

## DESCRIPTION FACTORS (PREDISPOSING, ENABLING AND SUPPORTING) IN MOTHER WHO MAKE POSTPARTUM VISITS

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#### ABSTRAK

Kunjungan nifas dilakukan untuk memantau kesehatan ibu nifas, mendeteksi dini dan mencegah komplikasi selama nifas yang minimal dilakukan 4x. Target kunjungan nifas di Kabupaten Malang tahun 2021 masih sangat kurang yaitu 88,32%. Tujuan penelitian ini untuk mengetahui Gambaran karakteristik ibu nifas melakukan kunjungan nifas di Klinik. Desain penelitian adalah deskriptif kuantitatif. Sampel penelitian ibu nifas sebanyak 38 orang. sampel dipilih dengan menggunakan teknik purposive sampling. Instrumen penelitian adalah kuesioner. Faktor predisposisi yang diteliti adalah pengetahuan dan sikap, Faktor pemungkin yang diteliti adalah biaya, akses transportasi dan jarak; Faktor penguat yang diteliti adalah dukungan keluarga. Hasil penelitian menunjukkan 68% ibu nifas melakukan kunjungan nifas sebanyak 2 kali kunjungan. Faktor predisposisi: terdiri 42% ibu nifas mempunyai pengetahuan cukup dan 58% ibu nifas memiliki sikap positif terhadap kunjungan nifas. Pada variabel faktor pemungkin didapatkan 100% ibu nifas menggunakan biaya pribadi untuk kunjungan nifas, 100% ibu nifas mempunyai akses transportasi yang mudah dan 74% ibu nifas jarak rumah ke klinik berjarak >3 KM. Faktor pendukung diketahui 61% keluarga ibu nifas mendukung ibu untuk melakukan kunjungan nifas. Tenaga kesehatan perlu untuk meningkatkan variabel pengetahuan, mendorong sikap ibu lebih positif dan mengadvokasi keluarga untuk mendukung ibu nifas melakukan kunjungan nifas.

Kata kunci: kunjungan nifas, faktor predisposisi, faktor pemungkin, faktor pendukung

#### ABSTRACT

*Postpartum visits are carried out to monitor the health of the postpartum mother, detect early and prevent complications during the postpartum period which are carried out at least 4 times. The target for postpartum visits in Malang Regency in 2021 is still lacking, namely 88.32%. The purpose of this study was to describe the characteristics of postpartum mothers making postpartum visits at the clinic. The research design is a quantitative descriptive. The research sample for postpartum mothers was 38 people. the sample was selected by using purposive sampling technique. The research instrument is a questionnaire. The predisposing factors studied were knowledge and attitudes. The enabling factors studied were costs, access to transportation and distance; The reinforcing factor studied was family support.*

*The results showed that 68% of postpartum mothers made 2 postpartum visits. Predisposing factors: 42% of postpartum mothers have sufficient knowledge and 58% of postpartum mothers have a positive attitude towards postpartum visits. In the enabling factor variables, it was found that 100% of postpartum mothers used personal costs for postpartum visits, 100% of postpartum mothers had easy transportation access and 74% of postpartum mothers were home to the clinic >3 KM away. Supporting factors are known to be 61% of families of postpartum mothers who support mothers to make postpartum visits. Health workers need to increase knowledge variables, encourage a more positive attitude of mothers and advocate for families to support postpartum mothers in conducting postpartum visits.*

*Key words: Postpartum visits; predisposing factor; Enabling factors; Supporting factors*

### INTRODUCTION

The postpartum period is a vulnerable period for mothers. Data from the 2018 Registration

System (SRS) sampling shows 40% of maternal deaths in Indonesia during the postpartum period (Ministry of Health RI, 2020). According to Situmorang & Pujiyanto's research (2021) more than 65% of maternal deaths occur within 42 days after giving birth.

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The results of the Disparity of Maternal Mortality in Indonesia (2018) study found that 61.4% of the total districts and cities with low coverage of postpartum visits had higher maternal mortality rates compared to areas with high coverage of postpartum visits (Nurriszka & Wahyono, 2018).

As an effort to reduce MMR, the government made a policy, namely providing postpartum services at least 4 visits. Postpartum visits are carried out to unite and control the condition of the mother during the postpartum period. Postpartum visits are carried out at 6-8 hours postpartum, 6 days postpartum, 2 weeks postpartum, and 6-8 weeks postpartum. According to the East Java Health Profile in 2020 the coverage of postpartum women's services (KF-3) is 95.2%, but in 2021 the coverage of KF-3 has decreased to 93.3% and the coverage of KF-3 in Malang Regency is 92.8% . Based on the Malang Regency Health Office, in 2021 the coverage of KF 4 will be 88.32%. This shows that there are still many postpartum mothers who do not carry out postpartum visitation until KF-4 and have not met the national target (95%).

Postpartum visits are a behavior of postpartum mothers visiting postpartum services. This behavior has several factors, namely husband support, insurance and education (Prihanti et al., 2019). Research by Ulfa, et al (2018) states that predisposing factors and need factors are factors that influence the utilization of health services. Predisposing factors, enabling factors and need factors have the opportunity to influence complete visits during the postpartum period (Situmorang & Pujiyanto, 2021).

Postpartum visits conducted by postpartum mothers at the clinic are mostly incomplete visits. Most of the postpartum mothers who come to the clinic are not for postpartum visits

but to have their babies checked or to give their babies immunizations. Therefore, researchers are interested in knowing the factors behind postpartum mothers making postpartum visits.

## METHODS

The design used is descriptive quantitative. The population in this study were postpartum mothers in March - May 2022 at the As-Syifa Husada Clinic, a total of 42 mothers. The sampling technique used was purposive sampling with a sample of 38 postpartum mothers. The inclusion criteria are women whose postpartum period is more than 42 days. The research instrument is a questionnaire. The results of the data were analyzed by descriptive analysis

## RESULT AND DISCUSSION

**Table 1: Characteristics of postpartum women who carry out postpartum visits**

Mother characteristic	F	%
<b>Age</b>	< 20 year	1 3
	20 – 35 year	28 74
	>35 year	9 24
<b>Education</b>	Elementary school	12 31
	Junior High school	9 24
	Senior High School	14 37
	College	3 8
<b>Job</b>	Housewife	32 84
	Working outside home	6 16
<b>number of children</b>	1	12 32
	2	15 39
	3	9 24
	4	2 5

Table 1 shows that most postpartum mothers are aged between 20-35 years (74%), the last education of almost half of postpartum mothers is high school (37%), almost all postpartum mothers do not work or are housewives (84%), and almost Half of postpartum mothers have 2 children (39%).

**Table 2 Number of postpartum mother visits**

Number of visit	F	%
1	3	8
2	23	61
3	10	26
>3	2	5
<b>Total</b>	<b>38</b>	<b>100</b>

Based on table 2, it shows that most of the postpartum mothers made postpartum visits until the 2nd visit as much as 61%.

**Table 3 Predisposing factors for postpartum visits**

	variable	F	%
<b>Knowledge</b>	Less	8	21
	Enough	16	42
	Good	14	37
<b>Attitude</b>	Negative	16	42
	Positive	22	58

Based on table 3, it shows that almost half of postpartum mothers have knowledge about postpartum visits in the sufficient category, namely 42% and the attitudes of mothers regarding postpartum visits mostly show a positive attitude, namely 58%.

**Table 4 Enabling factors for postpartum visits**

	Variable	F	%
<b>Budget</b>	Personal cost	38	100
	health insurance	0	0
<b>Distance Home to Clinic</b>	≤ 3 Km	10	26
	>3km	28	74
<b>Access of transportation</b>	Easy access	38	100
	Difficult	0	0

Based on table 4, it shows that all postpartum mothers use personal costs to carry out their postpartum visits (100%), most of the distance taken by postpartum mothers to the As-Syifa

Husada Clinic is >3 KM (28%) and all postpartum mothers have access to easy transportation ( 100%).

**Table 5. Reinforcing factor of postpartum mother visits**

Family supporting	F	%
Less	15	39
<b>Good</b>	<b>23</b>	<b>61</b>
<b>Total</b>	<b>38</b>	<b>100</b>

Based on table 5, it shows that most of the families of postpartum mothers support mothers for postpartum visits (61%).

Postpartum visits aim to assess the health status of mothers and babies to prevent, detect and treat problems that occur during the puerperium (RI Ministry of Health, 2020). Incomplete postpartum visits which are carried out by almost all postpartum mothers can be caused by the mother feeling healthy and having no complaints so that the mother does not make another postpartum visit. Incomplete postpartum visits can also be caused because the mother has had previous postpartum experiences (multipara). Based on the results of this study, it was found that the majority of mothers had 2 children (39%). According to previous researchers, primiparas make more complete postpartum visits to health workers when compared to multiparas and grandemultiparas due to experience (Pradani & Kurniasari, 2018). Primipara mothers are more interested in visiting health workers after giving birth to ask questions and ensure their recovery process. Conversely, multiparous mothers tend not to be interested in visiting health services or workers after giving birth because they feel healthy and have no complaints. In addition, mothers already have experience regarding childbirth and breastfeeding so that when mothers experience

problems, mothers can overcome the problems experienced with the experience they have.

Predisposing factors are factors that underlie or motivate behavior. This factor is a personal preference brought by individuals or groups in an experience. Knowledge is an important and influential thing in shaping actions or decision making. Based on the research, it was found that almost half of the mothers (42%) had knowledge in the sufficient category. According to research (Safitri et al., 2022) states that mother's knowledge about postpartum visits greatly influences maternal postpartum visits. Mothers who have low knowledge tend not to make full postpartum visits. However, visits made by almost all mothers who had good, sufficient and insufficient knowledge in this study were incomplete visits, mothers said they did not receive information about the postpartum period, especially the schedule of visits that should be made. In addition, the mother also felt healthy so she did not make any more visits.

Another predisposing factor is attitude. Attitude is a response or reaction of someone who is still closed to an object. Attitudes arise because of a stimulus or stimulus. The stimulus will respond in the form of an attitude, in which the attitude will be manifested in the form of action. According to research (Safitri et al., 2022) states that there is an influence between attitudes towards postpartum visits. This research is in line with the results of this study where mothers who had a negative attitude (42%) towards postpartum visits did not make full visits. However, only 2 mothers (9%) had a positive attitude (58%) who made full postpartum visits. This is in accordance with Notoatmodjo (2014) which states that a positive attitude is not necessarily manifested in positive actions either. This incomplete visiting behavior can

be caused by the mother who feels healthy and has no complaints so she does not feel the need to make any more postpartum visits.

The factors underlying the next postpartum visit are enabling factors. Enabling factors are factors that allow a behavior to be carried out. This factor consists of affordability, distance and availability of transportation. Cost is the amount of funds that must be provided to utilize the required health services (Notoatmodjo, 2010). Health costs can be in the form of health insurance or insurance (BPJS/KIS/insurance) and can be in the form of finance or personal savings. Research that has been conducted shows that all mothers use personal costs in carrying out postpartum examinations or visits. According to research conducted by (Prihanti et al., 2019) states that insurance has an effect on maternal postpartum visits. This can be because when the mother has insurance or health insurance, the mother will not incur costs or money when going to have an examination.

Other enabling factors are the distance to health facilities and ease of transportation. Distance is the length of the path taken to get to the health service. The availability of transportation affects the reach or distance of the user to the health facility to be addressed. Ease of access to health facilities can help travel long distances. The results showed that all mothers (100%) had convenience in transportation as indicated by mothers having private vehicles and easy road access to the clinic. The ease of access to transportation should make it easier for postpartum mothers to reach health service points so that they can make complete postnatal visits. This is inversely proportional because almost all mothers do not make a complete visit. This is due to a lack of information and the mother's assumption that if there are no complaints and

the mother is healthy, the mother does not need to make a return visit

The next enabling factor is distance. Based on the results of the study, it was found that most mothers (74%) had a distance of >3 KM from the As-Syifa Husada Clinic and almost all mothers did not make a complete visit. This is in accordance with research (Supliyani, 2017) which states that the farther the distance from the residence to the health facility, the fewer the number of visitors to the health facility. However, this is inversely proportional to the 26% of mothers who have a distance of  $\leq 3$  KM but do not have a complete postpartum visit. This is in accordance with research (Prihanti et al., 2019) which states that there is no relationship between the distance of health services and maternal postpartum visits. This can be caused because the mother makes a postpartum visit if the mother feels there are only complaints or problems. When the mother has no complaints even though the house is close to a clinic or health facility, the mother does not make a return postpartum visit until it is complete because the mother feels well.

The factors underlying the next postpartum visit are reinforcing factors. Reinforcing factors are factors that determine whether health behavior gets support or not to be implemented. Family support is an activity that is physical, emotional and psychological that is given by the family to other family members, in this case, the postpartum mother. Based on the results of the study, the majority (61%) of the mother's family supported it and the rest did not support it. Even though most of the mothers received support, almost all of the mothers did not make a complete visit. According to (Apriyanti & Andreinie, 2020) there is a significant relationship between family support and postpartum visits. With the

support of the mother's family, it will be easier and more interesting for her to make postpartum visits again. The incompleteness of the mother in making postpartum visits even though the mother has received support from the family is caused because the mother does not know the information or schedule of visits that should be made and the mother feels healthy and there are no complaints so she does not feel the need to make a return visit.

## **CONCLUSION**

Based on the results of research conducted at the As-Syifa Husada Clinic, it can be concluded that the number of postpartum visits for most mothers (61%) is the second postpartum visit. Factors underlying postpartum visits are predisposing, enabling and reinforcing factors. Predisposing factors found that almost half of mothers (42%) had knowledge about postpartum visits in the sufficient category and the majority of mothers (58%) showed a positive attitude regarding postpartum visits. The enabling factors were that all mothers (100%) used personal costs in conducting postpartum visits, the distance from the house of most mothers (74%) to the As-Syifa Husada Clinic was >3 KM and all mothers (100%) had easy access to transportation. The reinforcing factor found that most of the mother's family (61%) supported postpartum visits.

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