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Overview of Long-Term Contraceptive Method Selection in Post-Section Caesarea in Tabanan Regional General Hospital

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ABSTRACT

Family planning aims to regulate birth of children, ideal birth distance and age, regulate pregnancy, through promotion, protection and assistance according reproductive rights to create a quality family. This research determined overview of the choice of long-term contraceptive methods in post caesarean section at Tabanan Regional Hospital. The design used descriptive observational and conducted at Tabanan Regional Hospital on 28 September – 10 November 2024 with 40 respondents post caesarean section days 0-7. Primary data was taken using questionnaire. The results is 72.5% respondents were aged 20-35 years (60.0% of whom chose MKJP), 50.0% had secondary education (40.0% of whom chose MKJP), 55.0% were multipara (50,0% of them chose MKJP), 50.0% had good knowledge (all of them chose MKJP) and 70.0% had husband support (all of them chose MKJP). It is hoped this research can increase the coverage of MKJP among post-cesarean section mothers at Tabanan Regional Hospital by providing effective counseling/education so high rate of caesarean section deliveries can be offset by increasing rate of MKJP uses. It is recommended that hospitals increase the coverage of long-term contraceptive methods for post-cesarean mothers by providing effective and targeted health education/counseling using attractive media.

INTRODUCTION

The Family Planning Program has a very strategic and fundamental meaning in realizing a healthy and prosperous Indonesian people. The purpose of family planning is to regulate child birth, the ideal distance and age of childbirth, regulate pregnancy, through promotion, protection and assistance according to reproductive rights to realize a quality family (1).

Through the family planning program, families can set the ideal spacing and age of pregnancy and childbirth. Pregnancy spacing that tends to be short can cause several negative effects on both the woman's health and the baby's. The ideal pregnancy spacing is 24 months. If it is too fast or under 12 months, there is a risk of the placenta peeling off the uterine wall before the labor process begins (2).

In cases after a Caesarean Section (CS) operation, the safe interval for getting pregnant again is 24 months, because the body needs the opportunity to recover from the surgical wound, in addition, fetal

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growth and development will also be hampered if the reproductive organs are disturbed. This can cause several risks such as fetal death at birth, placenta previa, Low Birth Weight (LBW) and death in infancy. In addition, other risks can also occur such as premature because the mother's physical health and uterus still need time to rest (3).

Pregnancy intervals of less than two years after Sectio Caesarea (SC) are at risk of causing several negative effects on both maternal and infant health, thus requiring effective contraception to regulate pregnancy intervals. The Indonesian government through the National Population and Family Planning Agency program is socializing the Long-Term Contraceptive Method program which aims to regulate child birth, ideal birth intervals and ages, and regulate the number of pregnancies (1).

Based on the 2023 Indonesian Health Survey, the proportion of C-section deliveries in Indonesia was 25.9% due to various indications. In Bali Province, C-section deliveries had a higher proportion than normal deliveries, namely 53.2% (4). In 2023, at Tabanan Regional Hospital, there were 30 mothers giving birth who had a history of CS surgery with a child spacing of less than two years. Based on a preliminary study conducted at Tabanan Regional Hospital, the number of deliveries by CS method in 2023 was 377 (80.04%) out of 471 deliveries. Deliveries by CS method in 2024 (January-June period) were 135 (68.18%) out of 198 deliveries, consisting of 8 people using post-placental IUD and 6 people choosing the Female Operative Method. The high number of deliveries by CS is not comparable to the choice of Long-Term Contraceptive Method.

Based on data from the 2023 Indonesian Health Profile, it shows that the prevalence rate of fertile couples participating in family planning in Indonesia is 60.4%, consisting of long-term contraceptive methods of 23.7% and non-long-term contraceptive methods of 52% (5). Bali Province has a percentage of 74.6% for active family planning participant coverage in 2022 with the highest active family planning coverage being in the use of injectable contraceptive methods, namely 40.06% (1). Tabanan Regency Health Profile 2023, shows that Tabanan Regency has an active family planning coverage based on Fertile Age Couples of 75.5% consisting of long-term contraceptive methods of 48.3% and non-long-term contraceptive methods of 51.7%. The coverage of postpartum family planning participants in Tabanan Regency has increased from 49.9% in 2021 to 53.7% in 2022 (6).

The data shows that the number of non-long-term contraceptive method use is higher than the use of long-term contraceptive methods. The choice of contraception is influenced by several factors, both from within (internal factors) and from outside (external factors). Based on Lawrence Green's behavioral theory, there are three factors that influence behavior in a person, namely predisposing factors, supporting factors and driving factors. According to Mujahadatuljannah et al. (2023), predisposing factors are the most influential factors in the choice of long-term contraceptive methods besides driving factors, namely husband's support. Predisposing factors consist of age, education, occupation, parity and knowledge (7).

Women aged >30 years are more likely to use IUD contraception than women <30 years, where older women choose IUD as an effective long-term method to avoid pregnancy. Women with higher education (high school and college) are 3.284 times more likely to use long-term contraception than women with lower education. Women with good knowledge are four times more likely to use long-term contraception than women with less knowledge. Women with good knowledge have the intention and awareness to use safe and quality contraception, according to their body condition which can minimize side effects. Husband's support also influence the choice of long-term contraception methods. Women who get husband's support are four times more likely to use long-term contraception (7).

Research states that three out of four women who use implants and IUDs choose not to have any more children because of the number of children they already have. The more children there are in a family, the greater the likelihood of using long-term contraception methods because couples will limit the number of children or even stop having children. This shows that there is a relationship between maternal parity and the choice of long-term contraception methods (8). Based on this, the researcher is

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interested in conducting research on "Description of Long-Term Contraceptive Method Selection in Post-Cesarean Section at Tabanan Regional Hospital".

METHOD

This study is a descriptive observational study that describes age, education, parity, knowledge, and husband's support in choosing long-term contraceptive methods in post-CS at Tabanan Hospital in 2024. This study was conducted at Tabanan Hospital on September 28 - November 10, 2024. The population in this study were all post-CS postpartum mothers at Tabanan Hospital. The sample of this study were post-CS mothers on day 0-7 who underwent a check-up at the Obstetrics and Gynecology Polyclinic at Tabanan Hospital on September 28 - November 10, 2024. The number of pregnant women who underwent Antenatal Care at the Obstetrics and Gynecology Polyclinic of Tabanan Hospital and who had a Delivery Schedule in September-November 2024 was 50 people. Based on 2023 data from all deliveries, 80.04% of mothers gave birth by C-section. The calculation of the sample size was by estimating 80% of the 50 pregnant women, so that a sample size of 40 people was obtained.The sampling technique used in this study was non-probability sampling in the form of purposive sampling. The type of data collection instrument used in this study was a questionnaire consisting of respondent identity in the form of age, education and parity, and 2 sub-questions in the form of knowledge and husband's support. The questionnaire used has been tested for validity and reliability regarding knowledge and husband's support with 20 *post-SC* women on September 1-15, 2024. Validity test used *Pearson Correlations* of every item and all item valid. Reliability test used *Alpha Cronbach* with r=0,642 for knowledge and r=0,753 for husband's support, so all item reliable. The research has been declared ethically acceptable by the Tabanan Regional Hospital Ethics Commission with Letter Number 445/656/TIMKORDIK/RSUD/2024.

RESULT AND DISCUSSION

Respondents in this study were mothers who had undergone post-SC on day 0-7 who underwent a check-up at the Obstetrics and Gynecology Polyclinic of Tabanan Regional Hospital on September 28 – November 10, 2024. The distribution of respondent characteristics consisted of age, education and parity which are presented in the following table:

Table 1.
Distribution of Respondents Based on Characteristics, Knowledge, and Husband's Support (n=40)

Characteristic	Frecuency (f)	Percentage (%)
Age		
< 20 years	4	10,0%
20 – 35 years	29	72,5%
> 35 years	7	17,5%
Total	40	100%
Education		
Basic	1	2,5%
Intermediate	20	50,0%
High	19	47,5%
Total	40	100%
Parity		
Primipara	16	40,0%
Multipara	22	55,0%
Grandemultipara	2	5,0%
Total	40	100%

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Characteristic	Frecuency (f)	Percentage (%)
Knowledge		
Good	20	50,0%
Less	20	50,0%
Total	40	100%
Husband's Support		
Supported	28	70,0%
Not Supported	12	30,0%
Total	40	100%

Table 1 above shows that most respondents are aged 20-35 years (72.5%), the majority have secondary education (50.0%), most respondents are multipara (55.0%), some are well educated (50.0%) and the majority receive support from their husbands (70.0%).

Selection of Long-Term Contraceptive Methods Based on Age

Table 2.
Selection of Long-Term Contraceptive Methods Based on Age (n=40)

Age	Selection of Long-Term Contraceptive Methods				Total	
	Using/planning to use long-term contraceptive methods		Not using long-term contraceptive methods			
	f	%	f	%	f	%
< 20 years	3	7,5%	1	2,5%	4	10,0%
20 – 35 years	24	60,0%	5	12,5%	29	72,5%
> 35 years	7	17,5%	0	0%	7	17,5%
Total	34	85,0%	6	15,0%	40	100,0%
Basic	0	0%	1	2,5%	1	2,5%
Intermediate	16	40,0%	4	10,0%	20	50,0%
High	18	45,0%	1	2,5%	19	47,5%
Total	34	85,0%	6	15,0%	40	100,0%
Primipara	12	30,0%	4	10,0%	16	40,0%
Multipara	20	50,0%	2	5,0%	22	55,0%
Grandemultipara	2	5,0%	0	0%	2	5,0%
Total	34	85,0%	6	15,0%	40	100,0%

Table 2 shows that it can be seen that all age categories of respondents are more likely to use long-term contraceptive methods, but the highest number of long-term contraceptive method use is at the age of 20-35 years. Post-CS mothers aged <20 years mostly chose to use long-term contraceptive methods, namely 3 people (75.0%), respondents aged 20-35 years mostly chose to use long-term contraceptive methods, namely 24 people (82.8%), and respondents aged > 35 years all chose to use long-term contraceptive methods, namely 7 people (100.0%).

The selection of contraceptive methods considers several factors, namely age. This should be considered because the age of family planning acceptors affects the contraceptive method that will be used. This is in line with the type of contraception that is widely used, namely long-term contraceptive methods. Most acceptors of long-term contraceptive methods are mothers aged 20-35 years. The results

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of this study are in line with (9) study that users of long-term contraceptive methods are on average 29.2 years old. This study is also in accordance with (10) which found that the majority of long-term contraceptive method KB acceptors are >35 years old, namely 27 people (90.0%).

Age can affect respondents in choosing contraceptives, because age can affect a person's behavior. Age 20-35 years is considered a productive age for women, because at that age the reproductive organs have good function. According to research conducted by (11), long-term contraceptive methods tend to be more preferred by women during their reproductive age.

Based on BKKBN Regulation Number 1 of 2023, contraceptive services are provided to fertile couples whose wives are 15-49 years old and are still menstruating, or married couples whose wives are less than 15 years old and are menstruating. In the phase of delaying pregnancy for fertile couples with wives under 20 years old, it is recommended to use contraception with high reversibility such as pills, IUDs and simple birth control. In the phase of spacing pregnancies for fertile couples with wives aged 20-35 years, it is recommended to use IUDs, implants, injections, and pills. In the phase of stopping pregnancy with wives aged over 35 years, it is recommended to use permanent contraception, IUDs, and implants.

Table 2 also shows that respondents who use long-term contraceptive methods are mostly in the higher education category, as many as 18 people (45.0%). This shows that most respondents in the higher education category are more likely to use long-term contraceptive methods.

Based on Lawrence Green's behavioral theory, there are three factors that influence behavior in a person, namely predisposing factors, supporting factors and driving factors. According to Mujahadatuljannah et al. (2023), predisposing factors are the most influential factors in choosing long-term contraceptive methods besides driving factors, namely husband's support. Predisposing factors consist of age, education, occupation, parity and knowledge (7).

The results of this study are in accordance with research conducted by (12) where the results of the bivariate analysis showed that there was a relationship between education level and the use of long-term contraceptive methods and was statistically significant. Women of childbearing age with a high level of education (≥ high school) tended to be 5.28 times higher for the use of long-term contraceptive methods.

This may be due to the fact that better educated women are more likely to have access to information on modern contraceptive methods, better knowledge of contraception and more likely to use the services. In addition, increasing education of secondary school and higher educated women may affect their utilization of services and decision-making power on reproductive health issues, including family planning (13).

Respondents who use long-term contraceptive methods are in the multipara category, namely 20 people (90.9%), and grandemultipara 2 people (100%). This is because women who have 2-4 children or more, many choose long-term contraceptive methods to limit the number of children and terminate pregnancies. Couples with a large number of living children choose to use long-term contraceptive methods as an effort to limit the number of children.

Parity is the number of pregnancies that result in a live fetus, not the number of fetuses born. A fetus born alive or dead after viability is achieved does not affect parity (14). A person with more than one parity should be a family planning acceptor to regulate or space their pregnancies, but today many family planning acceptors still have difficulty in determining their choice. Generally, the more children a woman has, the more likely she is to use birth control to limit the number of children, but it is also possible that women who have less than 2 children will also use birth control in the hope of delaying childbirth (14).

This study is in line with the study conducted by (10) that the number of children has a significant relationship with the use of contraceptive methods ($p = 0.048 < \alpha = 0.05$). Likewise with the study conducted by Fall, *et al* that of the 30 respondents of IUD family planning acceptor mothers in

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the Bara-Baraya Makassar Health Center work area, most of them were multiparous mothers (having two or more children) and grande multiparous mothers (having four or more children), namely 15 people each (50.0%) (15).

The number of children is closely related to the family planning program, because one of the missions of the family planning program is to create a family with an ideal number of children, namely two children in one family with the slogan concept "two children are better. This is in accordance with the theory that says that someone decides to follow the family planning program if they feel that the number of living children is sufficient for the desired number. This means that the number of living children affects a person's participation in the family planning program. The greater the number of living children a person has, the greater the possibility of limiting births.

Long-term birth control methods such as intrauterine devices (IUDs) and implants are referred to as long-term reversible contraceptive methods and prevent pregnancy for at least 3 years and are useful for couples who want to delay pregnancy, while long-term and permanent birth control methods such as male and female sterilization can prevent pregnancy for life and are used by couples who have finished giving birth (13).

The variation in contraceptive use in primipara and multipara is assumed to be due to the mother's experience in using birth control or the experience of others that has been heard so that mothers are lazy to try using long-term contraceptive methods. This is related to the influence of one's own experience or that of others on knowledge that can influence current or future behavior, the experience gained can expand a person's knowledge (16).

Selection of Long-Term Contraceptive Methods Based on Knowledge

Table 3.
Selection of Long-Term Contraceptive Methods Based on Knowledge (n=40)

Knowledge	Selection of Long-Term Contraceptive Methods				Total	
	Using/planning to use long-term contraceptive methods		Not using long-term contraceptive methods			
	f	%	f	%		
Good	20	50,0%	0	0%	20	50,0%
Less	14	35,0%	6	15,0%	20	50,0%
Total	34	85,0%	6	15,0%	40	100,0%

Table 3 shows that respondents who use long-term contraceptive methods are in the good knowledge category, namely 20 people (100%). This can be interpreted that all respondents who have good knowledge choose to use long-term contraceptive methods compared to non-long-term contraceptive methods. The knowledge possessed by respondents can form beliefs in determining the contraception to be used. This knowledge is influenced by the age, education, occupation, environment, socio-culture and religion of the respondents.

The results of this study are not in line with (17), where the results of his study found that acceptors of non-long-term contraceptive methods were more knowledgeable. Respondents with good knowledge were more likely to choose non-long-term contraceptive methods.

Dewi and Notobroto (2014) stated that acceptor knowledge about contraception is closely related to the choice of contraceptives, because having good knowledge about certain contraceptive methods will change the way acceptors determine the most appropriate and effective contraception to use, making acceptors feel more comfortable with certain contraception.

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As many as 30% (6 people) of respondents with less knowledge chose not to use long-term contraceptive methods. Respondents with less knowledge, the majority did not know about the types of contraceptives that can be used by breastfeeding mothers, as well as the function of contraception as a prevention of sexually transmitted infections. This is one of the actual problems that occurs in society. Lack of knowledge about long-term contraceptive methods, especially IUDs, makes people reluctant to use them because they feel worried or afraid of the risks and side effects that arise. Therefore, it is necessary to provide education and/or counseling to prospective KB acceptors regarding long-term contraceptive methods. In addition, the selection of inappropriate KB methods is still common in society due to a lack of understanding of the benefits and side effects of each KB. Counseling can be given to Fertile Couples and pregnant women (17).

Counseling is a form of concern from health workers towards problems and efforts to solve patient health problems. Counseling from health service providers is very necessary in helping women to increase their knowledge and make decisions in family planning (17).

Selection of Long-Term Contraceptive Methods Based on Husband's Support

Table 4.
Selection of Long-Term Contraceptive Methods Based on Husband's Support (n=40)

Husband's Support	Selection of Long-Term Contraceptive Methods				Total	
	Using/planning to use long-term contraceptive methods		Not using long-term contraceptive methods			
	f	%	f	%		
Supported	28	70,0%	0	0%	28	70,0%
Not Supported	6	15,0%	6	15,0%	12	30,0%
Total	34	85,0%	6	15,0%	40	100,0%

Table 4 shows that from the majority of respondents who received support from their husbands (70.0%), all of them chose long-term contraceptive methods, while from 30.0% of respondents who did not receive support from their husbands, 15.0% of them chose long-term contraceptive methods. All respondents who received support from their husbands chose to use long-term contraceptive methods (100%), while those who did not receive support from their husbands chose not to use long-term contraceptive methods (50.0%). Husband support is very necessary in implementing Family Planning. Husband support can influence the wife's behavior. If the husband does not allow or support, then the wives will tend to follow and only a few wives dare to continue using contraceptives without support from their husbands. This is influenced by the socio-culture that is still strong in Indonesia, such as patrilineal culture where there is a system that considers that the position of men is higher than that of women.

A woman should need to be aware of her reproductive rights, meaning that a woman is also free from intervention in decision-making related to her reproductive health, in addition a woman is also free from all forms of coercion that affect a woman's reproductive life. The decision to limit pregnancy, delay pregnancy, related to her reproductive health including choosing a safe and comfortable type of contraception and maintaining the continuity of contraceptive use is a woman's autonomous decision and is not influenced by the social and cultural environment (18).

Contraception is a form of family planning about the number and spacing of children that will indirectly affect the quality of the offspring produced. This should be a shared responsibility of the

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couple. The decision to use contraception must also consider the mother's health condition including age, history of previous illnesses, current illnesses, number of parities and history of childbirth.

The results of this study are in line with (19) which showed that the majority of IUD acceptor respondents, as many as 39 people (61.9%), received support from their husbands. Husband's support has a very positive impact on the family, especially with their partners. With the support provided by the husband, it will create a sense of confidence in determining what contraceptive method to use. This also makes the wife feel comfortable using contraception without worry because she has received approval, motivation, and support from her husband (20).

CONCLUSION

The results of the study on the description of the choice of long-term contraceptive methods in post-cesarean section at Tabanan Regional General Hospital, it can be concluded that the majority of post-cesarean section mothers who choose long-term contraceptive methods at Tabanan Regional General Hospital are 20-35 years old, have secondary education, have multiparity parity, some have good knowledge, and the majority receive support from their husbands.

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