

# FACTORS RELATED TO FAMILY PLANNING AFTER BIRTH IN THE WORKING WAY OF DADOK TUNGGUL HITAM PUBLIC HEALTH CENTRE IN 2023

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#### Abstract

Indonesia is the fourth most populous country in the world with a population of 273,879,750. To overcome population problems and reduce TFR (Total Fertility Rate) with contraceptive services and spacing of pregnancies through post-coital family planning. One of the behavioral determinants associated with the use of post-saline family planning includes maternal knowledge, attitudes and husband support. The purpose of this study was to determine the factors associated with the use of postpartum family planning in the working area of Dadok Tunggul Hitam Public Health Centre Padang City. This study is an analytic study with a cross sectional study approach with a sample size of 49 postpartum mothers using total sampling. Data analysis used univariate and bivariate with Chi-Square test. The results of the bivariate analysis showed that there was a relationship between the number of children, (p-value 0.006), knowledge (p-value 0.002), attitudes (p-value 0.007), and husband support (p-value 0.001) to the use of postpartum family planning.

# Keywords: knowledge, attitude, husband support, KBPP.

# Introduction

Population growth in the world has increased over time, especially in developing countries such as Indonesia. Based on the 2021 health profile data, Indonesia is the fourth most populous country in the world with a population of 273,879,750. To overcome the world population problem that affects all areas of life, especially health, WHO has identified population growth as one of the main indicators that must be considered in the 2030 SDGs, namely the proportion of women of childbearing age who are married and meet the needs of family planning with the latest methods. The indicator of contraceptive



use rate in Indonesia is 77.8% (Nurdi, 2019).

KBPP is a family planning service provided after childbirth up to a period of 42 days, with the aim of regulating birth spacing, pregnancy spacing, and avoiding unwanted pregnancies, so that every family can plan a safe and healthy pregnancy. Based on the data from New Siga, the achievement of KBPP is still very low at 15.8%, so there are still 85% of birth mothers who have not used KBPP (BKKBN, 2022).

Based on the annual report of City Health Department (DKK) Padang city in 2021, there were 16,541 postpartum mothers, only 7,169 (43.34%) of whom used postpartum family planning. Of the 11 sub-districts in Padang city, Kuranji sub-district (Belimbing Public Health Centre) has the highest postpartum family planning coverage of 1,020 people (99.0%) while the third lowest postpartum family planning achievement was 97 people (18.9%) in Koto Tangah sub-district (Dadok Tunggul Hitam Public Health Centre).

One of the determinants of behavior in the use of postpartum family planning is the mother's knowledge about postpartum family planning. According to Julina Sembiring in 2019, it was found that knowledge, mother's attitude, husband's support, and the role of health workers were related to the willingness to become postpartum family planning acceptors. Knowledge is a very important domain for the formation of one's actions including independence and responsibility in behavior. Postpartum contraceptive participation is strongly influenced by the knowledge possessed by the mother, without being based on good knowledge, it will affect the mother's acceptance of postpartum family planning (Haris, 2017).

The results of research by Astuti, et al (2018) show that there is a significant relationship between family support and the use of postpartum contraception. In line with the research of Salsatias (2022) which shows that the factors associated with the use of postpartum family planning are knowledge, attitudes and access to information while the unrelated factor is the motivation of respondents with the use of postpartum family planning.

Based on an initial survey conducted by researchers at Dadok Tunggul Hitam Public Health Centre in 2023 by interviewing 10 postpartum women, there were 2 people who knew about the use of postpartum family planning, 3 postpartum women who gave positive responses about the use of postpartum family planning, 2 postpartum women



who used postpartum family planning and 3 postpartum women who did not use postpartum family planning with more than 2 children.

# Method

This study used an analytic design with a cross-sectional study approach. The population in this study were all laboring mothers with a sample of 49 post-saline mothers by total sampling. This research was conducted at the Dadok Tunggul Hitam Health Center Work Area in Padang City in 2023.

Data collection using questionnaires. Information about knowledge, attitudes, and husband support was obtained by filling out a questionnaire. Knowledge variables were obtained with a questionnaire using a Likert scale consisting of 25 statement items with a score of 1 for correct answers and 0 for wrong answers. The attitude variable was obtained with a questionnaire using a Likert scale consisting of 25 statement items with a score of 1 to 4. Husband support variables were obtained with a questionnaire using a Likert scale consisting of 1 to 4. Husband support variables were obtained with a questionnaire using a Likert scale consisting of 1 to 4. Bivariate data analysis using the Chi-square test.

# Results

 Table 1. Frequency Distribution of Respondents' Use of Postpartum Family Planning in Dadok Tunggul

 Hitam Public Health Center Work Area, Padang City

| Variable                | Frequency (n) | Percentage (%) |  |  |
|-------------------------|---------------|----------------|--|--|
| Age                     |               |                |  |  |
| Early Adulthood         | 36            | 73,5           |  |  |
| Late Adulthood          | 13            | 26,5           |  |  |
| Education               |               |                |  |  |
| Education Low           | 11            | 22,4           |  |  |
| Education Medium        | 26            | 53,1           |  |  |
| Education High          | 12            | 24,5           |  |  |
| Number of Children      |               |                |  |  |
| Primipara               | 10            | 20,4           |  |  |
| Multipara               | 30            | 79,6           |  |  |
| Grande Multipara        | 9             | 18,4           |  |  |
| Knowledge               |               |                |  |  |
| Poor                    | 17            | 34,7           |  |  |
| Fair                    | 17            | 34,7           |  |  |
| Good                    | 15            | 30,6           |  |  |
| Attitude                |               |                |  |  |
| Negative                | 27            | 55,1           |  |  |
| Positive                | 22            | 44,9           |  |  |
| Husband Support         |               |                |  |  |
| Less                    | 26            | 53,1           |  |  |
| Good                    | 23            | 46,9           |  |  |
| KBPP/ postpartum family |               |                |  |  |
| planning                |               |                |  |  |
| Using                   | 11            | 22,4           |  |  |



| Not Using | 38 | 77,6 |
|-----------|----|------|

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The results of the study in table 1 show that of the 49 respondents, 36 of them (73.5%) were in early adulthood, namely around 20 to 35 years old, the most respondents had a medium or high school education, namely 26 respondents (53.1%), and most of the respondents had multiparous children, namely 30 respondents (79.6%). In addition, the results also showed that out of 49 respondents, 17 people (34.7%) had poor knowledge about postpartum family planning, and 27 people (55.1%) respondents had a negative attitude about postpartum family planning. Of the 49 respondents, 26 people (53.1%) had insufficient husband support about postpartum family planning and most mothers did not use postpartum family planning as many as 38 people (77.6%).

Table 2. Factors Associated with the Use of Postpartum Family Planning in the Working Area ofDadok Tunggul Hitam Public Health Center, Padang City 2023

| KBPP/ postpartum family planning |                    |       |      |           |      |        |     |         |  |  |
|----------------------------------|--------------------|-------|------|-----------|------|--------|-----|---------|--|--|
| No                               | Variable           | Using |      | Not Using |      | Jumlah |     | P Value |  |  |
|                                  |                    | f     | %    | f         | %    | f      | %   | 1       |  |  |
| 1                                | Aged               |       |      |           |      |        |     |         |  |  |
|                                  | Early Adulthood    | 6     | 16,7 | 30        | 83,3 | 36     | 100 | 0,133   |  |  |
|                                  | Late Adulthood     | 5     | 38,5 | 8         | 61,5 | 13     | 100 |         |  |  |
| 2                                | Education          |       |      |           |      |        |     |         |  |  |
|                                  | Education Low      | 1     | 9,1  | 10        | 90,9 | 11     | 100 | 0,148   |  |  |
|                                  | Education Medium   | 5     | 19,2 | 21        | 80,8 | 26     | 100 |         |  |  |
|                                  | Education High     | 5     | 41,7 | 7         | 58,3 | 12     | 100 |         |  |  |
| 3                                | Number of Children |       |      |           |      |        |     |         |  |  |
|                                  | Primipara          | 6     | 60   | 4         | 40   | 10     | 100 | 0,006   |  |  |
|                                  | Multipara          | 4     | 13,3 | 26        | 86,7 | 30     | 100 |         |  |  |
|                                  | Grande multipara   | 1     | 11,1 | 8         | 88,9 | 9      | 100 |         |  |  |
| 4                                | Knowledge          |       |      |           |      |        |     |         |  |  |
|                                  | Poor               | 1     | 5,9  | 16        | 94,1 | 17     | 100 | 0,002   |  |  |
|                                  | Fair               | 2     | 11,8 | 15        | 88,2 | 17     | 100 |         |  |  |
|                                  | Good               | 8     | 53,3 | 7         | 46,7 | 15     | 100 |         |  |  |
| 5                                | Attitude           |       |      |           |      |        |     |         |  |  |
|                                  | Negative           | 2     | 7,4  | 25        | 92,6 | 27     | 100 | 0,007   |  |  |
|                                  | Positive           | 9     | 40,9 | 13        | 59,1 | 22     | 100 |         |  |  |
| 6                                | Husband Support    |       |      |           |      |        |     |         |  |  |
|                                  | Less               | 1     | 3,8  | 25        | 96,2 | 26     | 100 | 0,001   |  |  |
|                                  | Good               | 10    | 43,5 | 13        | 56,5 | 23     | 100 |         |  |  |

Table 2 shows the results of the chi-square test on the age variable obtained a p-value of 0.133, it can be concluded that there is no significant relationship between the age of the mother and the use of postpartum family planning. Likewise, the education variable obtained a p-value of 0.148, it can be concluded that there is no significant relationship between maternal education and the use of postpartum family planning. The



results of the chi-square test on the variables of knowledge, attitude and husband's support, obtained p-values of 0.002, 0.007 and 0.001, which means that there is a significant relationship between knowledge, attitude and husband's support with the use of postpartum family planning in the Working Area of Dadok Tunggul Hitam Public Health Centre Padang City.

#### Discussion

Postpartum family planning is family planning services provided immediately after childbirth up to 6 weeks or 42 days after birth. The use of postpartum family planning is highly recommended as more than 95% of postpartum clients do not want to become pregnant within 2 years while ovulation can occur within 21 days postpartum. The timing of postpartum family planning use depends on breastfeeding status, breastfeeding mothers do not need contraception until 6 weeks postpartum, and even if using MAL can last up to 6 months postpartum. The use of postpartum family planning is closely related to the behaviour of respondents in improving their health status. Green in Notoatmodjo 2014 analysed that human behaviour is determined by factors such as education, knowledge, attitudes, values, beliefs, and so on. In addition, most respondents still have the view that the use of postpartum family planning is not too important, due to the respondents' assumption that after giving birth their fertility will not quickly return.

Table 2 shows that of the 36 respondents who had an early adult age category (20-35 years), only 6 (16.7%) respondents used KBPP and as many as 30 respondents (83.3%) did not use KBPP. The results of the chi-square test obtained a p-value of 0.133, so Ha was rejected, it can be concluded that there is no significant relationship between the age of the mother and the use of postpartum family planning in the Dadok Tunggul Hitam Public Health Center Working Area, Padang City.

The results of this study are inversely proportional to research (Pardosi et al., 2021) on Factors Associated with Maternity Women's Interest in the Selection of Postpartum Contraceptives which states that there is a relationship between age and maternity women's interest in choosing Postpartum Contraceptives with a p value of 0.004.

One of the factors that influence a person to use contraception is age. Age is an intrinsic factor in a person's decision making that determines the contraceptives used. A woman who is still young still wants to have more than one child compared to those who



are old. Women aged > 35 years should terminate their pregnancy after giving birth to 2 or more than 2 children. Age 20-35 is an age that is not risky because this is a period when a woman's reproductive organs and hormonal system are mature enough to have children (Sari, et al, 2019).

The results of the RPJMN KKBPK program performance indicator survey conducted by BKKBN also show that the use of family planning is dominated by women aged  $\geq$  35 years. This is triggered by the desire not to have more children or feel that the children they have are enough. Women aged  $\geq$  35 years are also at risk for pregnancy and childbirth. Risks that can be experienced include gestational diabetes and gestational hypertension which are easier to attack pregnant women over 35 years of age due to the influence of pregnancy hormones. Premature births with low birth weight and the possibility of cesarean delivery are also higher in this age group, as well as the possibility of chromosomal abnormalities in babies born to mothers over 35 years old. In mothers who have been acceptors before, with repeat counseling, they will certainly be smarter in choosing the most appropriate family planning method according to their needs and medical conditions.

The results of this study stated that of the 26 respondents who came from moderate or high school education, 21 (80.8%) respondents did not use postpartum contraception while as many as 5 (19.2%) respondents used postpartum contraception. In addition, respondents from higher education used postpartum contraception as many as 5 (41.7%) respondents who used postpartum contraception and as many as 7 (58.3%) respondents who did not use postpartum contraception. The results of the chi-square test obtained a p-value of 0.148, so Ha was rejected, and it can be concluded that there is no significant relationship between maternal education and the use of postpartum family planning in the Dadok Tunggul Hitam Public Health Center Working Area, Padang City.

The results of this study are comparable to the research of Ruhanah, et all with the Correlation of Education and Family Planning Counselling during Pregnancy with the Use of Post-Saline Family Planning in Postpartum Mothers at the South Paringin Health Centre, the results of 60 postpartum women with secondary education level, who used post-saline family planning as many as 40 people (60.67%) and 20 people (39.33%) who did not use post-saline family planning. The results of statistical analysis with the Chi-



square test, obtained a value of  $\rho = 0.430$  ( $\rho > 0.05$ ) which indicates that there is no relationship between the mother's education level and the use of post-saline birth control.

Respondents who had a low level of education but used postpartum family planning were influenced by the presence of midwives in the area so that even though the respondent only had a low level of education, the respondent would still use postpartum family planning while respondents who had a basic education and did not use postpartum family planning were influenced by their low level of education which considered that postpartum family planning was not important and could be used after the postpartum period had passed.

The results of the study also found that of the 17 respondents who had insufficient knowledge about postpartum family planning, 16 respondents (32.6%) did not use postpartum family planning, of the 27 respondents who had a negative attitude, 25 respondents (92.6%) did not use family planning and of the 26 respondents who had insufficient husband support in using postpartum family planning, 25 respondents (96.2%) did not use postpartum family planning.

The results of this study are in line with research conducted by Sugiyarningsih (2017) on 'The Relationship between Postpartum Mothers' Knowledge and Postpartum Mothers' Behaviour in Postpartum Family Planning Participation at Puskesmas Tebing in 2017'. The results showed a significant relationship between knowledge and postpartum women's behaviour in postpartum family planning participation at Puskesmas Tebing. Knowledge is a very important area to shape one's own behaviour.

According to the researcher's assumption, high knowledge influences one's health behaviour. Therefore, respondents with good knowledge about postpartum family planning tend to use postpartum family planning compared to respondents who have low knowledge.

The results showed that out of 27 respondents who had a negative attitude in the use of postpartum family planning, only 2 respondents (4.08%) used family planning and as many as 25 respondents did not use family planning. Based on the results of the chi-square test with a p-value of 0.007, Ha is accepted, so it can be concluded that there is a significant relationship between maternal attitudes and the use of postpartum family planning in the Dadok Tunggul Hitam Health Centre Working Area, Padang City in 2023.

Based on table 2, it is known that of the 49 respondents who had a negative



attitude in the use of postpartum family planning, 27 people (55.1%), where 25 people (51%) did not use postpartum family planning. The results of this study are in line with research conducted by Setyawati in 2022 on the relationship between knowledge and attitudes with the use of post-saline contraception at the Pungpungan Community Health Centre, Bojonegoro Regency, where out of 57 respondents the frequency of unfavorable was 25 and favorable 32.In terms of educational background 14 out of 25 respondents who have a basic educational background are unfavorable. Attitude is a reaction or response of a person to an object, both internal and external as its manifestation cannot be directly seen, but can only be interpreted in advance of the closed behaviour. Attitude about postpartum family planning is the reaction of postpartum mothers about the use of postpartum family planning as an alternative to contraceptive use.

According to the researcher's assumption, a good attitude is that the wife's awareness of her reproductive rights regarding contraceptive decisions is complemented by knowledge about family planning so that the wife can take part in making decisions about choosing contraceptives. For this reason, it is recommended to provide counselling on family planning to instill a good attitude in mothers about family planning since the ANC visit. Postpartum family planning counselling provided during ANC can use leaflets, brochures, or videos so that mothers have a positive attitude.

Table 2 shows that of the 49 respondents who received poor husband support in the use of postpartum family planning, 26 people (53.1%) of whom 25 (51.0%) did not use postpartum family planning. The results of this study are in accordance with Green in Notoatmodjo in 2010 that husband support is a driving factor that can influence a person's health behaviour. Husband support is one of the socio-cultural variables that greatly influences the use of contraceptives for women as wives in particular, and in families in general. The results showed that most respondents who had poor husband support in the use of postpartum family planning tended not to use postpartum family planning. Meanwhile, respondents who received good support in the use of postpartum family planning mostly lacked good support from their husbands in the use of postpartum family planning, this is because husbands have poor knowledge about the use of postpartum family planning.



# Limitation

In this study there are research limitations such as limited time for conducting research so that not many respondents are obtained.

# Conclusion

Most of the mothers' ages were in the early adulthood category. Most of the mothers were in moderate education. Most of the mothers had multiparous children and a small proportion of the mothers had good knowledge about postpartum contraception. There is no association between age and education with postpartum contraception use. There is an association between knowledge, attitude and husband's support with postpartum contraception use.

# **Ethical Considerations**

Ethical principles are applied in research activities starting from the preparation of the The ethical principle applied in research activities starting from the preparation until the results of the research are published is the consent to become a respondent. Before conducting research, the researcher gave informed consent to the respondents studied, and the respondents signed after reading and understanding the contents of the and willing to participate in research activities. The researcher did not forced respondents to be researched and respected the respondents' decision. Respondents were given the freedom to participate or withdraw from participation.

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