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FACTORS RELATING TO PUBLIC MOTHERS VISITS IN THE WORKING AREA OF THE PUSKESMAS IN THE VILLAGE OF HAMPARAN PERAK

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ABSTRACT

Effective management of the puerperium is primarily measured by the successful prevention of maternal morbidity and mortality during this transition. Comprehensive healthcare for postpartum women is essential, as the physiological recovery process typically extends up to eight weeks post-delivery, leaving the mother susceptible to various infectious complications and life-threatening risks. During which the mother's physical condition has not fully recovered, she is vulnerable to multiple related contagious diseases and can pose a risk of maternal death. WHO estimates that around 10.7 million women worldwide die from childbirth, and 25-50% of the causes are health problems related to childbirth. This study aims to determine the relationships between age, occupation, education, pregnancy duration, and parity and postpartum visits in the Samata Gowa Health Center service area in 2019-2020. This type of research is an analytical study with a cross-sectional study design. The population of this study comprised all postpartum mothers recorded in the Samata Gowa Public Health Center register from January 2019 to October 2020, totaling 489. The sampling technique employed was simple random sampling, yielding a total sample of 141 postpartum mothers. Data were analyzed using univariate and bivariate methods. The results showed that 41.8% of respondents with incomplete data made postnatal visits, and 58.2% of those with complete data did so. There is no relationship between age and value (p = 0.602), work with value (p = 1,000), education with value (p = 0.955), pregnancy distance with value (p = 0.353), and there is a relationship between parity (p = 0.038) with postpartum visits at Samata Gowa Health Center. Conclusion: This study indicates a relationship between parity and postpartum visits. Meanwhile, age, occupation, education, and distance from pregnancy were not associated with postpartum visits. This study suggests increasing awareness and emphasizing counseling for postpartum mothers who think that they will not be at risk / low risk during the postpartum period, and it is hoped that mothers can limit parity to maximize the implementation of routine postpartum visits to anticipate complications during childbirth.

Keywords: Postpartum Visit, Risk Factors, Postpartum Mother, Health Care

INTRODUCTION

One of the successes of the postpartum period is to carry out prevention Maternal death during the postpartum period. This is important because around 60% Maternal deaths occur after giving birth and account for almost 50% of deaths at birth. The postpartum period occurs during the first 24 hours after delivery, which is among others caused by postpartum complications. The success of postpartum care will depend on this. This can be achieved if the postpartum mother and her family have basic knowledge of the postpartum period and the risks they may encounter, enabling them to navigate the postpartum period effectively and be prepared to manage complications. People with accurate knowledge of postpartum care tend to have an internal health-monitoring system and to be alert to warning signs during the postpartum period (Nuryati ; Yanti, 2017). Assessing a nation's health status can be achieved by using maternal mortality as a benchmark; therefore, the government seeks to reduce it through health programs. The program covers health during pregnancy, childbirth and also postpartum. This MMR indicator shows the level of public health because it can looking at the quality and accessibility of sensitive improvements to health facilities. According to WHO data for 2014, the maternal mortality rate worldwide is estimated to be 289,000/100,000 live births. Based on 2012 SDKI data, MMR was recorded at 359/100,000 live births by showing the death rate soaring considerably compared to the 2008 IDHS results which reached 228/100,000 KH. In general There was a decrease in maternal deaths during the period 2008 to 2015 to 305 per 100,000 live births (Kementrian Kesehatan, 2023). But the trend. This reduction in numbers did not achieve the MDG target of 102 per 100,000 live births. SUPAS 2015 results show that the maternal mortality rate is three times higher than the MDGs target. The WHO has specifically recommended PNC for mothers and infants who have received an initial PNC within the first 24 hours after delivery, with a minimum of three additional PNC visits at 48-72 hours, 7-14 days, and 6 weeks postpartum. (Apriyanti ; Andreinie, 2020). The health of postpartum mothers is essential because in the 2 months after giving birth, the mother's physical condition has not yet fully recovered, so she is vulnerable to various associated infectious diseases and can pose a risk of death to the mother (Kemenkes RI, 2022). High and low coverage of postpartum visits describes postpartum visit behavior Postpartum services that meet standards are provided to mothers at least 3 times: at 6 hours postpartum, up to 3 days postpartum, at 2 weeks, and at 4 weeks, including administration of Vitamin A twice and preparation and installation of birth control after delivery (Kementrian Kesehatan, 2023). Postpartum mothers' visit is the behavior of mothers who visit health facilities to obtain postpartum services. This postpartum service aims to assess the mother's health status and newborn babies, as well as preventing, detecting, and treating problems that may occur, including reducing the risk of

abnormalities or even the death of postpartum mothers. Lack of postpartum care will result in disruption, disability, or death, as well as lack of opportunities to promote healthy behavior that affects mothers and children, newborn (Apriyanti ; Andreinie, 2020). Global estimates by the World Health Organization indicate that approximately 10.7 million women lose their lives due to complications related to pregnancy and childbirth. Notably, a significant proportion—ranging from 25% to 50%—of these fatalities are attributed to clinical issues arising during the labor and immediate postnatal stages. Based on 2018 Indonesian Health Profile data, Postpartum visit coverage (KF3) declined from 87.06% in 2015 to 84.41% in 2016. Trend: This decrease in coverage also occurred in 2017 and 2018. KF3 Di coverage in 2017 was 87.36%, then decreased to 85.92% in 2018. The province of DKI Jakarta achieved the highest score, 101.56%, while South Sulawesi still achieved 82.82%; South Sulawesi has not met the target. The target coverage for postpartum visits in Indonesia is 85.92%. The proportion of KF services in South Sulawesi Province ranked third lowest during 2013-2018, at 20.5, while Indonesia's achievement target was 37.0 (2018 Riskesdas Results Report). Based on 2016 data from the Department of Health of South Sulawesi Province, the number of births was 158,818, and the number of postpartum visits was 145,664 (91.7%), indicating that the province met the Minimum Service Standards for postpartum services in 2018, which stood at 95%. In South Sulawesi in 2015, there were 63 maternal deaths recorded, with details of 19 deaths during pregnancy and 44 deaths during labor. In 2016, there were 153 maternal deaths, with details of 47 deaths during pregnancy, 42 deaths during labor, and 62 deaths during the postpartum period. Pregnancy and childbirth maternal mortality rates in 2017 reached 115 cases. In 2018, that number increased to 139 cases. Based on 2017 data from the South Sulawesi Provincial Health Service, Gowa Regency is one of the districts in South Sulawesi with postpartum coverage that has not reached the target (89%) and a high maternal mortality rate. Samata Health Center is one of the health centers. The coverage of postpartum services has not reached the target, as evidenced by the fact that the highest number of maternal deaths was 17 cases in 2017, and increased in 2018. The theory of planned behavior, as articulated by Pinaringsih (2017), posits several factors associated with postpartum mothers' visits to health services. These factors are found in the theory of planned behavior. A Behavior can be predicted by looking at someone's intention to do it something. The behavior in planned theory is intentional. It is a matter of implementing regular health measures whenever there is a possibility that someone can further improve their health through such measures. The theory of planned behavior was developed from Ajzen and Martin Fishbein's Theory of Reasoned Action (TRA), which was previously identified. TPB explains that behavioral intentions are the result of a combination of beliefs. Intention is the concept of internally planned action aimed at achieving behavioral goals. Ajzen said that intentions

are formed as a result of attitude towards behavior (Attitude to war behavior), subjective norms (Subjective norm), and perceived behavioral control (Perceived behavioral control). Furthermore, these factors are influenced by several personal backgrounds, a person's social demographics and information (Pinaringsih, 2017). Previous research, namely Rahmawati (2015), regarding factors related to visits by postpartum mothers in the Jelbuk Health Center Working Area Jember Regency, among others, is caused by three factors, and it was concluded that there was a relationship between age, knowledge, and attitudes (factors predisposition) with postpartum maternal visits. There is no association between education and employment and the number of visits by postpartum mothers. There is an access relationship with ease of transportation; however, there is no relationship between the availability of health services, staff services, and distance, and visits from postpartum mothers. There is a role for the midwife and family support during the postpartum mother's visit. According to research by (Manurung *et al.*, 2022). There is a relationship between Postpartum mothers' knowledge of postpartum care practices and their attitudes toward these practices in the District of Gunung Pati, Semarang City, January-March 2015. Next, research by Yudianti, Ika (2017) statistically demonstrates a correlation between postpartum mothers' knowledge of period care materials in the KIA book and regular postpartum visits. Postpartum mothers have good knowledge of postpartum care materials in the book KIA; they tend to carry out postpartum visits regularly according to the government program, and vice versa. And in the research results (Risatamaya *et al.*, 2023). There is a relationship between knowledge and attitudes among postpartum mothers regarding the implementation of postpartum visits at Delima Medan Maternity Hospital. The research results. indicate a significant relationship between age, education, and parturition, and postpartum visits, among Independent Practicing Midwives, in addition to research findings (Al-Mamun, Kalam and Uzzal, 2025). Variables related to the intention to attend postpartum visits include education level, pregnancy interval, respondents' attitudes, and perceptions of behavioral control regarding postpartum visits. Research by (Denny *et al.*, 2022) also shows a relationship between parturition, age, and education and postpartum visits in the working area of the Mount Samarinda Community Health Center, Balikpapan City, in 2017. In light of several of these problems, the researcher felt it necessary to examine factors associated with postpartum mothers' visits to the Samata Community Health Center's service area. This research will describe the relationship between research variables referring to the Theory of Planned Behavior, namely age, education, occupation, pregnancy spacing, and parisan related to the visit of postpartum mothers at the Samata Community Health Center, Gowa Regency.

METHOD

This research was conducted in Hamparan Perak Village, Deli Serdang Regency, Sumatra Province. This article presents an

analytical study using a cross-sectional design, in which measurements or observations are conducted simultaneously on independent and dependent variables—data using quantitative methods. The population in this study comprises all postpartum mothers who have completed delivery, as indicated by the number of patient visits to pregnant women in labor. The sample size is 30 pregnant women.

RESULT AND DISCUSSION

General overview of the postpartum period. The postpartum period (postpartum period) is the period after delivery, when the placenta separates from the uterus and ends when the uterus returns to its non-pregnant state. The postpartum period begins 2 hours after delivery and continues for 6 weeks (42 days) (Pitriani and Andriyani, 2015). As for the time stage in mothers, it is as follows:

1. The immediate postpartum period, which is the period immediately after the placenta is born, up to the first 24 hours. This period is critical. This is when incidents of postpartum hemorrhage often occur due to uterine atony. During this period, health workers are required to perform continuous monitoring, which includes: uterine contractions, lochia discharge, bladder, blood pressure, and temperature(Pavlidis *et al.*, 2021).

2. Early postpartum period; The role of health workers is needed here its task is to ensure uterine involution in a normal state, absent bleeding, lochia does not smell bad, no fever, and food and fluids enough so that the mother can breastfeed well.

3. Late postpartum period; During this period the mother is still able to do things health services accompanied by daily examinations of mothers and counseling family planning planning.

4. Remote puerperium; This period is also called the recovery period and it takes time to get healthy again, especially during motherhood

postpartum visit a minimum of 5 times with the following time conditions:

a) First postpartum visit between 6 hours and 3 days after labor.

b) Second postpartum visit between days 4 to 28 after delivery

c) Third postpartum visit within the 29th day to the 3rd day 42 after delivery (Ministry of Health of the Republic Indonesia, 2022).

2. Purpose of the Postpartum Mother's Visit Postpartum services for mothers are essential, this service aims to; Maintain good health of mother and newborn baby physical and psychological; Early detection of problems that occur in mothers and baby; Treat and refer if there are post-diseases and complications labor; Provide education and counseling to ensure self-care and nutrition, breastfeeding, immunization and care newborn babies to mothers and their families; Mother and husband are involved maintaining the health of postpartum mothers and their newborn babies (Stuebe *et al.*, 2021).

CONCLUSION

Factors Related to Implementation of Postpartum Visits

1. AGE

According to (Pavlidis *et al.*, 2021), a person's age, cognitive Development, and responsiveness are determined. Research result also states that 20-35 years is a safe age for pregnancy, childbirth, and maternal Mortality will increase with age < 20 years

old and > 35 years old, and at 20-35 years old the mother has emotions stable, think more rationally, the mother's knowledge is getting better seek information and become more aware of the importance of taking care their health. Maternal age is a significant determinant of postnatal care utilization; younger women have greater knowledge of health services than older women.

2. Job status

According to KBBI, work is the activity performed to earn a living. Work is an economic activity undertaken to generate profit or income. Apart from that, there is also employment status, namely the position a person holds in carrying out an activity or in a business unit.

3. Level of education

According to Law No. 20 of 2003 on the National Education System, education comprises formal, non-formal, and informal education. Formal education levels are as follows:

1. Basic education is the basic level of education, secondary education level, basic education in the form of elementary school (SD) and madrasah ibtidaiyah (MI) or other equivalent forms, as well as junior high school (SMP) and madrasah tsanawiyah (MTs), or other comparable forms.
2. Secondary education consists of general secondary education and vocational secondary education, shaped secondary education high school (SMA), madrasah aliyah (MA), school vocational secondary school (SMK), and vocational madrasah aliyah (MAK), or other equivalent forms.
3. Higher education is the level of education after education secondary education programs which include diploma, bachelor, master's, specialist, and doctoral degrees held by education tall.

4. Pregnancy spacing

Pregnancy spacing is a consideration to determine first and subsequent pregnancies (Ministry of Health of the Republic Indonesia, 2022). Pregnancy spacing is the distance between the last birth and the previous birth, According to the Family Planning Coordinating Board (BKKBN) that distance A short birth will result in the mother not having time enough to restore his body so that's what is a factor that causes the mother to become weak and a risk of death. Good pregnancy spacing is a vital aspect to pay attention to so that the mother is physically ready to accept the fetus again without having a lasting effect.

5. Parturition

is part of the mother's labor experience. Parturition is the number of births that result in a live baby or a dead baby born to a mother. Excessive parturition can affect the emergence of problems, particularly health problems. The occurrence of pregnancy, accompanied by repeated childbirth, has consequences: it further erodes the blood vessels in the uterine wall. It leads to increased loss of tissue elasticity due to stretching from pregnancy through delivery.

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