

CONTRACEPTIVE COUNSELLING AMONG MIDWIVES IN INDONESIA

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Abstract— Counseling on the selection of contraceptive methods is a strategic intervention to improve the continuity of contraceptive use. Midwives as the largest source of contraceptive services in Indonesia have a major role in the implementation of contraceptive counseling, for the reason this article examines description of the implementation contraceptive counseling among midwives and the characteristics of acceptors receiving counseling. This study used data from Indonesia Demographic and Health Survey (IDHS) in 2017. The sample was married women who received contraceptive pill, injection, IUD, and implant services by midwives within 5 years prior to the survey, with a sample size of 9163 women. The implementation of contraceptive counseling among midwives in Indonesia is only 30%. Very few adolescence merried women received contraceptive counseling. Countraceptive counseling increased with education, socioeconomic level and living in urban areas. Increasing the age of marriage, access to the education right and a socio-economic level that is evenly distributed throughout the region was important points as input for policy makers in Indonesia.

Keywords— Counseling, Midwives, Contraception

1. Introduction

Expanding access to contraceptive services and ensuring family planning needs are important factors in achieving access to reproductive health services, as stated in the agenda for sustainable development in 2030(Kantorová et al., 2020). In 2019, Among 1,9 billion of childbearing age (15-49 years) as much 1.1 billion women in the world have the need to use contraception. Of these 1.1 billion women, 842 million was users of modern contraceptive methods and 80 million was users of traditional contraceptive methods. In 2019, as many as 90 million women of childbearing age worldwide want to avoid pregnancy but did not use any contraceptive methods, this figure was higher than 156 million in 2000. The proportion of women with unmet need for family planning currently reached 10 percent, the proportion was unchanged since 2000. The proportion of women using modern contraceptive methods has increased from 74 to 76 percent from 2000 to 2019 (United Nations, Department of Economic and Social Affairs, 2019a, 2019b). In Indonesia, according to the National Family Planning Coordinating Board (BKKBN), active family planning users among couples of childbearing age in 2019 amounted to 62.5%, a decrease from the previous year of 63.27%. Meanwhile, the the National Medium-term Development Plan (RPJMN) target to be achieved in 2019 is 66%. (Kementerian Kesehatan, 2020). The results of the 2017 IDHS also showed a higher rate for active family planning was 64%(BKKBN et al., 2017).

The choice of contraceptive method is a complex decision. Health care providers have an important role in providing information and supporting women's decision through contraceptive counseling (Christine Dehlendorf, 2019). Contraceptive counseling can help women choose a contraceptive method that suits their needs and wishes, management of adverse effects, continuity of family planning and Change in contraceptive methods. Therefore, high-quality counseling has the potential to strengthen efforts to reduce unmet need and increase contraceptive use.(Cavallaro et al., 2020). The best practice of contraceptive counseling is to build trust, optimizing decision making, building close relationships, and maintain women's autonomy. In addition, counseling must be conducted adequately and prioritize information regarding adverse effects, risks and effectiveness of contraceptives (Sridhar et al., 2016).

Midwives as health workers are important subjects in carrying out counseling or communication, information and education (IEC) for women to choose the right contraceptive method, especially that 70% contraceptive services are carried out by midwives in both government and private services (Ikatan Penulis Kependudukan dan Keluarga Berencana, 2017). The interaction between mothers and providers, especially midwives, is one of the factors that determine the success of the family planning program in Indonesia (Sari et al., 2017). Contraceptive counseling provided by midwives plays a key role in contraceptive use and its sustainability. Therefore, to achieve the success of the family planning program, a professional midwife is required to provide counseling. Research conducted around the world repeatedly shows that the weak quality of family planning counseling is due to inadequate skills of service providers (Kistiana et al., 2020). Therefore this article will examine the description of the implementation of contraceptive counseling among midwives and the characteristics of acceptors receiving counseling in Indonesia.

2. Method

This study used the 2017 IDHS data source. Contraceptive counseling variables in this study used a variable approach to providing contraceptive information by midwives including information adverse effects on contraceptive or health problems, management of adverse effects or health problems, and other alternative contraceptive methods. The combined IDHS, these three variables were referred to as the index information method. The sample in this study were currently married women aged 15-49 who received contraceptive pills, injections, IUDs and implants services by midwives who worked in the government or private sector within the 5 years preceding the survey with a sample size of 9,163 respondents.

3. Result

The contraceptive counseling performed by midwives before providing contraceptive services in Indonesia is only 30%. Contraceptive counseling consists of 3 information, where women who get information about adverse effects or health problems are 47%, women who get information about Managing Adverse Effects of contraceptives or health problems by 36%, and women who get information about other alternative contraceptive methods 65%. Contraceptive counseling implemented by midwives is mostly carried out to acceptors of the Long-Term Contraceptive Method (MKJP), especially the IUD (46.3%), while the pill and injection contraceptive methods that have a high risk of dropping out, actually get quite low counseling.

Table 1. Counseling Implementation of contraceptive method selection by midwives based on the type of contraceptive method in Indonesia, 2017 IDHS

Contraceptive Method	n	Getting information about adverse effects or problems from the method used	Getting information about managing adverse effect of contraceptive	Getting information about other methods that can be used	Getting information about everything (Index Information Method of contraceptive)
IUD	570	66,3	57,6	67,9	46,3
Implant	1.167	45,3	38,8	63,6	30,3
Injection	6.532	46,2	34,1	64,4	29,2
Pill	894	40,0	31,4	66,3	28,7
Total	9.163	46,8	35,9	64,7	30,3

The results of this study reveal that women with high risk factors have low access to information, as seen in table 2 that married women at adolescence received the least amount of contraceptive counseling by midwives compared to other ages, as well as women with parity of 4 or more who was also the lowest group got contraceptive counseling. Interesting that the higher level of education and socioeconomic status, the greater access to contraceptive information or counseling. According to the area of residence, it shows that women living in rural areas have less access to family planning information.

Table 2. Counseling Implementation of contraceptive method selection by Midwives Based on Sociodemographic Characteristics in Indonesia, 2017 IDHS

Sociodemographic Characteristics	n	Getting information about adverse effects or problems from the method used	Getting information about managing adverse effect of contraceptive	Getting information about other methods that can be used	Getting information about everything (Index Information Method of contraceptive)
Age (Year)					
15-19	267	40,6	27,4	51,7	21,7
20-34	5.678	48,0	36,2	64,5	30,4
35-39	1.822	45,5	36,3	65,3	31,3
40-49	1.396	44,6	35,5	67,4	30,5
Parity					
0-1	2.735	49,7	36,0	62,3	29,8
2	3.611	47,1	37,3	66,0	32,0
3	1.789	45,4	35,5	66,4	30,2
4+	1.030	40,3	31,2	63,4	25,9
Education					
No education and primary	3.153	38,6	30,4	58,4	25,0
Secondary	5.300	49,7	37,1	66,8	31,6
Higher	710	61,2	50,8	76,8	44,6
Employment status					
No	4.928	45,8	34,5	63,6	29,1
Yes	4.235	47,9	37,4	66,0	31,7
Social economy					
Poorest	1.963	39,1	29,9	57,4	24,1
Poorer	2.127	42,8	32,1	63,7	26,7
Middle	2.044	46,9	35,7	64,9	30,4
Richer	1.859	51,7	39,3	67,5	33,9
Richest	1.168	58,8	47,4	74,0	41,8
Husband's education					
No education and primary	3.380	39,4	30,9	59,3	25,0

Sociodemographic Characteristics	n	Getting information about adverse effects or problems from the method used	Getting information about managing adverse effect of contraceptive	Getting information about other methods that can be used	Getting information about everything (Index Information Method of contraceptive)
Secondary	5.162	49,6	37,2	66,8	31,8
Higher	622	63,5	51,9	77,0	47,1
Residential area					
Urban	3.743	51,9	40,1	67,2	34,5
Rural	5.420	43,3	33,0	63,0	27,5
Total	9.163	46,8	35,9	64,7	30,3

4. Discussion

Health service providers, especially midwives, have an important role in providing complete information and supporting women's decision-making about contraceptive methods through contraceptive counseling. The results showed that contraceptive counseling provided by midwives was mostly carried out on long-term contraceptive methods and was rarely used for contraceptive pill and injection acceptors, even though based on the 2017 IDHS data. In Indonesia, contraceptive injection was the method most widely used by women at 29 % and followed by pills at 12%. The dropout rate was also highest among women who used pill contraception at 46%, followed by birth control injections at 28%(BKKBN et al., 2017). Experience of adverse effects was the main reason women stop using contraceptive methods, especially oral contraceptive methods (Mufdlilah & Aryekti, 2018)(Culwell, K, Hillard, 2008)(Larissa R Brunner Huber 1, Carol J Hogue, Aryeh D Stein, Carolyn Drews, Miriam Ziemann, Joyce King, 2006). Counseling about adverse effects and management of adverse effects could improve the continuity of contraceptive use and prevent dropouts(Canto et al., 2001). Client satisfaction and the effectiveness of contraceptive methods was also very important factors for the continuation of contraceptive use. Client satisfaction could be fulfilled through proper contraceptive counseling regarding the management of ways to manage adverse effects and pre-contraceptive counseling (Nelson, 1996).

The results of this study also showed that married women in adolescence received the least amount of contraceptive counseling by midwives compared to other ages, even though it was very important for adolescents to have the information needed to make safe and healthy contraceptive decisions. Married adolescents would become sexually active in their teens, this made contraceptive counseling an important aspect of adolescent health care. However, many health care providers expressed discomfort in conducting counseling regarding contraceptive choices in adolescents (Potter & Santelli, 2015). Contraceptive counseling was the basis for providing accurate knowledge about the type of contraception and eliminating misconceptions about the risks and adverse effects that could be a reason for adolescents to stop using contraception. Therefore it was very important to notify adverse effects before starting to use contraception (Potter & Santelli, 2015)(Kaewkiattikun, 2017). According to Chacko et.al, adolescents who are sexually active was more likely to seek contraception if they were older(Chacko MR, 2010)as expressed by Magnusson et. al. that older women tend to have more stable relationships, making it possible to delay pregnancy (Magnusson et al., 2012).

Likewise, women with parity of 4 or more were the group that received the least contraceptive counseling by 25.9% even though grande multiparous had a high risk of pregnancy due to increased maternal and neonatal complications. (Mgaya et al., 2013). Research by Rabiou et al.

Showed that there was a high awareness of the contraceptive method in grande multiparous women but the prevalence of contraceptive use was still low. Pill and injection contraception were the method most widely used in grande multiparous even though its effectiveness was lower than the long-term contraceptive method. The main reasons for not using any contraceptive methods were the desire to get pregnant and the fear of adverse effects. The adverse effects reported were weight gain, menstrual disorders and behavioral disorders (Rabiu et al., 2016).

The results also showed that the higher level of education and socioeconomic status, the greater access to contraceptive information or counseling. This result was the same as that stated by Abdulreshid et al. that women without formal education or only basic education were more likely to receive inadequate counseling services. These findings highlight the gaps in counseling that should be provided to women with low levels of education (Abdulreshid & Dadi, 2020). The results of other studies showed that women with higher education and having good socioeconomic status were more likely to receive good access to counseling compared to uneducated women and women with low socioeconomic status. This was in line with findings in other countries (Jain, 2016). In terms of education, Jain (2016) also found that in sub-Saharan Africa, the Method Information Index (MII) score increased along with client education. Regarding Socio-economic, he found that the increase in wealth was significantly associated with a higher probability of receiving good counseling in Cameroon, Colombia, Egypt, Niger, and Nigeria (Jain, 2016). Likewise with the place of residence, women in rural areas had less access to family planning information. MII analysis of women using sterilization in India, Colombia, and Honduras has shown that women living in urban areas were more likely to receive good quality counseling than women living in rural areas (Jadhav & Vala-Haynes, 2018; Jain, 2017).

5. Conclusion

Access to family planning information was the right of every woman to determine her reproductive life. Midwives as the largest source of services have the responsibility to provide this information through the implementation of contraceptive counseling. However, the fact was that the implementation of fulfilling this information need was still low in Indonesia. Counseling for pill and injection contraceptives which have a high risk of discontinuation of contraceptives was rarely used, as well as access to information by women at high risk was still difficult. Improving the education of women and partners, improving socio-economic status in all regions could increase access to family planning information needed by the community.

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