



Relationship Between Postpartum Health Care With Contraceptive After Childbirth In Indonesia

Arantika Meidya Pratiwi

Alma Ata University
Jl. Brawijaya No. 99 Tamantirto, Bantul, Yogyakarta
Email : arantika.meidya@gmail.com

Abstrak

Hasil SDKI 2012 menunjukkan bahwa AKI di Indonesia adalah 359 kematian per 100.000 kelahiran hidup. Hasil ini menunjukkan bahwa Indonesia masih jauh dari target SDGs (Sustainable Development Goals), yang mengurangi Angka Kematian Ibu (AKI) menjadi 70 per 100.000 kelahiran hidup. Salah satu program terobosan dari Kementerian Kesehatan dalam upaya mempercepat penurunan angka kematian ibu adalah dengan meningkatkan kontrasepsi setelah melahirkan. Cakupan alat kontrasepsi setelah melahirkan di Indonesia masih jauh dari yang diharapkan, dari data Riskesdas 2013, cakupan alat kontrasepsi setelah melahirkan di Indonesia hanya 59,6%. Papua menjadi provinsi dengan cakupan terendah hanya 26%. Tujuan dari penelitian ini adalah untuk mengetahui hubungan antara pelayanan kesehatan postpartum dan kontrasepsi setelah melahirkan di Indonesia. Penelitian ini menggunakan data sekunder dari "Riset Kesehatan Dasar 2013" yang dilakukan oleh Lembaga Penelitian dan Pengembangan Kesehatan. Survei Riskesdas 2013 menggunakan desain cross sectional. Hasil uji Chi-Square menunjukkan bahwa terdapat 0,0001, yang berarti bahwa ada hubungan antara pelayanan kesehatan postpartum dan kontrasepsi setelah melahirkan di Indonesia. Sedangkan hasil analisis nilai OR adalah 1,595, yang berarti bahwa ibu yang menerima perawatan kesehatan selama postpartum 1,6 kali lebih mungkin menggunakan kontrasepsi setelah melahirkan.

Kata kunci : Postpartum, Perawatan Kesehatan, Kontrasepsi, Melahirkan.

Abstract

Result of SDKI 2012 show that MMR in Indonesia is 359 deaths per 100,000 live births. This result show that Indonesia still far from the target SDGs (Sustainable Development Goals), who reducing the Maternal Mortality Rate (MMR) to 70 per 100,000 live birth. One of the breakthrough programs of the Ministry of Health in an effort to accelerate the reduction in maternal mortality is to increase contraceptive after childbirth. The coverage of contraceptive after childbirth in Indonesia is still far from what is expected, from the 2013 Riskesdas data the coverage of contraceptive after childbirth in Indonesia was only 59.6%. Papua became a province with the lowest coverage of only 26%. The purpose of this study was to determine the relationship between postpartum health care and contraceptive after childbirth in Indonesia. This study using secondary data from "2013 Basic Health Research" conducted by the Health Research and Development Institute. The 2013 Riskesdas survey uses a cross sectional design. The results of the Chi-Square test showed that there were 0,0001, which meant that there was a relationship between postpartum health care and contraceptive after childbirth in Indonesia. While the results of the analysis of OR values were 1.595, which means that mothers who received health care during the postpartum were 1.6 times more likely to use contraceptive after childbirth.

Keywords : Postpartum, Health Care, Contraceptive, Childbirth.

INTRODUCTION

The Maternal Mortality Rate (MMR) is always an indicator of the success of the health sector development. The results of the Indonesian Demographic and Health Survey in 2012 stated that MMR in Indonesia amounted to 359 deaths per 100,000 live births (1). This result shows that Indonesia still far from the target SDGs (Sustainable Development Goals), WHO reducing the Maternal Mortality Rate (MMR) to 70 per 100,000 live birth (2).

One of the breakthrough programs of the Ministry of Health in an effort to accelerate the reduction in maternal mortality is to increase contraceptive after childbirth. Contraceptive after childbirth is contraceptive methods during the postpartum up to 42 days postpartum as a step to prevent the loss of the opportunity to have family planning. By implementing family planning immediately after childbirth, it is expected to reduce the incidence of "4 too", which is too young, too old, too much, and too close which will indirectly contribute to reducing the risk of maternal and infant death. Because thinning and limitation of pregnancy are an important and inseparable part (3).

Based on recommendations from the National Meeting on Family Planning Programs in 2008, postpartum family planning and post-miscarriage were one of the main programs of the Indonesian government that must be available in all provinces. The aim of this program is to increase the rate of contraceptive use (4). The coverage of contraceptive after childbirth in Indonesia is still far from what is expected, from the 2013 Riskesdas data the coverage of contraceptive after childbirth in Indonesia was

only 59.6%. Papua became a province with the lowest coverage of only 26% (5).

Contraceptive after childbirth strongly support health development goals and this is also supported by many new family planning participants (pregnant and childbirth) who have been in contact with health workers and are expected to have more contact between health care providers and pregnant women during examinations. Pregnancy and childbirth can motivate them to use contraception immediately after childbirth. A mother who just gave birth to a baby is usually easier to be invited to use contraception so that the time after giving birth is the most appropriate time to invite a mother to use contraception. Contraceptive after childbirth is expected to reduce the incidence of pregnancy with a distance too close. Contraceptive after childbirth control is expected to contribute by avoiding complications in pregnancy, childbirth, and childbirth that often cause maternal death (6).

One way to succeed in the contraceptive after childbirth programs are to strengthen health services during the postpartum. Standard postpartum health care is services to postpartum mothers at least three times, at six hours postpartum up to the third day, the second week, and at the sixth week including twice the provision of vitamin A and preparation and or use of contraception after delivery (6). The coverage of postpartum mothers illustrates the range and quality of postpartum maternal health services and family planning in addition to describing management capabilities or the continuity of the Maternal and Child Health program (7). The coverage of postpartum maternal visits in Indonesia in 2009 was 71.54%, this shows that

is still far from the target coverage of postpartum maternal visits in 2015, which is 90% (6). Whereas according to Riskesdas data in 2013, of 33 provinces in Indonesia, only 3 provinces had postpartum service coverage reaching 90% and still 17 provinces with postpartum coverage below 80% (5). The purpose of this study was to determine the relationship between postpartum health care and contraceptive after childbirth in Indonesia.

MATERIALS AND METHODS

This research is observational analytic research with cross sectional approach. The data in this study is secondary data from "2013 Basic Health Research (Riskesdas)" conducted by the Health Research and Development Institute. The 2013 Riskesdas survey use a cross sectional design. The implementation of 2013 Riskesdas data collection was conducted in May - June 2013 in 33 Provinces and 497 districts/cities in Indonesia. The research "Relationship between Postpartum Health Care and Contraceptive after childbirth in Indonesia" was conducted in July - October 2016 using the results of the 2013 Riskesdas survey.

The independent variable in this study was the postpartum health care and the dependent variable in this study was contraceptive after childbirth. The population in this study is women less than 54 years old who had become pregnant in the 3-year period before the survey, 2013, in Indonesia. The sample in this study was women less than 54 years old who had become pregnant in the 3-year period before the survey, 2013, in Indonesia, which were sampled in the 2013 Riskesdas data and fulfilled the criteria for the sample, which complete KF1-KF3 data including data on where to get health services. Based on the sample criteria above, the sample size is 35,686 people.

The process of collecting Riskesdas data in 2013 was carried out by a number of

trained personnel, this was intended to keep the data validity high. Each selected household is interviewed directly by the enumerator team.

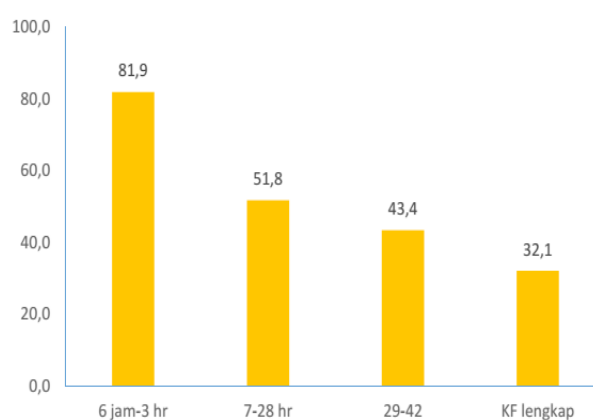
Quality assurance of Riskesdas questionnaire data was carried out by testing questionnaires before being used and validating survey data. Riskesdas 2013 validation was a revisit of the Riskesdas 2013 sub-sample conducted as one part of quality assurance to ensure the quality of 2013 Riskesdas data. The 2013 Riskesdas validation was carried out by an independent team, combined from the University of Indonesia Faculty of Public Health, Airlangga University, and Hasanuddin University (5).

RESULT AND DISCUSSION

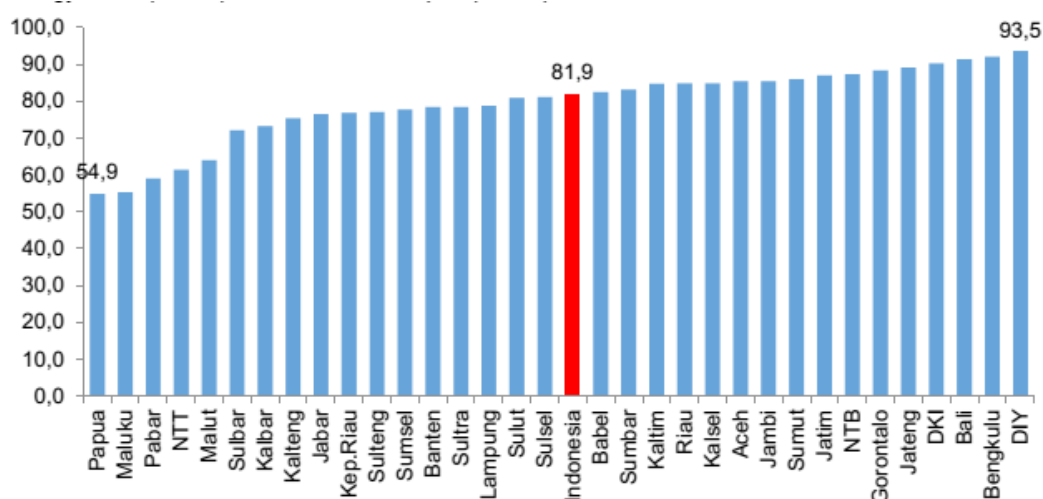
Post-Partum Health Care

The postpartum period is still a vulnerable period for the survival of new mothers. According to the Maternal Mortality Follow-up Study, the majority of maternal deaths occur during the puerperium period so that health services during puerperium play an important role in efforts to reduce maternal mortality (8). Postpartum services are health services provided to the mother for a period of 6 hours to 42 days after giving birth. The Ministry of Health establishes a program of childbirth care or contact stated in the indicators :

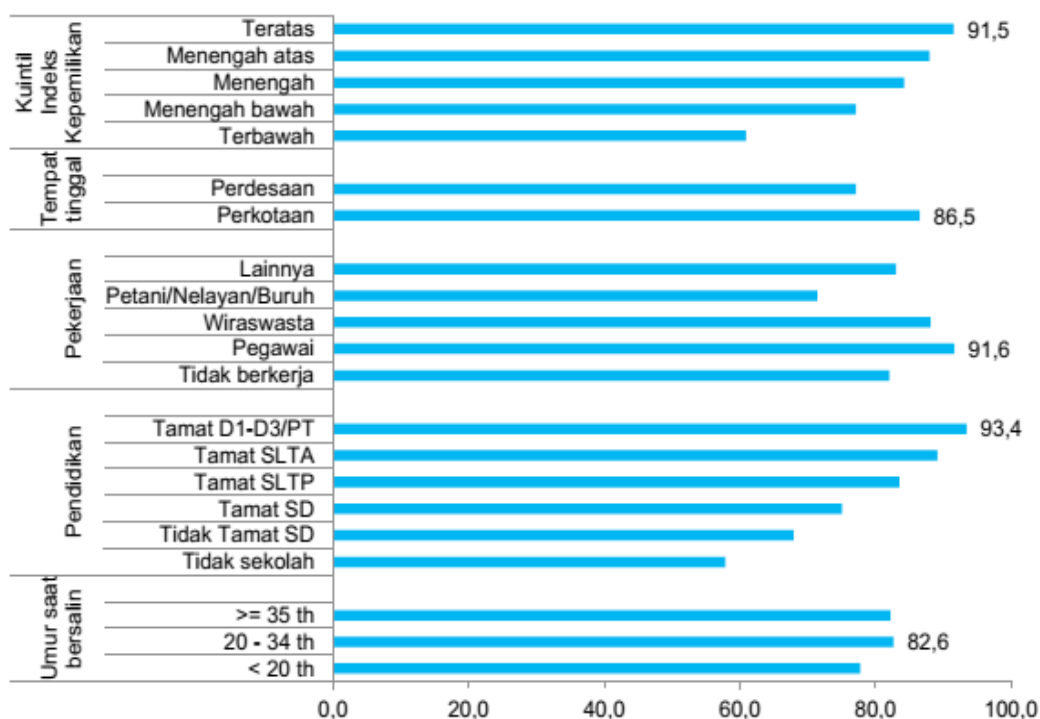
- a. KF1, contact postpartum mothers for a period of 6 hours to 3 days after childbirth



Picture1. Coverage of Postpartum Care in Indonesia, Period 1 January 2010 Until Interview (Riskesdas, 2013)



Picture 2. Coverage of Postpartum Health Care KF1 in Indonesia by Province, Period 1 January 2010 Until Interview (Riskesdas, 2013)



Picture 3. Coverage of Postpartum Health Care KF1 in Indonesia by Characteristic, Period 1 January 2010 Until Interview (Riskesdas, 2013)

- b. KF2, contact postpartum mothers in the period 7-28 days after childbirth and
- c. KF3, postpartum mother contact in the period 29-42 days after childbirth

Picture 1 shows that coverage of postpartum health care along with the period of time after childbirth has decreased. Births that received

complete postpartum health care there are KF1, KF2 and KF3 were only 32.1%.

The period of postpartum at risk for postpartum complications mainly occurs in the first 3 days after childbirth. Health service coverage for the postpartum period of the first 3 days after childbirth varies by province (Picture 2), which is the highest in DI Yogyakarta (93.5%) and the lowest in Papua (54.9%)

The coverage of KF1 according to the characteristics in Picture 3 shows that the higher the education and quintile of ownership index the greater the coverage, the proportion in urban areas is higher than in rural areas. There were no significant differences according to the characteristics of age at childbirth and work.

Based on the results of previous research, there are several factors that influence health services during puerperium. These factors are enabling factors such as ease of transportation, availability of health services, and distance of houses with health facilities. Other influential factors are reinforcing factors such as the role of midwives, family support, and husband's support (9,10).

Contraceptive After Childbirth

One of the breakthrough programs of the Ministry of Health in an effort to accelerate the reduction in maternal mortality is to increase post-natal birth control. Contraception after birth is contraceptive methods during the puerperium up to 42 days after childbirth as a step to prevent the loss of the opportunity to have family planning. In Riskesdas 2013 asked about family planning

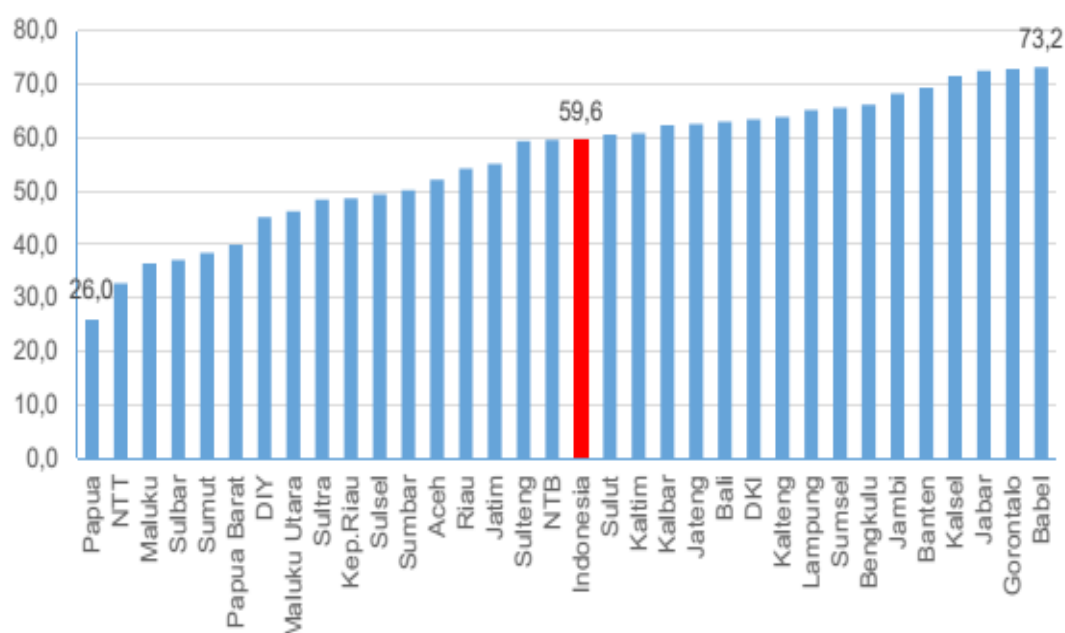
services received during the postpartum period up to 42 days after giving birth.

Picture 4 shows that the coverage of contraceptive after birth services in Indonesia is 59.6 percent and varies according to Province, with a range of 26.0 percent (Papua) and 73.2 percent (Bangka Belitung). Acceptance of post saline family planning services in urban areas (60.9%) is greater than in rural areas (58.3%). There is no significant tendency according to other characteristics.

So far, contraceptive after birth achievements have not been encouraging, given the low rate of contraceptive after birth coverage. Some of the problems that can be identified include the lack of socialization of the contraceptive after birth services properly, the lack of perceptions about the contraceptive after birth method and also the absence of the coverage of contraceptive after birth in the routine KIA report (11).

Relationship between Postpartum Health Care with Contraceptive after childbirth in Indonesia

Relationship between postpartum health care with contraceptive after childbirth in



Picture 4. Coverage of Contraceptive after Childbirth in Indonesia, Period 1 January 2010 until Interview (Riskesdas, 2013)

Table 1. Analysis Result of Relationship between Postpartum Health Care with Contraceptive after childbirth in Indonesia

Variable	contraceptive after childbirth				Total		OR	p
postpartum health care	Do Not Use		Use					
	N	%	N	%	N	%		
Not get care	11047	59.7	7456	40.3	18503	100	1.595	0.0001
Get care	15390	48.2	16566	51.8	31956	100		
Total	26437		24022		50459	100		

Indonesia was analyzed using chi square test. The results of the correlation testing between the two variables can be seen in table 1.

Based on the results of the Chi-Square test it was found that there were 0.0001 results which meant that there was a relationship between postpartum health services and Post-Copy KB in Indonesia. While the results of the analysis of OR values were 1.595 which means that mothers who received health services during the puerperium were 1.6 times more likely to use post-copy family planning.

The results of this study are in line with the research of Agustina and Nawati which stated that there was a tendency for postpartum mothers to make good postpartum visits (> 3 times) to become post-copy KB acceptors (12). One of the health services provided during the postpartum period is to provide counseling to mothers, families regarding postpartum family planning. Health worker advice regarding the distance of birth or termination of the next fertility will strengthen their desire for postpartum family planning adaptation.

In general, the success of health care during puerperium can be seen from the success of breastfeeding, the incidence of complications during the puerperium, postpartum visits, and use of contraception. One of the efforts made by the government to increase this success is to improve information with health education. One of this health education is given in postpartum health care (13).

Utilization of postpartum care can increase the use of postpartum contraception. Based on

research by Mulyaningsih and Sariyati, most mothers have less knowledge about contraceptive devices (14). Postpartum care carried out by respondents can be a golden opportunity to deliver family planning messages to postpartum women before starting sexual activity. Giving counseling is one way to change mothers from not knowing to know. Good knowledge will bring good behavior too, where the expected behavior is to use contraceptive after childbirth. This is in accordance with Listya's research which states that there is a relationship between a mother's knowledge about contraceptive after childbirth with the participation of the use of contraceptive after childbirth (15). Other studies also state that there is an influence of counseling on family planning on the knowledge and interests of mothers in using contraceptive after childbirth to narrow pregnancies (3).

Flourisa and Anggraeni in their research stated that 70.5% contraceptive after childbirth in Indonesia were sourced from midwives. Midwives are the spearhead of the success of this contraceptive after childbirth program. Midwives are the first health workers to care for mothers from pregnancy, maternity and postpartum (15). The ANC service provider will usually become a delivery helper when the mother is about to give birth, therefore the delivery helper is very influential in increasing the use of contraceptive after childbirth. This is evidenced by the fact that mothers who were assisted by their birth by midwives and midwives in the village, apparently used the Long-Term method after childbirth. This statement is also in line with Azizah's research

which states that the largest source of information on family planning is derived from Midwives (77.8%) (16). Therefore, midwives can be said to spearhead the success of contraceptive after childbirth in Indonesia.

CONCLUSION AND SUGGESTION

Conclusion

1. Coverage of complete KF in Indonesia is 32.1%, with the most coverage in KF 1 is 81.9%. The provinces with the highest KF1 coverage were DI Yogyakarta (98.5%) and the lowest was Papua (54.9%).
2. Coverage of contraceptive after childbirth in Indonesia is 59.6%. The provinces with the highest contraceptive after childbirth coverage are Bangka Belitung Province (73.2%) and the lowest in Papua province (26%).
3. There is a relationship between postpartum health care and contraceptive after childbirth in Indonesia ($p = 0,0001$). Mothers who received health services during the puerperium were 1.6 times more likely to use contraceptive after childbirth ($OR = 1,595$).

Suggestion

Postpartum Health care is the key to the success of contraceptive after childbirth in Indonesia. Strengthening family planning education and understanding of mothers and families can achieve success in postpartum health care. Midwives as the spearhead of the success of the two programs are expected to be more focused on improving their services.

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