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THE DOMINANT FACTOR AFFECTING QUALITY OF LIFE
IN HIGH-RISK POSTPARTUM MOTHERS

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ABSTRAK FAKTOR DOMINAN YANG MEMPENGARUHI KUALITAS HIDUP PADA IBU PASCA PERSALINAN RISIKO TINGGI

Pendahuluan: Angka kematian ibu mengalami kenaikan dibandingkan tahun 2020 yaitu dari 115 kasus menjadi 187 kasus. Angka kematian bayi di Provinsi Lampung tahun 2019 sebesar 10,25%/1.000 kelahiran hidup, angka kematian ini meningkat bila dibandingkan dengan tahun 2017 sebesar 9,17%/1.000 kelahiran hidup.

Tujuan: Diketahui faktor dominan yang mempengaruhi kualitas hidup ibu *postpartum* berisiko tinggi di rumah sakit pertamina bintang amin tahun 2023.

Metode: Jenis penelitian yang diguakan dalam penelitian ini adalah *kuantitatif* dengan rancangan *survei analitik* dengan menggunakan pendekatan *cross sectional*. Teknik sampling yang digunakan adalah total sampling dengan jumlah sampel 48 responden.

Hasil: Hasil penelitian dengan hasil uji statistik *Chi-Square* dan uji *korelasi kendall's tau* membuktikan bahwa ada hubungan antara variabel usia, pendidikan, penghasilan, paritas dan riwayat abortus terhadap kualitas hidup postpartum berisiko tinggi dengan *p-value* (0,010), (0,003), (0,040), (0,001)dan (0,005). Faktor yang paling dominan yang mempengaruhi kualitas hidup *postpartum* beisiko tinggi adalah Pendidikan dengan *p-value* 0,011 dan dengan nilai OR 7.512.

Simpulan: Berdasarkan hasil anaisis multivariat dapat diambil simpulan bahwa faktor yang paling dominan atau berpengaruh terhadap kualitas hidup ibu *postpartum* di RS Pertamina Bintang Amin Bandar Lampung adalah Pendidikan dengan nilai OR 7.512.

Kata Kunci: Kualitas Hidup,Ibu Postpartum Berisiko Tinggi

ABSTRACT

Introduction: The maternal mortality rate has increased compared to 2020, namely from 115 cases to 187 cases. The infant mortality rate in Lampung Province in 2019 was 10.25%/1,000 live births, this mortality rate increased when compared to 2017 of 9.17%/1,000 live births.

Purpose: It is known that the dominant factors affecting the quality of life of high-risk postpartum mothers at the Pertamina Bintang Amin Hospital in 2023.

Methods: The type of research used in this research is quantitative with an analytic survey design using a cross sectional approach. In this study the sampling technique used was total sampling with a total sample of 48 respondents.

Results: The results of the study using the results of the Chi-Square statistical test and the Kendall's tau correlation test prove that there is a relationship between the variables age, education, income, parity and history of abortion on the quality of life for high-risk postpartum with a p-value of (0.010), (0.003), (0.040), (0.001) and (0.005). Dominant factor affecting the quality of life at high risk postpartum is Education with a p-value of 0.011 and an OR of 7.512.

Conclusions: Based on the results of multivariate analysis with multivariable logistic regression, it can be concluded that the most dominant factor or influence on the quality of life of postpartum mothers at Pertamina Bintang Amin Hospital Bandar Lampung is Education with an OR value of 7.512.

Keywords: Quality Of Life, Postpartum Mothers are at High Risk

INTRODUCTION

The World Health Organization (WHO) states that the definition of health is not just the absence of disease, but a set of physical, mental and social conditions of overall well-being, body and mind. In addition, strengthening promotive and preventive efforts is a priority for health services, where the level of client welfare is measured by their quality of life (Lara & Hidajah, 2017).

Quality of life is defined as an individual's perception of life circumstances in order to achieve life goals in accordance with accepted values and culture. The purpose of medical services is to determine the care that medical staff provide to clients. In addition, the provision of comprehensive health services by providing health services based on the results of measuring quality of life (Jacob, 2018).

Poor quality of life during pregnancy can contribute to an increased risk of complications during pregnancy and childbirth. The poor quality of life of the mother after childbirth causes the baby's growth to be stunted due to inadequate care and complications for the mother due to suboptimal postpartum recovery. The quality of life of postpartum mothers was significantly associated with postpartum psychosocial changes, breastfeeding difficulties, multiple births, gestational obesity, and a history of cesarean section (Duhita et al., 2021).

One of the complications that often occurs in pregnant and postpartum women is hypertension during pregnancy, where hypertension during pregnancy accounts for 5-15% of existing pregnancy complications (Sarlis, 2018). In Indonesia, hypertension in pregnancy is still one of the causes of maternal mortality ranging from 15% to 25%, while infant mortality ranges from 45% to 50%. The Maternal Mortality Rate (MMR) increased compared to 2020 from 115 cases to 187 cases (Provil Kesehatan Provinsi Lampung, 2021).

In addition to hypertension, a possible complication in pregnant and postpartum women is gestational diabetes mellitus (GDM), where almost 80% of diabetic patients live in low- and middle-income countries. GMD in Indonesia in 2018 was 1.9% to 3.6% (Mufdillah et al, 2019). The prevalence of DMG in Lampung province has a rate of 0.8% while Bandar Lampung city has the third highest number of DMG sufferers with an incidence rate of 0.9% (Hoirunnisah et al., 2020).

After that, the next possible complication in pregnant and postpartum women is preterm labor, which is the main cause of 60-80% of neonatal morbidity and mortality. The number of births in Indonesia is estimated at 5,000,000 per year, so the infant mortality rate can be calculated at around 280,000 per year. Infant Mortality Rate (AKB) in Lampung Province in 2019 of 10.25%/1,000 live births, an increase compared to 2017 of 9.17%/1,000 live births. According to data from the Bandar Lampung City Health Office (2019), the Infant Mortality Rate (AKB) increased to 11.86/1000 live births in 2018, or 10.74/1000 live births. Causes of infant death include premature birth (34%), asphyxia (24%), infection (23%), premature birth (11%), and other causes (8%) (Irayani, 2021).

Research from (Wulandari & Mufdlilah, 2020), the results of research with chi-square test results prove that there is an influence of demographic factors including age, education and work & income variables. As well as obstetric factors including parity, a history of complications has an influence on postpartum quality of life.

The purpose of this study is to know the dominant factors that affect the quality of life of high-risk postpartum mothers at Pertamina Bintang Amin Hospital Bandar Lampung.

RESEARCH METHODS

The type of research used in this study is quantitative with an analytical survey design using a cross sectional approach. The sampling technique used is the non-probability sampling method and the selection of samples taken is determined by accidental techniques of 48 respondents.

The data analysis used were univariate analysis, bivariate analysis with chi-squar and kendall's tau correlation test, multivariate analysis with multibariabel logistic regression.

RESULT
Univariate Analysis

Table 1
Quality of Life High-risk postpartum mothers

Quality of Life	N	%
Bad	28	58,3
Good	20	41,7

Table 1. It is known that the quality of life of postpartum mothers who are at high risk at Pertamina Bintang Amin Hospital Bandar Lampung who have a poor quality of life as many as 28 (58.3%) respondents and those who have a good quality of life as many as 20 (41.7%).

Bivariate Analysis

Table 2

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Relationship of Age with Quality of Life Postpartum mothers at high risk

Age	Quality of Life				Total		p-Value
	Bad		Good				
	N	%	N	%	N	%	
Risk	14	29,2	2	4,2	16	33,3	0,010
No Risk	14	29,2	18	37,5	32	66,7	

Table 2. It is known that the age of postpartum mothers who have a risk age (age <20 years and >35 years) have a poor quality of life as many as 14 (29.2%) clients and good 2 (4.2%) clients. As for clients who have a non-risk age (20-35 years) who have a poor quality of life as many as 14 (29.2%) clients and good 18 (37.5%) clients.

Based on the results of the chi-squar test, a p-value of 0.010 was obtained, meaning that there is a significant relationship between age and the quality of life of high-risk postpartum mothers.

Table 3
Ethnic Relationship with Quality of Life High-risk postpartum mothers

Ethnic	Quality of Life				Total		p-Value
	Bad		Good				
	N	%	N	%	N	%	
Jawa	13	27,1	14	29,2	27	56,3	
Lampung	8	16,7	2	4,2	10	20,8	0,201
Sunda & lainnya	7	14,6	4	8,3	11	22,9	

Table 3. It is known that Javanese clients have a poor quality of life as much as 13 (27.1%) and good 14 (29.2%), clients with Lampung tribe have a bad quality of life as much as 8 (16.7%) and good as much as 2 (4.2%), clients with Sundanese and others have a bad quality of life as much as 7 (14.6%) and good 4 (8.3%).

From the results of the chi squar test, a p-value of 0.201 was obtained, meaning that there was no significant relationship between ethnicity and the quality of life of high-risk postpartum mothers.

Table 4
The Relationship of Education with Quality of Life High-risk postpartum mothers

Education	Quality of Life				Total		p-Value
	Bad		Good				
	N	%	N	%	N	%	
SD & SMP	9	18,8	0	0,0	9	18,8	
SMA & SMK	17	35,4	15	31,3	32	66,7	0,003
P.T	2	4,2	5	110,4	7	14,6	

Table 4. It is known that clients with elementary and junior high school education have a poor quality of life as much as 9 (18.8%), clients with high school / vocational education have a poor quality of life as much as 17 (35.4%) and good 15 (31.3%), and for clients with college education who have a poor quality of life as much as 2 (4.2%) and good 5 (10.4%).

From the results of Kendall's Tau correlation test, a p-value of 0.003<0.05 was obtained, meaning that there was a significant relationship between the client's level of education and the quality of life of high-risk postpartum mothers.

Table 5
The Relationship of Work to Quality of Life High-risk postpartum mothers

Work	Quality of Life				Total		p-Value
	Bad		Good				
	N	%	N	%	N	%	
Not Working	23	47,9	13	27,1	36	75,0	0,310
Working	5	10,4	7	14,6	12	25,0	

Table 5. It was found that non-working clients had a poor quality of life of 23 (47.9%) and a good 13 (27.1%). As for working clients who have a poor quality of life as much as 5 (10.4%) and good 7 (14.6%).

From the results of the chi-squar test, a p-value of 0.310 was obtained, meaning that there was no significant relationship between the client's work and the quality of life of high-risk postpartum mothers.

Table 6
The Relationship of Income to Quality of Life High-risk postpartum mothers

Income	Quality of Life				Total		p-Value
	Bad		Good				
	N	%	N	%	N	%	
Under UMR	18	37,5	6	12,5	24	50,0	0,040
Above UMR	10	20,8	14	29,2	24	50,0	

Table 6. It is known that clients who earn below UMR have a poor quality of life as many as 18 (37.5%) respondents and a good quality of life as many as 6 (12.5%) respondents. As for clients who earn above UMR who have a poor quality of life as much as 10 (20.8%) and good 14 (29.2%).

From the results of the chi-squar test, a p-value of 0.040 was obtained, meaning that there was a significant relationship between respondents' income and the quality of life of high-risk postpartum mothers.

Table 7
The Relationship of Parity with Quality of Life High-risk postpartum mothers

Parity	Quality of Life				Total		p-Value
	Bad		Good				
	N	%	N	%	N	%	
Primipara	12	25,5	3	6,3	15	31,3	0,001
Multipara.grandemultipara	16	33,3	17	35,4	33	68,8	

Table 7. It is known that respondents with primiparous parity who have a poor quality of life as much as 12 (225.5%) and good 3 (6.3%). Then for clients with multipara parity and grandemultipara who have a poor quality of life as much as 16 (33.3%) and good 17 (35.4%).

From the results of the chi-squar test, a p-value of 0.001 was obtained, meaning that there was a meaningful relationship between client parity and the quality of life of high-risk postpartum mothers.

Table 8. It is known that respondents who had previously experienced abortion had a poor quality of life as much as 9 (18.8%) and good 0 (0.0%). Meanwhile, clients who had never experienced abortion had a poor quality of life of 19 (39.6%) and good 20 (41.7%).

From the results of Kendall's tau correlation test, a p-value of 0.005<0.05 was obtained, meaning that there was a significant relationship between the history of abortion and the quality of life of high-risk postpartum mothers.

Table 8
The Relationship of Abortion History with Quality of Life High-risk postpartum mothers

History of Abortion	Quality of Life				Total		p-Value
	Bad		Good				
	N	%	N	%	N	%	
Yes	9	18,8	0	0,0	9	18,8	0,005
No	19	39,6	20	41,7	49	81,7	

Multivariate Analysis
Bivariate selection
    Table 9. The results above can be seen that there is a variable whose p-value is >0.25, namely the abortion history variable so that the variable cannot be included in the multivariate modeling selection.

Table 9
Bivariate selection

Variable	p-value
Age	0,009
Ethnic	0,242
Education	0,011
Work	0,183
Income	0,022
Parity	0,049
History of Abortion	0,999

Selection Multivariate

Table 10
Multivariable Selection

Variable	P-Value				
	Model 1	Model 2	Model 3	Model 4	Model 5
Age	0,425	0,221	0,235	-	-
Ethnic	0,839	0,341	-	-	-
Education	0,075	0,192	0,178	0,025	0,011
Work	0,945	-	-	-	-
Income	0,009	0,022	0,021	0,017	0,026
Parity	0,011	0,214	0,130	0,108	-

Table 11
Multivariate analysis results

Variable	Coefficients B	p-value	OR 95% CI
Education	2.017	0,011	7.512 1.596-35.356
Income	1.569	0,026	4.802 1.207-19.098

    Table 11. It is known based on the results of the analysis, it can be seen that there are 2 variables that have a p-value of <0.05, namely: Education with a p-value (0.011) and income with a p-value (0.026). These results show that these variables have a significant relationship with the quality of life of postpartum mothers who are at high risk at Pertamina Bintang Amin Hospital Bandar Lampung in 2023.

DISCUSSION
Univariate Analysis
    Quality of life of postpartum mothers is a concept of satisfaction and well-being that mothers

experience during the postpartum period with indicators of health status, perception, living conditions, psychology, social, lifestyle and happiness. The quality of life of postpartum mothers is measured by filling out questionnaires to evaluate how the quality of life of postpartum mothers (Anggraini et al., 2021).

Research (Van Den Bosch et al., 2018). which states that complications during pregnancy have an effect on low quality of life scores on measurements at 6 weeks postpartum. A history of complications during pregnancy can affect the mother's labor experience. In addition, a history of complications during pregnancy causes the mother to have limited physical activity during the postpartum period, this has an impact on the assessment of the mother's quality of life.

Bivariate Analysis

There is a relationship between age and quality of life of high-risk postpartum mothers at Pertamina Bintang Amin Hospital. Age is one of the factors that affect the quality of life. Based on the vulnerability of a healthy reproductive age, the process of giving birth at the age of 21-35 years is a minimal condition for the occurrence of risk compared to the age of less than 21 years and more than 35 years. At the age of 21-35 years there has been maturity of the reproductive organs, followed by maturity of emotional, and social conditions. Productive age increases physical and mental readiness in child care so that this affects the quality of life (Van Den Bosch et al., 2018).

Statistical analysis found a p-value of 0.003<0.05 there was a relationship between age and postpartum quality of life. Readiness to be a mother also affects the quality of life postpartum. Lack of readiness to have children, anxiety pressure about her ability to provide care for her baby, as well as risks that can be experienced by mothers during pregnancy, childbirth and postpartum, can occur in women aged <20 years, affecting the quality of life postpartum (Wulandari & Mufdlilah, 2020).

There was no relationship between ethnicity and the quality of life of high-risk postpartum mothers at Pertamina Bintang Amin Hospital. According to Bond & Corner (2004), Tribes or ethnicities will determine the quality of life through traditions owned by these ethnicities, ethnicities that have the habit of accepting the circumstances that occur in their lives will affect the improvement of the quality of life of individuals with that ethnicity (Bunga-Kiling & Kiling, 2015).

Research (Wardani & Prihantini, n.d.,2015). Statistical analysis found a p-value of 0.165>0.05 no

ethnic relationship to postpartum quality of life. Socio-culturally, a mother who gets positive support from family, husband and close friends will feel calmer in facing the labor process. In certain areas there are cultures that do not develop anxiety reactions allowing the husband to be near the wife during childbirth for unethical reasons, conditions that have been experienced before and these reactions can be learned from experience.

There is a relationship between education and the quality of life of high-risk postpartum mothers at Pertamina Bintang Amin Hospital. According to Notoatmodjo, 2016 the level of education is one of the factors that can affect a person's level of knowledge. Education level affects how a person acts and seeks solutions in his life. The higher a person's education, the more attention will be paid to his health problems(Suparmi;, 2022).

In line with research (Murbiah, 2016). Statistical analysis found a p-value of 0.033<0.05 there was a relationship between education and the quality of life of postpartum mothers. Positive behavior changes are increasing, education will provide knowledge so that there is a change in behavior and the level of knowledge increases. Education is the foundation for efforts to improve welfare, progress and prosperity, because with education a person can capture and convey the information needed to carry on life.

There was no relationship between work and quality of life of high-risk postpartum mothers at Pertamina Bintang Amin Hospital. Work is a task or routine that is done every day where the tasks performed are also used as a livelihood and are done to earn a living. The type of employment has a close relationship with the economic status of individuals, families and communities (Notoatmodjo, 2003 ; (Murbiah, 2016).

In line with research (Wulandari & Mufdlilah, 2020). Statistical analysis found a p value of 0.0594<0.05 no relationship between work and postpartum quality of life. Any work done by mothers either in government agencies, private institutions or as housewives tends to have no effect on psychological conditions during childbirth or after childbirth.

There is a relationship between income and quality of life of high-risk postpartum mothers at Pertamina Bintang Amin Hospital. That low economic status increases the risk of various kinds of health problems after childbirth and also postpartum health services. Various problems during the postpartum period due to economic problems often affect the mother's concern about the future of her child (Baghirzada et al,2013 ; Suparmi, 2022).

In line with research (Wulandari & Mufdlilah, 2020). About demographic and obstetric factors in influencing postpartum quality of life. It shows that good quality of life was obtained by respondents with household income above UMR as many as 15 respondents (25%) and respondents with income below UMR as many as 10 respondents (16.7%). The results of the Chi-Square test, namely the p-value shows a result of 0.028, it can be concluded that the p-values of 0.028 < 0.05, meaning that there is an effect of income on the quality of life postpartum. The value of the contingency coefficient is obtained that C = 0.273, that is, the strength of the level of the contingency coefficient relationship is low (0.20-0.399).

There is a relationship between parity and quality of life of high-risk postpartum mothers at Pertamina Bintang Amin Hospital. Parity is the number of children born to a female. Pregnant women and husbands who have had children before tend to have more experience and knowledge compared to those who have children for the first time. Parity can be divided into nullipara (Women who have never given birth to live children), primipara (Women who have given birth to one child), multipara (Women who have given birth to their second to fourth children), grandemultipara (Women who have given birth to more than four children) (Haspindori, 2019 ; Suparmi, 2022).

Research (Carlander et al., 2015). States that parity is related to postpartum quality of life. The process of pregnancy always gives a different experience to each mother. For Multigravida, her quality of life can be based on experiences in past pregnancy history, triggering an ongoing perception of future pregnancies.

In line with research (Wulandari & Mufdlilah, 2020). Statistical analysis found a p value of 0.003<0.05 there was a parity relationship with postpartum quality of life. The process of pregnancy always gives a different experience to each mother. In primiparous, quality of life is more indicative of the readiness of the mother to give birth and care for children. Mothers who have not had childbirth experience will undergo a transition in their new role as a mother, thus demanding an adaptation process that affects the quality of life of postpartum mothers. For Multipara, her quality of life can be based on experiences in past pregnancy history, triggering an ongoing perception of future pregnancies. Whereas grandemultipara mothers may not feel as happy as when giving birth to their first child, mothers who have given birth more than 3 times have experience in childbirth and child care but mothers with grandemultipara have many risks and complications during pregnancy and delivery.

There is a relationship between the history of abortion and the quality of life of high-risk postpartum mothers at Pertamina Bintang Amin Hospital. History of abortion negatively affects the quality of life, mothers who have experienced a history of abortion or infant death have different experiences of pregnancy and childbirth. The mother will be more anxious and worried about the period of pregnancy, childbirth, and care for her child (Baghirzada et al, 2013 ; Suparmi, 2022).

In line with research (Wulandari & Mufdlilah, 2020). showed that respondents who had never experienced a history of abortion or infant death received a good quality of life score of 25 respondents (41.67%), in contrast to respondents who had experienced a history of abortion, none of whom obtained a quality of life score. The result of the Chi-Square test is p-value showing a result of 0.000, It can be concluded that the p-values of 0.000 < 0.05 mean that Ha is accepted i.e. there is an influence of abortion history or infant mortality on postpartum quality of life. The value of the contingency coefficient is obtained that C = 0.423, namely the strength of the level of the contingency coefficient relationship is medium (0.40-0.599).

Multivariate Analysis

The level of education also determines whether someone easily absorbs and understands something (knowledge) they get. As for how a person acts and behaves seen from the level of education is very influential in finding causes and solutions in his life. Usually higher education is very influential on the rationale or action of a person in thinking who will be easier to accept new ideas (Walyani, 2017 ; Suparmi; 2022).

Research (Duhita et al., 2021). Shows that education is meaningfully related to all four domains of quality of life. The higher the level of education, the higher the average quality of life score across all domains. The level of education is also related to health through three mechanisms, namely psychosocial environment, work and healthy living behavior. The psychosocial environment or the scope of one's association affects the ability to control themselves (sense of control), survive various circumstances around (social standing) and the support of people around (social support).

The results of research at Pertamina Bintang Amin Hospital found that education is a very influential factor on the quality of life of postpartum mothers. This can be seen from the value of Coefficients B and OR (Odds Ratio), where

Education is a variable that has coefficient values B (2.017) and OR (7.512) higher than the income variable, namely with the value of the coefficient (1.569) and OR (4.802). The OR score on Education shows that respondents with low education are 7,512 times more likely to experience a poor quality of life than respondents with higher education levels.

CONCLUSION

Based on the results of multivariate analysis with multivariable logistic regression, the following conclusions can be drawn:

The most dominant factor or influence on the quality of life of postpartum mothers at Pertamina Bintang Amin Hospital Bandar Lampung is Education with an OR value of 7,512.

SUGGESTION

For researchers who will conduct similar research is expected to be able to Develop demographic data questionnaires to be even more specific so that Later it can provide better and precise results in assessing quality The life of postpartum mothers is at high risk.

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