Survey of Family Reproduction Objectives in Independent Midwife Practice in Bireuen District

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Abstract

Family Planning (FP) is a government program designed to balance needs and population. Couples who use FP usually have their own goals, including postponing pregnancy, spacing pregnancies, or limiting pregnancies. The purpose of this study was to see the reproductive goals of families in independent practice of midwife Bireuen Regency. The type of research used is descriptive correlation, which was conducted from May to June 2024. The research instrument used was google form. The research sample was collected using a total sampling technique with a sample size of 32 respondents. The analysis technique in this study used univariate and bivariate analysis using the chi-square test. Data processing was carried out through the stages of coding, data tabulation, data analysis, and data interpretation. The results of this study showed that there is a relationship between the age of the respondent's last child and the family's reproductive goals (p value 0.024), the reproductive goals of respondents in Bireuen Regency were mostly to space pregnancies (75%), and the type of contraception used most was the 3-monthly injection type (50%). From the results of this study, it is expected that fertile age couple needs to improve knowledge and good health behavior, especially actively participating in obtaining family planning services that are in accordance with the needs and reproductive goals of each family to regulate pregnancy which can improve maternal health.

Keywords: Acceptors, Family Planning, Reproductive Goals

Introduction

Family planning is an effort to regulate the number of children in a family based on joint choices and decisions between married couples. The global working guidelines developed by the WHO call for increased efforts in advocating for recognition of the importance of family planning in achieving health and development goals at all levels. However, the presence of traditional beliefs, religious barriers, and a lack of male involvement have weakened this family planning program intervention (Rizky, 2023).

Family planning allows couples to get the desired number of children, and to determine the distance between pregnancies. This can be achieved through the use of contraceptive methods and infertility treatment. Contraceptive information and services are essential to the health and human rights of every individual (BKKBN, 2020).

Prevention of unwanted pregnancies helps reduce pregnancy-related maternal morbidity and mortality. Delaying pregnancy at a young age that has a higher risk of health problems due to giving birth at an early age, and preventing pregnancy in older women who also face increased risk, are important health benefits of family planning (WHO, 2023).

The Sustainable Development Goals (SDG'S) set for 2030 need to ensure that sexual and reproductive health services are widely available and used. This includes supporting contraceptive services through effective government policies and providing high-quality services to the community (Podungge et al., 2022). WHO seeks to promote contraception by creating evidence-based guidelines on the safety and service delivery of contraceptive methods and

ensuring human rights in contraceptive programs. WHO also develops quality standards and provides prequalification of contraceptive commodities

In 2021, among the 1.9 billion women of reproductive age worldwide there were 1.1 billion women in need of family planning. Of these, 874 million use modern contraceptive methods, and 164 million do not use contraception. In 2022, the global prevalence of contraception with any method is estimated at 65% and modern methods at 58.7% for married women. According to WHO, in 2023, as many as 257 million women of childbearing age do not use contraception. Reasons include limited access to contraceptive services, limited choice of methods, fear or experience of side effects, cultural or religious conflict, poor quality of services available, and gender-based barriers.

The Family Planning Program (KB) is also useful for realizing access to reproductive health as stated in the 2015 Millennium Development Goals (MDGs) in indicator 5b, one of which is to increase *Contraceptive Prevalence Rate* (CPR) (Pinem, 2019). There are many types of contraceptives, but not all types are suitable for all situations. The most appropriate method of contraception depends on the individual's overall health, age, frequency of sexual activity, number of sexual partners, desire to have children in the future, and history of certain diseases in the family. The proportion of family planning needs today is dominated by modern methods. Between 2000 and 2020, the number of women using modern contraceptive methods increased from 663 million to 851 million. It is estimated that there will be an additional 70 million women by 2030. Between 2000-2020, the contraceptive prevalence rate increased from 47.7 to 49.0%.

The percentage of women aged 15-49 years and married status who are using/using contraception in Aceh Province in the last 3 years has continued to increase, reaching 43.38% in 2021, increasing to 43.64% in 2022, and continuing to increase until 2023 to 44.30%. Bireuen Regency in 2023 will have a total of 83,341 PUS. The number of active condom birth control participants was 2,621 people, injection 30,323 people, pills 11,094 people, IUD 2,006 people, Implant 1,976 people, tubectomy 1,334 people, and as many as 2,923 people dropped out with birth control, due to several factors, including no longer needing contraceptive methods, wanting to get pregnant again, and fear of side effects.

Methods

The type of research used is descriptive correlation using the chi square statistical test, from May to June 2024. The research instrument uses *a google form*, which is disseminated online through social media. The population in this study is all family planning acceptors who come to visit the Bireuen Regency Midwifery Independent Practice. The research sample was collected by a total sampling technique with a sample of 32 respondents, with inclusion criteria namely active family planning acceptors who came to visit the Marhani Midwife Independent Practice, lived in the Bireuen Regency area, were still menstruating, and were willing to become respondents. Meanwhile, the exclusion criteria are family planning acceptors who are not willing to be research respondents and live outside the Bireuen Regency area.

The data included in the univariate analysis were variables from the characteristics of the respondents including age, education, occupation, parity, age of the last child, family income, reproductive goals, type of contraception, length of time as a family planning acceptor, and side effects of contraceptive use. Bivariate analysis uses the Chi Square test. Data processing is carried out through the stages of coding, data tabulation, data analysis, and data interpretation.

Results

Based on the data that has been collected, the results can be presented in the following frequency distribution table:

Table 1. Characteristics of Respondent's Age

Characteristics	Sum	Percentage
Age:		
a. <21	0	0
b. 21-35	24	75
c. >35	8	25
Education:		
a. Basis	0	0
b. Intermediate	23	72
c. Tall	9	28
Work:		
a. Hausewife	21	66
b. Teacher	5	16
c. Self employed	6	18
Parity:		
a. Primipara	8	25
b. Multipara	21	66
c. Grandemultipara	3	9
Age of the last child:		
a. 0-12 months	17	53
b. 1-2 years	9	28
c. 2-3 years	2	6
d. 3-5 years	4	13
Family income:		
a. <1.500.000	6	19
b. 1,500,000 ≤ 2,500,000	19	59
c. 2,500,000 ≤ 3,500,000	4	13
d. ≥ 3,500,000	3	9

Table 1 above states that the characteristics of respondents based on the age of the majority are in the age category of 21-35 years (75%), the last education of most of the respondents is in the secondary level category, namely at the junior high school and high school levels (72%). As many as 66% of respondents are housewives, as many as 66% of respondents have had 2-4 children (multipara), with the youngest child age being 0-12 months (53%), and family income in a month range from Rp. 1,500,000 ≤ 2,500,000 (59%).

Table 2. Respondent's Reproductive Goals

Reproductive Purpose	Sum	Percentage
a. Delay pregnancy	8	25
b. Describing Pregnancy	24	75
c. Ending a Pregnancy	0	0
Sum	32	100

The reproductive goals of the respondents in Table 2, explained that most of the respondents chose to shorten the pregnancy (75%) at an average age that was still productive. In addition, respondents reasoned that they still want another child after the youngest child is more than 2 years old.

Table 3. Types of Contraception

Types of Contraception	Sum	Percentage
a. Pill	1	3
b. 1 month injection	12	38
c. 3-month injection	16	50
d. IUD	2	6
e. Implant	1	3
Sum	32	100

Based on Table 3 above, it can be seen that some respondents prefer to use 3-month injection contraception (50%), with the reason that it is easy to use. Another reason respondents said they felt more suitable for this type of contraception.

Table 4. Long Time as a Family Planning Acceptor

Long time as a family planning acceptor	Sum	Percentage
a. <1 year	24	75
b. 1-2 years	5	16
c. >2 years	3	9
Sum	32	100

Most of the respondents who have become family planning acceptors have used contraception for less than 1 year (75%). The average respondent only wants to use the short-term method, because they still want to program the pregnancy for the future.

Table 5. Side Effects of Contraceptive Use

Side Effects	Sum	Percentage
a. Experience	27	84
b. Not experiencing	5	16
Sum	32	100

Table 5 above explains that the majority of respondents who use contraceptives experience side effects (84%) from the use of contraceptives. Some of the side effects experienced by respondents were dizziness, weight gain, nausea, and menstrual disorders.

Table 6. The Relationship between the Age of the Last Child and Family Reproductive Goals

			Reproductive Purpose		Total	P value
			Delay Pregnancy	Describing Pregnancy		
Last Child's Age	0-12 months	Count	8	9	17	
		Expected Count	4.3	12.8	17.0	
		% within Last Child's Age	47.1%	52.9%	100.0%	
	1-2 years	Count	0	9	9	
		Expected Count	2.3	6.8	9.0	
		% within Last Child's Age	0.0%	100.0%	100.0%	
	2-3 years	Count	0	2	2	
		Expected Count	.5	1.5	2.0	0.024
		% within Last Child's Age	0.0%	100.0%	100.0%	
	3-5 years	Count	0	4	4	
		Expected Count	1.0	3.0	4.0	
		% within Last Child's Age	0.0%	100.0%	100.0%	
Total		Count	8	24	32	
		Expected Count	8.0	24.0	32.0	
		% within Last Child's Age	25.0%	75.0%	100.0%	

In the bivariate analysis in table 6, it is known that respondents who have the youngest child with the age of 0-12 months prefer reproductive goals to shorten pregnancy by 52.9%. The result of the chi square test is a p value of 0.024 so that

there is a relationship between the age of the respondent's last child and the family's reproductive goals

Discussion

The results of the survey on family reproductive goals in Table 2, explained that most respondents chose to shorten the pregnancy (75%). This result is related to the age of the respondents who are still in the productive category (21-35 years old) on average. In addition, respondents reasoned to delay pregnancy because they still want another child after the youngest child is more than 2 years old.

The use of contraceptive types is also influenced by the age of the respondents, who on average are still classified as productive age. Some respondents prefer the use of modern contraception of the 3-month injection type. The reason is because it feels suitable, easy to access and use, and the side effects are still relatively mild. WHO data in 2023 states that the proportion of women of childbearing age who use modern contraceptive methods (indicator 3.7.1 in the SDG's) is 77.5% globally in 2022, an increase of 10% since 1990 (67%). In its implementation, the Population and Family Planning Agency (BKKBN) continues to socialize and encourage the public to use contraceptive methods, such as birth control pills, condoms, IUDs, and others as needed (Affandi, 2013).

In Raudhati's research (2023), the results were obtained that there was a relationship between the reason for the visit and the choice of injectable contraceptive method by the birth control acceptor in PMB Bireuen Regency. The most commonly used type of contraception is the modern type of contraception that contains hormones, namely 3-month injection contraception (55.6%), with the most dominant reason being the convenience of its use (48.6%). The survey results explained that the use of 3-month injections is not too difficult, even though there are problems in the menstrual cycle. However, this problem is not a problem for respondents to switch to other methods, because the side effects felt are still in the mild category, such as weight gain, dizziness, nausea, spotting, and amenorrhea (Monayo et al., 2020; Setyoningsih, 2020).

Based on BKKBN (2018), it is known that the interest of birth control participants to choose the injection method is higher than other contraceptive methods, and of the injectable birth control used, the most widely used type is the type of injectable birth control DMPA (Depo Medroxy Progesterone Acetate) or 3 months compared to the type of injectable birth control 1 month. This injectable type of hormonal contraception in Indonesia is increasingly used for various reasons, such as its effective way of working, practical use, relatively cheap and safe, works for a long time, does not interfere with breastfeeding, and can be used immediately after a miscarriage or after the postpartum period. In addition, the selection of independent practice midwives is widely chosen by the community or family planning acceptors as a place for family planning services (Anggriani et al., 2019).

The results of this study are almost similar to previous studies (Raudhati, 2023), where respondents preferred to use the 3-month injection contraceptive method (50%), followed by the 1-month injection method (38%), followed by the IUD contraceptive method (6%), pills (3%), and Implant (3%). The duration of contraceptive use is still less than 1 year (75%), so many respondents are still adjusting to the side effects of contraceptive use. The side effects felt by respondents most often were changes in the menstrual cycle, dizziness, nausea, and weight gain. This is supported by data that the most dominant respondents use hormonal contraceptives (3 monthly injections).

Couples who participate in the Family Planning Program usually have their own goals, because Family Planning is not only useful in reducing the number of births, but can also aim to: 1) improve the health of mothers and children

by controlling births and ensuring a controlled population; 2) forming a prosperous small family in accordance with the family's economic conditions; 3) increasing public awareness in the use of contraceptives; 4) to create a small family with only two children; 5) preventing marriage at an early age; and 6) reduce maternal and infant mortality due to pregnancy at too young or too old age (Kemenkes RI, 2018; Cleland et al., 2006).

This study also stated that the number of respondent children mostly amounted to 2-3 children, with the youngest child still in the range of 0-12 months. So that it allows respondents to shorten pregnancy in achieving reproductive goals in the family because the child is still young. Parity is the number or number of deliveries that a mother has experienced, both born alive and dead. Parity 2 to 3 is the safest parity reviewed from the point of view of maternal death. Mothers with a high parity of more than 3 have a high maternal mortality rate because mild to severe reproductive health disorders (endometrial disorders) can occur due to repeated pregnancies. Meanwhile, the first parity is risky because the uterus is the first to receive the results of conception and the ability to develop uterine muscles is still limited for fetal growth (Prawirohardjo, 2017).

The results of the survey in this study related to the average family income of 1.5-2.5 million in a month are also a consideration for families to prioritize the current basic needs of the family so that they are met materially and non-materially and minimize excessive expenses. This is also the reason that one of the advantages of using 3-month contraception for families is the relatively low cost of expenses.

Ismah research results (2021), there were 46.2% of PUS who did not use contraceptives (95% CI 39.5-52.9). PUS mostly uses the type of 3-month injectable birth control (13.8%). PUS has more than 2 children at most with a maximum number of 7 children is 1.4% (CI 95% 0.0-3.3). As many as 6.2% (95% CI 3.3 – 9.5) PUS do not use contraceptives. The most common distribution of knowledge about the benefits of contraceptives is delaying pregnancy (75.7%), and the least is the benefit of contraceptives for planning the number of children (16.7%), while for regulating pregnancy spacing is only 36.2%.

In the bivariate analysis in table 6, it is known that respondents who have the youngest child with the age of 0-12 months prefer reproductive goals to shorten pregnancy by 52.9%. The result of the chi square test is a p value of 0.024 so that there is a relationship between the age of the respondent's last child and the family's reproductive goals. According to respondents who on average still have children in the age range of 0-12 months, they think that they must meet the needs of their children by breastfeeding up to 2 years, receiving enough attention and affection to their children. In addition, mothers will also be more flexible in managing their time to take care of their home, children, and family needs. Until now, 3-month injection contraception is still a trend among reproductive-age mothers. This study is in line with the results of previous research conducted by Aryati, et al (2019), which showed that the results of the study showed that the use of contraceptive injections remains a trend in choosing contraceptive methods by Women of Childbearing Age (WCA) in Palembang City.

Conclusion

The conclusion of this study is that there is a relationship between the age of the respondent's last child and the reproductive goals of the family (p value 0.024), the reproductive goals of respondents in Bireuen Regency are mostly to space pregnancies (75%), and the type of contraception used is mostly the 3-monthly injection type (50%). There are many reasons behind respondents wanting to space their pregnancies, including because they still want another

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child after the youngest child is more than 2 years old, and the average age of respondents is still in the productive age range. The type of contraception most widely used is the 3-monthly injection, for reasons of suitability, safety, effectiveness in preventing pregnancy, easy to use because you don't need to remember to take pills every day, you don't need to calculate the fertile period, and in terms of cost it is relatively cheaper.

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References

Affandi, B. (2013). Buku Panduan Praktis Pelayanan Kontrasepsi. In *PT Bina Pustaka Sarwono Prawirohardjo*.

Anggriani, A., Iskandar, D., & Aharyanti, D. (2019). Analisis Pengetahuan dan Alasan Penggunaan Kontrasepsi Suntik di Masyarakat Panyileukan Bandung. *PHARMACY: Jurnal Farmasi Indonesia (Pharmaceutical Journal of Indonesia)*. https://doi.org/10.30595/pharmacy.v16i2.5771

Aryati, S., Sukamdi, S., & Widyastuti, D. (2019). Faktor-Faktor yang Mempengaruhi Pemilihan Metode Kontrasepsi (Kasus di Kecamatan Seberang Ulu I Kota Palembang). *Majalah Geografi Indonesia*. https://doi.org/10.22146/mgi.35474

BKKBN. (2018). Kesehatan Reproduksi Wanita. In *Bkkbn*.

BKKBN. (2020). Peran Gender dalam Ber-KB. *BKKBN*.

Cleland, J., Bernstein, S., Ezeh, A., Faundes, A., Glasier, A., & Innis, J. (2006). Family planning: the unfinished agenda. *The Lancet*, *368*(9549), 1810–1827.

Ismah, Z. (2021). Survey Penggunaan Kontrasepsi serta Jumlah Anak pada PUS di Kota Medan. *Contagion: Scientific Periodical Journal of Public Health and Coastal Health*. https://doi.org/10.30829/contagion.v3i1.9371

Kemenkes RI. (2018). Menjaga Kesehatan Ibu dan Anak. *WartaKESMAS*.

Monayo, E. R., Basir, I. S., & Yusuf, R. M. (2020). Efek Samping Penggunaan Kontrasepsi Hormonal di Wilayah Kerja Puskesmas Buhu Kabupaten Gorontalo. *Jambura Nursing Journal*. https://doi.org/10.37311/jnj.v2i1.6860

Pinem. (2019). Kesehatan Reproduksi dan Kontrasepsi. *Jakarta: Trans Info Media*.

Podungge, Y., Rasyid, P. S., Igirisa, Y., & Claudia, J. G. (2022). Kesehatan Perempuan Dan Perencanaan Keluarga - Google Books. In *Deepublish*.

Prawirohardjo. (2017). Ilmu Kebidanan, Penyakit Kandungan & Keluarga Berencana Untuk Pendidikan Bidan. In *Cetakan I*.

Raudhati, S. (2023). *Analisis Alasan Kunjungan Terhadap Pilihan Metode Kontrasepsi Suntikan pada Akseptor KB di PMB Kabupaten Bireuen*. *9*(1).

Rizky, A. (2023). KEPERAWATAN MATERNITAS DAN KELUARGA BERENCANA. *Repository Alungcipta*. https://doi.org/10.59000/ra.v1i1.2

Setyoningsih, F. Y. (2020). EFEK SAMPING AKSEPTOR KB SUNTIK DEPO MEDROKSI PROGESTERON ASETAT (DMPA) DI BPM FITRI HAYATI. *Jurnal Kebidanan Malahayati*. https://doi.org/10.33024/jkm.v6i3.2743

WHO. (2023). *Contraception*. World Health Organization. https://www.who.int/health-topics/contraception#tab=tab_1

WHO. (2023). Family Planning/Contraception Methods. World Health Organization. https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception