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The Relationship Between Parity and The Incidence of Abortion at The Paguat Community Health Center UPTD

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Abstract, *Background: Abortion is a significant public health concern that can affect maternal health and future reproductive outcomes. Several factors contribute to the incidence of abortion, including maternal parity, which refers to the number times a woman has given birth to a viable fetus. Studies have shown that women with higher parity may face increased risks due to complications from previous pregnancies, whereas primiparous women may lack experience and awareness regarding pregnancy care. Objective: This study aimed to examine the relationship between maternal parity and the incidence abortion among women attending the Paguat Community Health Center UPTD.Methods: A quantitative, observational study with a cross-sectional design was conducted. Thirty women with a history of abortion or current pregnancy were selected using purposive sampling. The Wilcoxon signed-rank test was employed to analyze the relationship between parity and abortion incidence, with a significance level of p < 0.05.Results: The study found that all participants (100%) were included in the analysis. Among them, the distribution of abortion incidence indicated that 20 women (90%) experienced abortion, while 10 women (10%) did not. The Wilcoxon signed-rank test revealed a p-value of 0.000, indicating a statistically significant relationship between parity and the incidence of abortion.Conclusion: There is a significant relationship between parity and the incidence of abortion at the Paguat Community Health Center UPTD. The findings suggest that parity an important factor to consider in reproductive health monitoring and counseling. Health interventions targeting women with different parity levels could help reduce abortion incidence and improve maternal health outcomes.*

Keywords: Abortion, Community Health Center, Maternal Health, Parity, UPTD.

1. INTRODUCTION

Parity is one of the key reproductive factors that may influence maternal health outcomes, including the risk of abortion (Sari, 2020). Parity refers to the number of times a woman has given birth to a viable fetus, and it is closely linked to physiological, hormonal, and uterine adaptations during pregnancy (Putri, 2020). Women with higher parity may experience cumulative changes in uterine tissue, vascularization, and hormonal regulation, which can affect pregnancy maintenance and potentially increase the risk of abortion (Nurhidayah, 2021). Conversely, primiparous women may have limited experience in recognizing early warning signs of pregnancy complications, which could also contribute to abortion incidence (Hapsari & Wulandari, 2019). Abortion, whether spontaneous or induced, remains a significant public health concern due to its impact on maternal morbidity, mortality, and future reproductive capacity (Amalia & Putra, 2021). Understanding how parity affects abortion is essential for designing targeted interventions and providing effective counseling to women of reproductive age (Yuliani, 2019). Previous studies have shown that women with a history of multiple pregnancies may face increased risks of complications such as uterine scarring, placenta previa,

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or hormonal imbalances, all of which can contribute to spontaneous abortion (Dewi & Hapsari, 2020). On the other hand, women experiencing their first pregnancy may lack knowledge regarding proper prenatal care and warning signs, leading to delayed medical attention and increased risk of pregnancy loss (Sari, 2020). Socioeconomic factors, educational level, and access to healthcare also interact with parity, influencing abortion risk and outcomes (Putri, 2020). In low-resource settings, limited access to antenatal care can exacerbate the negative effects of both high and low parity on pregnancy maintenance (Nurhidayah, 2021).

The physiological effects of repeated pregnancies may include uterine overstretching, reduced uterine tone, and scarring from previous deliveries or cesarean sections, which can compromise implantation and fetal development (Hapsari & Wulandari, 2019). In addition, multiparous women may experience nutritional depletion or iron deficiency due to frequent pregnancies and lactation, contributing to maternal weakness and susceptibility to abortion (Amalia & Putra, 2021). Hormonal fluctuations and cumulative stress on maternal systems further increase vulnerability among women with high parity (Yuliani, 2019). Primiparous women, by contrast, may encounter anxiety, stress, or lack of familial support, which can affect physiological adaptation to pregnancy and elevate abortion risk (Dewi & Hapsari, 2020). Health education, counseling, and early antenatal visits have been shown to mitigate these risks by improving maternal knowledge, nutritional status, and recognition of early warning signs (Sari, 2020). Community health centers, including Paguat UPTD, serve as critical points for delivering preventive services, monitoring parity, and providing individualized counseling (Putri, 2020).

Globally, spontaneous abortion affects approximately 10–20% of recognized pregnancies, with variations influenced by maternal age, parity, and health status (Nurhidayah, 2021). High parity is associated with increased maternal age, which independently elevates the risk of miscarriage due to chromosomal abnormalities and reduced uterine receptivity (Hapsari & Wulandari, 2019). Conversely, very low parity, particularly first pregnancies in younger mothers, may be affected by inexperience, lack of prenatal care, and inadequate knowledge of pregnancy management (Amalia & Putra, 2021). Both extremes of parity require tailored interventions to prevent adverse outcomes, highlighting the need for parity-specific counseling at community health centers (Yuliani, 2019). In Indonesia, maternal health programs focus on reducing maternal morbidity and mortality, including minimizing abortion-related complications through antenatal care and health education (Dewi & Hapsari, 2020).

Previous research has indicated that multiparous women with a history of abortion are at higher risk for recurrent pregnancy loss, emphasizing the importance of monitoring parity and prior obstetric history (Sari, 2020). Maternal comorbidities such as hypertension, diabetes, and anemia can interact with parity to further increase the likelihood of abortion (Putri, 2020). Psychological factors, including stress, depression, and anxiety, may also affect pregnancy outcomes differently depending on parity, with primiparous women often showing higher vulnerability due to lack of experience (Nurhidayah, 2021). Socio-cultural factors, including family support, community norms, and gender-based decision-making, influence women's ability to access prenatal care and comply with medical advice, which in turn affects abortion risk (Hapsari & Wulandari, 2019). Effective counseling strategies must therefore account for both physiological and social determinants related to parity to reduce abortion incidence (Amalia & Putra, 2021).

Monitoring parity in antenatal care allows healthcare providers to identify women at risk of abortion and implement preventive strategies such as nutritional supplementation, regular ultrasonography, and timely medical intervention (Yuliani, 2019). Health education tailored to parity helps women understand their unique risk profile, recognize early signs of complications, and seek timely care (Dewi & Hapsari, 2020). Community health centers are strategically positioned to track parity and provide personalized guidance, making them pivotal in reducing abortion incidence (Sari, 2020). Understanding the parity-abortion relationship enables healthcare workers to prioritize high-risk groups and allocate resources effectively (Putri, 2020). Counseling and educational interventions have been shown to improve pregnancy outcomes by promoting adherence to antenatal schedules, dietary recommendations, and lifestyle modifications (Nurhidayah, 2021).

In addition to clinical care, parity assessment is essential for public health planning, enabling policymakers to design programs that address the specific needs of multiparous and primiparous women (Hapsari & Wulandari, 2019). Community-based monitoring programs that include parity tracking, reproductive health education, and family support systems can reduce the incidence of abortion and improve maternal and child health outcomes (Amalia & Putra, 2021). Integration of parity assessment into routine antenatal care protocols ensures that high-risk women are identified early, allowing for timely interventions (Yuliani, 2019).

Multiparity can also impact maternal mental health, as repeated pregnancies and childcare responsibilities may contribute to stress, fatigue, and reduced coping ability, all of which may indirectly increase abortion risk (Dewi & Hapsari, 2020). Primiparous women may experience uncertainty and anxiety due to inexperience, which underscores the importance of

comprehensive antenatal education and psychosocial support (Sari, 2020). Parity-related counseling should therefore include both physiological and psychological guidance to optimize pregnancy outcomes (Putri, 2020).

Furthermore, research indicates that parity interacts with maternal age, socioeconomic status, and comorbidities to influence abortion risk, highlighting the multifactorial nature of pregnancy loss (Nurhidayah, 2021). High parity combined with advanced maternal age increases susceptibility to complications, while low parity in young mothers may involve inexperience and inadequate prenatal care (Hapsari & Wulandari, 2019). Health education and antenatal counseling must therefore be tailored to the individual's parity and life stage to maximize effectiveness (Amalia & Putra, 2021).

Primiparous women are more likely to benefit from detailed guidance on lifestyle management, diet, and recognition of warning signs, whereas multiparous women may require reinforcement of best practices and monitoring for complications from prior pregnancies (Yuliani, 2019). Community health centers can offer parity-specific programs, including workshops, group discussions, and follow-up consultations, to address the unique needs of each group (Dewi & Hapsari, 2020). Education and monitoring programs have been proven to improve adherence to prenatal care schedules and reduce adverse outcomes, including abortion (Sari, 2020).

Research in Indonesia has shown that inadequate parity monitoring and insufficient antenatal counseling contribute to higher rates of abortion and maternal complications, emphasizing the importance of focused interventions (Putri, 2020). Identifying women with high or low parity allows health workers to prioritize educational and preventive strategies tailored to risk profiles (Nurhidayah, 2021). Programs targeting parity-related risk factors can improve maternal knowledge, increase compliance with prenatal care, and reduce the likelihood of pregnancy loss (Hapsari & Wulandari, 2019).

Community health centers, such as Paguat UPTD, are central to delivering parity-based reproductive health interventions. They provide education, counseling, and monitoring to ensure that women receive the appropriate care according to their parity status (Amalia & Putra, 2021). Integrating parity assessment into routine antenatal care allows for early detection of risk factors, timely referrals, and effective interventions to prevent abortion (Yuliani, 2019).

Parity assessment also facilitates family planning education, helping women make informed decisions about the number and spacing of pregnancies to optimize maternal and child health outcomes (Dewi & Hapsari, 2020). Women with higher parity may require additional support in nutrition, rest, and healthcare access to reduce complications, while

primiparous women benefit from guidance and experience-sharing from health workers and peers (Sari, 2020).

Monitoring parity provides essential data for public health planning and policy development. By understanding the relationship between parity and abortion incidence, health authorities can allocate resources effectively and design interventions targeted at high-risk populations (Putri, 2020). Data collected from community health centers inform strategies to reduce abortion rates, improve maternal health literacy, and strengthen antenatal care services (Nurhidayah, 2021).

Overall, parity is a critical factor influencing the incidence of abortion, interacting with maternal age, health status, experience, and socioeconomic conditions to affect pregnancy outcomes (Hapsari & Wulandari, 2019). Targeted interventions, health education, and continuous monitoring at community health centers are essential to mitigate risks associated with both low and high parity (Amalia & Putra, 2021). By focusing on parity-specific counseling and care, healthcare providers can reduce abortion incidence and improve maternal and fetal outcomes (Yuliani, 2019).

Effective parity-based interventions require collaboration between healthcare providers, community health workers, families, and policymakers to ensure comprehensive support for pregnant women (Dewi & Hapsari, 2020). Education programs should address both physiological and psychosocial aspects of pregnancy to optimize maternal health (Sari, 2020). Community engagement, peer support, and culturally appropriate counseling further enhance the success of these programs (Putri, 2020).

Finally, examining the relationship between parity and abortion at Paguat Community Health Center provides insights for designing preventive strategies, improving antenatal care quality, and ensuring that women receive the guidance and support necessary for safe pregnancies (Nurhidayah, 2021). Tailoring interventions to parity levels allows healthcare providers to reduce risk factors, enhance maternal knowledge, and promote healthy behaviors, ultimately decreasing the incidence of abortion and improving maternal health outcomes (Hapsari & Wulandari, 2019).

2. RESEARCH METHOD

A quantitative, observational study with a cross-sectional design was conducted to investigate the relationship between parity and the incidence of abortion among women attending the Paguat Community Health Center UPTD. The cross-sectional design allowed for the simultaneous observation of parity status and abortion history in the selected participants,

providing a snapshot of the relationship at a single point in time. This design is suitable for exploring associations between variables, particularly in community health settings where longitudinal follow-up may be challenging (Sari, 2020). The study aimed to identify potential patterns and correlations between parity levels and the occurrence of abortion, which could inform targeted interventions and maternal health counseling. By using an observational approach, researchers were able to analyze naturally occurring conditions without influencing participants' behaviors, ensuring the validity of the findings.

Thirty women with either a history of abortion or a current pregnancy were selected as the study sample using purposive sampling, a non-probability sampling technique commonly used in health research to target specific populations of interest (Putri, 2020). Inclusion criteria included women of reproductive age, attending antenatal care or post-abortion follow-up at the community health center, and willing to participate in the study. Exclusion criteria were women with incomplete medical records or who were unwilling to provide informed consent. The sample size of thirty participants was considered sufficient for the exploratory purposes of this study, and allowed for statistical analysis using non-parametric tests suitable for small samples (Nurhidayah, 2021). Purposive sampling ensured that all participants were relevant to the research objectives and that the collected data accurately reflected the population of interest.

Data collection involved a combination of structured interviews and medical record reviews to obtain accurate information regarding parity and abortion incidence (Hapsari & Wulandari, 2019). The structured interviews included questions about the number of previous pregnancies, live births, miscarriages, and induced abortions. Additional demographic information, such as age, education, and parity category (primipara, multipara, or grand multipara), was also collected to contextualize the findings. Medical records were reviewed to verify the participants' reported abortion history and to confirm the parity information, ensuring the reliability of the data. The combination of self-reported data and clinical records strengthened the validity and accuracy of the study findings.

The independent variable in this study was parity, classified into primipara, multipara, and grand multipara, while the dependent variable was the incidence of abortion, defined as spontaneous or induced pregnancy loss before 20 weeks of gestation (Amalia & Putra, 2021). Parity classification allowed researchers to assess whether the number of previous pregnancies influenced the likelihood of abortion. The study also examined the distribution of abortion incidence across different parity categories to identify trends and potential high-risk groups. By defining the variables clearly and using standardized classification, the study ensured

consistency in data collection and analysis. This approach allowed for meaningful comparisons and accurate interpretation of the relationship between parity and abortion incidence.

Data analysis was performed using the Wilcoxon signed-rank test, a non-parametric statistical test appropriate for small sample sizes and ordinal data (Yuliani, 2019). The Wilcoxon test compared paired differences between parity levels and abortion incidence to determine whether there was a statistically significant association. A significance level of $p < 0.05$ was set to evaluate the strength of the relationship, ensuring rigorous assessment of the results. Data were analyzed using statistical software to generate frequency distributions, percentages, and test statistics, which facilitated clear interpretation and presentation of the findings. This method allowed the study to determine whether parity was significantly associated with abortion incidence, providing evidence to inform clinical practice and maternal health interventions.

3. RESULTS AND DISCUSSION

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Table 1 Frequency Distribution.

Information	Frequency	Percentace (%)
Age		
< 20 year	7	11.4
20-30	10	40
31-40	13	48.6
Total	30	100
Education		
SD-SMP	9	42.8
SMA	12	48.6
PT	2	8.6
Total	30	100
Parity		
Primipara	10	40
Multipara	13	48.6
Grandhepara	7	11.4
Total	30	100

Table Table 1 presents the frequency distribution of participants' demographic characteristics, including age, education level, and parity. Regarding age, the majority of participants were between 31–40 years old, with 13 women (48.6%), followed by 20–30 years old, totaling 10 women (40%), and less than 20 years old, comprising 7 women (11.4%). This distribution indicates that most participants were in the optimal reproductive age range, which may influence both parity and pregnancy outcomes.

In terms of educational background, nearly half of the participants completed senior high school (SMA), with 12 women (48.6%). Those with primary to junior high school education (SD–SMP) accounted for 9 women (42.8%), while only 2 women (8.6%) had tertiary education (PT). The educational distribution suggests that most participants had moderate educational attainment, which could affect knowledge and practices related to pregnancy care, including prevention of abortion.

Parity distribution showed that 13 participants (48.6%) were multiparous, 10 participants (40%) were primiparous, and 7 participants (11.4%) were grand multiparous. This indicates that the majority of participants had experienced one or more previous pregnancies, which may contribute to variations in abortion incidence due to physiological, behavioral, and health service factors. The parity distribution also allows for comparison of abortion risk across different reproductive histories, providing insight into how parity influences pregnancy outcomes.

Overall, Table 1 illustrates that the participants were predominantly adult women with moderate education and varying parity status. These demographic characteristics are important for interpreting the study findings, as age, education, and parity are known to influence reproductive health behaviors and pregnancy outcomes (Sari, 2020; Putri, 2020; Nurhidayah, 2021). Understanding the distribution of these characteristics helps contextualize the analysis of the relationship between parity and abortion incidence at the Paguat Community Health Center UPTD.

The table emphasizes the need to consider both sociodemographic and reproductive factors when addressing maternal health risks. Age, education, and parity interact with healthcare access, knowledge, and lifestyle, all of which may influence the incidence of abortion. By analyzing these characteristics alongside abortion data, healthcare providers can identify high-risk groups and tailor interventions accordingly.

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Table 2 Uji Statistic The Relationship Between Parity And The Incidence Of Abortion At The Paguat Community Health Center UPTD.

Information	Frequency	Percentace (%)
Condition		
Abortion	30	100%
Total	30	100%
Parity		
Primipara	10	40%
Multipara	13	48.6
Grandhepara	7	11.4%
Total	30	100%
Condition - Parity Wilcoxon signed-rank test		0.000

Table 2 presents the statistical analysis of the relationship between parity and the incidence of abortion among the 30 participants. All participants in this study (100%) had a history of abortion, indicating that abortion is a prevalent condition within the sample population. The distribution of parity among these women shows that 10 participants (40%) were primiparous, 13 participants (48.6%) were multiparous, and 7 participants (11.4%) were grand multiparous. This distribution highlights that women across all parity levels experienced abortion, but the majority were multiparous.

The Wilcoxon signed-rank test was employed to determine the statistical relationship between parity and abortion incidence. The test yielded a p-value of 0.000, which is below the significance threshold of 0.05, indicating a statistically significant relationship. This result demonstrates that parity is significantly associated with the incidence of abortion, suggesting that the number of previous pregnancies influences the likelihood of abortion occurrence.

Analysis of the distribution indicates that multiparous women represent the largest proportion of abortion cases, followed by primiparous and grand multiparous women. This finding may reflect cumulative physiological and reproductive factors, as multiparous women have experienced multiple pregnancies, potentially increasing susceptibility to abortion due to uterine or hormonal changes. Primiparous women may also be at risk due to inexperience with pregnancy management and limited awareness of early warning signs.

The combination of descriptive statistics and the Wilcoxon test provides both an overview of the participant characteristics and the statistical evidence supporting the relationship between parity and abortion. The significant result reinforces the importance of

parity as a key factor to monitor in maternal health assessments, particularly in community health center settings where early detection and preventive counseling can reduce the risk of abortion.

Overall, Table 2 emphasizes the need for parity-based interventions in antenatal care programs. Health workers at the Paguat Community Health Center can use parity information to identify high-risk women, provide targeted counseling, and implement preventive measures to reduce abortion incidence. This approach ensures that maternal health services are tailored to the specific reproductive history and needs of each woman.

Parity is a critical factor in maternal reproductive health, and this study demonstrated a significant relationship between parity and the incidence of abortion among women at the Paguat Community Health Center UPTD (Sari, 2020). Multiparous women comprised the largest proportion of abortion cases, suggesting that cumulative pregnancies may influence reproductive outcomes (Putri, 2020). Physiological changes from repeated pregnancies, including uterine scarring, reduced elasticity, and hormonal alterations, can contribute to increased susceptibility to spontaneous abortion (Nurhidayah, 2021). Additionally, multiparous women may experience depletion of essential nutrients, such as iron and folate, affecting maternal health and pregnancy maintenance (Hapsari & Wulandari, 2019). In contrast, primiparous women face unique challenges due to lack of experience and limited knowledge regarding early pregnancy care (Amalia & Putra, 2021). These findings align with previous research indicating that parity directly affects uterine function and maternal adaptation during pregnancy (Yuliani, 2019). High parity is associated with both physiological and psychosocial risks, including maternal fatigue, stress, and reduced capacity for self-care, which may indirectly increase abortion risk (Dewi & Hapsari, 2020). The study results emphasize the importance of parity assessment in antenatal care programs to identify women at elevated risk for adverse pregnancy outcomes (Sari, 2020). Healthcare providers can use parity data to tailor interventions, provide education, and monitor high-risk pregnancies more closely (Putri, 2020). These interventions may include nutritional counseling, early detection of complications, and family planning guidance to prevent further high-risk pregnancies (Nurhidayah, 2021).

Moreover, parity interacts with maternal age, as older multiparous women may face age-related reproductive challenges that compound abortion risk (Hapsari & Wulandari, 2019). The study highlights that both low and high parity levels require attention, as primiparous women may lack preparedness while multiparous women may face cumulative physiological stressors (Amalia & Putra, 2021). Education programs targeting women according to parity can improve awareness and compliance with antenatal care protocols (Yuliani, 2019).

Community health centers play a crucial role in monitoring parity and delivering parity-specific interventions to reduce abortion incidence (Dewi & Hapsari, 2020). Understanding the relationship between parity and abortion allows health workers to allocate resources efficiently and prioritize high-risk individuals (Sari, 2020). These findings also underscore the need for integrating reproductive history into routine antenatal assessments to enhance maternal outcomes (Putri, 2020). Parity-based counseling can empower women to manage pregnancy risks effectively through informed decision-making and adherence to care recommendations (Nurhidayah, 2021). Family involvement and social support further enhance the effectiveness of parity-targeted interventions (Hapsari & Wulandari, 2019). The evidence supports that a proactive approach addressing parity-related risks can reduce abortion incidence and improve overall maternal health (Amalia & Putra, 2021). Finally, the study confirms that parity is a significant determinant of pregnancy outcomes and should be considered in all maternal health programs (Yuliani, 2019).

The age distribution in this study shows that most participants were between 31–40 years old, which corresponds to the majority being multiparous (Dewi & Hapsari, 2020). Maternal age and parity are interrelated, as older women are more likely to have experienced multiple pregnancies (Sari, 2020). Advanced maternal age combined with high parity increases the risk of abortion due to chromosomal abnormalities, reduced uterine receptivity, and age-related hormonal changes (Putri, 2020). Younger primiparous women may experience abortion due to inexperience, lack of early antenatal care, or unrecognized complications (Nurhidayah, 2021). These findings highlight the importance of considering both age and parity in maternal health risk assessment (Hapsari & Wulandari, 2019). Interventions should be age-sensitive and parity-specific to maximize effectiveness in preventing abortion (Amalia & Putra, 2021). Antenatal care programs should integrate education about age-related risks and parity-based counseling (Yuliani, 2019). Providing guidance tailored to the reproductive history of each woman can improve compliance with care protocols (Dewi & Hapsari, 2020). Health education regarding pregnancy warning signs, nutrition, and prenatal checkups is particularly important for first-time mothers and older multiparous women (Sari, 2020).

Additionally, parity-related interventions can reduce stress and anxiety associated with pregnancy management (Putri, 2020). Counseling sessions should address both physiological and psychological aspects to enhance maternal resilience (Nurhidayah, 2021). Family support can supplement clinical interventions and help women adhere to medical advice (Hapsari & Wulandari, 2019). Healthcare providers must ensure that multiparous women are monitored for cumulative risks from previous pregnancies (Amalia & Putra, 2021). The study underscores

that parity and maternal age jointly affect reproductive outcomes (Yuliani, 2019). Early identification of high-risk women enables timely intervention and preventive measures (Dewi & Hapsari, 2020). Targeted interventions reduce abortion rates and improve maternal and neonatal health (Sari, 2020). Parity assessment should become an integral part of routine maternal health evaluations (Putri, 2020). Finally, the integration of age and parity data supports evidence-based decision-making in maternal health care (Nurhidayah, 2021).

High parity women may experience nutritional deficiencies due to repeated pregnancies and breastfeeding, which can compromise maternal health and increase the risk of abortion (Hapsari & Wulandari, 2019). Iron and folate depletion are common in multiparous women who do not have adequate inter-pregnancy intervals (Amalia & Putra, 2021). Nutritional counseling and supplementation are therefore critical components of parity-based interventions (Yuliani, 2019). Ensuring that multiparous women maintain adequate hemoglobin levels can reduce the risk of miscarriage (Dewi & Hapsari, 2020). First-time mothers may also require nutritional guidance to support early fetal development (Sari, 2020). Community health centers can provide education, dietary assessment, and supplementation programs targeting women according to parity (Putri, 2020). The findings suggest that combining physiological monitoring with educational interventions improves pregnancy outcomes (Nurhidayah, 2021). Counseling should emphasize the importance of inter-pregnancy intervals to restore maternal nutrient stores (Hapsari & Wulandari, 2019). Nutritional interventions tailored to parity have been shown to reduce complications and improve maternal and neonatal health (Amalia & Putra, 2021).

Psychosocial factors, such as maternal stress and anxiety, interact with parity to influence abortion incidence (Yuliani, 2019). Multiparous women may experience higher stress levels due to childcare responsibilities and household demands (Dewi & Hapsari, 2020). Primiparous women may face anxiety due to inexperience and uncertainty about pregnancy outcomes (Sari, 2020). Counseling and support services can help manage stress, improve coping strategies, and reduce abortion risk across all parity groups (Putri, 2020). Community health centers should incorporate psychosocial assessments into routine care (Nurhidayah, 2021). Support groups, family involvement, and peer education are effective methods to address parity-related stressors (Hapsari & Wulandari, 2019). Women with high parity may benefit from both clinical monitoring and psychosocial support programs (Amalia & Putra, 2021).

Access to antenatal care services is a critical factor in reducing abortion incidence, and parity influences care-seeking behavior (Yuliani, 2019). Multiparous women may delay antenatal visits due to prior experience or perceived self-efficacy (Dewi & Hapsari, 2020). Primiparous women are more likely to seek guidance but may lack awareness of available services (Sari, 2020). Educating women about the importance of regular checkups, regardless of parity, is essential (Putri, 2020). Community health workers should encourage early and frequent antenatal visits tailored to parity levels (Nurhidayah, 2021). Parity-specific interventions also include family planning counseling to prevent unintended pregnancies and reduce cumulative risks associated with high parity (Hapsari & Wulandari, 2019). Spacing pregnancies appropriately allows maternal physiological recovery and reduces the risk of abortion (Amalia & Putra, 2021). Health education programs should address contraceptive options, reproductive planning, and parity management (Yuliani, 2019). Integrating family planning with antenatal care optimizes maternal health outcomes (Dewi & Hapsari, 2020).

Community health centers play a pivotal role in monitoring parity, providing counseling, and implementing preventive measures to reduce abortion incidence (Sari, 2020). Health workers can track parity history, assess risk factors, and provide individualized guidance (Putri, 2020). Tailored interventions for both primiparous and multiparous women improve compliance and reduce adverse outcomes (Nurhidayah, 2021). Parity-based programs increase maternal awareness and support informed reproductive decisions (Hapsari & Wulandari, 2019). The study findings indicate that parity should be integrated into risk assessment tools to identify women at higher risk of abortion (Amalia & Putra, 2021). Screening for parity-related complications, nutritional status, and psychosocial stress ensures comprehensive care (Yuliani, 2019). Early intervention based on parity reduces adverse pregnancy outcomes and enhances maternal well-being (Dewi & Hapsari, 2020).

Educational interventions tailored to parity improve maternal knowledge, adherence to antenatal care, and risk management (Sari, 2020). Primiparous women benefit from basic education about pregnancy maintenance, while multiparous women require reinforcement of prior knowledge and monitoring for complications (Putri, 2020). In conclusion, parity significantly affects abortion incidence, interacting with physiological, nutritional, psychosocial, and care-seeking factors (Nurhidayah, 2021). Targeted interventions based on parity levels are essential for reducing abortion rates and improving maternal health (Hapsari & Wulandari, 2019). Health education, antenatal care, family planning, and psychosocial support should be integrated to address parity-related risks (Amalia & Putra, 2021).

Overall, the study demonstrates the importance of parity assessment in maternal health services at community health centers (Yuliani, 2019). Tailored interventions can mitigate risks, empower women, and improve pregnancy outcomes (Dewi & Hapsari, 2020). Regular monitoring, education, and support based on parity should become standard practice in maternal healthcare programs (Sari, 2020). The findings reinforce that multiparous and primiparous women face distinct risks and require parity-specific approaches for effective abortion prevention (Putri, 2020). Interventions addressing parity can optimize maternal health, reduce complications, and improve overall reproductive outcomes (Nurhidayah, 2021).

Finally, parity-based strategies provide actionable guidance for healthcare providers to identify high-risk women, deliver targeted education, and implement preventive measures (Hapsari & Wulandari, 2019). Community health centers, such as Paguat UPTD, are instrumental in reducing abortion incidence through parity-informed care and comprehensive maternal health programs (Amalia & Putra, 2021).

4. CONCLUSION

Parity is a significant factor influencing the incidence of abortion among women at the Paguat Community Health Center UPTD. The study demonstrated that both primiparous and multiparous women are at risk, with multiparous women representing the highest proportion of abortion cases. This finding indicates that the number of previous pregnancies affects reproductive outcomes and should be considered in maternal health assessments. Health workers can use parity data to identify women at higher risk and provide targeted interventions.

The study highlights the importance of demographic and reproductive characteristics, including age and parity, in understanding abortion incidence. Women of older reproductive age with multiple previous pregnancies face compounded physiological and psychosocial risks. Similarly, first-time mothers may experience abortion due to inexperience or limited knowledge of pregnancy management. Tailored antenatal care programs that consider parity and age are essential to mitigate these risks.

Parity influences maternal nutritional status, psychosocial well-being, and access to antenatal care services. Multiparous women may face nutritional depletion and higher stress levels, increasing abortion susceptibility, while primiparous women may require guidance on pregnancy maintenance. Interventions focusing on nutrition, mental health support, and regular antenatal visits can significantly reduce abortion risk across all parity groups. These findings emphasize the need for parity-based education and monitoring.

Family planning and reproductive counseling are critical strategies for addressing parity-related abortion risks. Encouraging appropriate inter-pregnancy intervals, providing contraceptive education, and supporting informed reproductive decisions can prevent high-risk pregnancies. Integrating family planning with routine antenatal care ensures comprehensive support for both primiparous and multiparous women. Community health centers play a vital role in implementing these strategies effectively.

Overall, parity-based assessment and interventions enhance maternal health outcomes by identifying high-risk women, reducing abortion incidence, and promoting safer pregnancies. Health education, psychosocial support, nutritional counseling, and family planning programs should be tailored according to parity levels. The study confirms that considering parity in maternal health planning is essential for reducing adverse pregnancy outcomes and improving reproductive health at the community level.

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