

## DAFTAR PUSTAKA

- Abdullah, A., Hort, K., Butu, Y., & Simpson, L. (2016). Risk factors associated with neonatal deaths: a matched case-control study in Indonesia. *Global Health Action*, 9(1), 30445. <https://doi.org/10.3402/gha.v9.30445>
- Abdullah, A. Z., Naiem, M. F., & Mahmud, N. U. (2012). Faktor Risiko Kematian Neonatal Dini di Rumah Sakit Bersalin. *Kesmas: Jurnal Kesehatan Masyarakat Nasional (National Public Health Journal)*, 6(6), 283–288. <https://doi.org/10.21109/KESMAS.V6I6.83>
- Alamirew, W. G., Belay, D. B., Zeru, M. A., Derebe, M. A., & Adegeh, S. C. (2022). Prevalence and associated factors of neonatal mortality in Ethiopia. *Scientific Reports*, 12(1), 12124. <https://doi.org/10.1038/s41598-022-16461-3>
- Alfitri, N. A., Bakhtiar, R., & Ngo, N. F. (2021). Hubungan Umur Kehamilan, Jenis Persalinan, dan Ketuban Pecah Dini dengan Derajat Asfiksia Neonatorum di RSUD Abdul Wahab Sjahranie Samarinde Periode 2019-2020. *Jurnal Kedokteran Mulawarman*, 8(1), 19–31. <https://e-journals.unmul.ac.id/index.php/JKM/article/view/6006>
- Ali, S. A., Tikmani, S. S., Saleem, S., Patel, A. B., Hibberd, P. L., Goudar, S. S., Dhaded, S., Derman, R. J., Moore, J. L., McClure, E. M., & Goldenberg, R. L. (2020). Hemoglobin concentrations and adverse birth outcomes in South Asian pregnant women: findings from a prospective Maternal and Neonatal Health Registry. *Reproductive Health*, 17(S2), 154. <https://doi.org/10.1186/s12978-020-01006-6>
- Ananth, C. V., & Platt, R. W. (2004). Reexamining the effects of gestational age, fetal growth, and maternal smoking on neonatal mortality. *BMC Pregnancy and Childbirth*, 4(1), 22. <https://doi.org/10.1186/1471-2393-4-22>
- Andegiorgish, A. K., Andemariam, M., Temesghen, S., Ogbai, L., Ogbe, Z., & Zeng, L. (2020). Neonatal mortality and associated factors in the specialized neonatal care unit Asmara, Eritrea. *BMC Public Health*, 20(1), 10. <https://doi.org/10.1186/s12889-019-8118-x>
- Astriana, W. (2017). Kejadian Anemia pada Ibu Hamil Ditinjau dari Paritas dan Usia. *Jurnal Aisyah: Jurnal Ilmu Kesehatan*, 2(2), 123–130. <https://doi.org/10.30604/jika.v2i2.57>
- Astria, N. K. R., & Windasari, M. A. C. (2021). Faktor-faktor yang berhubungan dengan kematian neonatus di RSUD Sanjiwani Gianyar. *Intisari Sains Medis*, 12(2), 468–472. <https://doi.org/10.15562/ism.v12i2.1065>
- Astri, I., Rahma, & Ikhsan, M. (2014). *Analisis Faktor Risiko Kematian Neonatal Dini di Rumah Sakit Khusus Daerah Ibu dan Anak Pertiwi Kota Makassar Tahun 2011-2012* [Skripsi Sarjana]. Universitas Hasanuddin.
- Ayu, I. M. (2016). Faktor-Faktor Penyebab Kematian Neonatal di Indonesia (Analisis Data Sdki Tahun 2000-2003, 2007, dan 2012). *Forum Ilmiah*, 13(3), 262–269. <https://www.researchgate.net/publication/>

- Azizah, I., Kasmini, O. (2017). Kematian Neonatal di Kabupaten Grobogan. *HIGEIA (Journal of Public Health Research and Development)*, 1(4), 72–85. <https://journal.unnes.ac.id/sju/index.php/higeia/article/view/15917>
- Bangun, I. F., Abdiana, & Edison. (2019). Faktor Risiko Kematian Neonatal di Kabupaten Kepulauan Mentawai. *Jurnal Endurance*, 4(1), 26–33. <https://doi.org/10.22216/JEN.V4I1.1290>
- Bayih, W. A., Tezera, T. G., Alemu, A. Y., Belay, D. M., Hailemeskel, H. S., & Ayalew, M. Y. (2021). Prevalence and determinants of asphyxia neonatorum among live births at debre tabor general hospital, north central ethiopia: A cross-sectional study. *African Health Sciences*, 21(1), 385–396. <https://doi.org/10.4314/ahs.v21i1.49>
- BPS. (2018). *Survei Demografi dan Kesehatan Indonesia Tahun 2017*.
- BPS. (2020). *Angka Kematian Bayi/AKB (Infant Mortality Rate/IMR) Hasil Long Form SP2020 Menurut Provinsi/Kabupaten/Kota*. <https://www.bps.go.id/statistable/2023/03/31/2220/angka-kematian-bayi-akb-infant-mortality-rate-imr-hasil-long-form-sp2020-menurut-provinsi-kabupaten-kota-2020.html>
- Cunningham, F. G., Hauth, J. C., Leveno, K. J., Gilstrap III, L., Bloom, S. L., & Wenstrom, K. D. (2005). *William Obstetrics* (D. Rouse, B. Rainey, C. Spong, & G. D. Wendel Jr, Eds.; 22nd ed., Vol. 2). McGRAW-HILL.
- Dinkes Kota Makassar. (2023). *Profil Kesehatan Kota Makassar Tahun 2022*. Dinas Kesehatan Pemerintah Kota Makassar.
- Dispora. (2014, November 6). *Definisi Pendidikan SISDIKNAS UU No. 20 Tahun 2003*. Dinas Pemuda Dan Olahraga Kabupaten Bululeleng. <https://disdikpora.bulelengkab.go.id/informasi/>
- Elkafrawi, D., Sisti, G., Araji, S., Khoury, A., Miller, J., & Rodriguez Echevarria, B. (2020). Risk Factors for Neonatal/Maternal Morbidity and Mortality in African American Women with Placental Abruption. *Medicina*, 56(4), 174. <https://doi.org/10.3390/medicina56040174>
- Ernst, M., Rogers, S., Lausten-Thomsen, U., Björkbom, A., Laursen, S. S., Courraud, J., Børglum, A., Nordentoft, M., Werge, T., Mortensen, P. B., Hougaard, D. M., & Cohen, A. S. (2021). Gestational age-dependent development of the neonatal metabolome. *Pediatric Research*, 89(6), 1396–1404. <https://doi.org/10.1038/s41390-020-01149-z>
- Firmansyah, D., & Dede. (2022). Teknik Pengambilan Sampel Umum dalam Metodologi Penelitian: Literature Review. *Jurnal Ilmiah Pendidikan Holistik (JIPH)*, 1(2), 85–114. <https://doi.org/10.55927/jiph.v1i2.937>
- Gates, B., & Gates, M. (2022). *Neonatal Mortality Goal 3.2*. <https://www.gatesfoundation.org/goalkeepers/report/2022-report/progress-indicators/neonatal-mortality/>

- Gibore, N. S., Ngowi, A. F., Munyogwa, M. J., & Ali, M. M. (2021). Dietary Habits Associated with Anemia in Pregnant Women Attending Antenatal Care Services. *Current Developments in Nutrition*, 5(1), nzaa178. <https://doi.org/10.1093/cdn/nzaa178>
- Gilliam-Krakauer, M., & Gowen Jr, C. W. (2023). Birth Asphyxia. In *In StatPearls [Internet]* (2nd ed., Vol. 1). StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK430782/>
- Gizaw, M., Molla, M., & Mekonnen, W. (2014). Trends and risk factors for neonatal mortality in Butajira District, South Central Ethiopia, (1987-2008): a prospective cohort study. *BMC Pregnancy and Childbirth*, 14(1), 64. <https://doi.org/10.1186/1471-2393-14-64>
- Hadgu, F. B., Gebretsadik, L. G., Mihretu, H. G., & Berhe, A. H. (2020). Prevalence and Factors Associated with Neonatal Mortality at Ayder Comprehensive Specialized Hospital, Northern Ethiopia. A Cross-Sectional Study. *Pediatric Health, Medicine and Therapeutics*, 11, 29–37. <https://doi.org/10.2147/PHMT.S235591>
- Hasnah, F., & Aldani, E. (2022). Faktor Risiko Kematian Neonatal Di Asia Tenggara: Systematic Review. *JUKEJ: Jurnal Kesehatan Jompa*, 1(1), 65–72. <https://doi.org/10.55784/jkj.Vol1.Iss1.172>
- Iribarren, I., Hilario, E., Álvarez, A., & Alonso-Alconada, D. (2022). Neonatal multiple organ failure after perinatal asphyxia. *Anales de Pediatría (English Edition)*, 97(4), 280.e1-280.e8. <https://doi.org/10.1016/j.anpede.2022.08.010>
- Irwan, I., Alwi, W., & Nurhasanah, N. (2021). Pemodelan Jumlah Kematian Neonatal Di Provinsi Sulawesi Selatan Menggunakan Regresi Poisson Inverse Gaussian. *Teknosains: Media Informasi Sains Dan Teknologi*, 15(2), 137. <https://doi.org/10.24252/teknosains.v15i2.17450>
- Kananura, R. M., Tetui, M., Mutebi, A., Bua, J. N., Waiswa, P., Kiwanuka, S. N., Ekirapa-Kiracho, E., & Makumbi, F. (2016). The neonatal mortality and its determinants in rural communities of Eastern Uganda. *Reproductive Health*, 13(1), 13. <https://doi.org/10.1186/s12978-016-0119-y>
- Kawakami, M. D., Sanudo, A., Teixeira, M. L. P., Andreoni, S., de Castro, J. Q. X., Waldvogel, B., Guinsburg, R., & de Almeida, M. F. (2021). Neonatal mortality associated with perinatal asphyxia: a population-based study in a middle-income country. *BMC Pregnancy and Childbirth*, 21(1). <https://doi.org/10.1186/S12884-021-03652-5>
- K. C., A., Basel, P. L., & Singh, S. (2020). Low birth weight and its associated risk factors: Health facility-based case-control study. *PLOS ONE*, 15(6), e0234907. <https://doi.org/10.1371/journal.pone.0234907>
- Kemdikbud. (2016). *Kamus Besar Bahasa Indonesia: Vol. VI (XI)*. Badan Pengembangan dan Pembinaan Bahasa.

- Kemenkes. (2020). *Kementerian Kesehatan Republik Indonesia Rencana Aksi Kegiatan*. <https://e-renggar.kemkes.go.id/file2018/e-performance/1-401735-4tahunan-729.pdf>
- Kemenkes. (2021, March 29). *Renstra Kemenkes Tahun 2020-2024*. Direktorat Jenderal Kefarmasian Dan Alat Kesehatan. <https://farmalkes.kemkes.go.id/unduh/renstra-kemenkes-tahun-2020-2024/>
- Kitt, E., Hayes, M., Congdon, M., Ballester, L., Sewawa, K. B., Mulale, U., Mazhani, L., Arscott-Mills, T., Steenhoff, A., & Coffin, S. (2022). Risk factors for mortality in a hospitalised neonatal cohort in Botswana. *BMJ Open*, *12*(9), 62–76. <https://doi.org/10.1136/bmjopen-2022-062776>
- Kolobo, H., Chaka, T., & Kassa, R. (2019). Determinants of neonatal mortality among newborns admitted to neonatal intensive care unit Adama, Ethiopia: A case–control study. *Journal of Clinical Neonatology*, *8*(4), 232. [https://doi.org/10.4103/jcn.JCN\\_23\\_19](https://doi.org/10.4103/jcn.JCN_23_19)
- Kozuki, N., Lee, A. C., Silveira, M. F., Sania, A., Vogel, J. P., Adair, L., Barros, F., Caulfield, L. E., Christian, P., Fawzi, W., Humphrey, J., Huybregts, L., Mongkolchat, A., Ntozini, R., Osrin, D., Roberfroid, D., Tielsch, J., Vaidya, A., Black, R. E., & Katz, J. (2013). The associations of parity and maternal age with small-for-gestational-age, preterm, and neonatal and infant mortality: a meta-analysis. *BMC Public Health*, *13*(S3), S2. <https://doi.org/10.1186/1471-2458-13-S3-S2>
- Kurniatillah, N., Hayat, F., Ferial, L., Asfia, F., & Syamiah, N. (2023). Gambaran Faktor Risiko Kematian Neonatal di Kabupaten Serang. *Journal JOUBAHS*, *3*(2), 164–174. <http://ejournal.lppm-unbaja.ac.id/index.php/adkes/article/view/2755>
- Kuslimawati, D., Wathan, F. M., & Anggraini, H. (2020). Analisis Faktor Sosiodemografi Kejadian Persalinan Preterm di RSUP Dr. Mohammad Hoesin Palembang Tahun 2019. *Jurnal Ilmiah Universitas Batanghari Jambi*, *20*(3), 902. <https://doi.org/10.33087/jiubj.v20i3.1048>
- Kusumawati, D. D., & Yunadi, F. D. (2020). The Relationship Of Low Birth Weight And Early Neonatal Mortality. *Jurnal Kesehatan Madani Medika*, *11*(1). <https://doi.org/10.36569/jmm.v11i1.108>
- Lee, C. J., & Miller, E. S. (2008). *Deja Review Obstetric & Gynecology* (1st ed., Vol. 1). Mc Graw Hill.
- Mahmudah, U., Cahyati, W. H., & Wahyuningsih, A. S. (2011). Faktor Ibu Dan Bayi Yang Berhubungan Dengan Kejadian Kematian Perinatal. *Jurnal Kesehatan Masyarakat*, *7*(1), 41–50. <https://doi.org/10.15294/kemas.v7i1.1792>
- Mahumud, R. A., Sultana, M., & Sarker, A. R. (2017). Distribution and Determinants of Low Birth Weight in Developing Countries. *Journal of Preventive Medicine and Public Health*, *50*(1), 18–28. <https://doi.org/10.3961/jpmph.16.087>

- Mitiku, H. D. (2021). Neonatal mortality and associated factors in Ethiopia: a cross-sectional population-based study. *BMC Women's Health*, 21(1), 156. <https://doi.org/10.1186/s12905-021-01308-2>
- Moss, W., Darmstadt, G. L., Marsh, D. R., Black, R. E., & Santosham, M. (2002). Research Priorities for the Reduction of Perinatal and Neonatal Morbidity and Mortality in Developing Country Communities. *Journal of Perinatology* 2002 22:6, 22(6), 484–495. <https://doi.org/10.1038/sj.jp.7210743>
- Nair, M., Churchill, D., Robinson, S., Nelson-Piercy, C., Stanworth, S. J., & Knight, M. (2017). Association between maternal haemoglobin and stillbirth: a cohort study among a multi-ethnic population in England. *British Journal of Haematology*, 179(5), 829–837. <https://doi.org/10.1111/bjh.14961>
- Nascimento, R. M. do, Leite, Á. J. M., Almeida, N. M. G. S. de, Almeida, P. C. de, & Silva, C. F. da. (2012). Determinantes da mortalidade neonatal: estudo caso-controle em Fortaleza, Ceará, Brasil. *Cadernos de Saúde Pública*, 28(3), 559–572. <https://doi.org/10.1590/S0102-311X2012000300016>
- NICHD. (2017, July 31). *What is a highrisk pregnancy*. National Health of Child Health and Health Development: Pregnancy Series. <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/high-risk>
- Noviana, N., & Wilujeng, R. D. (2014). *Kesehatan Reproduksi untuk Mahasiswa Kebidanan* (A. Maftuhin, Ed.; 1st ed., Vol. 1). CV. Trans Info Media.
- Okazaki, K., Nakamura, S., Koyano, K., Konishi, Y., Kondo, M., & Kusaka, T. (2023). Neonatal asphyxia as an inflammatory disease: Reactive oxygen species and cytokines. *Frontiers in Pediatrics*, 11. <https://doi.org/10.3389/fped.2023.1070743>
- Pantiawati, I., & Saryono. (2012). *Asuhan Kebidanan I (Kehamilan)* (1st ed., Vol. 1). Nuha Medika.
- Pathirana, J., Muñoz, F. M., Abbing-Karahagopian, V., Bhat, N., Harris, T., Kapoor, A., Keene, D. L., Mangili, A., Padula, M. A., Pande, S. L., Pool, V., Pourmalek, F., Varricchio, F., Kochhar, S., & Cutland, C. L. (2016). Neonatal death: Case definition & guidelines for data collection, analysis, and presentation of immunization safety data. *Vaccine*, 34(49), 6027–6037. <https://doi.org/10.1016/j.vaccine.2016.03.040>
- Pratiwi, A. M., & Fatimah. (2020). *Patologi Kehamilan: Memahami Berbagai Penyakit & Komplikasi Kehamilan* (I. K. Dewi, Ed.; 1st ed., Vol. 1). Pustaka Baru Press.
- Rachmania, W., & Octaviani, F. (2018). Faktor – Faktor Yang Mempengaruhi Kematian Neonatal Di Kabupaten Bogor Tahun 2015 (Analisis Data Sekunder Otopsi Verbal Kematian Perinatal – Neonatal Tahun 2015). *PROMOTOR*, 1(2), 148–161. <https://doi.org/10.32832/pro.v1i2.1601>
- Realita, F., & Meiranny, A. (2018). Peran Pendidikan Dan Pendapatan Terhadap Kehamilan Remaja. *Jurnal SMART Kebidanan*, 5(1), 11. <https://doi.org/10.34310/sjkb.v5i1.147>

- Rohwer, A. C., Oladapo, O. T., & Hofmeyr, G. J. (2020). Strategies for optimising antenatal corticosteroid administration for women with anticipated preterm birth. *Cochrane Database of Systematic Reviews*, 2020(5). <https://doi.org/10.1002/14651858.CD013633>
- Sania, A., Smith, E. R., Manji, K., Duggan, C., Masanja, H., Kisenge, R., Msamanga, G., Urassa, W., & Fawzi, W. (2018). Neonatal and Infant Mortality Risk Associated with Preterm and Small for Gestational Age Births in Tanzania: Individual Level Pooled Analysis Using the Intergrowth Standard. *The Journal of Pediatrics*, 192, 66-72.e4. <https://doi.org/10.1016/j.jpeds.2017.09.007>
- SHAH, P. S. (2010). Parity and low birth weight and preterm birth: a systematic review and meta-analyses. *Acta Obstetrica et Gynecologica Scandinavica*, 89(7), 862–875. <https://doi.org/10.3109/00016349.2010.486827>
- Shi, H., Chen, L., Wang, Y., Sun, M., Guo, Y., Ma, S., Wang, X., Jiang, H., Wang, X., Lu, J., Ge, L., Dong, S., Zhuang, Y., Zhao, Y., Wei, Y., Ma, X., & Qiao, J. (2022). Severity of Anemia During Pregnancy and Adverse Maternal and Fetal Outcomes. *JAMA Network Open*, 5(2), e2147046. <https://doi.org/10.1001/jamanetworkopen.2021.47046>
- Simon, L. V., Hasmi, M. F., & Bragg, B. N. (2023). *APGAR Score* (1st ed., Vol. 1). In: Statpearls. <https://www.ncbi.nlm.nih.gov/books/NBK470569/>
- Sinaga, M., & Ginting, K. Br. (2019). Model Pengendalian Faktor Risiko Kematian Neonatal di Kabupaten Sumba Timur. *Lontar : Journal of Community Health*, 1(2), 53–61. <https://doi.org/10.35508/ljch.v1i2.2162>
- Sujarweni, V. Wi. (2015). *Statistik Untuk Kesehatan* (1st ed., Vol. 1). Penerbit Gava Media.
- Sunarti, & Padhila, N. I. (2023). Faktor yang Berhubungan dengan Resiko Kematian Neonatal Factors Related to Risk of Neonatal Death. *An Idea Health Journal ISSN*, 3(1), 14–20. <https://doi.org/https://doi.org/10.53690/ihj.v3i01.139>
- Susanto, A. V., & Fitriana, Y. (2017). *Asuhan pada Kehamilan: Panduan Lengkap Asuhan selama Kehamilan bagi Praktisi Kebidanan* (1st ed., Vol. 1). Pustaka Baru.
- Titaley, C. R., Dibley, M. J., Agho, K., Roberts, C. L., & Hall, J. (2008). Determinants of neonatal mortality in Indonesia. *BMC Public Health*, 8. <https://doi.org/10.1186/1471-2458-8-232>
- Toressy, O., Asmin, E., & Kailola, N. E. (2020). Faktor-Faktor Yang Berhubungan Dengan Kejadian Kematian Neonatal di RSUD Dr. M. Haulussy Ambon Periode Januari 2017-April 2019. *PAMERI: Pattimura Medical Review*, 2(1), 13–25. <https://doi.org/10.30598/pamerivol2issue1page13-25>
- Umah, S. M. (2014). *Determinan Kematian Neonatal di Daerah Rural Indonesia Tahun 2008-2012* [Skripsi Sarjana]. UIN Syarif Hidayatullah Jakarta.

- UNICEF. (2023). *Neonatal Mortality*. <https://data.unicef.org/topic/child-survival/neonatal-mortality/>
- United Nations. (2017). *Work of the Statistical Commission pertaining to the 2030 Agenda for Sustainable Development*. <https://unstats.un.org/sdgs/indicators/indicators-list/>
- UNSD. (2017). *Demography and Social Statistics: Natality*. United Nation Statistics Division. <https://unstats.un.org/unsd/demographic/sconcerns/natality/natmethods.htm>
- Vilanova, C. S., Hirakata, V. N., de Souza Buriol, V. C., Nunes, M., Goldani, M. Z., & da Silva, C. H. (2019). The relationship between the different low birth weight strata of newborns with infant mortality and the influence of the main health determinants in the extreme south of Brazil. *Population Health Metrics*, 17(1), 15. <https://doi.org/10.1186/s12963-019-0195-7>
- Wachamo, T. M., Yimer, N. B., & Bizuneh, A. D. (2019). Risk factors for low birth weight in hospitals of North Wello zone, Ethiopia: A case-control study. *PLoS ONE*, 14(3). <https://doi.org/10.1371/JOURNAL.PONE.0213054>
- Wardhani, N. (2022). *Mengenal Neonatal dan Penanganan Periode Neonatal Bayi*. Bundapedia Kesehatan Ibu Dan Anak. <https://www.haibunda.com/bundapedia/>
- Wati, S., & Adi, M. S. (2020). Gambaran Kematian Neonatal Berdasarkan Karakteristik Ibu di Kota Semarang. *Jurnal Epidemiologi Kesehatan Komunitas*, 5(2), 82–87. <https://doi.org/10.14710/jekk.v5i2.6430>
- Wehby, G. L. (2022). Gestational Age, Newborn Metabolic Markers and Academic Achievement. *International Journal of Environmental Research and Public Health*, 19(3), 1549. <https://doi.org/10.3390/ijerph19031549>
- WHO. (2011). Hemoglobin concentrations for the diagnosis of anemia and assessment of severity. *Vitamin and Mineral Nutrition Information System*. <http://www.who.int/vmnis/indicators/haemoglobin>
- WHO. (2016). *Disorders related to short gestation and low birth weight, not elsewhere classified* (10th ed., Vol. 1). International Statistical Classification of Diseases and Related Health Problems-10.
- WHO. (2021). Newborn Mortality. *Fact Sheets*. <https://www.who.int/news-room/fact-sheets/detail/levels-and-trends-in-child-mortality-report-202>
- WHO. (2023a). *Neonatal Mortality Rate*. Global Health Observatory.
- WHO. (2023b, January). *Neonatal Mortality Rate (per 1000 live births)*. Global Indicators on Health and Wealthness. <https://data.who.int/indicators/i/A4C49D3>
- Widyastuti, Y., Rahmawati, A., & Purnamaningrum, Y. E. (2009). *Kesehatan Reproduksi* (1st ed., Vol. 1). Penerbit Fitramaya.

- Widyastuti, Y., Rahmawati, A., & Purnamaningrum, Y. E. (2014). *Kesehatan Reproduksi* (5th ed., Vol. 1). Penerbit Fitramaya.
- Wigunantiningsih, A., Sukoco, A., & Fakhidah, L. N. (2020). Analisa Pengaruh Strata Desa Siaga dan Faktor Penyebab Kematian Neonatal di Kabupaten Karanganyar Analysis of The Effect of Village Siaga and The Cause of Neonatal Mortality in The District Karanganyar. *PROFESI (Profesional Islam): Media Publikasi Penelitian*, 18(2).
- Yan, T., Mullany, L. C., Subedi, S., Hazel, E. A., Khatry, S. K., Mohan, D., Zeger, S., Tielsch, J. M., LeClerq, S. C., & Katz, J. (2023). Risk factors for neonatal mortality: an observational cohort study in Sarlahi district of rural southern Nepal. *BMJ Open*, 13(9), 1–15. <https://doi.org/10.1136/bmjopen-2022-066931>
- Yego, F., D'Este, C., Byles, J., Nyongesa, P., & Williams, J. S. (2014). A case-control study of risk factors for fetal and early neonatal deaths in a tertiary hospital in Kenya. *BMC Pregnancy and Childbirth*, 14(1), 389. <https://doi.org/10.1186/s12884-014-0389-8>
- Yirgu, R., Molla, M., & Sibley, L. (2017). Determinants of neonatal mortality in rural Northern Ethiopia: A population based nested case control study. *PLOS ONE*, 12(4), e0172875. <https://doi.org/10.1371/journal.pone.0172875>
- Young, M. F., Oaks, B. M., Rogers, H. P., Tandon, S., Martorell, R., Dewey, K. G., & Wendt, A. S. (2023). Maternal low and high hemoglobin concentrations and associations with adverse maternal and infant health outcomes: an updated global systematic review and meta-analysis. *BMC Pregnancy and Childbirth*, 23(1), 264. <https://doi.org/10.1186/s12884-023-05489-6>
- Zelalem Ayichew, M., Derseh Gezie, L., Gelagay, A. A., & Anmut Bitew, D. (2022). Neonatal mortality and associated factors among neonates admitted to neonatal intensive care unit of Gandhi memorial hospital in Addis Ababa, Ethiopia, 2019. *BMC Pediatrics*, 22(1), 266. <https://doi.org/10.1186/s12887-022-03339-6>

# LAMPIRAN

## Lampiran 1 Lembar Instrumen Penelitian

**INSTRUMEN PENGUMPULAN DATA**  
**ANALISIS FAKTOR-FAKTOR RISIKO KEJADIAN KEMATIAN NEONATAL**  
**PADA RUMAH SAKIT IBU DAN ANAK (RSIA) SITTI KHADIJAH 1**  
**MUHAMMADIYAH CABANG KOTA MAKASSAR TAHUN 2019-2023**

Nomor Responden

    

Kasus

Kontrol

### A. KARAKTERISTIK RESPONDEN

	<input type="text"/>										
	Nama :										
	Nomor RM :					<input type="text"/>					
	Alamat :										
	Kota/Kab :										
	<b>Pekerjaan Ayah</b> 1. Tidak bekerja 2. PNS/TNI/Polri 3. Pegawai Swasta 4. Wiraswasta/Pedagang 5. Petani/Nelayan/Buruh 6. Lainnya, (                    )					<b>Pekerjaan Ibu</b> 1. Tidak Bekerja 2. Ibu Rumah Tangga 3. PNS/TNI/Polri 4. Pegawai Swasta 5. Wiraswasta/Pedagang 6. Lainnya, (                    )					
	<b>Pendidikan Ayah</b> 1. Tidak Sekolah 2. Tidak Tamat SD 3. Tamat SD 4. Tamat SMP 5. Tamat SMA 6. Tamat PT					<b>Pendidikan Ibu</b> 1. Tidak Sekolah 2. Tidak Tamat SD 3. Tamat SD 4. Tamat SMP 5. Tamat SMA 6. Tamat PT					

	Umur Ibu:	Tahun		
	Tanggal Lahir:	/	/20	(HH/BB/TTTT)
	Tgl Meninggal:	/	/20	Penyebab Kematian:
		(HH/BB/TTTT)		
	Jenis Kelamin	1. Laki-Laki	2. Perempuan	
	Status Pasien	1. Rujukan	2. Bukan Rujukan	
	Jenis Pasien	1. Umum 2. BPJS PBI 3. BPJS Non PBI 4. Jamkesda		
<b>B. RIWAYAT KEHAMILAN</b>				
	Paritas	G:	<input type="text"/>	P: <input type="text"/> A: <input type="text"/>
	Usia gestasi kehamilan :	<input type="text"/>	<input type="text"/>	minggu
	Kadar Hemoglobin :	_____ (g/dL)		
	Status Asfiksia	1. Skor < 7 2. Skor ≥ 7		
	Berat Badan Lahir	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	gram

## Lampiran 2. Dokumentasi Penelitian



### Lampiran 3. Surat Izin Penelitian FKM Unhas



KEMENTERIAN PENDIDIKAN KEBUDAYAAN,  
RISET DAN TEKNOLOGI  
UNIVERSITAS HASANUDDIN  
FAKULTAS KESEHATAN MASYARAKAT  
Jl. Perintis Kemerdekaan Km.10 Makassar 90245, Telp.(0411) 585658,  
e-mail : fkm.unhas@gmail.com, website: https://fkm.unhas.ac.id/

Nomor : 01255/UN4.14.1/PT.01.04/2024  
Lampiran: 1 (Satu) Lembar  
Hal : Permohonan Izin Penelitian

6 Februari 2024

Yth. Kepala Dinas Penanaman Modal dan Pelayanan Terpadu Satu Pintu  
Provinsi Sulawesi Selatan  
Cq. Bidang Penyelenggaraan Pelayanan Perizinan  
di-Makassar

Dengan hormat, kami sampaikan bahwa mahasiswa Fakultas Kesehatan Masyarakat Universitas Hasanuddin bermaksud untuk melakukan penelitian dalam rangka penyusunan skripsi.

Sehubungan dengan itu, kami mohon kiranya bantuan Bapak dapat memberikan izin untuk penelitian kepada:

Nama Mahasiswa	: Agung Sutiono Pontoh
Nomor Pokok	: K011201152
Program Studi	: S1 - Kesehatan Masyarakat
Departemen	: Biostatistik/KKB
Judul Penelitian	: Analisis Faktor Risiko Kejadian Kematian Neonatal Pada Rumah Sakit Ibu dan Anak (RSIA) Sitti Khadijah 1 Muhammadiyah Cabang Makassar Tahun 2021-2023.
Lokasi Penelitian	: Rumah Sakit Ibu dan Anak (RSIA) Sitti Khadijah 1 Muhammadiyah Cabang Makassar
Tim Pembimbing	: 1. Rahma, S.KM.,M.Sc 2. Dr. dr. Arifin Seweng, MPH
No. Telp	: 0812-5090-3638

Demikian surat permohonan izin ini, atas bantuan dan kerjasama yang baik kami sampaikan banyak terima kasih.

a.n. Dekan  
Wakil Dekan Bidang Akademik  
dan Kemahasiswaan,



Dr. Wahiduddin, S.KM., M.Kes  
NIP 19760407 200501 1 004

Tembusan :

1. Dekan (sebagai laporan)
2. Ketua Program Studi S1 Kesehatan Masyarakat
3. Kepala Bagian Tata Usaha
4. Kepala Subbagian Akademik dan Kemahasiswaan
5. Mahasiswa yang bersangkutan

## Lampiran 4. Surat Izin Penelitian Dinas PTSP Provinsi Sulsel



**PEMERINTAH PROVINSI SULAWESI SELATAN**  
**DINAS PENANAMAN MODAL DAN PELAYANAN TERPADU SATU PINTU**

Jl. Bougenville No.5 Telp. (0411) 441077 Fax. (0411) 448936  
Website : <http://simap-new.sulselprov.go.id> Email : [ptsp@sulselprov.go.id](mailto:ptsp@sulselprov.go.id)  
Makassar 90231

Nomor	: 2904/S.01/PTSP/2024	<b>Kepada Yth.</b>
Lampiran	: -	Direktur Rumah Sakit Ibu dan Anak (RSIA) Sitti Khadijah 1 Muhammadiyah Cabang Makassar
Perihal	: <u>izin penelitian</u>	

di-  
**Tempat**

Berdasarkan surat Dekan Fak. Kesehatan Masyarakat Univ. Hasanuddin Makassar Nomor : 01255/UN4.14.1/PT.01.04/2024 tanggal 06 Februari 2024 perihal tersebut diatas, mahasiswa/peneliti dibawah ini:

N a m a	: <b>AGUNG SUTIONO PONTOH</b>
Nomor Pokok	: K011201152
Program Studi	: Kesehatan Masyarakat
Pekerjaan/Lembaga	: Mahasiswa (S1)
Alamat	: Jl. P. Kemerdekaan Km. 10 Makassar

Bermaksud untuk melakukan penelitian di daerah/kantor saudara , dengan judul :

**" Analisis Faktor Risiko Kejadian Kematian Neonatal Pada Rumah Sakit Ibu dan Anak (RSIA) Sitti Khadijah 1 Muhammadiyah Cabang Makassar Tahun 2021-2023 "**

Yang akan dilaksanakan dari : Tgl. **12 Februari s/d 30 April 2024**

Sehubungan dengan hal tersebut diatas, pada prinsipnya kami **menyetujui** kegiatan dimaksud dengan ketentuan yang tertera di belakang surat izin penelitian.

Demikian Surat Keterangan ini diberikan agar dipergunakan sebagaimana mestinya.

Diterbitkan di Makassar  
Pada Tanggal 06 Februari 2024

**KEPALA DINAS PENANAMAN MODAL DAN PELAYANAN TERPADU  
SATU PINTU PROVINSI SULAWESI SELATAN**



**ASRUL SANI, S.H., M.Si.**  
Pangkat : PEMBINA TINGKAT I  
Nip : 19750321 200312 1 008

Tembusan Yth

1. Dekan Fak. Kesehatan Masyarakat Univ. Hasanuddin Makassar di Makassar;
2. *Pertinggal.*

## Lampiran 5. Surat Keterangan Penelitian RSIA Sitti Khadijah 1



**RUMAH SAKIT IBU DAN ANAK (RSIA)  
"SITTI KHADIJAH 1"  
MUHAMMADIYAH CABANG MAKASSAR**

Jl. R.A. KARTINI 15 - 17 TELP. (0411) 3624554, 3629245, 3627119, 3614661 FAX. 3627119  
MAKASSAR SULAWESI SELATAN 90111 E-Mail : rsa.sitti.khadijah@gmail.com

Nomor : 54 /DiklatRS//IV.6.AU/F/1495 /2024

Makassar, 07 Ryaban 1445 H  
13 Februari 2024 M

Lamp :

Hal : Pengambilan Data / **Penelitian**

Kepada Yth,

**Ka. Bidang/Ka. Bagian/Ka. Instalasi/Ka. Ruang**

Rekam Medik / kamar Bayi

di-

Tempat

Assalamu Alaikum Warahmatullahi Wabarakatuh.

Dengan Hormat, Mohon bantuannya untuk memberikan data / informasi yang diperlukan untuk penelitian kepada yang bersangkutan :

Nama : AGUNG SUTIONO PONTOH  
No. Telp : 0812-5060-3638  
N I M : K011201152  
Program Studi : KESIHATAN MASYARAKAT (S1)  
Institusi : UNIVERSITAS HASANUDDIN  
Judul Penelitian : ANALISIS FAKTOR RISIKO KEJADIAN KEMATIAN NEONATAL  
PADA RUMAH SAKIT IBU DAN ANAK (RSIA) SITTI KHADIJAH  
1 MUHAMMADIYAH CABANG MAKASSAR TAHUN 2021-2023

Tanggal Penelitian : 13 Februari s/d 21 Februari 2024

Perpanjang : 22 Februari s/d 29 Februari 2024

Demikian, kami sampaikan atas bantuannya diucapkan banyak TERIMA KASIH dengan iringan do'a Jazaakumullahu Khairat Jazaa.

Wabillahi Taufik Wal Hidayah.

Wasalamu Alaikum Warahmatullahi Wabarakatuh.

Diklat,

Wahid Nawalis R

Tembusan :

1. Arsip.

## Lampiran 6. Output Analisis Data

### Analisis Univariat

Distribusi Frekuensi Kota Kab

#### KOTA/KAB \* KEMATIAN NEONATAL Crosstabulation

		KEMATIAN NEONATAL		Total	
		kasus	kontrol		
KOTA/ KAB	BANTAENG	Count	0	1	1
		% within KOTA/KAB	0.0%	100.0%	100.0%
	BARRU	Count	0	1	1
		% within KOTA/KAB	0.0%	100.0%	100.0%
	BOVEN	Count	1	0	1
		% within KOTA/KAB	100.0%	0.0%	100.0%
	DIGOEL	Count	3	9	12
		% within KOTA/KAB	25.0%	75.0%	100.0%
	JENEPONTO	Count	2	4	6
		% within KOTA/KAB	33.3%	66.7%	100.0%
	KEPULAUAN	Count	1	1	2
		% within KOTA/KAB	50.0%	50.0%	100.0%
	SELAYAR	Count	27	57	84
		% within KOTA/KAB	32.1%	67.9%	100.0%
	MALUKU	Count	1	0	1
		% within KOTA/KAB	100.0%	0.0%	100.0%
	TENGAH	Count	4	6	10
		% within KOTA/KAB	40.0%	60.0%	100.0%
	PANGKAJEN	Count	2	4	6
		% within KOTA/KAB	33.3%	66.7%	100.0%
	SINJAI	Count	0	2	2
		% within KOTA/KAB	0.0%	100.0%	100.0%
	TAKALAR	Count	3	2	5
		% within KOTA/KAB	60.0%	40.0%	100.0%
	WAJO	Count	0	1	1
		% within KOTA/KAB	0.0%	100.0%	100.0%
Total		Count	44	88	132
		% within KOTA/KAB	33.3%	66.7%	100.0%

## Distribusi Pekerjaan Suami

**PEKERJAAN AYAH \* KEMATIAN NEONATAL Crosstabulation**

			KEMATIAN NEONATAL		Total
			kasus	kontrol	
PEKERJAAN AYAH	Tidak	Count	0	8	8
	Bekerja	% within PEKERJAAN AYAH	0.0%	100.0%	100.0%
	PNS/TNI/P	Count	5	12	17
	olri	% within PEKERJAAN AYAH	29.4%	70.6%	100.0%
	Pegawai	Count	15	22	37
	Swasta	% within PEKERJAAN AYAH	40.5%	59.5%	100.0%
	Wiraswasta	Count	11	21	32
	/Pedagang	% within PEKERJAAN AYAH	34.4%	65.6%	100.0%
	Petani/Nelayan/Buruh	Count	13	24	37
		% within PEKERJAAN AYAH	35.1%	64.9%	100.0%
	Lainnya	Count	0	1	1
		% within PEKERJAAN AYAH	0.0%	100.0%	100.0%
	Total	Count	44	88	132
		% within PEKERJAAN AYAH	33.3%	66.7%	100.0%

## Distribusi Pekerjaan Ibu

**PEKERJAAN IBU \* KEMATIAN NEONATAL Crosstabulation**

		KEMATIAN NEONATAL		Total
		kasus	kontrol	
	Count	35	63	98

PEKERJA AN IBU	Tidak bekerja/IRT	% within PEKERJAAN IBU	35.7%	64.3%	100.0%
	PNS/TNI/Polri	Count	3	8	11
		% within PEKERJAAN IBU	27.3%	72.7%	100.0%
	Pegawai Swasta	Count	3	10	13
		% within PEKERJAAN IBU	23.1%	76.9%	100.0%
	Wiraswasta/P edagang	Count	1	5	6
		% within PEKERJAAN IBU	16.7%	83.3%	100.0%
	Lainnya	Count	2	2	4
		% within PEKERJAAN IBU	50.0%	50.0%	100.0%
	Total	Count	44	88	132
% within PEKERJAAN IBU		33.3%	66.7%	100.0%	

Distribusi Pendidikan Suami

### PEND AYAH \* KEMATIAN NEONATAL Crosstabulation

			KEMATIAN NEONATAL		Total
			kasus	kontrol	
PEND AYAH	Tidak	Count	0	1	1
	Sekolah	% within PEND AYAH	0.0%	100.0%	100.0%
		Count	1	1	2
	Tamat SD	% within PEND AYAH	50.0%	50.0%	100.0%
		Count	5	10	15
	Tamat SD	% within PEND AYAH	33.3%	66.7%	100.0%
		Count	5	8	13
	Tamat SMP	% within PEND AYAH	38.5%	61.5%	100.0%
		Count	27	48	75
	Tamat SMA	% within PEND AYAH	36.0%	64.0%	100.0%
Count		6	20	26	

	% within PEND AYAH	23.1%	76.9%	100.0%
Total	Count	44	88	132
	% within PEND AYAH	33.3%	66.7%	100.0%

## Distribusi Pendidikan Ibu

**PEND IBU \* KEMATIAN NEONATAL Crosstabulation**

			KEMATIAN NEONATAL		Total
			kasus	kontrol	
PEND	Tidak	Count	1	3	4
IBU	Sekolah	% within PEND IBU	25.0%	75.0%	100.0%
		Count	1	0	1
	Tamat SD	% within PEND IBU	100.0%	0.0%	100.0%
		Count	5	13	18
		% within PEND IBU	27.8%	72.2%	100.0%
	Tamat SMP	Count	5	14	19
		% within PEND IBU	26.3%	73.7%	100.0%
	Tamat SMA	Count	27	36	63
		% within PEND IBU	42.9%	57.1%	100.0%
	Tamat PT	Count	5	22	27
		% within PEND IBU	18.5%	81.5%	100.0%
Total		Count	44	88	132
		% within PEND IBU	33.3%	66.7%	100.0%

## Distribusi Status Pasien

**STATUS PASIEN \* KEMATIAN NEONATAL Crosstabulation**

			KEMATIAN NEONATAL		Total
			kasus	kontrol	
STATUS	Rujukan	Count	10	7	17
		% within STATUS PASIEN	58.8%	41.2%	100.0%
PASIEN	Bukan Rujukan/Data ng Sendiri	Count	34	81	115
		% within STATUS PASIEN	29.6%	70.4%	100.0%

Total	Count	44	88	132
	% within STATUS PASIEN	33.3%	66.7%	100.0%

## Distribusi Jenis Asuransi

**JENIS PASIEN \* KEMATIAN NEONATAL Crosstabulation**

		KEMATIAN NEONATAL		Total	
		kasus	kontrol		
JENIS PASIEN	Umum	Count	7	9	16
		% within JENIS PASIEN	43.8%	56.3%	100.0%
	BPJS PBI	Count	11	27	38
		% within JENIS PASIEN	28.9%	71.1%	100.0%
	BPJS Non PBI	Count	24	50	74
		% within JENIS PASIEN	32.4%	67.6%	100.0%
	Jamkesda	Count	2	1	3
		% within JENIS PASIEN	66.7%	33.3%	100.0%
	Asuransi Swasta	Count	0	1	1
		% within JENIS PASIEN	0.0%	100.0%	100.0%
Total		Count	44	88	132
		% within JENIS PASIEN	33.3%	66.7%	100.0%

## Distribusi Umur Ibu

**FREKUENSI UMUR IBU \* KEMATIAN NEONATAL Crosstabulation**

		KEMATIAN NEONATAL		Total	
		kontrol	kasus		
FREKU ENSI UMUR IBU	<= 19 Tahun	Count	3	3	6
		% within KEMATIAN NEONATAL	3.4%	6.8%	4.5%
	20-35 Tahun	Count	76	28	104
		% within KEMATIAN NEONATAL	86.4%	63.6%	78.8%
		Count	9	13	22

Di atas 35 Tahun	% within KEMATIAN NEONATAL	10.2%	29.5%	16.7%
Total	Count	88	44	132
	% within KEMATIAN NEONATAL	100.0%	100.0%	100.0%

## Distribusi Status Paritas

**FREKUENSI PARITAS \* KEMATIAN NEONATAL Crosstabulation**

		KEMATIAN NEONATAL		Total	
		kontrol	kasus		
FREKUENSI PARITAS	Nullipara	Count	35	20	55
		% within KEMATIAN NEONATAL	39.8%	45.5%	41.7%
	Primipara	Count	26	7	33
		% within KEMATIAN NEONATAL	29.5%	15.9%	25.0%
	Multipara	Count	27	15	42
		% within KEMATIAN NEONATAL	30.7%	34.1%	31.8%
	Grand Multipara	Count	0	2	2
		% within KEMATIAN NEONATAL	0.0%	4.5%	1.5%
	Total	Count	88	44	132
		% within KEMATIAN NEONATAL	100.0%	100.0%	100.0%

## Distribusi Status Anemia

**FREKUENSI ANEMIA \* KEMATIAN NEONATAL Crosstabulation**

		KEMATIAN NEONATAL		Total
		kontrol	kasus	
Anemia Berat	Count	9	1	10

FREKUENSI ANEMIA		% within KEMATIAN NEONATAL	10.2%	2.3%	7.6%
	Anemia	Count	11	1	12
	Sedang	% within KEMATIAN NEONATAL	12.5%	2.3%	9.1%
	Anemia	Count	1	1	2
	Ringan	% within KEMATIAN NEONATAL	1.1%	2.3%	1.5%
	Non-Anemia	Count	67	41	108
		% within KEMATIAN NEONATAL	76.1%	93.2%	81.8%
Total		Count	88	44	132
		% within KEMATIAN NEONATAL	100.0%	100.0%	100.0%

## Distribusi Usia Gestasi

**FREKUENSI GESTASI \* KEMATIAN NEONATAL Crosstabulation**

		KEMATIAN NEONATAL		Total	
		kontrol	kasus		
FREKUENSI GESTASI	< 37	Count	7	25	32
	Minggu	% within KEMATIAN NEONATAL	8.0%	56.8%	24.2%
	37-39	Count	61	13	74
	Minggu	% within KEMATIAN NEONATAL	69.3%	29.5%	56.1%
	>= 40	Count	20	6	26
	Minggu	% within KEMATIAN NEONATAL	22.7%	13.6%	19.7%
Total		Count	88	44	132
		% within KEMATIAN NEONATAL	100.0%	100.0%	100.0%

## Distribusi Asfiksia

**FREKUENSI ASFIKSIA \* KEMATIAN NEONATAL Crosstabulation**

			KEMATIAN NEONATAL		Total
			kontrol	kasus	
FREKUENSI ASFIKSIA	Asfiksia Berat	Count	1	9	10
		% within KEMATIAN NEONATAL	1.1%	20.5%	7.6%
	Asfiksia Ringan	Count	2	16	18
		% within KEMATIAN NEONATAL	2.3%	36.4%	13.6%
	Asfiksia Sedang	Count	40	17	57
		% within KEMATIAN NEONATAL	45.5%	38.6%	43.2%
	Bayi Normal atau Asfiksia Ringan	Count	45	2	47
		% within KEMATIAN NEONATAL	51.1%	4.5%	35.6%
	Total	Count	88	44	132
		% within KEMATIAN NEONATAL	100.0%	100.0%	100.0%

## Distribusi BBLR

**FREKUENSI BBL \* KEMATIAN NEONATAL Crosstabulation**

			KEMATIAN NEONATAL		Total
			kontrol	kasus	
FREKUENSI BBL	BBLSR	Count	0	15	15
		% within KEMATIAN NEONATAL	0.0%	34.1%	11.4%
	BBLR	Count	7	10	17
		% within KEMATIAN NEONATAL	8.0%	22.7%	12.9%
	BBLN	Count	81	19	100
		% within KEMATIAN NEONATAL	92.0%	43.2%	75.8%

Total	Count	88	44	132
	% within KEMATIAN NEONATAL	100.0%	100.0%	100.0%

### Analisis Bivariat Faktor Risiko Pendidikan

#### RISIKO PENDIDIKAN IBU \* KEMATIAN NEONATAL Crosstabulation

		KEMATIAN NEONATAL		Total	
		kontrol	kasus		
RISIKO PENDIDIKAN IBU	Risiko Rendah	Count	58	32	90
		% within KEMATIAN NEONATAL	65.9%	72.7%	68.2%
	Risiko Tinggi	Count	30	12	42
		% within KEMATIAN NEONATAL	34.1%	27.3%	31.8%
Total	Count	88	44	132	
	% within KEMATIAN NEONATAL	100.0%	100.0%	100.0%	

#### Mantel-Haenszel Common Odds Ratio Estimate

Estimate		.725	
ln(Estimate)		-.322	
Standard Error of ln(Estimate)		.406	
Asymptotic Significance (2-sided)		.429	
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	.327
		Upper Bound	1.608
	ln(Common Odds Ratio)	Lower Bound	-1.118
		Upper Bound	.475

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.

## Faktor Risiko Pekerjaan

### RISIKO PEKERJAAN IBU \* KEMATIAN NEONATAL Crosstabulation

			KEMATIAN NEONATAL		Total
			kontrol	kasus	
RISIKO	Risiko	Count	63	35	98
PEKERJAAN IBU	Tinggi	% within KEMATIAN NEONATAL	71.6%	79.5%	74.2%
	Risiko	Count	25	9	34
	Rendah	% within KEMATIAN NEONATAL	28.4%	20.5%	25.8%
Total		Count	88	44	132
		% within KEMATIAN NEONATAL	100.0%	100.0%	100.0%

### Mantel-Haenszel Common Odds Ratio Estimate

Estimate		1.543	
ln(Estimate)		.434	
Standard Error of ln(Estimate)		.442	
Asymptotic Significance (2-sided)		.327	
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	.649
		Upper Bound	3.671
	ln(Common Odds Ratio)	Lower Bound	-.433
		Upper Bound	1.301

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.

## Faktor Risiko Umur Ibu

### RISIKO UMUR IBU \* KEMATIAN NEONATAL Crosstabulation

		KEMATIAN NEONATAL		Total
		kontrol	kasus	
	Count	12	16	28

RISIKO UMUR IBU	Risiko Tinggi	% within KEMATIAN NEONATAL	13.6%	36.4%	21.2%
	Risiko Rendah	Count	76	28	104
		% within KEMATIAN NEONATAL	86.4%	63.6%	78.8%
Total		Count	88	44	132
		% within KEMATIAN NEONATAL	100.0%	100.0%	100.0%

### Mantel-Haenszel Common Odds Ratio Estimate

Estimate		3.619	
ln(Estimate)		1.286	
Standard Error of ln(Estimate)		.441	
Asymptotic Significance (2-sided)		.004	
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	1.524
		Upper Bound	8.594
	ln(Common Odds Ratio)	Lower Bound	.421
		Upper Bound	2.151

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.

### Faktor Risiko Paritas

#### RISIKO PARITAS \* KEMATIAN NEONATAL Crosstabulation

		KEMATIAN NEONATAL		Total	
		kontrol	kasus		
RISIKO PARITAS	Risiko Tinggi	Count	43	31	74
		% within KEMATIAN NEONATAL	48.9%	70.5%	56.1%
	Risiko Rendah	Count	45	13	58
		% within KEMATIAN NEONATAL	51.1%	29.5%	43.9%
Total		Count	88	44	132
		% within KEMATIAN NEONATAL	100.0%	100.0%	100.0%

### Mantel-Haenszel Common Odds Ratio Estimate

Estimate		2.496
ln(Estimate)		.915
Standard Error of ln(Estimate)		.393
Asymptotic Significance (2-sided)		.020
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound 1.155
		Upper Bound 5.394
	ln(Common Odds Ratio)	Lower Bound .144
		Upper Bound 1.685

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.

### Faktor Risiko Status Anemia

#### RISIKO ANEMIA \* KEMATIAN NEONATAL Crosstabulation

		KEMATIAN NEONATAL		Total
		kontrol	kasus	
RISIKO ANEMIA	Risiko Tinggi	Count 21	3	24
		% within KEMATIAN NEONATAL 23.9%	6.8%	18.2%
	Risiko Rendah	Count 67	41	108
		% within KEMATIAN NEONATAL 76.1%	93.2%	81.8%
Total		Count 88	44	132
		% within KEMATIAN NEONATAL 100.0%	100.0%	100.0%

### Mantel-Haenszel Common Odds Ratio Estimate

Estimate		.249
ln(Estimate)		-1.391
Standard Error of ln(Estimate)		.650
Asymptotic Significance (2-sided)		.032
	Common Odds Ratio	Lower Bound .070

Asymptotic 95% Confidence Interval		Upper Bound	.889
	In(Common Odds Ratio)	Lower Bound	-2.665
		Upper Bound	-.117

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.

### Faktor Risiko Usia Gestasi

#### RISIKO USIA GESTASI \* KEMATIAN NEONATAL Crosstabulation

		KEMATIAN NEONATAL		Total	
		kontrol	kasus		
RISIKO USIA GESTASI	Risiko Tinggi	Count	27	31	58
		% within KEMATIAN NEONATAL	30.7%	70.5%	43.9%
	Risiko Rendah	Count	61	13	74
		% within KEMATIAN NEONATAL	69.3%	29.5%	56.1%
Total		Count	88	44	132
		% within KEMATIAN NEONATAL	100.0%	100.0%	100.0%

#### Mantel-Haenszel Common Odds Ratio Estimate

Estimate		5.387	
In(Estimate)		1.684	
Standard Error of In(Estimate)		.403	
Asymptotic Significance (2-sided)		.000	
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	2.444
		Upper Bound	11.875
	In(Common Odds Ratio)	Lower Bound	.894
		Upper Bound	2.474

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.

**Faktor Risiko Asfiksia****RISIKO ASFIKSI \* KEMATIAN NEONATAL Crosstabulation**

			KEMATIAN NEONATAL		Total
			kontrol	kasus	
RISIKO	Risiko	Count	3	25	28
ASFIKSI	Tinggi	% within KEMATIAN NEONATAL	3.4%	56.8%	21.2%
	Risiko	Count	85	19	104
	Rendah	% within KEMATIAN NEONATAL	96.6%	43.2%	78.8%
Total		Count	88	44	132
		% within KEMATIAN NEONATAL	100.0%	100.0%	100.0%

**Mantel-Haenszel Common Odds Ratio Estimate**

Estimate		37.281	
ln(Estimate)		3.618	
Standard Error of ln(Estimate)		.662	
Asymptotic Significance (2-sided)		.000	
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	10.193
		Upper Bound	136.348
	ln(Common Odds Ratio)	Lower Bound	2.322
		Upper Bound	4.915

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.

**Faktor Risiko BBLR****RISIKO BERAT BAYI \* KEMATIAN NEONATAL Crosstabulation**

			KEMATIAN NEONATAL		Total
			kontrol	kasus	
RISIKO	Risiko	Count	7	25	32
BERAT BAYI	Tinggi	% within KEMATIAN NEONATAL	8.0%	56.8%	24.2%

Risiko Rendah	Count	81	19	100
	% within KEMATIAN NEONATAL	92.0%	43.2%	75.8%
Total	Count	88	44	132
	% within KEMATIAN NEONATAL	100.0%	100.0%	100.0%

### Mantel-Haenszel Common Odds Ratio Estimate

Estimate	15.226		
ln(Estimate)	2.723		
Standard Error of ln(Estimate)	.498		
Asymptotic Significance (2-sided)	.000		
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	5.739
		Upper Bound	40.395
	ln(Common Odds Ratio)	Lower Bound	1.747
		Upper Bound	3.699

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

**Lampiran 7. Riwayat Hidup*****CURRICULUM VITAE*****A. Data Pribadi**

1. Nama : Agung Sutiono Pontoh
2. Tempat, tgl lahir : Makassar, 19 Nopember 2001
3. Alamat : Jl. Karaeng Bonto Tangnga, Makassar
4. Kewarganegaraan : Warga Negara Indonesia

**B. Riwayat Pendidikan**

1. Tamat SLTA tahun 2019 di SMA Negeri 5 Gowa
2. Tamat SLTP tahun 2016 di MTsN Model Makassar
3. Tamat SD tahun 2013 di SD Inpres Minasa Upa

**C. Pekerjaan dan Riwayat Pekerjaan**

1. Product Research (Magang) di PT Tumbuh Global Indonesia, Februari 2024 – Juli 2024
2. Bidang KB-KR (Magang) di Perwakilan BKKBN Provinsi Sulawesi Selatan, Oktober 2023
3. Monitoring dan Evaluasi (Magang) di Indonesia One Health University Network, Februari 2023 – Juni 2024

**D. Karya Ilmiah yang telah dipublikasikan**

Anwar A. dkk (2023). Korelasi Stress dan Kecemasan dengan Nyeri Haid: Studi pada Mahasiswi Tingkat Awal dan Akhir. *Jurnal Promotif dan Preventif*. 6(3): 382-387.

Link jurnal: <https://journal.unpacti.ac.id/JPP/article/view/833>

**E. Riwayat Organisasi dan Kemahasiswaan**

1. Student Volunteer, Kantor Urusan Internasional Universitas Hasanuddin, Agustus 2023 – Juli 2024
2. Anggota Divisi, Forum Mahasiswa Kesehatan Masyarakat Universitas Hasanuddin Periode 2021-2022
3. Anggota Komisi, Majelis Permusyawaratan Mahasiswa Fakultas Kesehatan Masyarakat Universitas Hasanuddin Periode 2020-2021