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Maternal age and parity associated with postpartum care visit compliance

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Abstract

Background: The postpartum period is a critical phase requiring continuous maternal healthcare to facilitate the early detection and management of postpartum complications. In Sintang Regency, the coverage of complete postpartum care visits decreased from 80.4% in 2023 to 78.9% in 2025. The implementation of Integrated Primary Health Care (PHC) is expected to strengthen continuity of maternal healthcare through integrated and community-based services. However, individual maternal characteristics may influence compliance with recommended postpartum care visits.

Purpose: To analyze the association between maternal age and parity and compliance with postpartum care visits during the implementation of Integrated Primary Health Care (PHC).

Method: This study employed a quantitative analytic design with a cross-sectional approach. The study population consisted of 206 postpartum mothers who received postpartum care services in the working area of Sungai Durian Community Health Center from January to December 2025. Total sampling was used, and data collection was conducted from May to June 2026. The data were analyzed using bivariate analysis with a significance level of 0.05.

Results: Of the 206 respondents, 80 (38.8%) were classified as compliant and 126 (61.2%) as non-compliant with postpartum care visits. The mean maternal age was 30.1 ± 8.7 years, with a range of 19–36 years. Respondents aged <20 years, 20–35 years, and >35 years accounted for 22.8%, 27.7%, and 49.5%, respectively. The respondents consisted of 37.9% primiparous, 36.4% multiparous, and 25.7% grand multiparous mothers. Maternal age was significantly associated with compliance with postpartum care visits ($p < 0.001$). Parity was also significantly associated with compliance with postpartum care visits ($p = 0.009$).

Conclusion: Maternal age and parity were significantly associated with compliance with postpartum care visits during the implementation of Integrated Primary Health Care. Strengthening community-based monitoring and providing age- and parity-sensitive education may support improved continuity of postpartum care.

Suggestion: Sungai Durian Community Health Center should strengthen coordination within Cluster 2 (Maternal and Child Health) and optimize community-based territorial monitoring to facilitate timely scheduling, reminders, and follow-up of postpartum care visits.

Keywords: Adherence; Integrated Primary Health Care; Maternal Age; Parity; Postpartum Care Visits.

INTRODUCTION

The postpartum period (puerperium) is a critical phase that requires intensive medical attention due to the high risk of maternal morbidity and mortality. Globally, the World Health Organization (WHO) reports that the majority of maternal deaths occur within the first six weeks after childbirth, with

postpartum infections, secondary postpartum hemorrhage, and postpartum preeclampsia being the leading causes (Siregar et al., 2026). In Indonesia, postpartum care is monitored through the national policy of four comprehensive postpartum care visits to facilitate the early detection of maternal

complications. The Ministry of Health of the Republic of Indonesia has established a high national coverage target for complete postpartum care visits as one of the key indicators for evaluating the success of maternal and child health interventions (Ministry of Health of the Republic of Indonesia, 2024). Failure to optimize these postpartum care visits directly contributes to the slow reduction of the Maternal Mortality Ratio (MMR) at both the regional and national levels.

The World Health Organization (WHO) reported that approximately 700 women died every day in 2023 from complications related to pregnancy and childbirth. An estimated 92% of these maternal deaths were attributable to pregnancy- and childbirth-related conditions and occurred predominantly in low- and middle-income countries. Nearly 75% of maternal deaths were caused by severe bleeding, infections, preeclampsia and eclampsia, complications during labor and delivery, and unsafe abortion (World Health Organization, 2025).

Indonesia has achieved a substantial reduction in the Maternal Mortality Ratio (MMR), declining from 346 deaths per 100,000 live births in 2010 (2010 Population Census) to 189 deaths per 100,000 live births in 2020 (Population Census Long Form), representing a 45% decrease over the past decade. Nevertheless, further efforts to reduce the MMR remain essential, as Indonesia's maternal mortality rate is still comparable to that of several African countries (Central Statistics Agency, 2023). Reducing the MMR continues to be a national health priority. The target set in the 2024 National Medium-Term Development Plan (RPJMN) of achieving an MMR of 183 deaths per 100,000 live births appears attainable. However, greater efforts are required to achieve Sustainable Development Goal (SDG) Target 3.1, which aims to reduce the global maternal mortality ratio to fewer than 70 deaths per 100,000 live births by 2030. Therefore, strategies to accelerate the reduction of maternal mortality in Indonesia must be further strengthened and optimized (Central Statistics Agency, 2024).

The implementation of this policy has encountered substantial geographical and structural disparities across provinces in Indonesia. The declining coverage of comprehensive postpartum care visits in West Kalimantan Province, particularly

in Sintang Regency between 2023 and 2025, highlights the urgent need for a comprehensive evaluation of the postpartum healthcare service retention system. Empirical data indicate a consistent downward trend in the coverage of comprehensive postpartum care visits in Sintang Regency, decreasing from 80.4% in 2023 to 79.2% in 2024, and further declining to 78.9% in 2025 (One Data West Kalimantan, 2025). This coverage remains below the national target of 90%, suggesting persistent systemic barriers to ensuring the continuity of postpartum maternal healthcare services in the region.

This maternal and child health (MCH) indicator not only reflects barriers to the accessibility and continuity of care but also highlights supply-side challenges, including increased post-pandemic logistical demands and the unequal distribution of healthcare workers in rural areas, as well as demand-side barriers influenced by the level of maternal health literacy among local communities (Kurniati & Efendi, 2013). In response to the declining health status, the Government of Indonesia introduced the Integrated Primary Health Care (PHC) policy as a strategic reform of the primary healthcare system. The PHC policy reorients service delivery by integrating community health centers, integrated health posts and home-based healthcare services within a life-course approach, whereby maternal and child health services are delivered through an integrated, area-based monitoring system (Ministry of Health of the Republic of Indonesia, 2024).

As a strategic response to the declining health status, the Government of Indonesia introduced the Integrated Primary Health Care (PHC) policy. This policy reorients the delivery of primary healthcare services by integrating community health centers, integrated health posts and home visits within a life-course approach, whereby the maternal and child health cluster receives integrated, area-based monitoring and healthcare services (Purbadiri et al., 2025). At Community Health Center Sungai Durian, Sintang, the implementation of the Integrated Primary Health Care (PHC) policy is expected to improve access to postpartum care services through active coordination between community midwives and integrated health posts cadres. However, this systemic transformation has also brought significant

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challenges, including changes in bureaucratic processes, the reorganization of integrated health posts services, and the restructuring of healthcare delivery, all of which require rapid adaptation by both healthcare providers and service users.

The urgency of this study is grounded in the clinical reality that the postpartum period represents the most vulnerable stage of the maternal continuum of care, during which the majority of maternal deaths occur within the first 24 hours after childbirth. Non-compliance with, or failure to attend, scheduled postpartum care visits has direct implications for the high contribution of postpartum hemorrhage (26.9%) and perineal infection (11%) to the overall Maternal Mortality Ratio (MMR). Therefore, investigating the determinants of compliance with postpartum care visits (Visit 1 to Visit 4) is of paramount importance, not only to facilitate the early detection of physical complications, such as delayed uterine involution, but also to provide comprehensive screening for postpartum psychological disorders, thereby ensuring the holistic health and well-being of both mothers and their newborns (Sembiring et al., 2025). Therefore, identifying the roles of maternal age and parity in determining compliance with postpartum care visits within the newly implemented Integrated Primary Health Care (PHC) system is an urgent priority for mitigating the risk of increased maternal mortality.

Previous studies have extensively examined individual predisposing factors, such as maternal age and parity status, in relation to compliance with postpartum care visits. However, empirical evidence remains limited regarding how these maternal demographic characteristics interact with the structural changes introduced following the implementation of the Integrated Primary Health Care (PHC) system. The novelty of the present study lies in both its research setting and its evaluation period, as maternal age and parity are examined within the context of the newly implemented PHC clinical governance framework in the working area of Community Health Center Sungai Durian in 2026. Beyond systemic factors, reinforcing factors, including social support and exposure to digital health information, also play a significant role in shaping maternal health-seeking behaviors. Family support, particularly from husbands, has consistently been identified as a critical source of psychological support

that motivates mothers to utilize postpartum healthcare services (Pratiwi et al., 2020). Conversely, long travel distances and transportation costs to healthcare facilities in Sintang frequently represent significant external barriers that limit access to postpartum healthcare services (Utami & Rahmawati, 2021). Evaluating how these physical barriers interact with the integrated home-visit services introduced under the Integrated Primary Health Care (PHC) system requires rigorous quantitative analysis to determine the program's effectiveness in real-world practice.

The demographic and sociocultural characteristics of communities within the working area of Sungai Durian Community Health Center further shape local healthcare-seeking behaviors. Traditional postpartum beliefs, including the practice of observing postpartum confinement by remaining indoors for a specified period after childbirth, frequently conflict with the medically recommended schedule for postpartum care visit (Putri & Hasanah, 2022). Within the Integrated Primary Health Care (PHC) system, which emphasizes community engagement and the active involvement of community health volunteers, the extent to which a people-centered approach and the Local Area Monitoring System can address these sociocultural barriers remains unclear and warrants further empirical investigation.

RESEARCH METHOD

This study employed a quantitative analytic design using a cross-sectional approach. The study was conducted at Sungai Durian Community Health Center, Sintang Regency, West Kalimantan, Indonesia. The study population consisted of all postpartum mothers who received postpartum care services in the working area of Sungai Durian Community Health Center from January to December 2025, with a total population of 206 mothers.

The sample was selected using a total sampling technique. Therefore, all 206 eligible postpartum mothers in the study population were included as study respondents. Data collection was conducted from May to June 2026.

The independent variables were maternal age and parity, while the dependent variable was compliance with postpartum care visits. Maternal age

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was measured in years and described using the mean, standard deviation, and range. For categorical analysis, maternal age was grouped into <20 years, 20–35 years, and >35 years. Parity was categorized into primiparous, multiparous, and grand multiparous. Compliance with postpartum care visits was categorized as compliant and non-compliant according to the postpartum care visit criteria applied by the health service.

Data analysis consisted of descriptive and bivariate analyses. Descriptive analysis was used to present the distribution of maternal age, parity, and compliance with postpartum care visits. Bivariate analysis was conducted to examine the association between maternal age and parity and compliance with postpartum care visits. Statistical significance was determined at $p < 0.05$.

RESEARCH RESULTS

Table Characteristics of Respondents (N=206)

Variable	Results	p-value
Age (Mean±SD) (Range) (Years)	(30.1 ± 8.7) (19-36)	<0.001
<20	47/22.0	
20-35	57/27.7	
>35	102/49.5	
Compliance Status (n/%)		
Compliant	80/38.8	
Non-compliant	126/61.2	
Parity (n/%)		0.009
Primipara	78/37.9	
Multipara	75/36.4	
Grand multipara	53/25.7	

Table presents the characteristics of the respondents based on age, compliance status, and parity. The mean age of the respondents was 30.1 ± 8.7 years, with an estimated range of 19–36 years. The largest proportion of respondents was aged >35 years (102; 49.5%), followed by those aged 20–35 years (57; 27.7%) and <20 years (47; 22.8%). Regarding compliance status, 80 respondents (38.8%) were classified as compliant, while 126 respondents (61.2%) were classified as non-compliant. Based on parity, 78 respondents (37.9%) were primiparous, 75 respondents (36.4%) were multiparous, and 53 respondents (25.7%) were grand multiparous. The results showed that parity was significantly associated with the study outcome ($p = 0.009$). Age also showed a statistically significant association with the study outcome ($p < 0.001$).

DISCUSSION

The age distribution of the respondents showed that the majority were aged over 35 years, comprising 102 respondents (49.5%). In contrast, respondents aged below 20 years represented the smallest proportion of the study population, accounting for only 2.0%. Maternal age plays a crucial role during the reproductive period, particularly in pregnancy planning and childbirth. Age at conception is an important determinant of pregnancy progression and delivery outcomes, as the risk of adverse maternal and perinatal outcomes tends to increase among women younger than 20 years or older than 35 years (Wita al., 2020). Differences in maternal age contribute to variations in individual self-care behaviors. This phenomenon is reflected in the implementation of postpartum care, where distinct differences in care-seeking practices can be

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observed between younger mothers and those of more advanced maternal age (Saputri & Widyastuti, 2025).

Increasing maternal age is generally associated with greater reproductive experience and higher levels of emotional maturity. The authors suggest that older mothers are more likely to demonstrate greater independence and better compliance with postpartum care recommendations, as they possess more developed cognitive abilities to recognize and assess potential health risks. Within the context of the Integrated Primary Health Care (PHC) system, women aged over 35 years represent a strategic target group for family-based health education, as they have the potential to act as agents of change within their households and communities.

Although postpartum mothers aged below 20 years accounted for only a small proportion of the study population (2.0%), this group requires considerably greater attention. Limited reproductive experience, insufficient health knowledge, and increased psychological vulnerability may place these mothers at greater risk of adhering to traditional postpartum care practices that are not always supported by medical evidence. Within the framework of the Integrated Primary Health Care (PHC) system, this highlights the importance of prioritizing active home visits by Integrated Health Post cadres for this high-risk group. Such targeted community-based follow-up may help bridge gaps in self-care behaviors and encourage adherence to the recommended schedule of postpartum care visits at healthcare facilities.

The distribution of respondents according to parity status revealed that primiparous mothers constituted the largest group, with 78 respondents (45.0%), whereas the smallest group comprised 53 respondents (25.0%). Parity is an important determinant of maternal experience in adapting to the postpartum period and influences women's understanding of postpartum care. Nevertheless, even multiparous and grand multiparous mothers may benefit from updated health information and ongoing health education, as previous childbirth experience alone does not necessarily ensure adequate knowledge or optimal postpartum self-care practices (Yunitasari et al., 2026).

Within the context of the Integrated Primary Health Care (PHC) system in the working area of Community Health Center Sungai Durian, these findings suggest the need to redesign perinatal health education strategies. Educational interventions delivered through Integrated Health Post Prima and community health volunteers (Integrated Health Post cadres) should no longer adopt a one-size-fits-all approach but instead be tailored according to maternal parity. For primiparous mothers, educational efforts should focus on strengthening fundamental maternal knowledge and caregiving skills. In contrast, for multiparous mothers, health education should emphasize reinforcing awareness of the dynamic clinical risks associated with each reproductive cycle, thereby promoting comprehensive adherence to the recommended schedule of postpartum care visits.

The findings of this study demonstrated a statistically significant association between maternal age and compliance with postpartum care visits ($p < 0.001$). These findings are supported by the theoretical perspective that incomplete postpartum care visits remain one of the major challenges in maternal and child health (MCH). Failure to complete the recommended schedule of postpartum care visits deprives mothers of valuable opportunities to undergo comprehensive physical and psychosocial assessments following childbirth. Moreover, postpartum care visits enable mothers to receive essential education and support regarding newborn care, breastfeeding practices, the management of postpartum health conditions, and the monitoring and treatment of both pre-existing and newly developed chronic conditions during the postpartum period.

The Integrated Primary Health Care (PHC) Integrated Health Post represents a transformation of the conventional Integrated Health Post model. Unlike the conventional system, the PHC Integrated Health Post delivers integrated primary healthcare services at a single location and within the same service session, thereby improving community access to essential primary healthcare services. The successful implementation of the PHC Integrated Health Post depends substantially on the competence and active participation of community health volunteers (Integrated Health Post cadres). Under the PHC framework, these cadres are expected to possess broader competencies encompassing maternal and

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child health services, nutrition, immunization, and the early detection and initial management of various health conditions (Rahmawati et al., 2026). Within the Integrated Primary Health Care (PHC) framework, maternal age is considered an important determinant of compliance with postpartum care visits. Consequently, health interventions should be tailored to different maternal age groups to address their specific educational needs and facilitate the early detection of age-related postpartum complications (Zalukhu & Girsang, 2023).

The findings of the present study are inconsistent with those reported by Maternal age had no significant effect on intervention compliance, with a p-value of 0.463. This is further supported with another study which showed no significant relationship between maternal age and postpartum visits in the working area of the Community Health Center Hamparan Perak, Hamparan Perak District, Deli Serdang Regency in 2024 ($p = 0.900 > 0.05$) (Sari et al., 2024). However, a contrasting another study conducted emphasized a significant relationship between parity, age, and education level with postpartum care visits (Jabin et al., 2025).

Maternal age is closely associated with an individual's level of maturity and cognitive capacity. As individuals grow older, their ability to think critically, process information, and respond to various situations generally improves. Consequently, increasing age is often accompanied by broader knowledge and greater life experience, which contribute to enhanced decision-making and more appropriate health-related behaviors (Jabin et al., 2025).

The observed non-compliance among mothers of more advanced maternal age may be attributed to their pragmatic perception of postpartum healthcare. Women in this age group generally have greater reproductive experience and may therefore perceive themselves to be in good physical condition, leading them to regard postpartum care visits as routine procedures rather than essential healthcare services. Among mothers aged over 35 years, practical considerations such as transportation costs and time constraints frequently emerge as major barriers to service utilization. When access to healthcare facilities is perceived as a substantial logistical burden, these mothers may choose to forgo

postpartum care visits, particularly in the absence of noticeable physical symptoms.

Interventions should distinguish between young mothers (primiparous women), who may need guidance and information, and mothers over 35 years old, who are more in need of risk perception reinforcement regarding hidden postpartum complications (such as postpartum depression or anemia). Considering the high non-compliance rate among mothers over 35 who feel experienced, cadres at the community level must be provided with persuasive communication skills to change the belief that postpartum check-ups remain essential even when the mother feels healthy.

The findings of this study demonstrated a statistically significant association between maternal parity and compliance with postpartum care visits ($p = 0.009$). Postpartum care visits are strongly recommended to assess maternal health status and facilitate the early detection and management of postpartum complications. These visits are conducted by healthcare professionals throughout the postpartum period, which begins immediately after placental delivery and continues until the reproductive organs return to their pre-pregnancy state, typically within approximately six weeks after childbirth.

The Integrated Primary Health Care (PHC) policy was introduced to integrate healthcare services delivered through community health centers (Community Health Center) and integrated health posts (Integrated Health Post), thereby providing more comprehensive, coordinated, and continuous healthcare services to the community. The PHC program adopts an integrated health promotion approach by strengthening the capacity of community health volunteers (Integrated Health Post cadres), improving the quality of primary healthcare services, and utilizing digital health technologies to enhance public health education. These efforts aim to improve community knowledge, attitudes, and health-related behaviors that support disease prevention and promote overall population health (Sari et al., 2024). Within the Integrated Primary Health Care (PHC) framework, maternal parity is an important determinant of compliance with postpartum care visits. Previous childbirth experience often shapes mothers' perceptions of the necessity for continued

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postpartum medical follow-up. Multiparous mothers may perceive themselves as sufficiently experienced and therefore consider routine postpartum examinations to be less essential, whereas primiparous mothers generally require more comprehensive guidance because of their limited childbirth experience. These findings suggest that parity-sensitive educational and counseling strategies should be incorporated into PHC implementation to improve adherence to the recommended schedule of postpartum care visits across all parity groups.

Parity is one of the factors that may influence maternal compliance with postpartum care visits, as mothers who have previously given birth generally possess prior reproductive experience. Women with more than one child are likely to have acquired knowledge and experience from previous pregnancies and childbirth, which may positively influence their health-seeking behaviors and utilization of maternal healthcare services. Previous experience enables mothers to become more familiar with healthcare recommendations and to make more informed decisions regarding postpartum care. Similar findings have been reported who suggested that multiparous mothers are more likely to comply with recommended maternal and child healthcare practices because they have previously received health information during earlier pregnancies and childbirth (Porgasari, 2026). These findings are consistent with those another reported who identified maternal knowledge, educational level, and parity as significant factors associated with inadequate postpartum care visits. This suggests that parity should be considered an important determinant when designing targeted interventions aimed at improving compliance with postpartum care visits, particularly within the Integrated Primary Health Care (PHC) framework (Jabin et al., 2025).

The findings of this study revealed that non-compliance with postpartum care visits was most prevalent among multiparous mothers (35.7%) and grand multiparous mothers (34.1%). Previous childbirth experience may lead these mothers to perceive that they already possess adequate knowledge of postpartum care, causing postpartum check-ups to be viewed as less essential. Furthermore, the responsibility of caring for multiple children presents an additional challenge for women

with higher parity. In the geographical context of the Sungai Durian Community Health Center, where transportation is limited and travel distances to healthcare facilities are considerable, attending postpartum care visits may impose substantial financial and logistical burdens. The high level of non-compliance observed among these mothers may also indicate that existing health promotion strategies have not adequately addressed the specific needs of experienced mothers. Educational messages that fail to provide updated information or address their perceived needs may reduce their motivation to seek postpartum healthcare services. These findings underscore the importance of developing parity-specific health education and community outreach strategies within the Integrated Primary Health Care (PHC) framework to improve compliance with postpartum care visits among multiparous and grand multiparous mothers.

Within the framework of the Integrated Primary Health Care (PHC) system, interventions targeting multiparous and grand multiparous mothers should incorporate persuasive, parity-sensitive communication strategies that emphasize the persistent risk of postpartum complications, regardless of previous childbirth experience. Given the transportation constraints and substantial domestic responsibilities faced by mothers with multiple children, home-based outreach services delivered by community health volunteers (Integrated Health Post cadres) or healthcare professionals should be prioritized as a key strategy for expanding access to postpartum care. Furthermore, educational messages should be tailored according to parity status, shifting the focus for multiparous and grand multiparous mothers from basic newborn care toward strengthening their ability to recognize the early signs of postpartum complications that are frequently underestimated or overlooked.

CONCLUSION

Maternal age and parity were significantly associated with compliance with postpartum care visits among postpartum mothers in the working area of Sungai Durian Community Health Center. Most respondents were non-compliant with the recommended postpartum care schedule. These findings indicate the importance of strengthening age-

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and parity-sensitive education, active follow-up, and community-based monitoring within Integrated Primary Health Care. The associations should be interpreted as statistical relationships rather than causal effects because of the cross-sectional design.

SUGGESTION

Sungai Durian Community Health Center should strengthen coordination within Cluster 2 (Maternal and Child Health) and optimize community-based territorial monitoring. Information on women approaching their expected date of delivery should be integrated into the monitoring system to support timely scheduling, reminders, and follow-up of postpartum care visits. Educational strategies should be tailored to maternal age and parity, while home-based follow-up may be prioritized for mothers facing transportation, time, or household barriers.

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