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DETERMINANTS OF COVERAGE OF HIGH-RISK PREGNANCY MANAGEMENT

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ABSTRAK : DETERMINAN CAKUPAN PENANGANAN IBU HAMIL RISIKO TINGGI

Penelitian ini dilatarbelakangi rendahnya cakupan penanganan ibu hamil risiko tinggi di Kabupaten Pesawaran tahun 2023 (55,2%) dibandingkan kabupaten tetangga. Risiko tinggi kehamilan berdampak signifikan terhadap Angka Kematian Ibu (AKI) dan Angka Kematian Bayi (AKB). Penelitian ini bertujuan mengidentifikasi faktor-faktor yang berhubungan dengan rendahnya cakupan tersebut pada tahun 2024.

Metode penelitian menggunakan deskriptif korelasi dengan rancangan cross-sectional. Populasi terdiri dari 986 ibu hamil periode Januari–Juni 2024, dengan sampel 174 orang yang diambil melalui teknik simple random sampling. Data primer dianalisis menggunakan uji univariat dan bivariat (Chi Square).

Hasil penelitian menunjukkan adanya hubungan signifikan antara usia (p-value 0,000) dan paritas (p-value 0,012) dengan cakupan penanganan risiko tinggi. Sebaliknya, pendidikan, pekerjaan, status sosial ekonomi, dan lokasi tempat tinggal tidak menunjukkan hubungan signifikan. Peneliti menyarankan tenaga kesehatan di Puskesmas wilayah Pesawaran untuk lebih proaktif dalam deteksi dini kehamilan risiko tinggi. Hal ini penting agar penanganan dapat dilakukan secara cepat dan tepat guna mencapai target cakupan serta menurunkan risiko komplikasi pada ibu dan bayi.

Kata Kunci : Determinan, Cakupan, Ibu Hamil, Risiko Tinggi.

ABSTRACT

The coverage of high-risk pregnancy management in Pesawaran Regency, Lampung Province, was the lowest in the region in 2023 (55.2%) compared to neighboring regencies. High-risk pregnancies significantly contribute to maternal and infant mortality rates. This study aims to identify the factors associated with the low coverage of high-risk pregnancy management in Pesawaran Regency in 2024.

The study employed a descriptive correlational method with a cross-sectional design. The population consisted of 986 pregnant women registered between January and June 2024. A sample of 174 respondents was selected using a simple random sampling technique. Primary data were analyzed using univariate analysis (percentages) and bivariate analysis (Chi-Square).

The results revealed a significant relationship between age (p-value 0.000) and parity (p-value 0.012) with high-risk pregnancy coverage. Conversely, education (p-value 0.131), occupation (p-value 0.184), socioeconomic status (p-value 0.266), and residential location (p-value 0.719) showed no significant correlation. Based on these findings, health workers at community health centers (Puskesmas) are encouraged to be proactive in early detection. Increasing detection and management coverage is essential to meeting health targets and ensuring that high-risk pregnancies are handled promptly and accurately.

Keywords: Determinants, Coverage, Pregnant Women, High Risk.

INTRODUCTION

High-risk pregnancy is a pregnancy in which the life and health of the mother and/or baby may be threatened. A high-risk pregnancy is a pregnancy that has a greater than usual risk (for both the mother and baby), which can result in illness or death before or after delivery. High-risk pregnancy is a condition that can affect the condition of the mother and foetus during pregnancy (Manuaba, 2012). Pregnant women who experience medical disorders or health problems will be classified as high risk, thereby increasing the need for pregnancy care (Robson and Waugh, 2013).

The effects that can be caused by high-risk pregnancies include miscarriage, obstructed labour, antepartum haemorrhage, intrauterine foetal death, pregnancy poisoning, premature birth, and low birth weight. In addition, the effects of high-risk pregnancies also contribute to increased maternal and infant mortality rates. The current maternal

mortality rate, based on the 2015 SUPAS results, is 305 per 1,000 live births.

According to data from the Directorate General of Public Health of the Ministry of Health, there were 7,389 maternal deaths in Indonesia in 2021. This number represents a 56.69% increase compared to the previous year's figure of 4,627 deaths. The high number of maternal deaths during childbirth last year was caused by Covid-19 infections, which accounted for 2,982 deaths, with the remainder caused by conditions related to pregnancy, childbirth and the postpartum period. The causes of maternal mortality are as follows: 1,320 mothers died from haemorrhaging, 1,077 died from hypertension during pregnancy, and 335 died from heart disease. Additionally, 207 mothers died during childbirth due to infection, 80 died due to metabolic disorders, 65 died due to circulatory system disorders, 14 died due to abortion, and 1,309 mothers died due to other causes. These conditions are classified as high-risk pregnancies.

High risk/complications are abnormal conditions that directly cause pain and death to mothers and babies. High risk/obstetric complications include: (Hb<8 g%, high blood pressure (systolic >140 mmHg, diastolic >90 mmHg, oedema, eclampsia, vaginal bleeding, premature rupture of membranes, transverse lie at >32 weeks of gestation, breech presentation in primigravida, severe infection/sepsis and premature labour (Lampung Provincial Health Office Profile, 2023).

High-risk pregnancy occurs when certain factors make the pregnant woman or foetus more susceptible to health problems during pregnancy, childbirth, or after delivery. This condition does not necessarily mean it is dangerous, but the risk of complications is higher than in normal pregnancies, so it requires special attention from medical personnel. High-risk pregnant women need to undergo regular health and pregnancy monitoring and must frequently visit health services for pregnancy check-ups. A high-risk pregnancy does not necessarily mean a bad outcome, but early detection and intensive monitoring are very important to ensure the safety of the mother and baby.

High-risk pregnancies can be prevented through regular antenatal care in accordance with standards aimed at early detection of complications during pregnancy and keeping mothers healthy during pregnancy, childbirth and the postpartum period, as well as ensuring that babies are born healthy. Additionally, it involves monitoring for potential complications in high-risk pregnancies and planning optimal management of high-risk pregnancies to reduce morbidity and mortality in mothers and babies. The scope of care for high-risk pregnant women involves a series of medical, psychological, and social efforts to ensure the safety of the mother and foetus during pregnancy, childbirth, and the postpartum period. Due to the presence of risk factors, care must be more comprehensive than for normal pregnancies.

The coverage of high-risk pregnancy care in Lampung Province increased between 2016 and 2019, while in 2020-2023 it decreased, namely in 2020 (77.7%), 2021 (74.6%), 2022 (72.1%) and 2023 (20.0%). (Lampung Province Health Office Profile, 2023). The coverage of high-risk pregnant women decreased dramatically in 2023 compared to 2022. These figures are the cumulative achievements of 16 districts/cities in Lampung Province. Meanwhile, the coverage of high-risk pregnant women in 2023 in Pesawaran District, Lampung Province (55.2%) is the lowest compared to Tanggamus District (66.6%) and Pringsewu District (146.1%). These three districts are located in the same direction, and Pesawaran District is the closest district to the capital city of Lampung Province. Therefore, the coverage of care for pregnant women should be higher compared to Tanggamus and Pringsewu Districts.

Therefore, researchers are interested in conducting a study entitled Determinants of Low Coverage of High-Risk Pregnancy Care in Pesawaran District in 2024. The study will be conducted in three community health centres (Puskesmas) in the Pesawaran District Health Office area with the highest number of high-risk pregnancies, namely the Brenung, Gedong Tataan and Kedondong Puskesmas.

RESEARCH METHODS

This study utilised a descriptive correlational research method, which is a study to determine the relationship between independent and dependent variables. The independent variables consisted of age, parity, education, occupation, socioeconomic status, and distance to health services, while the dependent variable was high-risk pregnancy. The research design was cross-sectional, collecting data from the population or sample at a specific point in time. The population in this study consisted of pregnant women at three community health centres in the working area of the Pesawaran District Health Office, which had the highest number of pregnant women, namely the Bernung, Gedong Tataan and Kedondong Community Health Centres. The sample used in this study consisted of 174 people.

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The data was collected using secondary data from midwives' records. The data analysis used univariate and bivariate analysis. Univariate analysis was used to determine the frequency distribution of the observed variables and was useful for determining the characteristics of the variables using percentages, while bivariate analysis used the Chi-square test.

RESEARCH RESULTS

Univariate Analysis

Table 1
Distribution of High-Risk Pregnant Women and Risk Factors in Pesawaran District in 2024

Category	Frequensi	
	N	%
High Risk Pregnancy		
Yes	40	23
No	134	77
Age		
<20 Years dan >35 Years	32	18,4
20 - 30 Years	142	81,6
Parity		
Less Than 4	162	93,1
Four Or More	12	6,9
Education		
Low (Primary to Secondary School)	65	37,4
High (High School to University)	109	62,6
Occupation		
Employed	35	20,1
Unemployed	139	79,9
Economic Status		
Upper Class (>Rp. 2,3 Million)	83	47,7
Lower Class (≤Rp. 2,3 Million)	91	52,3
Place of Residence		
≤ 500 km from Health Centre	100	57,5
> 500 km from Health Centre	74	42,5

Based on the table above, 40 respondents (23%) were pregnant women with high-risk pregnancies, 32 respondents (18.4%) were aged <20 years and >35 years, 12 respondents (6.9%) had parity greater than or equal to 4, 65 respondents (37.4%) had low education levels (elementary to junior high school), unemployed (139 respondents, 79.9%), lower economic status ≤Rp.2.3 million (91 respondents, 52.3%), and residing more than 500 km from health facilities (74 respondents, 42.5%).

Bivariat Analysis

The Relationship Between Age and High-Risk Pregnancies in Pesawaran District in 2024

Based on the table above, respondents aged <20 years and >35 years who were at high risk numbered 19 (59.4%) and those who were not at high risk numbered 13 (40.6%), while respondents aged 20-30 years who were at high risk numbered 21 (14.8%) and 121 respondents (85.2%) were not at high risk, with a p-value of 0.000.

Table 2
Relationship between Age and High-Risk Pregnancy in Pesawaran District in 2024

Age	High-Risk Pregnancy				Frequensi		*P-value*
	Yes		No				
	f	%	f	%	f	%	
<20 Years dan >35 Years	19	59,4	13	40,6	32	100	0,000
20–30 years	21	14,8	121	85,2	142	100	

The Relationship between Parity and High-Risk Pregnancies in Pesawaran District in 2024

Based on the table above, 34 respondents with a parity of less than 4 (21.0%) and 128 respondents (79.0%) did not experience high risk, while respondents with a parity of 4 or more experienced high risk in 6 cases (50.0%) and did not experience high risk in 6 cases (50.0%) with a p-value of 0.021.

Table 3
Relationship between Parity and High-Risk Pregnancy in Pesawaran District in 2024

Parity	High-Risk Pregnancy				Frequensi		*P-value*
	Yes		No				
	f	%	f	%	f	%	
Less Than 4	34	21,0	128	79,0	162	100	0,021
Four or more	6	50,0	6	50,0	12	100	

The Relationship between Education and High-Risk Pregnancies in Pesawaran District in 2024

Based on the table above, 19 respondents (29.2%) with low education levels experienced high risk, while 46 respondents (70.8%) did not experience high risk. Meanwhile, 21 respondents (19.3%) with high education levels experienced high risk, while 88 respondents (80.7%) did not experience high risk, with a p-value of 0.131.

Table 4
Relationship between Education and High-Risk Pregnancy in Pesawaran District in 2024

Education	High-Risk Pregnancy				Frequensi		*P-value*
	Yes		No				
	f	%	f	%	f	%	
Low	19	29,2	46	70,8	65	100	0,131
High	21	19,3	88	80,7	109	100	

The Relationship between Work and High-Risk Pregnancies in Pesawaran District in 2024

Based on the table above, 11 respondents (31.4%) who were employed were at high risk, while 24 respondents (68.6%) were not at high risk. Meanwhile, 29 respondents (20.9%) who were unemployed were at high risk, while 110 respondents (79.1%) were not at high risk, with a p-value of 0.184.

Table 5
Relationship Between Employment and High-Risk Pregnancy in Pesawaran District in 2024

Employment	High-Risk Pregnancy				*Frequensi*		*P-value*
	Yes		No				
	f	%	f	%	f	%	
Working	11	31,4	24	68,6	35	100	0,184
Not Working	29	20,9	110	79,1	139	100	

The Relationship between Economic Status and High-Risk Pregnancies in Pesawaran District in 2024

Based on the table above, 24 respondents with lower economic status were at high risk (26.4%) and 67 respondents (73.6%) did not experience high risk, while respondents with upper-class economic status experienced high risk in 16 cases (19.3%) and 67 respondents (80.7%) did not experience high risk, with a p-value of 0.266.

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Table 6
Relationship Between Economic Status And High-Risk Pregnancy in Pesawaran District in 2024

Economic Status	High-Risk Pregnancy				*Frequensi*		*P-value*
	Yes		No				
	f	%	f	%	f	%	
Lower Class	24	26,4	67	73,6	91	100	0,266
Upper Class	16	19,3	67	80,7	83	100	

The Relationship between Distance from Residence and High-Risk Pregnancies in Pesawaran District in 2024

Based on the table above, respondents whose place of residence was > 500 m from the health centre had a high risk of 56 people (75.7%) and those who did not have a high risk of 56 people (75.7%) , while respondents whose place of residence was ≤ 500 m from Yankes experienced high risk in 22 people (22.0%) and did not experience high risk in 78 people (78.0%) with a p-value of 0.719.

Table 7
Relationship between Distance from Residence and High-Risk Pregnancy in Pesawaran District in 2024

Distance from Residence	High-Risk Pregnancy				*Frequensi*		*P-value*
	Yes		No				
	f	%	f	%	f	%	
> 500 m from health facility	18	24,3	56	75,7	74	100	0,719
≤ 500 m from health facility	22	22,0	78	78,0	100	100	

DISCUSSION

The Relationship Between Age and High-Risk Pregnancies in Pesawaran District in 2024

Based on the results of the study, it was found that 19 respondents (59.4%) aged <20 years and >35 years were at high risk, while 13 respondents (40.6%) were not at high risk. Meanwhile, 21 respondents (14.8%) aged 20-30 years were at high risk, while 121 respondents (85.2%) were not at high risk, with a p-value of 0.000. This indicates that there is a relationship between age and high-risk pregnancy. (14.8%) and 121 (85.2%) were not at high risk, with a p-value of 0.000. This indicates a relationship between age and high-risk pregnancy.

This is in line with research by Holila et al. in 2021 entitled Factors Associated with High-Risk Pregnancy, which found a relationship between age and high-risk pregnancy with a p-value of 0.004. Furthermore, it is also in line with Ratnaningtyas's 2022 study entitled Characteristics of Pregnant Women with High-Risk Pregnancies, which also states that there is a relationship between the age of pregnant women and high-risk pregnancies with a p-value of 0.008. The results of this study are supported by Wulan Sari's (2016) study, which shows that there is a relationship between the age of pregnant women and high-risk pregnancies.

Age is the period of life, starting from the moment a person is born until the moment they die. A woman's age at the time of pregnancy should not be too young or too old, as this poses a high risk of complications during childbirth (Ruswana, 2006). A mother's age is related to her reproductive organs. The ideal age for a woman to become pregnant for the first time is between 20 and 30 years old, with a tolerance limit of up to 35 years old. Age greatly determines the health of the mother. If the mother is under 20 or over 35 years old when she becomes pregnant, it can be considered a high-risk pregnancy (Kaimmudin, 2018).

Pregnancy at a young age or under the age of 20 can cause anaemia because at this age, the body is not yet biologically optimal, emotions tend to be unstable, and the mind is not yet mature, making it easy to experience turmoil that results in a lack of attention to fulfilling nutritional needs during pregnancy. The consequences of this condition often lead to complications during pregnancy, including miscarriage, foetal growth disorders, and bleeding during childbirth. Meanwhile, pregnancy at the age of over 35 years is associated with a decline in immune system function and various diseases that arise from the degenerative process. Pregnant women aged 35 years, when compared to those of normal age (20-35 years), are at greater risk of pregnancy complications (Haryanti, 2021). At

this age, there is a decline in reproductive function, which can lead to high pregnancy risks. As a result, pregnant women of this age are more likely to have children with disabilities, prolonged labour, and bleeding (Kaimmudin, 2018).

In addition, the concern for pregnant women over the age of 35 is that the quality of the eggs produced is not good and has a risk four times higher than before the age of 35. Pregnancy at age >35 also causes hypertension and loss of pelvic elasticity, making complications more likely during both pregnancy and childbirth, such as pre-eclampsia, diabetes mellitus, hypertension, and anaemia, which can lead to premature birth or low birth weight (S. Susanti, 2020). This study is supported by research conducted by Gauri Bapayeva (2022), which states that older women are at greater risk of suffering from various comorbidities such as obesity, diabetes, and hypertension, which can have a negative impact on pregnancy (Rumpun, 2022).

Maternal mortality among pregnant women and women giving birth under the age of 20 is 2-5 times higher than maternal mortality among women aged 20-30 (Wiknjosastro, 2002). Pregnancy between the ages of 20 and 35 is considered a safe period for pregnancy, childbirth and the postpartum period. Pregnant women are advised to undergo pregnancy between the ages of 20 and 35, as at this age mothers are in good physical condition, their uterus is capable of sustaining a pregnancy, and they are mentally mature enough to care for their pregnancy (Murdayah, 2021).

According to researchers, given the link between age and high-risk pregnancies, mothers should undergo pregnancy during their healthy reproductive years, which is between the ages of 20 and 30. However, there is still some tolerance up to the age of 35, with efforts to undergo frequent check-ups with health professionals to anticipate any complications or difficulties in pregnancy as early as possible. Meanwhile, women over the age of 35 should avoid pregnancy because the risk of high-risk pregnancy is greater.

The Relationship between Parity and High-Risk Pregnancy in Pesawaran District in 2024

Based on the results of the study, it was found that 34 respondents with a parity of less than 4 were at high risk (21.0%) and 128 respondents (79.0%) did not experience high risk, while respondents with parity greater than or equal to 4 experienced high risk in 6 cases (50.0%) and did not experience high risk in 6 cases (50.0%) with a p-value of 0.021. This indicates a relationship between parity and high-risk pregnancy. The results of this study are in line with the results of Holila et al. (2021), which found that there is a relationship between parity and high-risk pregnancy.

High-risk pregnancies can also be influenced by parity or the number of births. According to Ervin and Umi (2021), parity refers to children born alive or dead, but not abortions (Zulianti & Aniroh, 2021). Parity is the number of living children a mother has. Parity is the number of live/stillbirth births experienced by a mother. Parity consists of primipara (women who give birth to a live baby for the first time), multipara (women who have given birth 2-4 times) and grandemultipara (women who have given birth to 5 or more children) (Hazairin, 2021). In this condition, postpartum haemorrhage is often encountered due to the deterioration of tissue elasticity or inelasticity as a result of repeated pregnancies and births. Parity of 2-3 is considered safe from the perspective of maternal mortality (Nursal and Satri, 2015). Parity is considered high if a woman has given birth to four or more children. Mothers with high parity have a greater risk of complications during childbirth, particularly postpartum haemorrhage.

Too many births can also cause health-related problems or dangers (Kurniawan & Melaniani, 2019). The dangers include malposition, uterine rupture in transverse lie, transverse lie delivery, prolonged labour, and postpartum haemorrhage (Batubara, 2016). From the perspective of maternal mortality or the health of the mother and baby, the safest parity is two to three (Amini, 2018). Parity and the age of the pregnant woman are risk factors that influence high-risk pregnancies (Hartati & Mariyana, 2018).

According to researchers, giving birth more than four times can cause complications during pregnancy, childbirth and the postpartum period. These complications include pre-eclampsia, uterine prolapse, placenta praevia, and monitoring of child growth and development. Therefore, the safe parity for pregnancy and childbirth is second or third parity.

The Relationship between Education and High-Risk Pregnancies in Pesawaran District in 2024

Based on the research results, 19 respondents (29.2%) with low education experienced high risk and 46 respondents (70.8%) did not experience high risk, while 21 respondents (19.3%) with high education experienced high risk and 88 respondents (80.7%) did not experience high risk, with a p-value of 0.131. This indicates that there is no relationship between education and high-risk pregnancy.

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This study is not in line with the research by Sandra Maria & Frederika N. Losu (2015), which explains the relationship between the level of education and knowledge of pregnant women regarding high-risk pregnancies at the Papusungan Community Health Centre in South Lembeh District, Bitung City, with a p-value of 0.00 (Corneles & Losu, 2015).

High-risk pregnancies in Pesawaran District are not influenced by non-medical factors such as the educational level of pregnant women. This is demonstrated by the fact that pregnant women with higher education (high school/university) are more numerous than those with lower education (primary/secondary school). Pregnant women with higher education naturally have greater access to information about pregnancy and its risks through the internet and other sources.

High-risk pregnancies are more influenced by biological and medical factors, such as: the mother's age (too young or too old), history of chronic diseases (hypertension, diabetes, heart disease), obstetric history (repeated miscarriages, difficult labour), genetic factors and foetal conditions. In addition, high-risk pregnancies are more closely related to access to health facilities, quality of antenatal care, and family/environmental support, rather than formal education levels alone. Educational background does not guarantee healthy behaviour; even if someone is highly educated, it does not mean that they will automatically live a healthy lifestyle, have regular pregnancy check-ups, and avoid risk factors such as smoking, stress, or malnutrition.

The educational level of pregnant women is important because it is related to how each individual responds to changes during pregnancy. This is supported by the results of Bahrami's (2013) research, which states that every pregnant woman with a high level of education will experience an increase in quality of life and readiness to undergo the pregnancy process. Higher education levels make it easier for mothers to receive information, thereby increasing their knowledge. Meanwhile, pregnant women with low education levels will have difficulty understanding new things that are introduced, such as the importance of antenatal care (ANC) visits during pregnancy (Ningsih, 2017). According to research results in the Pongangan sub-district, the majority of mothers have a low level of education (elementary school and junior high school graduates). The low level of education of pregnant women is related to their current pregnancy, because low education causes mothers to be unaware that their pregnancy may be at high risk (Loisza, 2020).

The Relationship between Employment and High-Risk Pregnancies in Pesawaran District in 2024

Based on the research results, it was found that 11 respondents (31.4%) who were employed experienced high risk, while 24 respondents (68.6%) did not experience high risk. Meanwhile, 29 respondents (20.9%) who were unemployed experienced high risk, while 110 respondents (79.1%) did not experience high risk, with a p-value of 0.184. This indicates that there is no relationship between employment and high-risk pregnancy.

This study found that respondents who worked experienced higher risks than those who did not work, but this was not statistically significant. The findings of this study are not in line with the results of a study by Gina Shofi Halimah, et al (2022) at the Cilengkrang Community Health Centre in Bandung, which revealed that employment was significantly associated with high-risk pregnancies (p = 0.04) and the results of Anne Loisza's (2017) study at the Puter Community Health Centre in Bandung, which revealed that employment was associated with high-risk pregnancy (p = 0.008).

The results of this study indicate that employment is not directly related to the determinants of high-risk pregnancy. Working essentially involves strenuous physical activity and can increase income. Respondents who work in jobs that do not involve physically demanding activities, have a work environment that does not endanger pregnancy, and are not exposed to pollutants can avoid high-risk pregnancies. Although employment is not a direct cause, it is still recommended that pregnant women avoid jobs involving exposure to hazardous substances, manage their working hours so as not to become too tired, and consult a health professional if they have a history of illness or previous pregnancies.

Work can contribute to high-risk pregnancies if a pregnant woman has low economic status, low education, or inadequate access to health services.

Relationship between Economic Status and High-Risk Pregnancies in Pesawaran District in 2024

Based on the results of the study, 24 respondents with low economic status experienced high risk (26.4%) and 67 respondents (73.6%) did not experience high risk, while respondents with upper-class economic status experienced high risk in 16 cases (19.3%) and 67 respondents (80.7%)

did not experience high risk, with a p-value of 0.266. This indicates that there is no relationship between economic status and high-risk pregnancy.

This study found that respondents with lower-class and upper-class economic status who experienced high risk did not differ statistically (26.4% and 19.3%). These findings are not in line with the results of Anne Loisza's (2017) study at the Puter Community Health Centre in Bandung, which revealed that economic status is associated with high-risk pregnancy (p=0.001).

Economic status is an important factor because it reflects the ability of families or communities to meet their various needs, including access to quality health services and nutritional requirements during pregnancy. However, with the availability of various health services such as free antenatal care and affordable food prices, the impact of economic factors on high-risk pregnancies can be reduced.

Relationship between Distance of Residence and High-Risk Pregnancy in Pesawaran District in 2024

Based on the results of the study, 56 respondents (75.7%) who lived more than 500 m from health facilities experienced high risk, while 56 respondents (75.7%) did not experience high risk. while respondents whose residence was ≤ 500 m from the health centre had a high risk of 22 people (22.0%) and those without high risk numbered 78 (78.0%) with a p-value of 0.719. This indicates that there is no relationship between residence distance and high-risk pregnancy.

These findings are in line with the results of a study by Mareta Bakali et al. (2016) in South Central Timor Regency, East Nusa Tenggara, which found no relationship between distance of residence and utilisation of health services (childbirth) (p= 0.498).

Distance from residence can influence high-risk pregnancies, mainly due to delayed access to maternal health services such as antenatal care. Respondents who live far from health facilities are at high risk of not complying with antenatal care, thereby reducing monitoring of pregnancy conditions and hindering early detection of risk factors or complications.

In this study, it was found that distance from home was not associated with high-risk pregnancies. This was because respondents had good access to health facilities due to the availability of adequate transportation (motorcycles, public transport), good road transportation infrastructure, and the strategic location of health facilities. Accessibility to healthcare services is not always related to distance, but rather to the ease of reaching a location (Levesque, et al, 2013 in Mareta Bakali, et al: 2016).

CONCLUSION

There is a relationship between age (p value 0.000), parity (p value 0.012) and high-risk pregnancy coverage, while education (p value 0.131), occupation (p value 0.184), socioeconomic status (p value 0.266), and place of residence (p value 0.719) were not associated with high-risk pregnancy coverage**.**

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