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Contraception Counseling to Reduce Postpartum Unmet Needs: A Qualitative Study at Samarinda, Indonesia

Dini Indo Virawati[1,2], Yayi Suryo Prabandari[3], Siswanto Agus Wilopo[3]

[1]Doctoral Program, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Yogyakarta, [2]Health Polytechnic Kalimantan Timur, Samarinda, [3]Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia

Abstract

Introduction: Family planning (FP) counseling has a large potential as a strategy for reducing postpartum unmet needs. This study aimed to explore the present-day implementation of FP counseling, and the expectations of providers and recipients of FP counseling.

Method: The research design was a qualitative phenomenological study conducted at Samarinda City, East Kalimantan Province, Indonesia. The research participants were selected with a maximum variation of purposive sampling. The data analysis used thematic analysis.

Results: This study found that FP counseling is currently integrated with ANC. All available method are explained so that clients are confused and forgetful. The choice of method is based on medical questions only. FP counseling is expected to adjust to reproductive needs by cooperation a partner. The clients need more information about the method chosen using practical media counseling. Necessary additional health information and counseling media that can be taken home.

Conclusion: At present there are still weaknesses in FP counselling. It is expected that counseling sessions are more practical, integrated with ANC, concise, easy to remember, meet reproductive needs, cooperation partners and be accompanied by other additional information. The use of a modified Balanced Counseling Strategy (BCS) for pregnant women is a wise and strategic choice.

Keywords: *FP counseling, postpartum unmet needs, balanced counseling strategy.*

Introduction

In developing countries,approximately 214 million women in 2017 at childbearing age wanted to avoid pregnancy but did not use modern contraceptive method.[1] Unmet needs for contraception in Indonesia are relatively low compared to other developing countries. The results of the Indonesian Health Demographic Survey (IDHS) in 2012 showed that unmet needs in Indonesia was about 11.4%, consisting of 4.5% of spacing pregnancies and 6.9% of limiting pregnancy. High unmet need areas in Indonesia are spread in 10 provinces. One of those is Samarinda City in East Kalimantan Province. Based on data from the 2017 Population and FP Control Board (DPPKB), the unmet needs in Samarinda City was 19.7%, consisted of 9.37% of spacing pregnancy and 10.33% of limiting pregnancy.

The largest proportion of unmet needs for contraception was found in women in the first year after giving birth.[2] Two-thirds of postpartum women do not want to get pregnant, but do not use contraception. The average postpartum unmet needs in Indonesia from 2007 to 2015 was 26.4%. However, only 50% of Indonesian women start using contraception after 6 months of labor.[3]

Corresponding Author:
Dini Indo Virawati
Doctoral Program, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia, Jl. Farmako Sekip Utara Yogyakarta, Indonesia
e-mail: diniindovira@gmail.com

FP counseling has a high potential as a strategy to reduce postpartum unmet needs by improving the service quality. The main element for improving service quality is improving the interaction between clients and FP service providers.[4] So, the best strategy to reduce unmet needs is to improve the quality of FP counseling.

Strategy to reduce postpartum unmet needs through FP counseling has been performed, but there are still women who do not want to get pregnant but do not use contraception. Therefore, needed qualitative study aimed to explore the implementation of FP counseling and identify the expectations of providers and recipients of FP counseling.

Subjects and Method

We used a qualitative phenomenological approach to explore views and opinions about FP counseling in Samarinda City, East Kalimantan Province, Indonesia.

The subjects were 8 people selected by purposive sampling considering the maximum sample variation. The selected subjects represented 3 groups of participants: 1) The policy makers(the head of the publichealthdepartment, the head of the development and FP participation section of the Population and FP Control Board (DPPKB), and the head of the primary health care), 2) The counselors namely the midwife in charge of FP clinic, and 3) The clientsare pregnant womens who have received FP counseling.

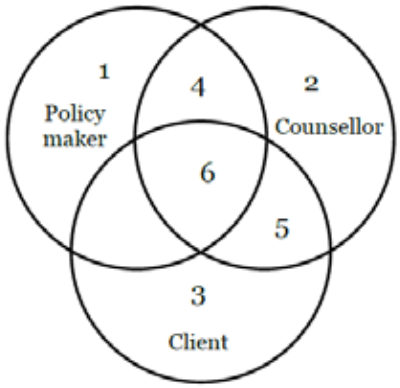

Figure 1: Participants and explored data

Interviews are conducted by someone who works as a midwife and lecturer and has completed education in the field of public health at the master level. Data were collected by interviewer through semi-structured interviews and observing the implementation of FP counseling. The instrument consisted of three interview guides to support the triangulation method. The group of participants and the data collected are illustrated in Figure 1. Data that were explored included: 1) Policy support, 2) Training of FP counselors, 3) Willingness to receive FP counseling 4) Strategies to reduce postpartum unmet needs, 5) Information on contraceptive method, contraceptive needs, cooperation with partners, and addition of other health information, and 6) Expected FP counseling.

The data were analyzed thematically, using the six steps of qualitative data analysis according to Creswell (2014), namely 1) Transcribe of interview recording results and notes of important events during the data collection process, 2) Coding data, 3) Building categories and themes (using OpenCode 4.03), 4) Describing data, 5) Making comparison between findings and literature, and 6) Ensuring accuracy of findings which are validated by applying triangulation and reflexivity.

Results

From the results of interviews, we classified the quotations into two themes are presented in Table 1. and Table 2.

Current FP Counseling: In Samarinda city, FP counseling received support from policy makers through integration with ANC services and written in standard operating procedures (SOP). The counseling about postpartum contraception is not only done in the FP clinic, but is routinely delivered when the ANC conducts pregnant women class. FP counseling is delivered by midwives, however not all midwives have received FP counseling training.

Table 1: Examples of Quotes from Current FP Counseling Theme

Integrated with ANC:
"It has been integrated, we still delivered the postpartum birth control materials at ANC, also in the class of pregnant".(P.3, head of primary health care)
All method are explained:
"All of them are explained, I don't remember, I forgot a little, I was explained but a bit confused actually ". (P.8, pregnant woman)
Basic method selection
a. Medical question: "We asked about age, date of birth, period, how many children, history of illness here we already have it in accordance with the existing form". (P.6, midwife).
b. Reproductive needsare not asked: "Counseling is lacking as needed, so sometimes the goal is not achieved, the pregnancy that is too close is still there". (P.2, Health Office)

The research showed that midwives explained the types and contra indications of various method available at the primary health care. Clients felt that they have received too much information on contraceptive method so that clients felt confused and forgetful. Midwives also felt that FP counseling is currently less effective because the media used seems to require the midwife to explain all the method before helping the clients make choices.

The choice of contraceptive method has not been based on fulfilling the client's reproductive needs. Midwives use medical questions available on the form as the number of children, history of labor, and history of illness. The questions about fulfilling reproductive needs such as "Do clients still want to have more children or not?" were often ignored. The partner cooperation for method selection was not discussed during FP counseling.

FP counseling that is expected: Some participants argued that FP counseling is better delivered since ANC, because when the mother gave birth was constrained by physical changes, and the psychological condition of mothers who gave birth such as breast pain and baby blues. Some mothers were late for post-natal care (PNC). There are mothers who are pregnant again because they think they will not get pregnant before menstruation returns.

Table 2: Examples of Quotes from the Expected FP Counseling Theme

Integrated with ANC "It's better for FP counseling since from ANC because she waits for the menstruation occur, she comes for post-natal care, as soon as we check the pregnancy test, the result is positive". (P.5, Midwife)
According to reproductive needs and cooperation partner "I think it is necessary asking for the purpose of using the methodandcoperationfrom their husbands because it is indeed adjusted, leading to wanting to have more children, yes or no more". (P.6, Midwife).
Counseling material
a. Practical: "I think, the old method may be okay, but it is not implemented well, or maybe there must be a more practical method". (P.4, Head of Primary health care)
b. Compact and easy to remember: "More concisely, she keeps on remembering it, so she can choose it more precisely, because she understands, not because she merely said yes." (P.1, DPPKB)
c. There is additional information: "It could be, we explain the prevention of HIV, or cervical cancer, only if there is a guideline". (P.6, Midwife)
Counseling media can be taken home: "It is necessary, would be happy, so that we can read at home right, so later we will be able to, I mean that it can be thinking about it first". (P.7, Pregnancy women).

The choice of method should be adapted to the reproductive needs of the client (spacing or limiting pregnancy) and cooperation the partner in determining the choice of method. The informant stated that there were still women who did not want to have a child anymore but chose a short-term contraceptive method because they considered only the best method.

Practical counseling is needed so that the information delivered is concise and easy to remember. Information about the additional benefits of FP may increase motivation for FP. Other health information such as HIV prevention and cervical cancer make it possible to add to this. The addition of counseling time is not a problem for clients or midwives because other health information is also needed.

The clients being given print media to learn at home is considered a good idea that makes it possible to try to help clients recall information that has been delivered. The clients also stated that it is necessary and they are happy to be given counseling media to read at home.

Discussion

Current FP counseling: This study found that Samarinda City FP counseling to promote contraception immediately after birth has been integrated with the maternal and child health (MCH) program. MCH program serves as a "gateway" to reach women throughout the reproductive period to increase access and use of contraception.[5]FP counseling at the ANC has repeatedly been shown to increase post-natal birth control.[6]The counseling is given after delivery but the the client planning to use contraception should be identified since the ANC.[7]

This study showed that current FP counseling hasweaknesses. Midwives seem to have explain all available method while clients feel that they receive too much information that is not relevant to the method of choice. Submission of information that is irrelevant by the service provider is one of the barriers to fertility regulation.[8]Thi is a major cause of unmet needs and continuity barriers to contraceptive use.[9-11]

The providers did not discuss the client's wishes in determining the choice of contraceptive method,

but preferred medical questions in the available forms. The provider did not ask about the client's reproductive intentions (the number of children she wants and the willingness of the partner to cooperate).

FP counseling is expected to reduce unmet needs for postpartum: FP counseling is betterbegan since the ANCrather than PNC. Previous studies found a relationship between PNC and postpartum contraceptive use was lacking, this may be due to limited PNC intensity.[12]Promoting the use of postpartum contraception since ANC is an important strategy because ovulation can return as early as four weeks after delivery, and women may become pregnant before menstruation returns.[10]

The clients hope to get more information about the method chosen. Although the duration of counseling is not a problem, service providers should use time efficiently, more practical in assessing client needs, and avoid giving too much information to irrelevant method. The provider must focus on the method chosen by the client and discuss the method in more depth.[13]

The client's reproductive needs for spacing or limiting pregnancy need to be asked, so that the client is able to decide on the appropriate FP method reproductive needs. Intentions to use contraception that were not asked, caused the selection of method to be incompatible with the purpose of contraceptive use and had an impact on the continuity of contraceptive use.[13]

FP counseling needs to cooperation the partner, and this is reasonable.Some men expect to have a discussion before using contraception.[14]In fact, women who were confident of gaining support from their partners were twice as likely to use contraception.[15]Otherwise, 43% of women stop contraception on the grounds that they are opposed by partners.[16]Therefore, questions about the willingness of partners to work together should not be ignored.

Addition of other health information makes it possible to add. Integrating other health information with FP counseling is an ideal strategy to improve the effectiveness of FP programs, improve cost efficiency, and the possibility of clients accessing additional health services.[17,18]

Participant felt the need for counseling media to be learned at home to make it easier for clients to remember information obtained from midwives. The women given leaflets after FP counseling sessions showed there was a significant increase in contraceptive use.[19]

FP counseling that is expected integrated with ANC, practical,information was concise, clear, easy to understand, and easy to remember. The expected FP counseling is similar to the Balanced Counseling Strategy (BCS).[20] BCS has been proven to improve the quality of FP services, increases contraceptive use and continuity of use.[21]

We concluded that weaknesses were still found in the implementation of FP counseling. FP counseling which is expected to reduce unmet need postpartum is similar to BCS. Therefore,we recommend that considering the use of BCS after adjusting for pregnant women is a wise and strategic choice.

Conflict of Interest: Authors declare that there is no conflict of interest whitin researh, publication paper and funding support.

Ethical Clearance: Research has obtained approval from Medical and Health Research Ethics Comitte Faculty of Medicine Universitas Gadjah Mada with number: KE/FK/0971/EC/2017

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