

THE RELATIONSHIP BETWEEN
KNOWLEDGE AND INTERESTS
OF THIRD
TRIMESTER PREGNANT WOMEN
ACCOMPANIED BY STUDENTS
OF DIPLOMA III MIDWIFERY
PROGRAM IN PARTICIPATING IN
POSTPARTUM FAMILY

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by Atik Purwandari

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THE RELATIONSHIP BETWEEN KNOWLEDGE AND INTERESTS OF THIRD TRIMESTER PREGNANT WOMEN ACCOMPANIED BY STUDENTS OF DIPLOMA III MIDWIFERY PROGRAM IN PARTICIPATING IN POSTPARTUM FAMILY PLANNING (PPFP) OF MANADOCITY

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ABSTRACT

It is estimated that four and a half million women in Indonesia give birth annually. The World Health Organization (WHO) recommends delaying for at least two years before becoming pregnant again, for the welfare of infants, mothers and families. In Indonesia, about one third of pregnant women get pregnant again in less than two years after the last birth. This study aims to analyze and determine the relationship between knowledge and interests of the trimester pregnant women accompanied by the students of Diploma III Midwifery program to the use of postpartum family planning (PPFP) in Manado city.

This analytic study used a cross sectional approach. The sample was 50 third trimester pregnant women who checked their pregnancy accompanied by the student of Diploma III Midwifery program in Manado city. The data was analyzed using bivariate analysis with statistical test of "Pearson's Chi Square".

The results showed that the 17 respondents (34%) had good category of knowledge and 33 (66%) respondents were in moderate category. For interest to use PPFP, 43 (86%) showed their interest while 7 (14%) did not. The p-value taken from the statistical analysis was 0.041 or < 0.05; thus, there was a relationship between the third trimester pregnant women's knowledge and the interests to use PPFP at the public health center of Manado. It is suggested that counseling should be more improved especially on postpartum contraceptives and P4K activities for pregnant women should be planned well from pregnancy to the use of PPFP in accordance with the intranatal mandate or *Amanat Persalinan*.

Keywords: Knowledge, Interests, Postpartum Contraceptives

INTRODUCTION

An estimated four and a half million women in Indonesia give birth annually. The World Health Organization (WHO) for the welfare of infants, mothers, and families suggests delaying for at least two years before becoming pregnant again. In Indonesia about one third of pregnant women get pregnant again in less than two years after the last birth. This means that mothers, labor, pregnancy, and babies are at increased risk of poor outcomes. The infant

mortality rate (IMR) in Indonesia is 24/1000 live births, while in Vietnam and in Thailand, it is only 18/1000 and 11/1000 live births respectively. About 83% of Indonesian women give birth with the help of trained attendants. Postpartum Family Planning (PPFP) is an opportunity to reach these women and enable BKKBN to achieve its goal of increasing Contraceptive Prevalence Rate (CPR) (JHPIEGO, 2016).

The high maternal mortality rate (MMR) and IMR in Indonesia shows the

magnitude of health problems. MMR is one of the sensitive indicators in describing the welfare of people in a country (MoH of RI, 2014). Besides, IMR is one indicator in assessing the welfare and health status of a nation. One effort to reduce MMR and IMR is through the Family Planning Program as an effort to prevent unwanted pregnancy. Law Nu. 36 article 78 on Health services in family planning is intended for the regulation of pregnancy for couples of childbearing age to form a healthy and intelligent next generation. The health services include services at period of pre-pregnancy, pregnancy, childbirth, and postpartum.

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Based on 2015 Intercensal Population Survey (*Survei Penduduk Antar Sensus/SUPAS*), the target of 2015 Millennium Development Goals (MDGs) in terms of IMR and under-five mortality rate (UMR) reached 23 per 1000 live births and 32 per 1000 live births respectively. On that survey, 32.5% of maternal deaths were due to women's age that was too young and old and 32.4% were caused by the number of children that was more or equal to three (Manurung, 2016). According to Indonesia Demographic and Health Survey (IDHS), 65% of women during childbirth period 0-12 months wished to avoid pregnancy in the next 12 months but did not want to use contraceptives.

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Family Planning (FP) may prevent more than 30% of maternal mortality and 10% of infant mortality if the couple keeps the pregnancy distance more than two years. The pregnancy distance that is too close from the previous pregnancy is at high-risk for mothers and babies because it leads to an increased risk of unexpected labor such as premature babies, low-weight babies, and small infants compared to their gestational age. Pregnancy that occurs

within six months after the last delivery has an increase in abortion of 75 times and an increase in the stillborn 1.6 times. During the puerperium period, pregnancy remains risky despite breastfeeding the child. A study in Egypt found that 15% of nursing mothers who did not use contraceptives with the Amenorrhea Lactation Method (ALM) had a pregnancy before menstruation (Population Council, 2015).

Implementation of contraception and health services should make use of Family Planning (FP) as a regulation of pregnancy for couples of childbearing age in order to form the next generation of healthy and intelligent (Regulation of Minister of Health, Number 97 year 2014). FP services are one of the essential efforts of public health and are provided through quality contraceptive services in order to fulfill the client's reproductive rights (Manurung, 2016).

The highest death risk is experienced by women who return pregnant in less than 12 months after delivery. The very short interval (Birth to Pregnancy Intervals/BTPI) that is less than 12 months, according to the survey, did not much happen (14%), but the most common was after 12 -35 months with 42% of babies born, and these babies were also still at risk of having bad outcomes. About 83% of Indonesian women give birth with the help of trained attendants. Targets of CIE, counseling and FP services throughout the reproductive age (PPFP) can be achieved through: KIA (maternal and child health) book and maternity class, while the counseling services can be obtained through integrated ANC. For PPFP agreement, it can be achieved through the *3* *manah Persalinan* (intranatal mandate) in delivery planning and complication prevention program or *program perencanaan*

persalinan dan pencegahan komplikasi (P4K) (JHPIEGO, 2016).

Regulation of the Head of National Family Planning Coordinating Board No. 146/Hk-010/B5/2009 concerning guidelines for postpartum and post-miscarriage family planning services for maternal, infant and child survival serves as a basis for providing postpartum and post-miscarriage care services. At Postpartum, ovulation may occur within 21 days whereas at postpartum, ovulation may occur within 11 day. According to unmet need of contraceptives, 92-97% of women did not want to get pregnant again in 2 years after the first birth, 35% of women wanted to bear more children in less than 2 years and 40% of women wished to use birth control without using contraception. Postpartum contraception is part of postpartum FP care services after birth (Affandi, 2016).

Based on the results of JHPIEGO's assessment with the Ministry of Health and BKKBN carrying out basic data assessment on six privately practising midwives and 16 hospitals from April to June 2015, it indicated that postpartum FP (PPFP) services were not well documented, but at these facilities, they reported providing PPFP services and contraceptives in the form of injections and pills (not recommended in the WHO MEC). Based on the results of the assessment, only one of 43 health facilities admitted giving MAL and half of private midwives admitted providing postpartum IUD services (PPIUD). However, during 2014 each midwife injected less than ten IUDs and only one midwife gave postpartum implant services. Nearly half of the hospitals provided postpartum IUD services (mostly during cesarean section), and one hospital performed implantation before the patient was discharged, while six of 16 hospitals

admitted to perform sterilization (male/female surgical methods).

According to Manado Health Office, the implementation of PPFP has not run yet. Besides, training for midwives in terms of the implementation of balanced counseling had also not been present yet.

One of the efforts to help reduce maternal mortality is through continuity of care from pregnancy, childbirth, newborn, and family planning. Since 2 years ago, the Midwifery Program has implemented maternal assistance through P4K stated in *Amanat Persalinan*. In 2015, 2016, and 2017, there were 84, 91, and 101 respectively pregnant women accompanied by the students of Diploma III Midwifery Study Program.

FP counseling should start from antenatal, continued at the time of delivery and during the postpartum period (Affandi, 2016). The choice of contraception based on complete information will result in a rational choice of contraceptive methods. Rational contraceptive choices consider the aspects of contraceptive technology effectiveness, the goal of the use of contraception, and the acceptor criteria from the medical aspects.

METHOD

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This analytical study used a cross sectional approach. The population was 101 third trimester pregnant women who checked their pregnancy accompanied by the students of Diploma III Midwifery in Manado city while the selected number of samples was 50 calculated using the Slovin formula. The data was analyzed with statistical test of "Pearson's Chi Square" using SPSS for Windows with significance level $\alpha = 0.05$.

RESULTS

1. General Description of Respondents

a. Age

In this study, 44 respondents (88%) were 20-35 years of age, and 3 (6%) were <20 and > 35 years old.



Figure 1.

Distribution of Respondents by Age at Health Center of Manado City

b. Occupation

Forty-seven respondents (94%) did not work and only 3 (6%) worked

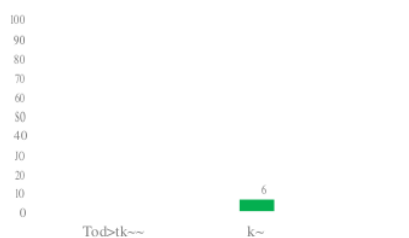


Figure 2.

Distribution of Respondents by Occupation at Health Center of Manado City.

c. Education

For educational background, forty respondents (80%) finished senior high school, 8 (16%) finished junior high school, while only 2 (4%) held a bachelor degree.



Figure 3. Distribution of Respondents by Education at Health Center of Manado City

d. Parity

For parity, 42 respondents (82%) were multiparous and only 8 (16%) were primiparous.



Figure 4. Distribution of Respondents by Parity at Health Center of Manado City

5. Knowledge

Based on the results of study, 33 respondents (66%) had moderate knowledge, whereas 17 (34%) respondents had good knowledge.



Figure 5. Distribution of Respondents by Knowledge at Health Center of Manado City

6. Interest

For the interest to use contraceptives, 43 respondents (86%) were interested and 7 (14%) were not.



Figure 6. Distribution of Respondents by Interests to use contraceptives at Health Center of Manado City

7. Interest in Using PFP

Most respondents or 41 women (82%) were interested in using contraceptives after discharging and only 9 (18 %) were not.

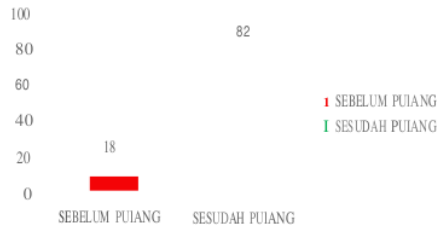


Figure 7. Distribution of Respondents by Interest in Using PFP at Health Center of Manado City

8. Contraceptive Method

Injections were chosen by the majority of 41 respondents (82%) while 3 (6 %) chose IUD, and 4 (8%) chose implant and other methods such as pill and MOW.

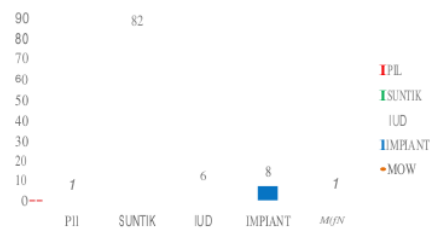


Figure 8. Distribution of Respondents by Choice of Contraceptive Type at Health Center of Manado City

9. Reason not to use contraceptives before discharge

As many as 12 respondents (23%) did not want to use contraceptive because they wanted to recover or restore the condition after delivery and 5 (10%) would use after 40 days due to habitual or cultural habit. The other reasons were that they waited for menstruation and approval from their husband.

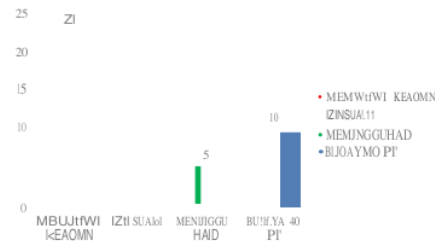


Figure 9. Distribution of Respondents by Reasons not to use PFP before discharge at Health Center of Manado City

Bivariate Analysis

Table 1. The relationship between Knowledge and Interests of Third Trimester Pregnant Women in Using Postpartum Family Planning at Health Center of Manado City

BAIK	17	0	17	
CUKUP	32		33	
KURANG	0	0	0	0,041
TOTAL	49		50	

Based on the results of the analysis, there was a relationship between knowledge and interests of third trimester pregnant women in using PFP at Health Center of Manado City with a p-value of 0.041 or <0.05.

DISCUSSION

Family planning (KB) is an attempt to create a happy and prosperous family through regulating the birth of children by delaying the birth of the first child, spacing the birth of the next child, and limiting the birth of subsequent child through the use of contraceptive tools after childbirth.

Postpartum period is a period commencing from birth, followed by placental birth, to the recovery of uterus as

before pregnancy, taking about 40 days. Counseling on family planning begins at the time of the antenatal care visit to health care facilities by health personnel (doctors / midwives). At the time of the antenatal care, women will get counseling about family planning, nutrition and exclusive breastfeeding, and the preparation of delivery by health personnel.

Based on the results of the study, 44 (88%) respondents aged 20-35 years old were healthy reproductive age and 42 (82%) respondents were multigravida, which influenced the interest to follow FP. According to Sudarti and Prasetyaningtyas's study (2011), people in Demak Regency have an interest in family planning and a steady decision in the participation of family planning due to the consideration of high-risk age for childbirth. It is related to Pendit's opinion (2006) that a woman's age can affect the compatibility & acceptability of certain contraceptive methods.

Based on the results of research, most of the respondents have high school education background. Purwoko (2000) argued that the higher the education rate of couples who participate in family planning, the greater the couples view their children as an important reason for family planning, so the higher the education the higher the proportion of those who know and use contraception to limit the number of children.

Knowledge generally comes from experience and can also be obtained from information submitted by others, books, newspapers or mass media. Lack of knowledge of prospective acceptors is very influential on the use of contraception; especially about Postpartum FP. This study aimed to identify the knowledge possessed by the respondents about postpartum FP

through several questions. Knowledge raises one's awareness that eventually triggers to behave in accordance with the knowledge owned (Notoatmodjo, 2003). The better a person's knowledge of an object will result in the higher awareness to perform actions in accordance with knowledge owned.

This study shows that although the respondents had sufficient knowledge, they did not want to participate as acceptors before returning home. Based on the results of the study, the mindset in the community about the habit or culture regarding the use of contraceptives prevented participation in family planning.

Interest is a one's psychical aspect that creates a sense of love or interest in something and is able to influence the person's actions. Interests have a close relationship with encouragement within the individual that then raises the desire to participate or engage in a particular interest. The result of the study showed that all respondents with good knowledge were interested to participate in family planning and only 1 of all respondents with sufficient knowledge was not interested in participating in postpartum FP, but in the application, the respondent followed FP, through mentoring process by students of D3 Midwifery Program in P4K based on *Amanah Persalinan* so that counseling about FP can be given since pregnancy.

Factors of environmental culture also affect the interest to participate in family planning. The study conducted by Bongsu (2006) showed the influence of cultural, social, personal and psychological factors on decisions in the use of services. The study conducted by Harlah (2009) showed the influence of environmental culture on the interest of the participation of childbearing couples in the Family Planning Program

In this study, the reasons of the acceptor candidate not to follow FP before

going home is the cultural or habit factors that exist in society, namely the use of contraceptive device after 40 days of birth. The result of analysis showed there was a relationship between knowledge and interests in participating as FP acceptors, where most of respondents knowledge was in moderate level and most respondents were interested to follow FP. 43 respondents (86%) were interested in FP and 7 (14%) were not. This means that although most of the knowledge of respondents was sufficient and most respondents were interested to join FP, in the application all were willing to follow FP.

This study obtained a p-value of 0.041 <0.05 which means there was a relationship between knowledge and interests of third trimester pregnant women in following Postpartum FP. Most of the respondents were in the good level of knowledge, and interested in FP. In counseling from pregnancy to participating in family planning programs, ANC counseling has been often given to obtain pre-natal preparation and contraceptives discussed with the husband even though initially the respondents were not interested to follow FP or use contraceptives.

SUGGESTIONS

1. Counseling is further enhanced, especially about Postpartum FP.
2. P4K activities should be optimized for pregnant women so that planning from pregnancy to PFP can be done through *the Amanah Persalinan*.

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