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Risk Factors for Infant Mortality in the Working Area of the Community Health Center

Lailatul Khofiva*, Rr. Vita Nur Latif, Nur Lu'lu Fitriyani, Nur Hilal

University of Pekalongan

Corresponding author: *Email: elkhofivaaila@gmail.com

Abstract

Background: Infant Mortality Rate (IMR) remains a key indicator of public health and health development. In 2024, Wonopringgo Primary Health Care recorded the highest infant mortality in Pekalongan Regency.

Purpose: To identify risk factors associated with infant mortality in the Working Area of the Community Health Center

Method: A quantitative case-control study was conducted. Data were analyzed using the chi-square test, Odds Ratio (OR), and 95% Confidence Interval (CI). The study population is all mothers who give birth to babies in the working area of the Wonopringgo Health Center. The research sample consisted of two groups, namely the case group (mothers who experienced infant deaths) and the control group (mothers with live babies). Sampling was carried out using the total sampling technique in the case group and a 1:1 ratio between cases and controls according to the inclusion and exclusion criteria that have been set.

Results: Maternal education ($p=0.000$; $OR=21.429$), maternal employment ($p=0.006$; $OR=5.950$), gestational age ($p=0.033$; $OR=3.852$), Antenatal Care (ANC) visits ($p=0.014$; $OR=4.911$), maternal health history ($p=0.035$; $OR=4.911$), and travel time to health facilities ($p=0.007$; $OR=5.714$) were significantly associated with infant mortality.

Conclusion: Infant mortality is influenced by maternal social factors, pregnancy conditions, health service utilization, and access to health facilities.

Keywords: Antenatal Care; Infant mortality; Risk factors.

INTRODUCTION

Infant mortality is still one of the main indicators in assessing the degree of public health, especially in the maternal and child groups. The Infant Mortality Rate reflects the quality of health services, socioeconomic conditions, and the success of maternal and child health programs in a region (Irkan, Ahri, & Sundari, 2024). Based on data from the Central Statistics Agency, the infant mortality rate in Indonesia still shows fluctuations and differences between regions. In 2020, the Infant Mortality in Indonesia was recorded at 24 per 1,000 live births, and although it has decreased compared to previous years, the figure still shows challenges in efforts to reduce infant mortality nationally (Central Statistics Agency, 2020). The National Medium-Term

Development Strategic Plan for 2015-2019 states that the Healthy Indonesia Program is implemented with 3 main pillars namely the healthy paradigm, strengthening health services and national health insurance. The pillar of strengthening health services uses the continuum of care approach and risk-based interventions, where mothers and children are a vulnerable group because it is a group with risks to illness and death (Sukoco & Wigunantiningih, 2020).

Infant death is defined as a death that occurs in infants aged 0–11 months. The causes of infant death are multifactorial and interrelated, including maternal, fetal factors, the environment, and health services. Several studies show that most infant deaths are

related to maternal health conditions during pregnancy, such as a history of illness, pregnancy complications, and delays in obtaining adequate health services (Batubara & Fauziah, 2020). Maternal and infant mortality remain health problems faced by almost every country in the world. High maternal and infant mortality rates are a measure of the success of local government health interventions. Furthermore, the focus on maternal and infant mortality is also outlined in the Sustainable Development Goals (SDGs) (Sari, Sucirahayu, Hafilda, Sari, Safithri, Fitria, & Hasyim, 2023).

Health services during pregnancy, especially Antenatal Care (ANC) examinations, are one of the important efforts to reduce the risk of infant death. ANC aims to monitor the condition of the mother and fetus, detect pregnancy risk factors early, and prevent childbirth complications (Lengkong, Langi, & Posangi, 2020). However, pregnant women are still found who do not make ANC visits according to standards. This condition has the potential to increase the risk of pregnancy complications that have an impact on the baby's health, including the risk of infant death (Agustina, Sartika, & Abbas, 2023).

The mother's health history also plays an important role in the incidence of infant death. Mothers with a history of diseases such as hypertension, anemia, and other chronic diseases have a higher risk of experiencing disorders during pregnancy and childbirth (Kusnan & Rangki, 2019). Research shows that mothers with a history of disease have a greater chance of experiencing infant mortality than mothers without a history of comorbidities (Anggraini, Zaman, & Ekawati, 2024).

Socio-demographic factors, particularly maternal education levels, also contribute to infant mortality. Education affects the ability of mothers to receive health information, make the right decisions during pregnancy, and utilize health service facilities. Mothers with low levels of education tend to have limited knowledge and less optimal health behaviors, thereby increasing the risk of infant death (Batubara & Fauziah, 2020).

The relationship between socioeconomic factors, maternal health, and health services to the incidence of infant mortality can be explained through Mosley and Chen's conceptual framework. This framework states that socioeconomic and environmental factors affect children's health through proximal

determinants, such as maternal biological conditions, health behaviors, and access to health services (Gould, 2015). In the context of infant mortality, factors such as maternal health history, compliance with ANC visits, and access to health facilities play a direct role in infant survival.

Based on data from the Pekalongan Regency Health Office, the number of infant deaths in the last five years has always been high. With the following case details: 123 cases (7.44%) in 2020, 109 cases (6.96%) in 2021, 106 cases (7.17%) in 2022, 129 cases (9.38%) in 2023 and 158 cases (13.36%) in 2024. Meanwhile, the highest infant mortality cases in 2024 will be in the working area of the Wonopringgo Health Center with a total of 18 cases (Pekalongan Regency Health Office, 2024).

Infant mortality can also occur due to a lack of awareness of maternal health. Many factors contribute to this, including: mothers rarely having obstetric checkups; becoming pregnant at a young age; having a very small gap between pregnancies; getting pregnant at an older age; inadequate nutritional intake for both mother and baby; unclean food consumed by the mother; and inadequate sanitation and hygiene facilities (Wandira, & Indawati, 2012).

Previous research has revealed that risk factors associated with infant mortality include birth complications, maternal anemia, low birth weight, asphyxia, congenital disease, and premature birth. Meanwhile, maternal age, maternal knowledge, maternal education, parity, maternal weight, maternal mid-upper arm circumference, maternal history of chronic illness, and experience of bleeding during pregnancy, hypertension, birth attendants, and maternal literacy levels were not significantly associated with infant mortality (Kusumawardani & Handayani, 2018). Other researchers revealed that primary data was obtained by questionnaires and secondary data from community health centers and the Batang District Health Office. Data were analyzed using the chi-square test statistical formula ($\alpha = 0.05$) with the determination of the odds ratio (OR). From the results of the study, it was found that risk factors associated with the incidence of perinatal death in Batang Regency were maternal education ($p = 0.006$, OR = 3.878), maternal knowledge ($p = 0.013$, OR = 2.843), parity ($p = 0.016$, OR = 2.988), LBW ($p = 0.001$, OR = 7.570), asphyxia ($p = 0.001$, OR =

Lailatul Khofiva*, Rr. Vita Nur Latif, Nur Lu'lu Fitriyani, Nur Hilal

University of Pekalongan

Corresponding author: *Email: elkhofivaaila@gmail.com

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2.270), and congenital abnormalities ($p = 0.003$, $OR = 2.205$). which means there is a relationship between maternal education, maternal knowledge, parity, LBW, asphyxia, and congenital abnormalities with the incidence of perinatal death (Mahmudah, Cahyati, & Wahyuningsih, 2011).

RESEARCH METHOD

This study uses a quantitative approach with a case-control study design. The research will be carried out in the working area of the Wonopringgo Health Center, Pekalongan Regency in 2024. The study population is all mothers who give birth to babies in the working area of the Wonopringgo Health Center. The research sample consisted of two groups, namely the case group (mothers who experienced infant deaths) and the control group (mothers with live babies). Sampling was carried out using the total sampling technique in the case group and a 1:1 ratio between cases and controls according to the inclusion and exclusion criteria that have been set.

The dependent variables in this study were the incidence of infant mortality, while the independent variables included the mother's age, mother's education level, mother's employment status,

pregnancy distance, parity, gestational age, history of Antenatal Care (ANC) visits, maternal health history, maternal nutritional status based on Upper Arm Circumference (LILA), and access to health facilities as measured by length of travel time.

Data were collected using a structured questionnaire and secondary data from health service records at the Wonopringgo Health Center. Data collection was carried out directly to respondents by paying attention to the principles of research ethics, including providing information and informed consent. Data analysis was carried out univariate to describe the distribution of respondent characteristics and research variables. Furthermore, bivariate analysis was carried out using the chi-square test to determine the relationship between independent variables and the incidence of infant mortality. The magnitude of the risk is expressed in the Odds Ratio (OR) value with a Confidence Interval (CI) of 95%. The significance level used in this study was $p < 0.05$. Data analysis was carried out using univariate analysis to determine the frequency of each variable in this study. Meanwhile, bivariate analysis was carried out to determine the Chi-Square value, p-value, OR and Confidence Interval values. The results of the analysis can be seen in the table below.

Lailatul Khofiva*, Rr. Vita Nur Latif, Nur Lu'lu Fitriyani, Nur Hilal

University of Pekalongan

Corresponding author: *Email: elkhofivaaila@gmail.com

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RESEARCH RESULTS

Table Distribution Frequency of Respondent (N=44)

Variable	Results	P-value	OR-CI (95%)
Age (Mean±SD) (Years)	(28.19±6.99) (18-42)	0.340	1.846 (0.521-6.547)
<20 or >35	15/34.0		
20 - 35	29/66.0		
Pregnancy Distance (n/%)		0.741	1.244 (0.340-4.558)
< 2 Years	13/29.5		
≥ 2 Years	31/70.5		
Education (n/%)		0.000	21.429(.883-118.255)
Low (Elementary School- SHS)	17/38.6		
High (JHS- Bachelor)	27/61.4		
Employment Status (n/%)		0.006	5.950 (1.586-22.328)
Work	19/43.2		
Not Working	25/56.8		
Parity (n/%)		0.531	0.674 (0.196-2.320)
> 4 times	16/36.4		
≤ 4 times	28/63.6		
Gestational Age (n/%)		0.033	3.852 (1.086-13661)
<20 or >40 weeks	19/43.0		
37-40 weeks	25/57.0		
Nutritional Status (n/%)		0.761	1.204 (0.365-3.974)
< 23.5 cm	25/57.0		
≥ 23.5 cm	19/43.0		
History of ANC Pregnancy (n/%)		0.014	4.911 (1.325-18.205)
< 6 times	18/41.0		
≥ 6 times	26/59.0		
Mother's Health History (Chronic Illness) (n/%)		0.035	3.750 (1.325-18.205)
Yes	21/48.0		
No	23/52.0		
Length of Travel Time for Health Facilities (n/%)		0.007	5.714 (1.560-20.929)
> 15 minutes	23/52.0		
≤ 15 minutes	21/48.0		

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The table above shows that the average age of respondents and standard deviation is (28.19 ± 6.99) with an age range (18-42). The majority of respondents are ≥ 2 years old, namely 31 (70.5%), with the majority of respondents having higher education, namely 27 (61.4%). Based on employment status, most respondents are unemployed, namely 25 (56.8%) with the majority of parity ≤ 4, namely 28 (63.6%). Based on gestational age, most respondents have a gestational age of 37-40 weeks, 25 (57.0%) with nutritional status, most of them are <23.5 cm, with a total of 25 (57.0%). Based on ANC history, the majority of respondents have ≥ 6 times, namely 26 (59.0%) with a history of maternal illness, the majority have no history of illness, namely 23 (52.0%) and most respondents Travel Time to Health Facilities > 15 minutes, namely 23 (52.0%).

The results of the bivariate analysis resume above are known to be 6 statistically significant variables, namely the mother's education variable p-value (0.000), mother's work p-value (0.006), p-value gestational age (0.033), p-value antenatal care examination history (0.014), p-value mother's health history (0.035) and length of time p-value travel time (0.007).

DISCUSSION

The results of the study showed that the incidence of infant mortality in the work area of the Wonopringgo Health Center was influenced by various factors related to maternal characteristics, pregnancy conditions, utilization of health services, and access to health facilities. These findings confirm that infant mortality is a multifactorial health problem and does not stand on a single factor.

Maternal education level has been shown to be significantly related to the incidence of infant mortality. A p-value of 0.000 indicates a significant difference in proportion in the category of educational variables. Thus, an alternative hypothesis (H_a) is accepted, which means that there is a significant relationship between maternal education and the risk of death Baby. An Odds Ratio (OR) value of 21.429 with a Confidence Interval (CI 95%) of 3.883–118.255 indicates that low-educated mothers have a approximately 21 times greater risk of infant mortality compared to highly educated mothers. However, because the Confidence Interval passes the number 1, this variable is considered to have less strong precision in relation to the incidence of infant death.

Parental education has an indirect correlation with children's survival. This opinion is included in the theory of McCarty and Maine that I used in this study, stating that education is a distant determinant, that is, a factor that is indirectly related to proxy determinants. So, the results of the study are as stated by McCarty and Maine. A person who gets a higher education will usually have better literacy, including in improving personal health or family. However, the knowledge of a mother-to-be is also worth considering in choosing a baby for herself or her baby.

This is in line with other research conducted under the title of factors related to the risk of neonatal death. The research is an analytical survey research that using chi-square analysis as a statistical test, from this test, it is known that the P-value of the maternal education variable is 0.001, meaning that the P-value is less than 5% (0.05) so that it is said that there is a relationship between maternal education and infant mortality (Padhila, 2023).

Maternal employment status also showed a significant association with infant mortality events. The p-value is 0.006, indicating a p-value of less than 0.05. This statement can be concluded that H_a is accepted, so it can be said that the mother's work is an influential risk factor in the incidence of infant death. The Odds Ratio (OR) value in this study was 5,950 with a Confidence Interval (CI) of 95% which is 1,586-22,328, meaning that working mothers have a 5.9 times greater risk of infant death than non-working mothers. A Confidence Interval (CI) of 95% beyond 1 means that the mother's work is statistically significant but less powerful.

Maternal work is said to be influential because it is one of the risk factors for infant mortality which is quite complex due to the interconnectedness between economic income, availability of time to undergo treatment and exposure in the work environment. Usually, mothers who work in the formal and physical sectors have a higher risk of death than office workers. The research is in line with Moesly and Chen's theory which states that exogenous variables, namely the economic status of the community, have an effect on the survival of a child.

This research is in line with the other research entitled Factors related to infant mortality in

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University of Pekalongan

Corresponding author: *Email: elkhofivaaila@gmail.com

Indonesia. This study is a quantitative study with univariate, bivariate and multivariate analysis, maternal work related to infant mortality is known to have a p-value of 0.048. Working mothers have a higher risk of infant death than non-working mothers. This condition can be associated with limited time to do regular pregnancy checkups, physical fatigue, and workload that can affect pregnancy conditions (Lengkong et al., 2020).

Gestational age is significantly related to the incidence of infant death. The results of the bivariate analysis also stated that the p-value of 0.033 showed that the p-value was less than 5% (0.05) which means that H_a was accepted. Therefore, it can be concluded that the gestational age of the mother statistically significant with the incidence of infant mortality. The Odds Ratio (OR) value of 3,852 shows that the gestational age of <37 or >40 weeks has a chance of experiencing 4 times greater infant mortality. The 95% Confidence Interval (CI) of 1,080-13,661 does not exceed 1, meaning that gestational age has a statistically significant relationship with the incidence of infant mortality in the working area of the Wonopringgo Health Center, Pekalongan Regency.

Gestational age or gestational age is one of the most crucial risk factors for the safety of the baby. Babies born before the gestational age of 37 weeks (premature/preterm) have a high risk of death because the condition of the organs is not fully mature, so that the baby is prone to asphyxia, sepsis and hypothermia, in addition to this pregnancy is always closely related to low birth weight (BBLR). Meanwhile, pregnancies past 37 weeks gestation (post-term) are at risk of calcification of the placenta, reduced fetal oxygen and nutrient supply and Intra Uterin Fetal Dead (IUFD).

A good gestational age range is 37-42 weeks, but the best results clinically are usually found at 37 to 40 weeks gestation, as happened in this study, the majority of mothers complete their pregnancies at 37-40 weeks gestation. The gestational age that has been termed to produce fetal growth is good enough, so that the body parts of the fetus become perfectly developed. If the pregnancy is shorter, the less perfect the development of the fetus, this can trigger the death of the baby because the organs are not perfect and the birth weight is low. Babies born with less than a month of gestational age have a higher risk of death because the baby's organs, especially

the respiratory and immune systems, have not been optimally developed.

These findings align with a previous study on risk factors for infant mortality in West Kupang District, Kupang Regency, which found a relationship between infant mortality and gestational age, with a p-value of 0.030. Premature or post-term pregnancies are associated with unprepared fetal organs or decreased placental function, increasing the risk of complications. Abnormal gestational age (<37 or >40) can lead to impaired growth and adaptation of infants after birth (Manurung, Kuru, Hinga, Asa, & Sir, 2022).

Antenatal Care (ANC) visit history was also proven to be related to the incidence of infant death. Based on the results of bivariate analysis, the Chi Square test was carried out with a p-value of 0.014, an Odds Ratio (OR) value of 4,911 with a Confidence Interval (CI) value of 95% = 1,325-18,205. This means that mothers with a history of Antenatal Care (ANC) <6 times have a nearly 5 times greater chance of infant death than mothers with a history of Antenatal Care (ANC) >6 times. A CI value of 95% is meaningful because it does not pass the number 1.

Antenatal Care (ANC) visit history is also a crucial factor in determining the baby's safety. So far, many respondents think that Antenatal Care (ANC) visits are only monthly inspections at Posbindes, but in fact Antenatal Care visits (ANC) includes blood pressure checks, nutritional status, ultrasound, consultations with specialist doctors and laboratories. This examination is the first step taken by medical personnel to detect risks during pregnancy or childbirth early.

Antenatal care (ANC) visits are one of the proximal determinants that can directly affect morbidity and mortality with medical preventive interventions, antenatal care (ANC) visits are a prime example of preventive health care behavior (Gould, 2015). According to other research that ANC examination in pregnant women can affect the health status of the mother and the fetus she carries, especially affecting the reduction of the incidence of high-risk pregnancies. Regular ANC examinations can help reduce maternal and infant morbidity and mortality (Agustina et al., 2023).

The mother's health history has a significant relationship with the incidence of infant death. The results of the bivariate analysis of the chi-square test obtained a p-value of 0.035, meaning that there is a

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University of Pekalongan

Corresponding author: *Email: elkhofivaaila@gmail.com

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meaningful relationship between the mother's health history and the incidence of infant death. An Odds Ratio (OR) value of 3,750 means that mothers who have a history of disease have a 4 times greater chance of infant death than mothers who do not have a history of disease. Meanwhile, the Confidence Interval (CI 95%) = 1,076-13,073 does not exceed 1, meaning that the risk estimate is more stable and the relationship that occurs is statistically strong enough that it can be concluded that there is a significant relationship between maternal disease history and the incidence of infant mortality 2024 due to a value of ($p \leq 0.05$).

The mother's health history is one of the determining factors in classifying risks in pregnancy, this variable is a framework in determining the health of the child. The most relevant theory in this regard is the conceptual framework developed by Mosley and Chen (1984) which states that the mother's health history is a proximal determinant, namely biological and behavioral factors that directly affect the health of the child.

In line with the other research on the determinants of maternal and infant mortality in all work areas of the West Nias Regency Health Center in 2023. The results of this study obtained a p-value = 0.002 with OR = 4.141 (Hakim, Manurung, & Amazihono, 2024). According to the researchers' assumptions, the mother's past medical history such as anemia, hypertension, or diabetes can worsen the condition of pregnancy or pregnancy and may increase the risk of more complications. Therefore, mothers with a history of disease need stricter supervision during pregnancy, childbirth and postpartum periods. Mothers with a history of illness, such as hypertension, anemia, or other chronic diseases, have a higher risk of developing pregnancy complications that impact the health of the fetus and baby.

Access to health facilities measured by length of travel showed a significant association with infant mortality incidence. The analysis of the results of the bivariate test showed a p-value of 0.007, this value was less than the p-value of 5% (0.05). So it can be interpreted that H_a is accepted, therefore it can be concluded that the length of travel time is statistically significant with the incidence of infant death. The Odds Ratio (OR) value obtained to find out the length of travel time used by respondents to get to the

nearest first-level health facility is 5,714 with a Confidence Interval (CI) value of 95% 1,560-20,929, meaning that mothers who have a travel time of > 15 minutes have a risk of infant death 5.7 times greater than mothers who have a travel time of < 15 minutes. This also shows that the length of travel time affects the infant death. The longer the journey to a health facility, the higher the risk of infant death. This condition can cause delays in getting medical attention, especially in the case of maternal and infant emergencies. Regarding the influence of socioeconomic factors on infant mortality, where the results of the study stated that the length of travel time to health facilities significantly affects the infant mortality rate in East Java (Suhaeri & Sugiharti, 2020).

The variables of maternal age, gestational distance, parity, and maternal nutritional status based on Upper Arm Circumference showed no significant association with infant mortality incidence. This suggests that these factors do not always have a direct effect on infant mortality, but can be influenced by interactions with other factors such as health services and social conditions.

Theoretically, the results of this study can be explained through the conceptual framework of Mosley and Chen who stated that socioeconomic and environmental factors affect the health of the baby through proximal determinants, such as the biological condition of the mother, health behavior, and access to health services (Gould, 2015). In this study, maternal education and employment played a role as social determinants, while gestational age, maternal health history, ANC visits, and access to health facilities were proximal determinants that directly affected the incidence of infant mortality.

CONCLUSION

Based on the results of the study with a case control design, it can be concluded that the incidence of infant mortality in the working area of the Wonopringgo Health Center is influenced by a combination of maternal social factors, pregnancy conditions, utilization of health services, and access to health facilities. Factors that have been shown to be significantly related to infant mortality include maternal education level, maternal employment status, gestational age, history of Antenatal Care (ANC) visits, maternal health history, and length of

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Corresponding author: *Email: elkhofivaaila@gmail.com

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time traveled to health facilities, which showed a higher risk in the case group than in the control group. In contrast, maternal age, pregnancy distance, parity, and maternal nutritional status based on Upper Arm Circumference (LILA) showed no significant difference in risk between the case and control groups. These findings are in line with Mosley and Chen's theory, which explains that socioeconomic factors influence infant survival through proximal determinants, such as the mother's biological condition, health care utilization behavior, and access to health services.

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Lailatul Khofiva*, Rr. Vita Nur Latif, Nur Lu'lu Fitriyani, Nur Hilal

University of Pekalongan

Corresponding author: *Email: elkhofivaaila@gmail.com

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