjutan
	<input checked="" type="checkbox"/> Expedited	sampai	28 Agustus 2024	
	<input type="checkbox"/> Fullboard Tanggal			
Ketua KEP Universitas Hasanuddin	Nama Prof.Dr.dr. Suryani As'ad, M.Sc.,Sp.GK (K)	Tanda tangan		
Sekretaris KEP Universitas Hasanuddin	Nama dr. Agussalim Bukhari, M.Med.,Ph.D.,Sp.GK (K)	Tanda tangan		

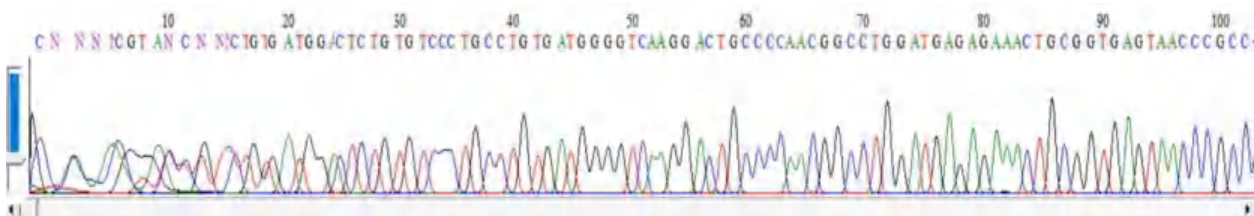
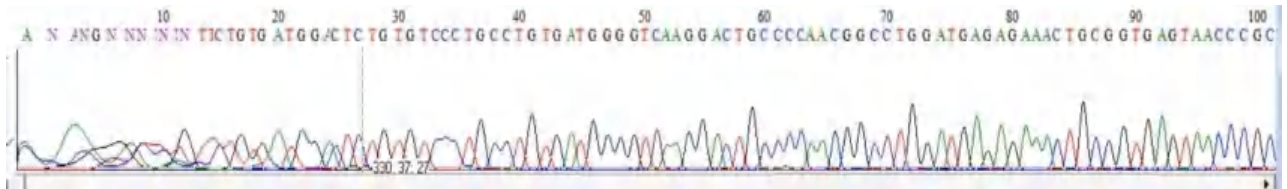
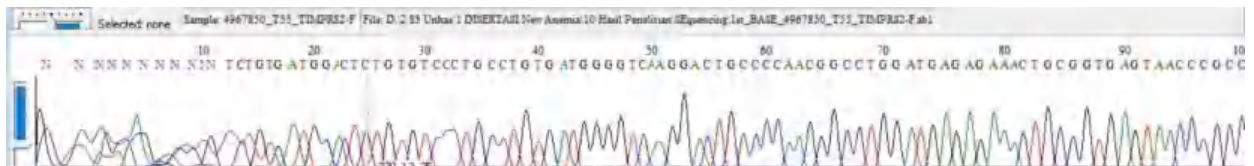
#### Kewajiban Peneliti Utama:

- Menyerahkan Amandemen Protokol untuk persetujuan sebelum di implementasikan
- Menyerahkan Laporan SAE ke Komisi Etik dalam 24 jam dan dilengkapi dalam 7 hari dan Laporan 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 protokol yang disetujui (protocol deviation / violation)
- Mematuhi semua peraturan yang ditentukan

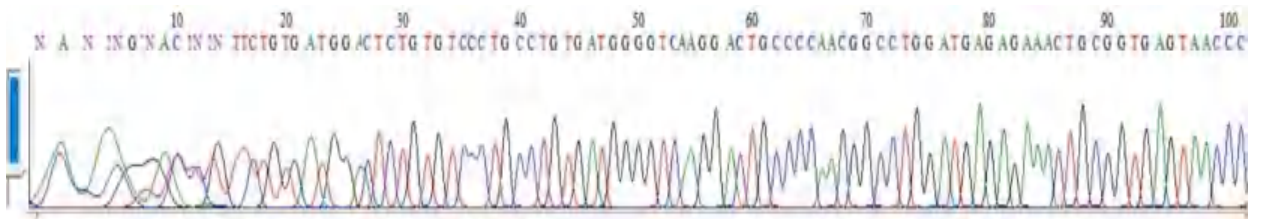
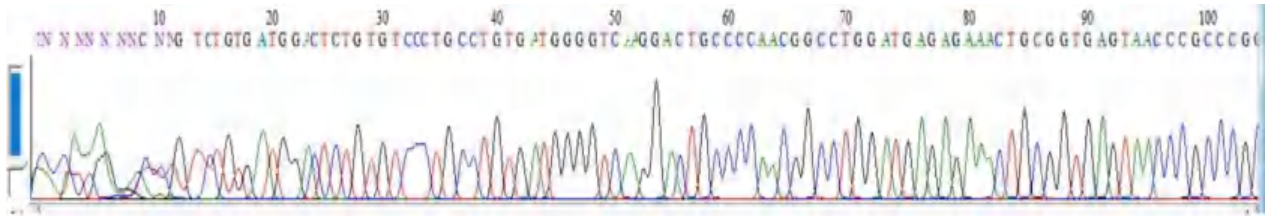


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Lampiran 2. Gambaran hasil sequencing sampel penelitian



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### Lampiran 3. Dokumentasi Penelitian

#### Penjelasan tentang prosedur penelitian



#### Pemeriksaan Antropometri



Pengambilan Darah



## Pemeriksaan ELISA dan PCR



## Lampiran 4. Informed Consent dan kuesioner

KEMENTERIAN PENDIDIKAN, KEBUDAYAAN, RISET DAN  
TEKNOLOGI



UNIVERSITAS HASANUDDIN FAKULTAS KEDOKTERAN  
KOMITE ETIK PENELITIAN KESEHATAN  
RSPTN 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. 081241850858, 0411 5780103, Fax : 0411-581431

### FORMULIR PERSETUJUAN SETELAH PENJELASAN (PSP) (INFORMED CONSENT)

Selamat pagi Bapak / Ibu /Saudara(i), saya **dr. Rifana Cholidah, M. Sc**, bermaksud untuk melakukan penelitian “**Analisis Pengaruh Polimorfisme Gen Tmprss6 pada Status Zat Besi Remaja Putri yang Mendapatkan Tablet Zat Besi di Mataram, Lombok, Indonesia**”.

Adapun penelitian ini bertujuan untuk mengetahui pengaruh polimorfisme gen Tmprss6 pada rs420268 pada status zat besi remaja putri yang mendapatkan tablet zat besi di Mataram, Lombok, Indonesia. Manfaat penelitian ini diharapkan dapat memberikan pengetahuan tambahan mengenai pengaruh polimorfisme gen Tmprss6 pada rs420268 dan pemberian tablet zat besi pada status zat besi remaja putri di Mataram, Lombok, Indonesia.

Spesimen penelitian berupa spesimen darah yang akan diambil sebanyak 6 ml oleh laboratorium yang berpengalaman. Prosedur pengambilan spesimen dilakukan dengan cara pengambilan darah dengan spuit injeksi pada



bagian lipatan siku dengan tehnik aseptik. Pengambilan spesimen darah ini bertujuan untuk mengetahui kadar hemoglobin dan status besi yang lain.

Pada umumnya terdapat efek samping ringan pada prosedur pengambilan spesimen darah seperti nyeri, hematoma dan juga rasa tidak nyaman. Namun, kami akan berusaha meminimalisir terjadinya efek samping tersebut dan kami akan memberikan bantuan dasar hidup (BHD) jika ada subjek yang mengalami syok pada saat pengambilan darah. Selain pengambilan darah kami akan melakukan wawancara terkait makanan yang anda konsumsi dalam 24 jam dan dalam beberapa bulan terakhir.

Keikutsertaan dalam penelitian ini bersifat sukarela, tidak ada paksaan dan dapat mengundurkan diri kapan saja dari penelitian ini. Jika anda bersedia dan menyetujui untuk ikut maka anda harus mengikuti protokol penelitian sampai selesai. Partisipan akan mendapatkan kompensasi hadiah berupa kotak makan siang setelah menyelesaikan rangkaian penelitian.

Kami akan menjaga kerahasiaan informasi selama penelitian maupun setelah penelitian dilakukan. Jika ada hal yang ingin ditanyakan mengenai penelitian ini dapat menghubungi peneliti dengan alamat dan nomor kontak dibawah ini atau menghubungi Komisi etik Penelitian Kesehatan Fakultas Kedokteran Universitas Hasanuddin An. Ibu Rahayu Iriani no HP. 081343825297 atau dr. Agussalim Bukhari, M.Med, Ph.D, Sp.GK (K) No. HP. 081225704670 Alamat: Jl. Perintis Kemerdekaan KM 10 Tamalanrea 90245, Makassar.

#### Identitas Peneliti

Nama : dr. Rifana Cholidah, M.Sc

: Jln TGH Munir Gang Makbul, Beleka, Lombok Barat, NTB

082260851010



### Persetujuan Partisipan

Tanggal : .....

Nama : .....

Kelas : .....

Usia : .....

Tanda tangan : .....



### 24 HOUR FOOD RECALL

Nama :  
Kelas :  
Tanggal :  
Enumerator :

Hari:

Bangun tidur:

Waktu tidur:

Waktu	Deskripsi makanan/minuman	Porsi
Pagi Bangun pagi- jam 10		
jam 10-12		
Siang jam 12-16		
Sore jam 16-18		
Malam jam 18-tidur		



obat dan suplemen makanan

san:

Waktu:

--	--

Apakah hari ini merupakan hari biasa?

Ya

Tidak

Jika tidak, jelaskan:

Catatan





**KUESIONER PENELITIAN**  
**“Analisis Pengaruh Polimorfisme Gen Tmprss6 pada Status Zat Besi Remaja Putri yang Mendapatkan Tablet Zat Besi di Mataram, Lombok, Indonesia”**

Tanggal:.....

**Data Demografi Responden**

1. Nama anda :
2. Usia :
3. Kelas :
4. Jenis Kelamin :
5. Alamat :

**Data Orangtua**

**A. AYAH**

Nama :  
Usia :  
Pendidikan terakhir :

- Tidak sekolah
- SD
- SMP
- SMA
- D1/D2/D3
- S1
- Lainnya, sebutkan.....

Pekerjaan :

- PNS
- Wirausaha
- Buruh
- Petani
- Nelayan
- Lainnya, sebutkan .....

Penghasilan :

- < Rp. 500.000
- Rp. 500.000 – Rp. 1.000.000
- Rp. 1.000.000 – 2.500.000
- Rp. 2.500.000 – 5.000.000
- > Rp. 5.000.000

**B. IBU**

nama :  
usia :



Pendidikan terakhir :

- Tidak sekolah
- SD
- SMP
- SMA
- D1/D2/D3
- S1
- Lainnya, sebutkan.....

Pekerjaan :

- PNS
- Wirausaha
- Buruh
- Petani
- Nelayan
- Lainnya, sebutkan .....

Penghasilan :

- < Rp. 500.000
- Rp. 500.000 – Rp. 1.000.000
- Rp. 1.000.000 – 2.500.000
- Rp. 2.500.000 – 5.000.000
- > Rp. 5.000.000

6. Sumber pengetahuan Anda tentang resiko anemia pada remaja

- Guru
- Dokter
- Perawat
- Keluarga atau teman
- Sosial media (FB, IG, Youtube)
- Media cetak
- media elektronik
- Lainnya, sebutkan.....

7. Sumber pengetahuan Anda tentang pentingnya mengkonsumsi tablet tambah besi

- Guru
- Dokter
- Perawat
- Keluarga atau teman
- Sosial media (FB, IG, Youtube)
- Media cetak
- media elektronik
- Lainnya, sebutkan.....



Kuesioner Penelitian  
**Analisis Pengaruh Polimorfisme Gen Tmprss6 pada Status Zat Besi Remaja Putri yang Mendapatkan Tablet Zat Besi di Mataram, Lombok, Indonesia”**

Tanggal : .....

Nama Sampel : .....

Kode : .....

Pewawancara: .....

**Pertanyaan:**

1. Apakah pada hari ini sedang haid?  
a. Ya                      b. Tidak
  
2. Apakah mempunyai siklus haid teratur  
a. Ya                      b. Tidak
  
3. Berapa Hari Siklus haid yang biasa dialami?
  
4. Berapa hari haid berlangsung?
  
5. Tahun berapa pertama kali Haid? (sebutkan tahunnya dan tingkat sekolah, misal saat kelas 1 SMP).....
  
6. Apakah menderita penyakit kronis seperti kanker, penyakit ginjal, HIV/AIDS  
a. Ya                      b. Tidak
  
7. Apakah mempunyai riwayat kelainan darah, seperti thalassemia, anemia aplastik , hemofilia  
a. Ya                      b. Tidak
  
8. Apakah pernah melakukan donor darah 3 bulan dalam 3 bulan terakhir?  
a. Ya                      b. Tidak  
    Jika jawaban Ya, kapan.....



## Lampiran 5. Hasil data statistik

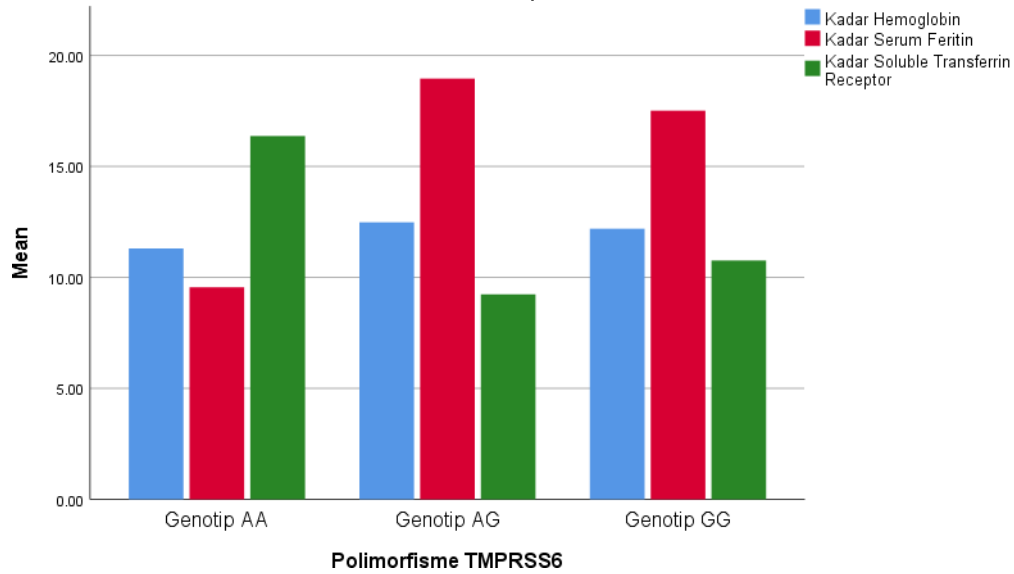
### 1. Data Demografi sampel

- a. Data berat badan, tinggi badan, usia orang tua, kadar Hb, SF dan sTfR

	Usia Responden	Tinggi Badan Responden (cm)	Berat Badan Responden (kg)	Usia Orang Tua (Ayah)	Usia Orang Tua (Ibu)	Kadar Hemoglobin	Kadar Serum Feritin	Kadar Soluble Transferin Receptor	Asupan Fe	
N	Valid	60	60	60	58	57	60	60	60	
	Missing	0	0	0	2	3	0	0	0	
Mean		15.98	152.16	50.37	47.40	43.49	12.2750	17.7965	10.3643	9.0167
Std. Error of Mean		.140	.613	1.368	.816	.717	.14324	1.67791	.61093	1.38523
Median		16.00	152.35	48.25	47.00	43.00	12.4500	14.5919	9.7409	4.5000
Std. Deviation		1.081	4.750	10.594	6.212	5.412	1.10953	12.99707	4.73226	10.72992
Minimum		15	141	36	35	35	8.70	1.46	1.73	1.10
Maximum		18	165	97	63	56	14.60	59.02	37.53	53.00



Simple Bar Mean of Kadar Hemoglobin, Mean of Kadar Serum Feritin, Mean of Kadar Soluble Transferrin Receptor...



b. Pekerjaan orangtua

**Pekerjaan Orang Tua (Ayah)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	PNS	15	25.0	25.9	25.9
	Wirausaha	24	40.0	41.4	67.2
	Buruh	7	11.7	12.1	79.3
	Petani	1	1.7	1.7	81.0
	TNI	2	3.3	3.4	84.5
	Pariwisata	1	1.7	1.7	86.2
	Honorer	1	1.7	1.7	87.9
	Polisi	1	1.7	1.7	89.7
	Karyawan Swasta	1	1.7	1.7	91.4
	Guru	1	1.7	1.7	93.1
	Polisi Hutan	1	1.7	1.7	94.8
	TKI	1	1.7	1.7	96.6
	Kuli Bangunan	1	1.7	1.7	98.3
	Mandor	1	1.7	1.7	100.0
	Total	58	96.7	100.0	
System	2	3.3			
	60	100.0			



**Pekerjaan Orang Tua (Ibu)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	PNS	11	18.3	18.6	18.6
	Wirausaha	18	30.0	30.5	49.2
	Petani	1	1.7	1.7	50.8
	Guru	3	5.0	5.1	55.9
	TKI	2	3.3	3.4	59.3
	IRT	23	38.3	39.0	98.3
	Perawat	1	1.7	1.7	100.0
	Total	59	98.3	100.0	
Missing	System	1	1.7		
Total		60	100.0		

c. Penghasilan orangtua

**Penghasilan Orang Tua (Ayah)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	<500.000	8	13.3	13.3	13.3
	500.000-1.000.000	10	16.7	16.7	30.0
	1.000.000-2.000.000	19	31.7	31.7	61.7
	2.500.000-5.000.000	10	16.7	16.7	78.3
	>5.000.000	13	21.7	21.7	100.0
	Total	60	100.0	100.0	

**Penghasilan Orang Tua (Ibu)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	<500.000	25	41.7	41.7	41.7
	500.000-1.000.000	12	20.0	20.0	61.7
	1.000.000-2.000.000	11	18.3	18.3	80.0
	2.500.000-5.000.000	8	13.3	13.3	93.3
	>5.000.000	4	6.7	6.7	100.0
	Total	60	100.0	100.0	



d. Pendidikan orangtua

**Pendidikan Orang Tua (Ayah)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak Sekolah	1	1.7	1.7	1.7
	SD	2	3.3	3.3	5.0
	SMP	4	6.7	6.7	11.7
	SMA	33	55.0	55.0	66.7
	D1/D2/D3	5	8.3	8.3	75.0
	S1	12	20.0	20.0	95.0
	S2	2	3.3	3.3	98.3
	S3	1	1.7	1.7	100.0
	Total	60	100.0	100.0	

**Pekerjaan Orang Tua (Ibu)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	PNS	11	18.3	18.6	18.6
	Wirausaha	18	30.0	30.5	49.2
	Petani	1	1.7	1.7	50.8
	Guru	3	5.0	5.1	55.9
	TKI	2	3.3	3.4	59.3
	IRT	23	38.3	39.0	98.3
	Perawat	1	1.7	1.7	100.0
	Total	59	98.3	100.0	
Missing	System	1	1.7		
Total		60	100.0		

2. Polimorfisme TMPRSS6 rs4820268

**Polimorfisme TMPRSS6**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Genotip AA	2	3.3	3.3	3.3
	Genotip AG	23	38.3	38.3	41.7
	Genotip GG	35	58.3	58.3	100.0



Total	60	100.0	100.0
-------	----	-------	-------

3. Distribusi angka kejadian anemia, defisiensi besi dan anemia defisiensi besi pada SNP rs4820268 pada genotip AA, AG dan GG

### Anemia (Hb) \* Polimorfisme TMPRSS6

**Anemia (Hb) \* Polimorfisme TMPRSS6 Crosstabulation**

		Polimorfisme TMPRSS6			Total	
		Genotip AA	Genotip AG	Genotip GG		
Anemia (Hb)	Normal	Count	1	17	24	42
		% within Anemia (Hb)	2.4%	40.5%	57.1%	100.0%
		% within Polimorfisme TMPRSS6	50.0%	73.9%	68.6%	70.0%
	Anemia	Count	1	6	11	18
		% within Anemia (Hb)	5.6%	33.3%	61.1%	100.0%
		% within Polimorfisme TMPRSS6	50.0%	26.1%	31.4%	30.0%
Total	Count	2	23	35	60	
	% within Anemia (Hb)	3.3%	38.3%	58.3%	100.0%	
	% within Polimorfisme TMPRSS6	100.0%	100.0%	100.0%	100.0%	

### Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	.583 <sup>a</sup>	2	.747
Likelihood Ratio	.555	2	.758
Linear-by-Linear Association	.002	1	.960
N of Valid Cases	60		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is .60.



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### Defisiensi Besi \* Polimorfisme TMPRSS6 Crosstabulation

		Polimorfisme TMPRSS6			Total
		Genotip AA	Genotip AG	Genotip GG	
Normal	Count	0	13	20	33
	% within Defisiensi Besi	0.0%	39.4%	60.6%	100.0%
	% within Polimorfisme TMPRSS6	0.0%	56.5%	57.1%	55.0%
Anemia	Count	2	10	15	27



	% within Defisiensi Besi	7.4%	37.0%	55.6%	100.0%
	% within Polimorfisme TMRSS6	100.0%	43.5%	42.9%	45.0%
Total	Count	2	23	35	60
	% within Defisiensi Besi	3.3%	38.3%	58.3%	100.0%
	% within Polimorfisme TMRSS6	100.0%	100.0%	100.0%	100.0%

### Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	2.531 <sup>a</sup>	2	.282
Likelihood Ratio	3.281	2	.194
Linear-by-Linear Association	.721	1	.396
N of Valid Cases	60		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is .90.

### Anemia Defisiensi Besi \* Polimorfisme TMRSS6 Crosstabulation

			Polimorfisme TMRSS6			Total
			Genotip AA	Genotip AG	Genotip GG	
Anemia Defisiensi Besi	Normal	Count	1	18	29	48
		% within Anemia Defisiensi Besi	2.1%	37.5%	60.4%	100.0%
		% within Polimorfisme TMRSS6	50.0%	78.3%	82.9%	80.0%
	Anemia	Count	1	5	6	12
		% within Anemia Defisiensi Besi	8.3%	41.7%	50.0%	100.0%
		% within Polimorfisme TMRSS6	50.0%	21.7%	17.1%	20.0%
Total	Count	2	23	35	60	
	% within Anemia Defisiensi Besi	3.3%	38.3%	58.3%	100.0%	
	% within Polimorfisme TMRSS6	100.0%	100.0%	100.0%	100.0%	

### Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	1.347 <sup>a</sup>	2	.510
Likelihood Ratio	1.121	2	.571
Linear-by-Linear Association	.835	1	.361
N of Valid Cases	60		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is .40.



genotip AA, AG dan GG

**Kruskal-Wallis Test**

**Descriptives**

		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
Kadar Hemoglobin	Genotip AA	2	11.3000	2.96985	2.10000	-15.3830	37.9830	9.20	13.40
	Genotip AG	23	12.4826	.96184	.20056	12.0667	12.8985	9.80	13.90
	Genotip GG	35	12.1943	1.08924	.18411	11.8201	12.5685	8.70	14.60
	Total	60	12.2750	1.10953	.14324	11.9884	12.5616	8.70	14.60
Kadar Serum Feritin	Genotip AA	2	9.5538	1.84758	1.30643	-7.0460	26.1536	8.25	10.86
	Genotip AG	23	18.9538	11.84444	2.46974	13.8319	24.0757	2.50	50.34
	Genotip GG	35	17.5069	14.04517	2.37407	12.6823	22.3316	1.46	59.02
	Total	60	17.7965	12.99707	1.67791	14.4390	21.1540	1.46	59.02
Kadar Soluble Transferrin Receptor	Genotip AA	2	16.3713	.10854	.07675	15.3960	17.3465	16.29	16.45
	Genotip AG	23	9.2346	3.19465	.66613	7.8531	10.6161	1.88	15.42
	Genotip GG	35	10.7634	5.39507	.91193	8.9101	12.6167	1.73	37.53
	Total	60	10.3643	4.73226	.61093	9.1418	11.5868	1.73	37.53

		Ranks	
		Polimorfisme TMRSS6	Mean Rank
Kadar Hemoglobin	Genotip AA	2	27.50
	Genotip AG	23	33.65
	Genotip GG	35	28.60
	Total	60	
Kadar Serum Feritin	Genotip AA	2	20.00
	Genotip AG	23	32.74
	Genotip GG	35	29.63
	Total	60	
Kadar Soluble Transferrin Receptor	Genotip AA	2	58.50
	Genotip AG	23	26.17
	Genotip GG	35	31.74
	Total	60	

Test Statistics <sup>a,b</sup>			
	Kadar Hemoglobin	Kadar Serum Feritin	Kadar Soluble Transferrin Receptor
Wallis H	1.227	1.188	6.730
df.	2	2	2
sig.	.542	.552	<b>.035</b>

Wallis Test



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b. Grouping Variable: Polimorfisme TMPRSS6

5. Perbedaan kadar Hb, SF dan sTfR pada SNP TMPRSS6 rs4820268 genotip AA vs AG/GG

### Mann-Whitney Test

Group Statistics					
	Polimorfisme		Mean	Std. Deviation	Std. Error Mean
	TMPRSS6	N			
Kadar Hemoglobin	AA	2	11.3000	2.96985	2.10000
	AG/GG	58	12.3086	1.04164	.13677
Kadar Serum Feritin	AA	2	9.5538	1.84758	1.30643
	AG/GG	58	18.0807	13.12726	1.72369
Kadar Soluble Transferrin Receptor	AA	2	16.3713	.10854	.07675
	AG/GG	58	10.1571	4.67655	.61406

Ranks				
	Polimorfisme		Mean Rank	Sum of Ranks
	TMPRSS6	N		
Kadar Hemoglobin	AA	2	27.50	55.00
	AG/GG	58	30.60	1775.00
	Total	60		
Kadar Serum Feritin	AA	2	20.00	40.00
	AG/GG	58	30.86	1790.00
	Total	60		
Kadar Soluble Transferrin Receptor	AA	2	58.50	117.00
	AG/GG	58	29.53	1713.00
	Total	60		

Test Statistics <sup>a</sup>			
	Kadar Hemoglobin	Kadar Serum Feritin	Kadar Soluble Transferrin Receptor
Mann-Whitney U	52.000	37.000	2.000
Wilcoxon W	55.000	40.000	1713.000
Z	-.248	-.865	-2.306
Sig. (2-tailed)	.805	.387	.021
[2*(1-tailed Sig.)]	.824 <sup>b</sup>	.429 <sup>b</sup>	.005 <sup>b</sup>



- a. Grouping Variable: Polimorfisme Tmprss6
- b. Not corrected for ties.

## 6. Hubungan antara status gizi dengan kadar Hb, SF dan sTfR

		Descriptives							
		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
Kadar Hemoglobin	Gizi baik	48	12.2833	1.12540	.16244	11.9566	12.6101	8.70	14.60
	Gizi kurang	3	11.1667	1.70978	.98714	6.9193	15.4140	9.20	12.30
	Gizi lebih	6	12.5667	.67132	.27406	11.8622	13.2712	11.40	13.40
	Obese	3	12.6667	.41633	.24037	11.6324	13.7009	12.20	13.00
	Total	60	12.2750	1.10953	.14324	11.9884	12.5616	8.70	14.60
Kadar Serum Feritin	Gizi baik	48	17.8198	13.91573	2.00856	13.7791	21.8605	1.46	59.02
	Gizi kurang	3	21.8426	13.06758	7.54457	-10.6191	54.3042	8.25	34.31
	Gizi lebih	6	12.0633	4.68442	1.91241	7.1473	16.9793	7.51	20.84
	Obese	3	24.8430	3.04192	1.75625	17.2864	32.3995	21.75	27.83
	Total	60	17.7965	12.99707	1.67791	14.4390	21.1540	1.46	59.02
Kadar Soluble Transferrin Receptor	Gizi baik	48	10.3877	5.13402	.74103	8.8969	11.8785	1.73	37.53
	Gizi kurang	3	12.1934	4.05820	2.34300	2.1123	22.2745	8.18	16.29
	Gizi lebih	6	10.4825	2.05267	.83800	8.3283	12.6366	8.18	13.31
	Obese	3	7.9241	.45605	.26330	6.7912	9.0570	7.53	8.42
	Total	60	10.3643	4.73226	.61093	9.1418	11.5868	1.73	37.53

		Ranks	
		Status Gizi	Mean Rank
Kadar Hemoglobin	Gizi baik	48	30.38
	Gizi kurang	3	16.33
	Gizi lebih	6	35.17
	Total	60	
Kadar Serum Feritin	Obese	3	37.33
	Total	60	
	Gizi baik	48	29.83
	Gizi kurang	3	38.33
Kadar Soluble Transferrin Receptor	Gizi lebih	6	24.50
	Obese	3	45.33
	Total	60	
	Gizi baik	48	30.63
	Gizi kurang	3	39.67
	Gizi lebih	6	33.67
	Obese	3	13.00
	Total	60	



**Test Statistics<sup>a,b</sup>**

	Kadar Hemoglobin	Kadar Serum Feritin	Kadar Soluble Transferrin Receptor
Kruskal-Wallis H	2.874	3.546	4.039
df	3	3	3
Asymp. Sig.	.411	.315	.257

a. Kruskal Wallis Test

b. Grouping Variable: Status Gizi

7. Uji Regresi linear pengaruh polimorfisme TMPRSS6 rs4820268 terhadap kadar Hb, SF dan sTfR

### Regression

**Variables Entered/Removed<sup>a</sup>**

Model	Variables Entered	Variables Removed	Method
1	Status Gizi, Polimorfisme TMPRSS6, Usia Responden <sup>b</sup>	.	Enter

a. Dependent Variable: Kadar Hemoglobin

b. All requested variables entered.

**Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.342 <sup>a</sup>	.117	.069	1.07038



a. Predictors: (Constant), Status Gizi, Polimorfisme TMPRSS6, Usia Responden

		Coefficients <sup>a</sup>				
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	6.085	2.356		2.583	.012
	Polimorfisme TMPRSS6	1.339	.782	.218	1.711	.093
	Usia Responden	.304	.131	.296	2.319	.024
	Status Gizi	.100	.161	.078	.624	.535

a. Dependent Variable: Kadar Hemoglobin

## Regression

### Variables Entered/Removed<sup>a</sup>

Model	Variables Entered	Variables Removed	Method
1	Status Gizi, Polimorfisme TMPRSS6, Usia Responden <sup>b</sup>	.	Enter

a. Dependent Variable: Kadar Serum Feritin

b. All requested variables entered.

### Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.230 <sup>a</sup>	.053	.002	12.98223

a. Predictors: (Constant), Status Gizi, Polimorfisme TMPRSS6, Usia Responden

### Coefficients<sup>a</sup>

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	50.391	28.573		1.764	.083
	Polimorfisme TMPRSS6	6.007	9.488	.084	.633	.529
	Usia Responden	-2.405	1.589	-.200	-1.514	.136
	Status Gizi	.093	1.950	.006	.048	.962

ent Variable: Kadar Serum Feritin



## Regression

### Variables Entered/Removed<sup>a</sup>

Model	Variables Entered	Variables Removed	Method
1	Status Gizi, Polimorfisme TMPRSS6, Usia Responden <sup>b</sup>	.	Enter

a. Dependent Variable: Kadar Soluble Transferrin Receptor

b. All requested variables entered.

### Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.309 <sup>a</sup>	.095	.047	4.61964

a. Predictors: (Constant), Status Gizi, Polimorfisme TMPRSS6, Usia Responden

### Coefficients<sup>a</sup>

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	30.608	10.168		3.010	.004
	Polimorfisme TMPRSS6	-7.124	3.376	-.273	-2.110	<b>.039</b>
	Usia Responden	-.826	.565	-.189	-1.460	.150
	Status Gizi	-.401	.694	-.073	-.578	.566

a. Dependent Variable: Kadar Soluble Transferrin Receptor



Variabel	Hemoglobin (g/dL)			Serum Ferritin ( $\mu\text{g/L}$ )			Serum Transferrin Receptor (mg/L)		
	B	SE	p	B	SE	p	B	SE	p
<b>Model 1</b>									
Gen Tmprss6	1.392	0.796	0.086	9.333	9.139	0.312	-6.581	3.403	0.058
Usia	0.305	0.132	0.025	-2.342	1.515	0.128	-0.815	0.564	0.154
Status Gizi	0.103	0.162	0.527	0.274	1.860	0.883	-0.371	0.693	0.594
Asupan Fe	0.006	0.013	0.635	0.390	0.152	0.013	0.064	0.057	0.265

Multiple Linear Regression method = enter ( $N = 60$ ), Model 1: Hb;  $R^2 = 0.120$ , SF;  $R^2 = 0.154$ , STfR;  $R^2 = 0.116$ , AA = 2/AG = 1/GG = 0

Note: Variabel gen Tmprss6 yang sebelumnya berupa data kategorik telah dimodifikasi menjadi data numerik. Variabel outcome (Hb, Ferritin, dan STfR) dalam bentuk numerik

Pada tabel diatas menunjukkan bahwa tidak ada pengaruh polimorfisme gen Tmprss6 terhadap kadar hemoglobin ( $B=1.392$ ,  $SE=0.796$ ,  $p=0.086$ ), kadar serum ferritin ( $B=9.333$ ,  $SE=9.139$ ,  $p=0.312$ ), dan kadar soluble transferrin reseptor ( $B=-6.581$ ,  $SE=3.403$ ,  $p=0.058$ ).

#### Variables Entered/Removed<sup>a</sup>

Model	Variables Entered	Variables Removed	Method
1	Asupan Fe Pertama, Usia Responden, Status Gizi, Polimorfisme Tmprss6 <sup>b</sup>	.	Enter

a. Dependent Variable: Kadar Hemoglobin

b. All requested variables entered.

#### Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.47 <sup>a</sup>	.120	.056	1.07784

stant), Asupan Fe Pertama, Usia Responden, Status Gizi, Polimorfisme Tmprss6





### Coefficients<sup>a</sup>

Model		Unstandardized Coefficients		Standardized	t	Sig.
		B	Std. Error	Coefficients Beta		
1	(Constant)	5.959	2.387		2.497	.016
	Polimorfisme TMPRSS6	1.392	.796	.227	1.750	.086
	Usia Responden	.305	.132	.297	2.311	.025
	Status Gizi	.103	.162	.081	.637	.527
	Asupan Fe Pertama	.006	.013	.061	.477	.635

a. Dependent Variable: Kadar Hemoglobin

### Variables Entered/Removed<sup>a</sup>

Model	Variables Entered	Variables Removed	Method
1	Asupan Fe Pertama, Usia Responden, Status Gizi, Polimorfisme TMPRSS6 <sup>b</sup>		Enter

a. Dependent Variable: Kadar Serum Ferritin

b. All requested variables entered.

### Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.393 <sup>a</sup>	.154	.093	12.37805

a. Predictors: (Constant), Asupan Fe Pertama, Usia Responden, Status Gizi, Polimorfisme TMPRSS6



### Coefficients<sup>a</sup>

Model		Unstandardized Coefficients		Standardized	t	Sig.
		B	Std. Error	Coefficients Beta		
1	(Constant)	42.586	27.413		1.554	.126
	Polimorfisme TMRSS6	9.333	9.139	.130	1.021	.312
	Usia Responden	-2.342	1.515	-.195	-1.546	.128
	Status Gizi	.274	1.860	.018	.147	.883
	Asupan Fe Pertama	.390	.152	.322	2.569	.013

a. Dependent Variable: Kadar Serum Feritin

### Variables Entered/Removed<sup>a</sup>

Model	Variables Entered	Variables Removed	Method
1	Asupan Fe Pertama, Usia Responden, Status Gizi, Polimorfisme TMRSS6 <sup>b</sup>		Enter

a. Dependent Variable: Kadar Soluble Transferrin Receptor

b. All requested variables entered.

### Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.340 <sup>a</sup>	.116	.052	4.60867



(Constant), Asupan Fe Pertama, Usia Responden, Status Gizi, Polimorfisme TMRSS6

### Coefficients<sup>a</sup>

Model		Unstandardized Coefficients		Standardized	t	Sig.
		B	Std. Error	Coefficients Beta		
1	(Constant)	29.335	10.206		2.874	.006
	Polimorfisme Tmprss6	-6.581	3.403	-.252	-1.934	.058
	Usia Responden	-.815	.564	-.186	-1.446	.154
	Status Gizi	-.371	.693	-.068	-.536	.594
	Asupan Fe Pertama	.064	.057	.144	1.126	.265

a. Dependent Variable: Kadar Soluble Transferrin Receptor

Korelasi Asupan Fe terhadap Kadar Hemoglobin, Serum Ferritin, dan Soluble transferrin receptor

	Hemoglobin (g/dL)	Serum Ferritin (µg/L)	Soluble Transferrin Receptor (mg/L)
Asupan Fe	-0.032 (0.806)	0.390 (0.002)	-0.254 (0.050)

Data disajikan dalam bentuk r (p-value). r merupakan koefisien korelasi dari nilai 0-1. Semakin mendekati nilai satu maka semakin kuat kekuatan korelasinya.

Pada tabel diatas menunjukkan bahwa asupan Fe hanya memiliki hubungan yang signifikan dengan kadar serum ferritin dengan nilai korelasi (r) sebesar 0.390 (p=0.002) sedangkan tidak ada hubungan yang signifikan dengan kadar hemoglobin (r=-0.032, p=0.806) dan kadar serum transferrin reseptor (r=-0.254, p=0.050). Nilai korelasi asupan Fe dan kadar ferritin menunjukkan kekuatan hubungan yang moderat dimana semakin tinggi asupan Fe maka semakin tinggi pula kadar serum ferritin.



## Nonparametric Correlations

			<b>Correlations</b>			
			Kadar Hemoglobin	Kadar Serum Feritin	Kadar Soluble Transferrin Receptor	Asupan Fe Pertama
Spearman's rho	Kadar Hemoglobin	Correlation Coefficient	1.000	.216	-.175	<b>-.032</b>
		Sig. (2-tailed)	.	.097	.182	<b>.806</b>
		N	60	60	60	60
Kadar Serum Feritin	Kadar Serum Feritin	Correlation Coefficient	.216	1.000	-.220	<b>.390**</b>
		Sig. (2-tailed)	.097	.	.091	<b>.002</b>
		N	60	60	60	60
Kadar Soluble Transferrin Receptor	Kadar Soluble Transferrin Receptor	Correlation Coefficient	-.175	-.220	1.000	<b>-.254*</b>
		Sig. (2-tailed)	.182	.091	.	<b>.050</b>
		N	60	60	60	60
Asupan Fe Pertama	Asupan Fe Pertama	Correlation Coefficient	<b>-.032</b>	<b>.390**</b>	<b>-.254*</b>	<b>1.000</b>
		Sig. (2-tailed)	<b>.806</b>	<b>.002</b>	<b>.050</b>	.
		N	60	60	60	60

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

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

