

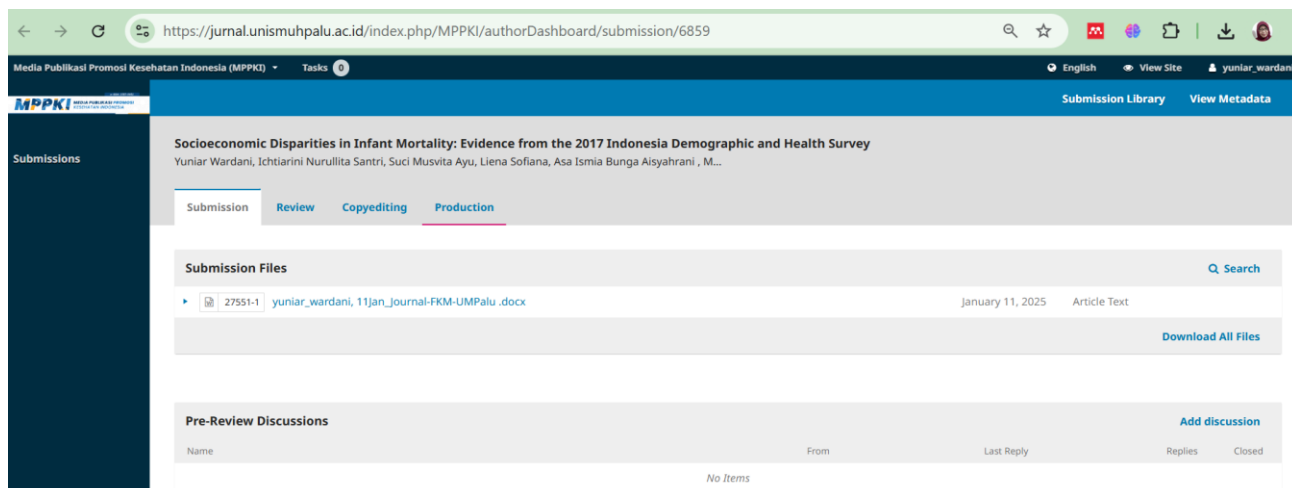
Judul artikel : Socioeconomic Disparities in Infant Mortality: Evidence from the 1917 Indonesia Demographic and Health Survey.
Nama Jurnal : Media Publikasi Promosi kesehatan Indonesia (MPPKI)
Edisi : Vol 8, No 4, Tahun terbit 2025, ISSN/ISBN 2597-6052
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Penulis : Yuniar Wardani, Ichtiarini Nurullita Santri, Suci Musvita Ayu, Liena Sofiana, Asa Ismia Bunga Aisyahrani, Muchamad Iqbal Nurmansyah, Moh. Irma Sukarelawan

No	Keterangan	Tanggal
1	Submit Artikel	11 Januari 2025
2	Email respon dari pengelola jurnal	11 Januari 2025
3	Catatan Revisi dari reviewer jurnal	25 Januari 2025
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7	Pemberitahuan Penerbitan (bukti LOA)	7 Maret 2025
8	Permohonan Penyesuaian Konten Artikel	17 Maret 2025
9	Pengiriman Revisi artikel, bukti transfer dan form transfer copyright	19 Maret 2025
10	Penerbitan Artikel (artikel yang sudah terbit)	April 2025

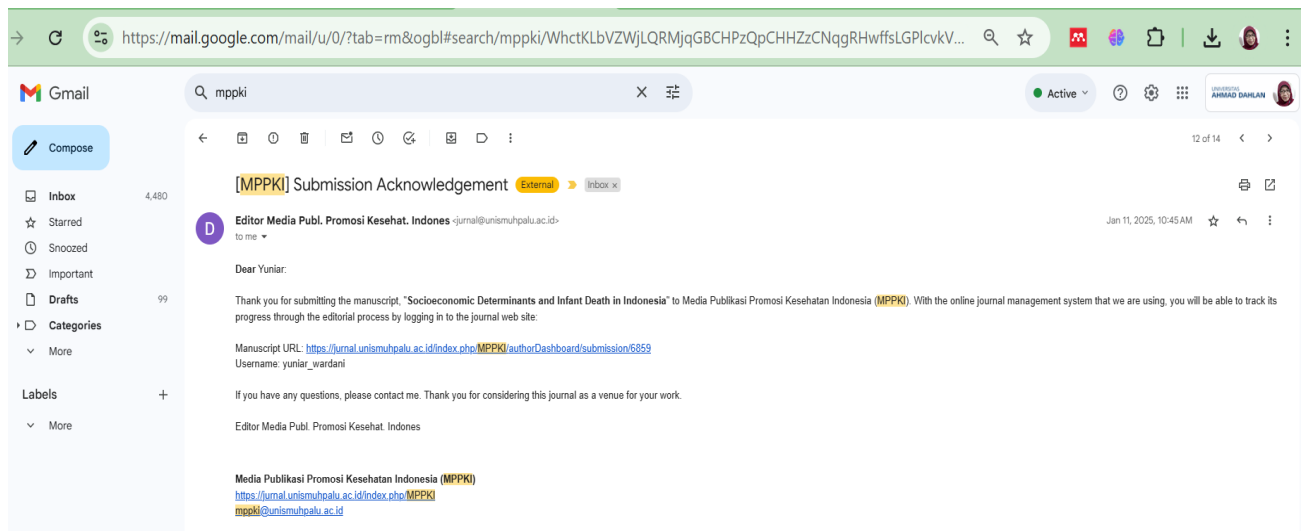
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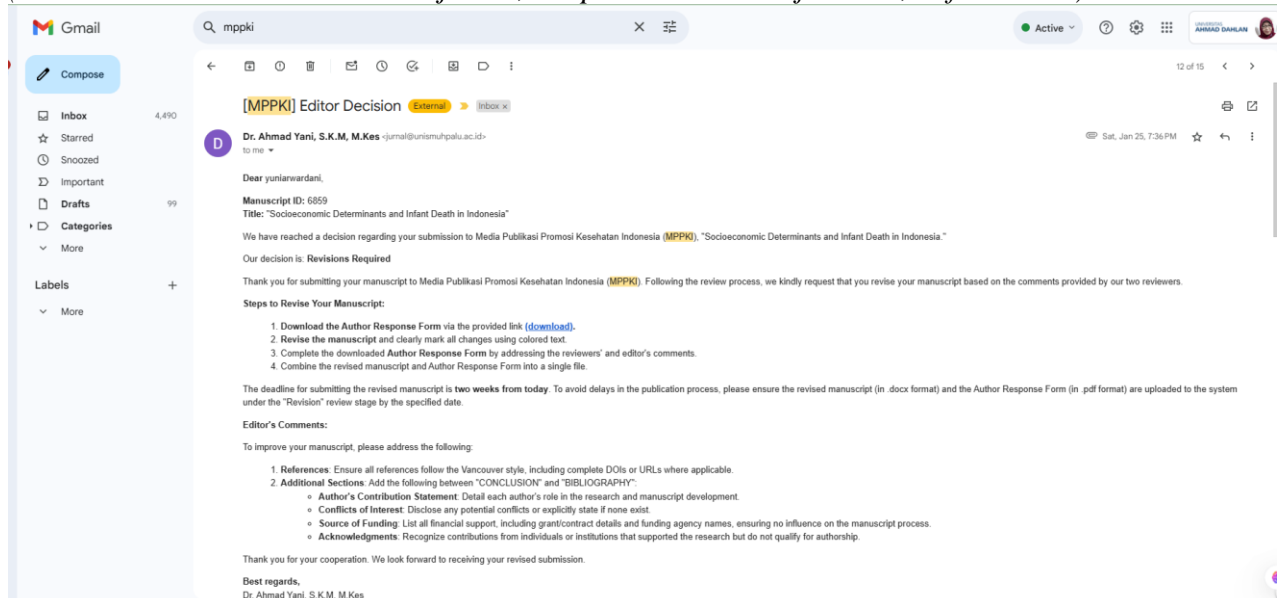
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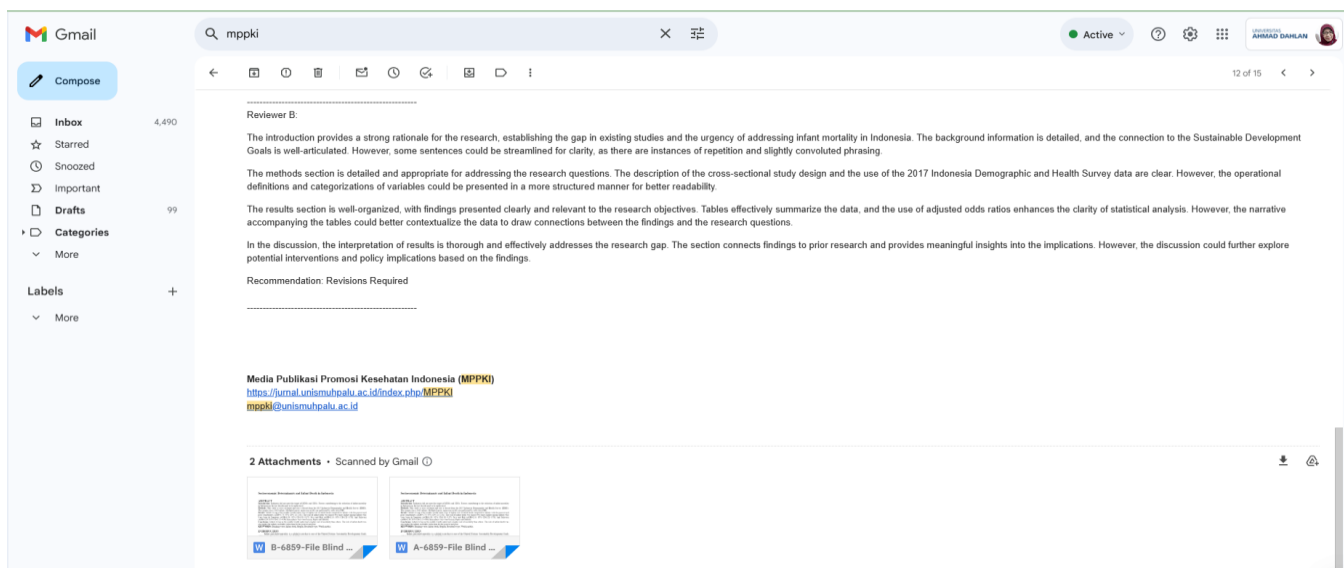
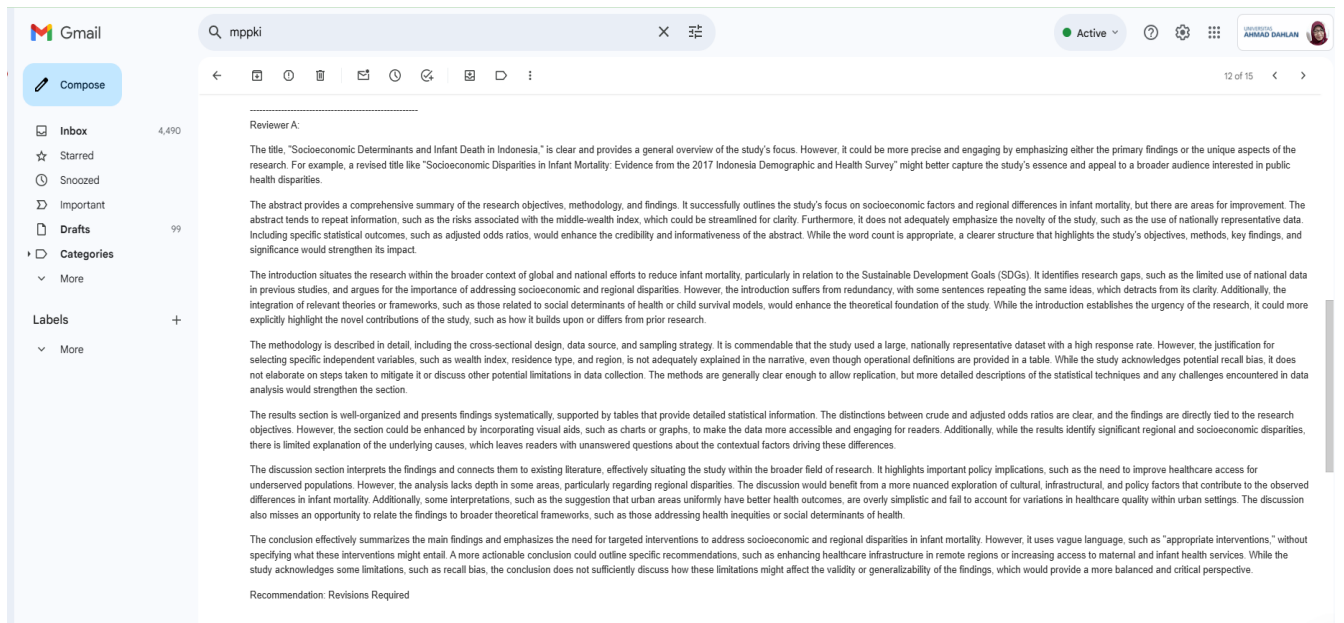


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(contoh terlampir)

No	Original Text	Reviewer's Comment	Revised Text
1.	The title suggestion is "Socioeconomic Disparities in Infant Mortality: Evidence from the 2017 Indonesia Demographic and Health Survey"		The authors received the reviewer's suggestion. The title to 2be "Socioeconomic Disparities in Infant Mortality: Evidence from the 2017 Indonesia Demographic and Health Survey"
2.	Indonesia did not meet the target of MDGs and SDGs. Factors contributing to the reduction of infant mortality in Indonesia in the last decade need to be understood.	The abstract provides a comprehensive summary of the research objectives, methodology, and findings. It successfully outlines the study's focus on socioeconomic factors and regional differences in infant mortality, but there are areas for improvement. The abstract	"Indonesia did not meet the MDGs and SDGs targets" "This cross-sectional study uses a dataset from the 2017 Indonesia Demographic and Health Survey (IDHS)"

	<p>This study is cross-sectional and uses a dataset from the 2017 Indonesia Demographic and Health Survey (IDHS).</p> <p>Infants living in the middle wealth index had a higher risk of mortality than others. The risk of infant death was also higher for infants in middle status than for the poorest and poor.</p>	<p>tends to repeat information, such as the risks associated with the middle-wealth index, which could be streamlined for clarity. Furthermore, it does not adequately emphasize the novelty of the study, such as the use of nationally representative data. Including specific statistical outcomes, such as adjusted odds ratios, would enhance the credibility and informativeness of the abstract. While the word count is appropriate, a clearer structure that highlights the study's objectives, methods, key findings, and significance would strengthen its impact.</p>	<p>“Infants living in the middle wealth index, Sumatera, Java and Bali, and Sulawesi had a higher mortality risk than others”</p>
3.	<p>The Infant Mortality Rate (IMR) is the key to population health and a measure of health inequality and the performance of the health service system, as well as the amount of social and health disparities between communities (2, 3), is a valid indication of population health and the performance of health-care systems, as well as the amount of social and health disparities between communities. Infant death contains various information to improve services in the health sector in various countries, especially for developing countries.</p> <p>In 2016, infant mortality contributed to more than 75% of all under-five deaths (5). Globally, the IMR worldwide has decreased from 63 deaths per 1000 live births from 1990 to 1995 to 23 deaths per 1000 live births in 2025 (5,6). Meanwhile, the Infant Mortality Rate (IMR) in Indonesia has decreased for three decades, from 34 per 1,000 live births (2008) to from 32 per 1,000 live births (2012) to 29 per 1,000 live births (2017) (5, 7)</p> <p>Previous research found that the most common predictor of under-five mortality was the community level, such as the area of residency (8)</p>	<p>The introduction situates the research within the broader context of global and national efforts to reduce infant mortality, particularly in relation to the Sustainable Development Goals (SDGs). It identifies research gaps, such as the limited use of national data in previous studies, and argues for the importance of addressing socioeconomic and regional disparities. However, the introduction suffers from redundancy, with some sentences repeating the same ideas, which detracts from its clarity. Additionally, the integration of relevant theories or frameworks, such as those related to social determinants of health or child survival models, would enhance the theoretical foundation of the study. While the introduction establishes the urgency of the research, it could more explicitly highlight the novel contributions of the study, such as how it builds upon or differs from prior research.</p> <p>The introduction provides a strong rationale for the research, establishing the gap in existing studies and the urgency of addressing infant mortality in Indonesia. The background information is detailed, and the connection to the Sustainable Development Goals is well-articulated. However, some sentences could be streamlined for clarity, as there are instances of repetition and slightly convoluted phrasing.</p>	<p>“The Infant Mortality Rate (IMR) is the key to population health and a measure of health disparities between communities (2, 3), in various countries, especially for developing countries.</p> <p>Globally, the IMR worldwide has decreased from 63 deaths per 1000 live births from 1990 to 1995 to 23 deaths per 1000 live births in 2025 (5,6). Meanwhile, the Infant Mortality Rate (IMR) in Indonesia has decreased from 32 per 1,000 live</p> <p>A study conducted in Sierra Leone found that the most common predictor of under-five mortality was the community level, such as the area of</p>

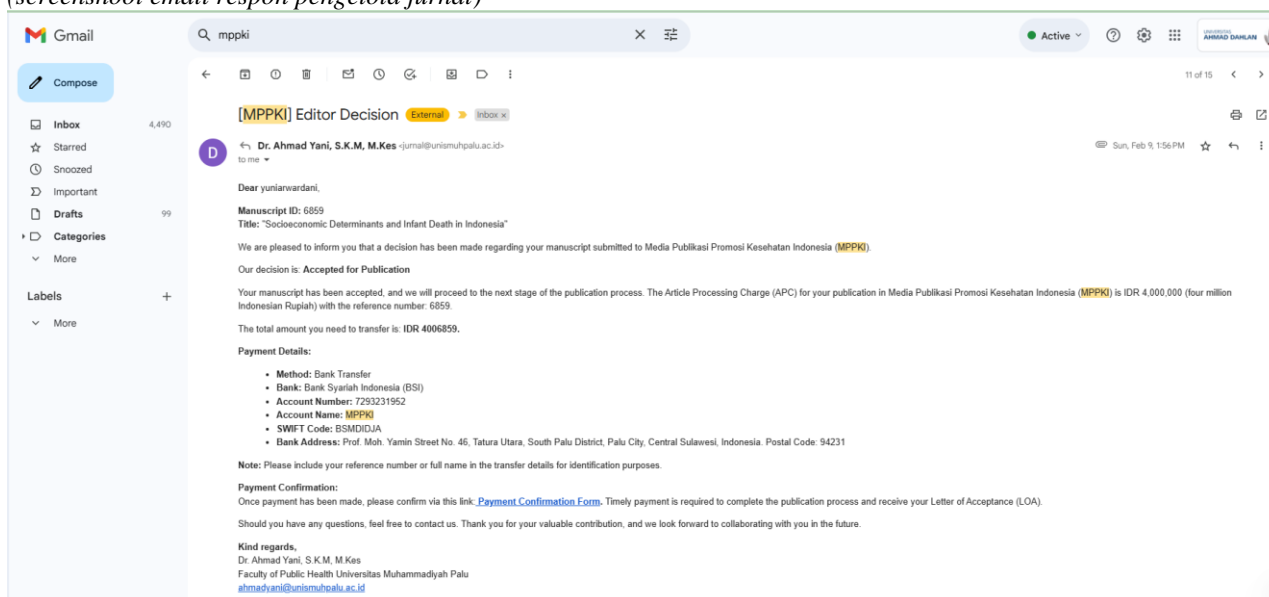
			residency (8)
4.	<p>The study uses a cross-sectional design to estimate the association between risk factors and infant death in Indonesia using data sources from the 2017 IDHS. The sampling design of the IDHS used two-stage stratified sampling including national and province-level and covered census blocks covering rural and urban areas. The woman who gave birth in the last five years, only having a singleton baby, was identified and eligible as a respondent. The sample size was 3,413 infants.</p> <p>The dependent variable is infant death, dichotomized into two groups which are survived and did not survive. The independent variables are proximate factors such as wealth index, residence area, region type, and source of drinking water. The operational definitions of dependent and independent variables are described in Table 1.</p> <p>Descriptive statistical analysis is performed by frequency and percentage of each variable. Chi-square and Logistic regression tests were used to determine the association between infant death and each predictor variable. The crude odds ratio performed the statistical test result. A multivariate logistic regression to control for potential confounders was performed by adjusted odds ratio (aOR).</p>	<p>The methodology is described in detail, including the cross-sectional design, data source, and sampling strategy. It is commendable that the study used a large, nationally representative dataset with a high response rate. However, the justification for selecting specific independent variables, such as wealth index, residence type, and region, is not adequately explained in the narrative, even though operational definitions are provided in a table. While the study acknowledges potential recall bias, it does not elaborate on steps taken to mitigate it or discuss other potential limitations in data collection. The methods are generally clear enough to allow replication, but more detailed descriptions of the statistical techniques and any challenges encountered in data analysis would strengthen the section.</p> <p>The methods section is detailed and appropriate for addressing the research questions. The description of the cross-sectional study design and the use of the 2017 Indonesia Demographic and Health Survey data are clear. However, the operational definitions and categorizations of variables could be presented in a more structured manner for better readability.</p>	<p>Information collected through the IDHS survey is subject to reporting bias, although a detailed evaluation of DHS data indicates that these data are fairly well reported—likewise, problems related to unequal weighting of sample units. The author weighed the data before analyzing it.</p> <p>The selection of independent variables such as wealth index and type of residence is based on previous research, which explains that results are inconsistent (9, 13, 14). Likewise, research on the relationship between regional variables and infant mortality in Indonesia is limited (1, 17).</p> <p>Descriptive statistical analysis is performed by frequency and percentage of each variable. Chi-square and Logistic regression tests were used to determine the association between infant death and each predictor variable. The crude odds ratio performed the statistical test result. A multivariate logistic regression to control for potential confounders was performed by adjusted odds ratio (aOR).</p> <p>Challenges in secondary data analysis are related to data limitations and quality, so the authors carry out data cleaning, including deleting invalid data, normalizing data, and handling missing values before the data is analyzed. Another challenge is overfitting. Authors should perform cross-validation and regulation techniques to test model reliability and reduce complexity.</p>

5.	Table 2 list the characteristics of infant death. The highest percentage of wealth index is the poorest and poorest status, living in Java and Bali region, and rural area residents, and using unimproved drinking water	<p>The results section is well-organized and presents findings systematically, supported by tables that provide detailed statistical information. The distinctions between crude and adjusted odds ratios are clear, and the findings are directly tied to the research objectives. However, the section could be enhanced by incorporating visual aids, such as charts or graphs, to make the data more accessible and engaging for readers. Additionally, while the results identify significant regional and socioeconomic disparities, there is limited explanation of the underlying causes, which leaves readers with unanswered questions about the contextual factors driving these differences.</p> <p>The results section is well-organized, with findings presented clearly and relevant to the research objectives. Tables effectively summarize the data, and the use of adjusted odds ratios enhances the clarity of statistical analysis. However, the narrative accompanying the tables could better contextualize the data to draw connections between the findings and the research questions.</p>	<p>The author added a Pie diagram to describe the independent variable and there is sentence revision in Table 2.</p> <p>Table 2 list the characteristics of infant death. Among 3,413 samples, 6.97% infants did not survive and 93.03% survived infants. The highest percentage of wealth index is the poorest and poorest status, living in Java and Bali region, and rural area residents, and using unimproved drinking water.</p>
6.		<p>In the discussion, the interpretation of results is thorough and effectively addresses the research gap. The section connects findings to prior research and provides meaningful insights into the implications. However, the discussion could further explore potential interventions and policy implications based on the findings.</p>	<p>Indonesia is an archipelagic country with a characteristic of unequal development speed between regions. This inequality impacts health development, namely the distribution of health facilities and workers, which is not evenly distributed across all islands. This results in disparities in health services between regions (23–26). Areas with good economic movement tend to have good accessibility to healthcare facilities. The utilization of maternity healthcare facilities in the West is better than in the East. The Ministry of Health reported similarly that the average Healthy Family Indicator in eastern Indonesia was very low with a more varied topography (26,27)</p> <p>Geographically, conditions in the eastern part of Indonesia also show more extreme variability compared to the western part. These conditions make some parts of Eastern Indonesia fall into the category of isolated or remote areas, and some other areas were quite</p>

			<p>challenging to reach due to the limited availability of roads and public transportation (27). Geographically, conditions in eastern Indonesia also show more extreme variability than in the western region. These conditions make parts of East Indonesia fall into the category of isolated or remote areas, and some other areas are quite difficult to reach due to the limited available roads and public transportation facilities. Eastern Indonesia also has limited health facilities. The ratio of health centers per sub-district was below the national ratio of health centers per sub-district</p> <p>The Indonesian government has set several policies to improve the quality of health services in eastern Indonesia areas with limited access. Filmer reports more specifically on government policies at the micro and macro levels and their implementation, local government capabilities and infrastructure, and access and quality of services. Government policies must be able to provide health services and guarantees, especially for people who are classified as poor. The government can improve the quality of life of children and reduce child mortality rates (37). Although the results of this study indicate was no relationship between residence and infant mortality, the unevenness of health service infrastructure was also related to rural and urban disparities. Urban areas were likely to use more than people living in rural areas. Residential density causes health development to be concentrated in urban areas. In contrast, rural areas often experience a lack of access to adequate health facilities and services compared to urban areas. Communities have public trust in treating children with the help of traditional birth attendance (38,39). Traditional birth attendances were chosen as birth attendants because the community considers that they</p>
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			pay them cheaper (40,41). This condition was exacerbated by decision-making in rural areas, carried out through family deliberations, resulting in
7.		The conclusion effectively summarizes the main findings and emphasizes the need for targeted interventions to address socioeconomic and regional disparities in infant mortality. However, it uses vague language, such as "appropriate interventions," without specifying what these interventions might entail. A more actionable conclusion could outline specific recommendations, such as enhancing healthcare infrastructure in remote regions or increasing access to maternal and infant health services. While the study acknowledges some limitations, such as recall bias, the conclusion does not sufficiently discuss how these limitations might affect the validity or generalizability of the findings, which would provide a more balanced and critical perspective.	Some innovations include mobile hospitals, Flying Doctors Health Care (FDHC), sea ambulances, and special budget policies for the Papua and Maluku region. This finding can help the health care provider better emphasize antenatal counseling and health promotion regarding family planning. Thank you for your comment. The author describes a recall bias in the methods section in lines 51-55
8.		References Additional section All references follow the Vancouver style	The author revised it and added some citations, and also rechecked all the references.
9.		Add the author's contribution, conflict of interest, source of funding, and acknowledgments	We follow all the reviewer suggestions for additional sections

5. Email respon reviewer jurnal terhadap perbaikan penulis
(screenshot email respon pengelola jurnal)



6. Email respon penulis Revisi II
(screenshot email dan tabel perbaikan dari penulis)

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(screenshot email dari pengelola jurnal, bukti LOA)

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Dr. Ahmad Yani

to me

Fri, Mar 2, 1:01 PM

You have a new notification from Media Publikasi Promosi Kesehatan Indonesia (MPPKI):

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Reply

Forward

Balasan AI

Letter of Acceptance

6859/MPPKI-FKMUMPAL/III/2025

After a meticulous review process, we are pleased to inform you that your manuscript has been accepted for publication in Media Publikasi Promosi Kesehatan Indonesia (MPPKI). The essential details for your accepted manuscript are as follows:

Date : 7 Mar 2025

Manuscript ID : 6859

Title : Socioeconomic Determinants and Infant Death in Indonesia

Author : Yuniar Wardani^{1*}, Ichtiarini Nurullita Santri², Suci Mustiva Ayu²,
Liena Sodian², Asa Ismia Bunga Aisyahrani³, Mochamad Iqbal
Nurmansyah⁴, Moh. Irma Sukarelawan⁵

Corresponding* : yuniar.wardani@ikm.uad.ac.id

Your article is scheduled for publication in **Vol. 8 No. 4 (2025) of Media Publikasi Promosi Kesehatan Indonesia (MPPKI)**, providing you with a glimpse of the anticipated publication timeline. Should you have any inquiries or require further assistance, please do not hesitate to contact

our editorial team at ahmadyani@unismuhpalu.ac.id or mppki@unismuhpalu.ac.id

Once again, thank you for choosing Media Publikasi Promosi Kesehatan Indonesia (MPPKI). We eagerly anticipate the successful publication of your valuable contribution

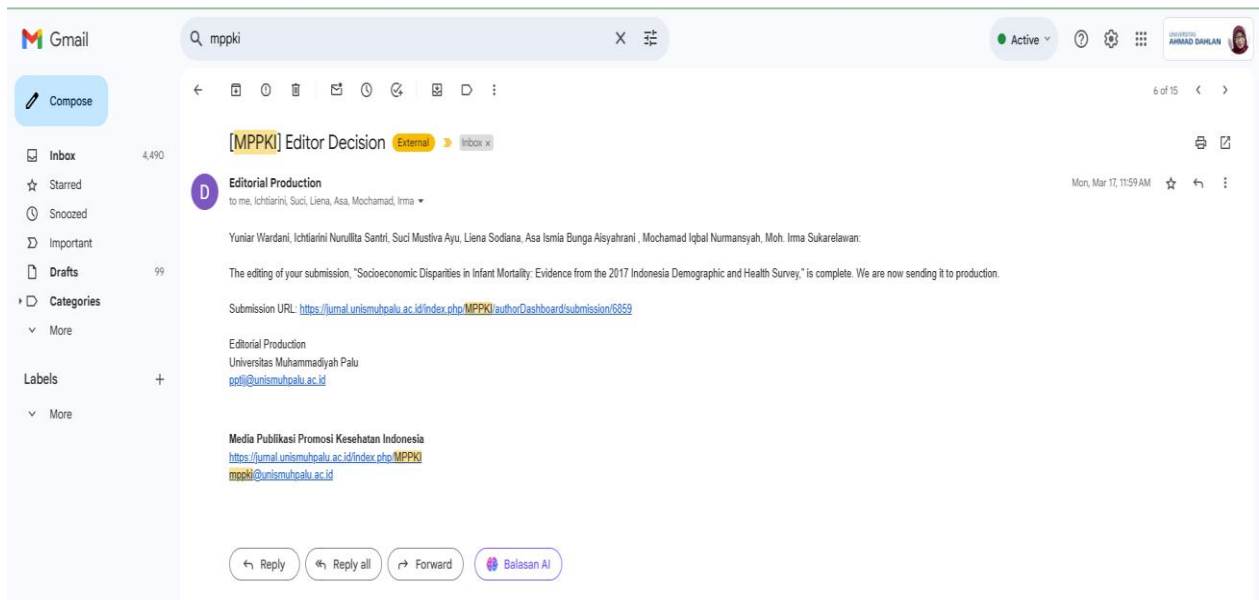


With regards
Yours sincerely

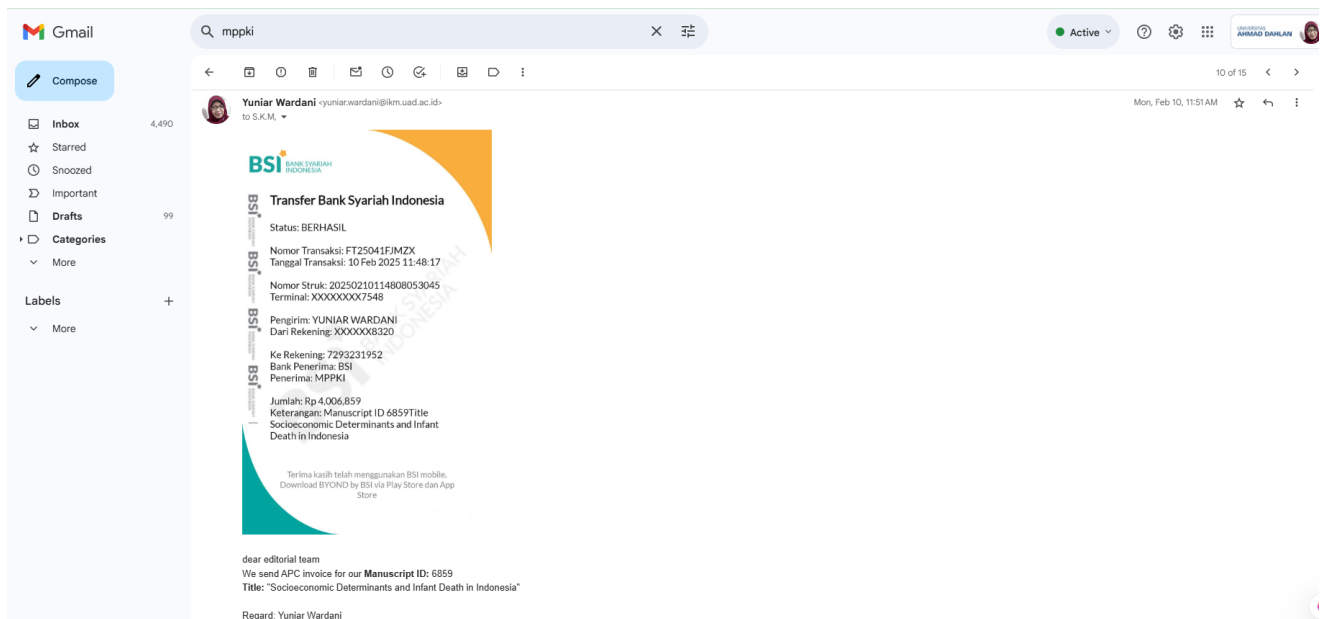
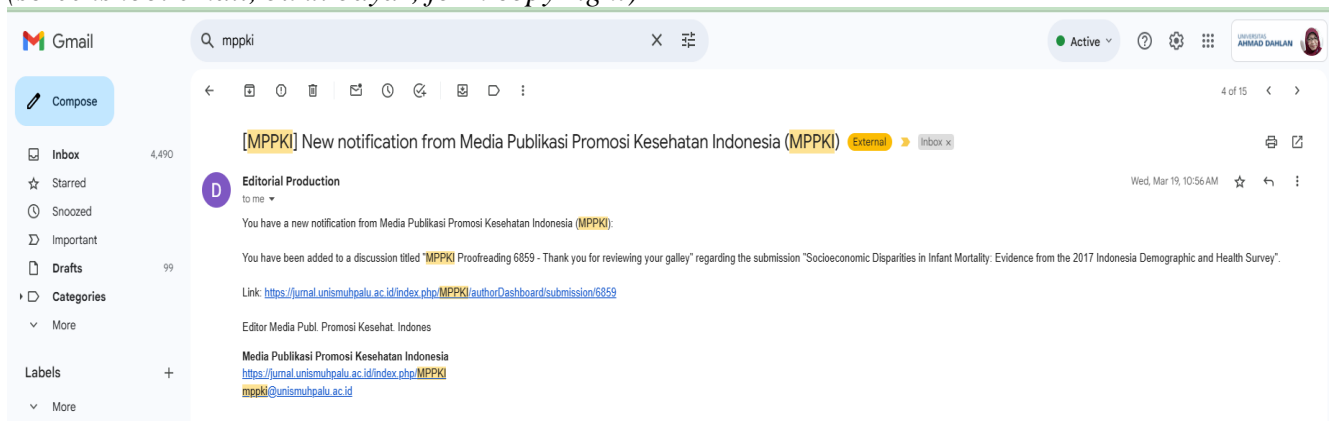


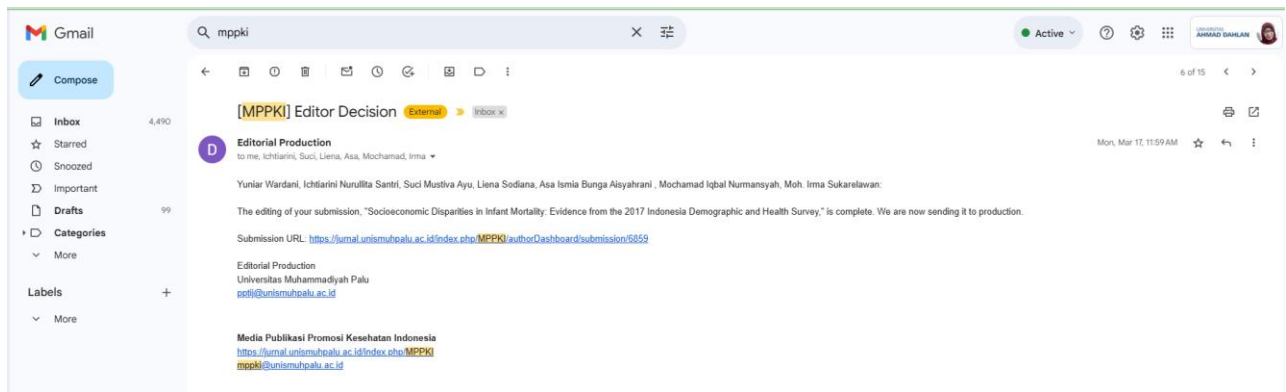
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8. Permohonan Penyesuaian Konten Artikel
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9. Pengiriman Revisi artikel final (screenshot email, bukti bayar, form copy right)





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**MEDIA PUBLIKASI PROMOSI
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Socioeconomic Disparities in Infant Mortality: Evidence from the 2017 Indonesia Demographic and Health Survey

Yuniar Wardani^{1*}, Ichtiarini Nurullita Santri², Suci Mustiva Ayu³, Liena Sodiana², Asa Ismia Bunga Aisyahrani³, Mochamad Iqbal Nurmansyah⁴, Moh. Irma Sukarelawan⁵

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ARTICLE INFO	ABSTRACT
<p>Manuscript Received: 11 Jan, 2025 Revised: 08 Feb, 2025 Accepted: 07 Mar, 2025 Date of Publication: Volume: 8 Issue: 4 DOI: 10.56338/mppki.v8i4.6859</p>	<p>Introduction: Indonesia did not meet the MDGs and SDGs targets. Factors contributing to the reduction of infant mortality in Indonesia in the last decade need to be understood. Methods: This cross-sectional study uses a dataset from the 2017 Indonesia Demographic and Health Survey (IDHS). The sample size is 3413 infants. Multiple logistic regression results are performed by odds ratio (OR). Results: Infants living in the middle wealth index were at higher risk of infant death compared to infants with the poorest and poor counterparts (AOR=1.73; 95% CI=1.14–2.61). The risk of infant death was almost two times higher among infants who were born in Sumatera (AOR=1.83; 95% CI=1.02–3.27), Java and Bali (AOR=2.14; 95% CI=1.21–3.76), and Sulawesi (AOR=2.39; 95% CI=1.15–4.96) than infants who were born in Papua and Maluku. Conclusion: Infants living in the middle wealth index, Sumatera, Java and Bali, and Sulawesi had a higher mortality risk than others.</p>
<p>KEYWORDS</p> <p>Drinking Water; Infant Death; Region; Residence Type; Wealth Index</p>	<p>Publisher: Fakultas Kesehatan Masyarakat Universitas Muhammadiyah Palu</p>

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Socioeconomic Disparities in Infant Mortality: Evidence from the 2017 Indonesia Demographic and Health Survey

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DOI: <https://doi.org/10.56338/mppki.v8i4.6859>

Keywords: Drinking Water; Infant Death; Region; Residence Type; Wealth Index

Abstract

Introduction: Indonesia did not meet the MDGs and SDGs targets. Factors contributing to the reduction of infant mortality in Indonesia in the last decade need to be understood.

Methods: This cross-sectional study uses a dataset from the 2017 Indonesia Demographic and Health Survey (IDHS). The sample size is 3413 infants. Multiple logistic regression results are performed by odds ratio (OR).

Results: Infants living in the middle wealth index were at higher risk of infant death compared to infants with the poorest and poor counterparts (AOR=1.73; 95% CI=1.14–2.61). The risk of infant death was almost two times higher among infants who were born in Sumatera (AOR=1.83; 95% CI=1.02–3.27), Java and Bali (AOR=2.14; 95% CI=1.21–3.76), and Sulawesi (AOR=2.39; 95% CI=1.15–4.96) than infants who were born in Papua and Maluku.

Conclusion: Infants living in the middle wealth index, Sumatera, Java and Bali, and Sulawesi had a higher mortality risk than others.

Published
2025-04-09

How to Cite
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Collaboration

AUTHOR'S CONTRIBUTION STATEMENT

Yuniar Wardani, Suci Musvita Ayu, and Liena Sofiana drafted and finalised the manuscript and interpreted the analysis. Ichtiarini Nurullita Santri and Asa Ismia Bunga Aisyahrani were responsible for data collection and analysis. Mochamad Iqbal Nurmansyah assisted with substantial improvements to the manuscript. Meanwhile, Moh. Irma Sukarelawan assisted in the interpretation of research results and in improving the quality of language.

CONFLICTS OF INTEREST

Both authors declare that they have no competing interests.

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