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# **Effect of Counseling on the Use of Postpartum Contraception**

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### **ABSTRACT**

Postpartum contraception in Indonesia is the use or use of contraception immediately after delivery up to 6 weeks (42 days) after delivery. Data from the Health Center of the Northern Region of Kediri City still found mothers who did not use postpartum Contraception. The purpose of this study was to analyze the effect of counseling on the use of postpartum contraception. The population in this study was all puerperal mothers in the Health Center Kota North Region of Kediri City. The total sample was 32 respondents with details of 16 treatment groups and 16 control groups. The statistical test used is to use the whitney mann test. The results of this study showed a p value of  $0.007 < (\alpha = 0.05)$ , then Ho was rejected and H1 was accepted, meaning that there was a difference in the use of postpartum contraception between the control group and the treatment group at the Health Center Kota North Region of Kediri City in 2022. With the influence of counseling on the use of postpartum Contraception, it is hoped that health workers will carry out routine counseling activities on Contraception to increase the acceptor of postpartum Contraception.

**Keywords:** Postpartum contraception, counseling, health

promotion

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# **INTRODUCTION**

Family Planning is an action that helps individuals or married couples to get certain objectives, avoid unwanted births, get the desired birth, regulate the interval between pregnancies, control the time during pregnancy in relationship with husband and wife and determine the number of children in the family (BKKBN, 2017).

Postpartum contraceptive services are one way to accelerate the reduction of maternal mortality (MMR) and have been launched in Making Pregnancy Safer (MPS) on October 12, 2000 (Ministry of Health RI, 2001). The three key messages of the MPS (making Pregnancy Saver) program are (1) every delivery is helped by trained health workers, (2) every obstetric and neonatal complication receives adequate services, and (3) every woman of childbearing age has access to the prevention of unwanted pregnancies and the management of miscarriage complications. The third MPS (making Pregnancy Saver) message is the important message of improvement in the provision of Contraceptive services (Bappenas, 2010).

Data from the BKKBN of East Java province obtained a decrease in the use of modern contraception; The use of modern contraception (modern Contraceptive Prevalence Rate/mCPR) decreased from 57.9 percent (SDKI 2012) to 57.2 percent (SDKI 2017). The highest decline even occurred in the 15-year-old to 29-year-old age segment, which slumped by 4%. It is estimated that 2 (two) main causes of the decline in the number of modern contraceptive users, especially among the

productive age group / young couples are the low knowledge of young couples on reproductive health and the lack of access to accurate and reliable information about contraception (especially modern contraception).

Appropriate strategies are needed to increase the scope of cotraception, including through increasing access to contraceptive services, including guaranteeing the availability of contraception and expanding access/reach of Contraceptive services (through the mobilization of Family Planning/Contraceptive Extension Workers and mobile contraceptive services), as well as increasing understanding of reproductive health and knowledge about modern contraception (BKKBN East Jwa Province, 2020). The achievement of post-copy contraception in the Northern Region City Health Center in 2019 was 68 people (17.04 %) out of the number of maternity mothers of 399 people. In 2020 the achievement was 176 (44.11%) of the number of maternity mothers of 396 people. In 2022, post-copy Contraception at the Northern Region City Health Center reached 188 (49.33%) of the total maternity mothers of 381 people. Data from a preliminary survey at the Health Center Kota Wilayah Utara Kota Kediri was obtained from 15 mothers who gave birth who wanted to use postpartum Contraception only 1 person because they were still afraid and did not know about postpartum Contraception.

Postpartum and Post-Miscarriage Contraceptive Counseling is a process of delivering and receiving messages to improve knowledge, attitudes and behavior to pregnant women / postpartum mothers / breastfeeding mothers or post-miscarriage mothers and their families / partners. Postpartum and Post-Miscarriage Contraception can be done directly / indirectly through communication channels to the recipient of the message so that they can directly use contraception. One way of delivering directly is by counseling (BKKBN, 2017).

This is an urgent problem and requires management, one way to increase the knowledge of postpartum mothers is to provide knowledge to postpartum mothers by means of counseling, with this background, researchers are interested in taking the research title "The Effect of Counseling on Postpartum Contraception on the Use of Postpartum Contraception in the Use of Postpartum Contraception in the Health Center of the Northern Region of Kediri City in 2022".

# MATERIALS AND METHODS

This type of research is a pre-experimental study with a two-group pre-post test design with the population being puerperal mothers. The sampling technique uses kuoa sampling. The samples in this study were 32.16 for the control group and 16 for the treatment group. Treatment is given Health Education on Postpartum Contraception. The statistical test used is to use the Wilcoxon test and the difference test using the whitney mann..

# **RESULTS**

- 1. General Data
- 1. Age of Respondents

**Table 1** Distribution of Respondents Based on Maternal Age in the Working Area of Health Center in the Northern Region of Kediri City in 2022

		Group		Total
		Treatment	Control	
Age	<20	2	1	3
		12.5%	6.3%	9.4%
	20-35	12	14	26
		75.0%	87.5%	81.3%
	>35	2	1	3
		12.5%	6.3%	9.4%
Total		16	16	32
		100.0%	100.0%	100.0%

Based on table 1 above, it is known that most of the mothers in the Health Center city in the Northern Region of Kediri City belong to the age group of 20-35 years, namely 12 (75%) of the treatment group and most of them belong to the age group of 20-35 years, namely 14 (87.5%) of the control group.

# 2. Respondent's Work

**Table 2.** Distribution of Respondents Based on Mother's Work in the Working Area of the Health Center city in the Northern Region of Kediri City in 2022

		Group		Total
		Treatment	Control	
Work	Housewife	7	9	16
		43.8%	56.3%	50.0%
	Privat Employees	5	4	9
		31.3%	25.0%	28.1%
	Entrepreneur	3	3	6
	_	18.8%	18.8%	18.8%
	Government	1	0	1
	Employees	6.3%	0.0%	3.1%
Γotal		16	16	32
	-	100.0%	100.0%	100.0%

Based on table 2 above, it is known that almost half of the mothers in the Health Center Kota North Region work as IRT, namely 7 (43.8%) of the treatment group and more than half of them work as IRT, namely 9 (56.3%) of the control group.

3. Respondent Education

**Table 3** Distribution of Respondents Based on Maternal Education in the Working Area of Health Center kota Wilayah Utara Kota Kediri in 2022

		Group			
		Treatment	Control	Total	
Education	Middle Education	15	15	30	
		93.8%	93.8%	93.8%	
	Higher Education	1	1	2	
		6.3%	6.3%	6.3%	
Total		16	16	32	
		100.0%	100.0%	100.0%	

Based on table 3 above, it is known that almost all mothers in the Health Center Kota North Region of the City work with secondary education, namely there are 15 (93.8%) of the treatment group and almost all mothers in the Health Center City of the Northern Region of the City work with secondary education, namely there are 15 (93.8%) of the control group.

4. Information Status

**Table 4**. Distribution of Respondents Based on the Status of Previous Information of Mothers in the Working Area of the Health Center city in the Northern Region of Kediri City in 2022

		Group		Total	
		Treatment	Control		
Information	Never	13	12	25	
		81.3%	75.0%	78.1%	
	Ever	3	4	7	
		18.8%	25.0%	21.9%	
Total		16	16	32	
		100.0%	100.0%	100.0%	

Based on table 4. above, it is known that most of the mothers in the Health Center Kota North Region work with secondary education, namely there are 13 (81.3%) of the treatment group and most of the mothers in the Health Center City of the Northern Region of the City work with a middle education, namely there are 12 (75%) of the control group.

# 2. Special Data

1. Data on the Use of Postpartum Contraception in the Perlakuam Group in the Working Area of the Health Center city in the Northern Region of Kediri City in 2022

**Table 5** Distribution of Data on the Use of Postpartum Contraception in the Perlakuam Group in the Working Area of the Health Center city in the Northern Region of Kediri City in 2022

		Treatment
Use Of Postpartum	Not Use Contraception	0
Contraception		0.0%
	Use Contraception	16
		100.0%
Total	_	16
		100.0%

Based on table 5 above, it is known that all of the mothers used postpartum contraception after counseling, namely 16 (100%) of the total 16 respondents.

2. Data on the Use of Postpartum Contraception in the Control Group in the Working Area of the Health Center of the Northern Region of Kediri City in 2022

Table 6 Data on the Use of Postpartum Contraception in the Control Group in the Working Area of the Health Center city in the Northern Region of Kediri City in 2022

	Control		
Use Of Postpartum	Not Use	6	
Contraception	Contraception	37.5%	
	Use Contraception	10	
		62.5%	
Total		16	
		100.0%	

Based on table 6 above, it is known that most of the mothers used postpartum contraception after counseling, namely 10 (62.5%) of a total of 16 respondents.

7. The Effect of Counseling on the Use of Postpartum Contraception in Mothers in the Working Area of the Health Center of the Northern Region of Kediri City in 2022

Table 7 The Effect of Counseling on the Use of Postpartum Contraception in Mothers in the Working Area of the Health Center City North Region of Kediri City in 2022

		Group		Total	
		Treatment	Control		
Use Of Postpartum	Not Use	0	6	6	
Contraception	Contraception	0.0%	37.5%	18.8%	
	Use Contraception	16	10	26	
		100.0%	62.5%	81.3%	
Total		16	16	32	
		100.0%	100.0%	100.0%	
P Value :0,007 $\alpha = 0$	),05				

Based on table 7 above, it is known that Based on the statistical test carried out obtained by Asymp. Sig (2-tailed) of  $0.007 < (\alpha = 0.05)$ , then Ho was rejected and H1 was accepted meaning that there was a difference in the use of postpartum contraception between the control group and the treatment group.

# **DISCUSSION**

Based on table 5 above, it is known that all of the mothers used postpartum contraception after counseling, namely 16 (100%) of a total of 16 respondents.

According to Notoatmodjo (2010) Counseling is an effort of persuasion or learning to the community so that people are willing to take actions to maintain, and improve their health. So it can be concluded that Counseling is a form of activity by delivering material on health that aims to change the behavior of the target. Menurut WHO tujuan Penyuluhan kesehatan adalah untuk merubah perilaku perseorangan dan atau masyarakat dalam bidang kesehatan (Effendy, 2012).

According to researchers, counseling is very effective for postpartum mothers to be more interested in the use of postpartum contraception. It is proven by the counseling of all postpartum mothers willing to use postpartum contraception

Based on table 6 above, it is known that most of the mothers used postpartum contraception after counseling, namely 10 (62.5%) of the total 16 respondents.

According to researchers in the control group, only most of them want to use postpartum contraception, this is due to the fact that in the control group, they are not given counseling but only limited to puerperal visits, although in the puerperal visits also discuss postpartum contraception but not as deep as during counseling.

Based on table 7 above, it is known that Based on the statistical test carried out obtained by Asymp. Sig (2-tailed) of  $0.007 < (\alpha = 0.05)$ , then Ho was rejected and H1 was accepted meaning that there was a difference in the use of postpartum contraception between the control group and the treatment group the Working Area of Health Center in the Northern Region of Kediri City in 2022.

According to Notoatmodjo (2012), knowledge is the result of knowing that occurs after people have sensed a certain object and is a very important domain for the formation of one's actions. A sufficient level of knowledge about Postpartum Contraception will make mothers know things related to Postpartum Contraception so that mothers agree to the use of postpartum contraception.

This is in line with Endah Widoro's research in 2015 entitled The Effect of Family Planning Counseling on the Level of Knowledge and Interest in Becoming an Acceptor of Postpartum Family Planning at the Mlati II Yogyakarta Health Center stated that the results of this study there is an influence of family planning counseling on the level of family planning knowledge after childbirth at the Mlati II Yogyakarta Health Center.

According to researchers, there is a difference between the use of postpartum contraception between the control group and the treatment group after counseling because at the time of counseling the provision of information is more intensive and in-depth, therefore mothers are easier to understand and understand so that many use postpartum contraception

# **CONCLUSION**

The result of this study there are differences in the use of postpartum contraception between the control group and the treatment group.

# **REFERENCES**

Arikunto, Suharsimi. 2006. Prosedur Penelitian Suatu Pendekatan Praktik. Jakarta: Rineka Cipta.

Azwar, S. 2005. Sikap Manusia dan Teori Pengukurannya. Yogyakarta: Pustaka Pelajar.

Badan Kependudukan dan Keluarga Berencana Nasional. 2017. Peraturan Kepala Badan Kependudukan Dan Keluarga Berencana Nasional Nomor 24 Tahun 2017 Tentang Pelayanan Keluarga Berencana Pasca Persalinan Dan Pasca Keguguran. Direktorat Kesehatan Reproduksi.

BKKNBN Jaw Timur. 2020. Laporan KInerja Instansi Pemerintah.

Endah Widoro Rahayu. 2015. Pengaruh Konseling Keluarga Berencana Terhadap Tingkat Pengetahuan Dan Minat Menjadi Akseptor Keluarga Berencana Pasca Persalinan Di Health Center Mlati II Yogyakarta. Sekolah Tinggi Ilmu Kesehatan 'Aisyiyah Yogyakarta.

Feryanto, Achmad. 2011. Asuhan Kebidanan Patologis. Jakarta: Salemba Medika.

Kemenkes RI, 2018. Profil Kesehatan Indonesia 2018. KEMENTERIAN KESEHATAN REPUBLIK INDONESIA 2019.

Machfoedz, Ircham. 2008. Metodologi Penelitian. Yogyakarta: Fitramaya.

Mubarak, Wahit Iqbal. 2011. Promosi Kesehatan untuk Kebidanan. Jakarta: Salemba Medika.

Muslihatun, Nur Wafi. 2009. Dokumentasi Kebidanan. Yogyakarta: Fitramaya.

Nirmala, Dkk. 2010. Asuhan Kebidanan Masa Kehamilan. Yogyakarta: Graha Ilmu.

Nursalam. 2009. Konsep dan Penerapan Metodologi Penelitian Ilmu Keperawatan Pedoman Skripsi, Tesis dan Instrumen Penelitian keperawatan. Jakarta: Salemba Medika.

Notoatmodjo, Soekidjo. 2012. Promosi Kesehatan dan perilaku Kesehatan. Jakarta: Rineka Cipta.

Notoatmodjo, Soekidjo. 2010. Metodologi Penelitian Kesehatan. Jakarta: Rineka Cipta Prawirohardjo.

Pieter, Lubis (2015). Pengantar psikologi untuk kebidanan, Jakarta: Kencana prenada Media Group.

Riduwan. 2009. Skala Pengukuran Dalam Penelitian. Bandung: ALFABETA.

Saifudin. 2004. Acuan Nasional Pelayanan Kesehatan Maternal dan Neonatal. Jakarta: Yayasan Bina Pustaka Prawirohardjo.

Setiawan, Saryono. 2011. Metodologi Penelitian Kebidanan DIII, D IV, S1 dan S2. Yogyakarta: Nuha Medika.

Sugiyono. 2009. Metode Penelitian Pendidikan. Bandung: ALFABETA.