

Research Article

The Influence of Balanced Counseling Strategy on Mother towards Participants of Post Partum Family Planning At Puskesmas Kassi-Kassi Makassar

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Abstract: Counseling is a well-known strategy to increase the scope of use of family planning methods. This study aimed to analyze the effect of balanced counseling strategy towards accession immediate postpartum family planning at Puskesmas Kassi-Kassi Makassar City. This research is pre experiment with only posttest control group design. Samples were third trimester pregnant women at Puskesmas Kassi-Kassi Makassar City, respectively 25 as the experimental group and the control group were selected purposively. The experimental group was given BCS PFP the third trimester of pregnancy and post partum repeated when the control group were given counseling by officers. Data were analyzed by chi-square test (χ^2) to see the effect of balanced counseling strategy towards accession postpartum family planning. The results showed that there is a balanced counseling strategy influences on participation PFP ($P = 0.000$), there is the influence of participation PFP at the age above 20 years ($P = 0.006$), parity ≥ 2 ($P = 0.000$), insufficient knowledge ($P = 0.000$) and the support of her husband ($P = 0.000$). On working mothers showed no effect. It was concluded that a balanced counseling strategy in third trimester pregnant women and repeated at post partum affected the participation of PFP especially mothers with age > 20 years, parity ≥ 2 , sufficient knowledge and mother who supported her husband. It is expected that pregnant women get balanced counseling strategy and resume when the postpartum period to increase participation PFP coverage.

Keywords: Balanced Counseling Strategy, PFP, age, parity, knowledge.

INTRODUCTION

Postpartum Family Planning (PFP) is an attempt to prevent unwanted pregnancies and pregnancies spaced tightly during the first 12 months after birth (WHO, 2013), Nevertheless, the Ministry of Health restrict FP Postpartum period is up to 42 days post-partum. It is defined to prevent the missed opportunity in the post-partum mothers. Therefore, the definition of family planning in Indonesia ANC is the utilization or use of contraceptives soon after delivery to 6 weeks (42 days) after delivery (Azizah *et al.*, 2018). PFP program, can prevent about 30% of maternal deaths and 10% of infant mortality (Eliason *et al.*, 2018), Another study states PFP program, women who use birth PFP risk short distance was 19% lower

and 21% lower risk of premature birth (Baqui *et al.*, 2018),

Nevertheless, so far the post-childbirth coverage of family planning services is still not encouraging. Analysis of data from demographic health survey of more than 17 developing countries found that on average 25% of couples who want to limit their children do not use any form of modern contraception method at the appropriate time after childbirth (Dona *et al.*, 2018), Results Riskesdas analysis in 2012 found that 23.2% of women do not use contraception after pregnancy (Juliaan *et al.*, 2015). Some of the problems that can be identified include family planning services have not tersosialisasinya Postpartum well, not samanya perception of family planning methods, the low number

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of ANC and this is probably also because there is the inclusion of FP ANC coverage in routine reporting KIA.

In addition, there are many reasons why women are not using effective contraception during the postpartum period, such as social norms of culture and gender affect the use PFP, concerns the client and the limited knowledge of the method, time of return to sexual activity, the practice of breastfeeding and misunderstanding of conditions for lactation amenorrhea, and lack of access to PFP (HIPs, 2017, Gizaw *et al.*, 2017). Several other studies also suggest that the use PFP influenced by several factors, including socio-economic and demographic factors, contraceptive counseling during pregnancy, postpartum family planning knowledge and attitude (Aziz *et al.*, 2018, Akman *et al.*, 2010, Khotimah *et al.*, 2016).

To overcome this gap, some evidence has been provided as tips for implementation proactively offer family planning as part of the treatment during and immediately after childbirth, often referred to as the immediate postpartum period. By offering services during the postpartum period is a common approach to address gaps in access to services. World Health Organization (WHO) recommends that women receive information about family planning and social benefits of healthy birth spacing during antenatal care, immediately after birth and during the postpartum and infant care including antenatal counseling, immediately after childbirth or postnatal (HIPs, 2017),

Counseling is a well-known strategy to increase the scope of use of family planning methods (Lambe *et al.*, 2017). Balanced Counseling Strategy (BCS) was developed in South America and Africa since at these locations is required counseling of family planning that are practical, interactive and friendly to the client. The strategies evaluated in several countries is encouraging the active participation of the client. Health officials ask key questions to clients. Answer client to these questions guide the course of counseling that would be specific to the situation of life and wishes of the client. Clients can choose a contraceptive method that can best meet their needs (Leon, 2005).

Some studies indicate that there is the effect of giving counseling to pregnant women and postpartum mothers postpartum about contraceptive use (Aziz *et al.*, 2018, Akman *et al.*, 2010, Khotimah *et al.*, 2016). Other evidence also revealed that to start the postpartum contraceptive use among women of reproductive age and to reduce unwanted pregnancies,

counseling should ideally begin in early antenatal period (Cowman *et al.*, 2013), Contact between health workers, pregnant woman during antenatal and postnatal can motivate fertile couples to use contraception immediately after delivery (Kemenkes RI, 2014). Clients are counseled 2 times while the ANC and repeated at the beginning of labor has mounting numbers of intrauterine devices (IUD) post partum is significantly higher than current clients who were counseled only latent phase (Faris *et al.*, 2018).

In Indonesia, the book Mother and Child Health (MCH) are integrated with planning program delivery and prevention of complications (P4K) provides space to write the mother's choice after he counseled during the third trimester. Nonetheless postpartum counseling on family planning has not given optimal because the information provided in the book served KIA yet complete and clear. This study aimed to analyze the influence of balanced counseling strategies on the use of family planning at Puskesmas Kassi-Kassi Makassar.

METHODOLOGY

Design Research

This type of research is preexperimental design with posttest design Only Control Group Design. The study was conducted at Puskesmas Kassi-Kassi Makassar.

Population and Sample

The population in this study were all pregnant women who visited and checked out at the health center-Kassi Kassi Makassar. The sampling technique in this research is purposive sampling with inclusion criteria was the mother intends to give birth in health centers-Kassi Kassi Makassar city and willing to participate in the study by signing the informed consent provided. The number of samples in this study each 25 people as a group counseling intervention strategies impartial given by researchers when the third trimester of pregnancy and post partum repeated when the control group were given counseling by officers. Post test done before the mother left the health center.

Data Collection

Data collection was carried out on pregnant women who visited and intended to give birth at Puskesmas Kassi-Kassi in Makassar City using a questionnaire. The intervention group was given a KBPP SKB for 15-20 minutes and repeated at post partum while the control group was given counseling by the officer. Post tests are carried out before the mother leaves the health center after giving birth.

Data Analysis

The data were processed using SPSS 16.0. To determine the effect of counseling strategies balanced against the use of immediate postpartum family planning is used analysis "chi square test".

RESULTS

Table1. Distribution of Respondents at Puskesmas Kassi-Kassi Makassar City in 2019

Research variable	BCS				Total	
	Experiment		Control		n	%
	n	%	n	%		
Age Group (years)						
<20	2	8.0	3	12.0	5	10.0
20-30	14	56.0	12	48.0	26	52.0
> 30	9	36.0	10	40.0	19	38.0
Education						
Not completed in primary school	2	8.0	0	0	2	4.0
SD	6	24.0	4	16.0	10	20.0
SMP	5	20.0	5	20.0	10	20.0
High School	11	44.0	11	44.0	22	44.0
Academy / PT	1	4.0	5	20.0	6	12.0
Work						
URT	22	88.0	19	76.0	41	82.0
Private employees	2	8.0	1	4.0	3	6.0
entrepreneur	1	4.0	5	20.0	6	12.0
parity						
<2	4	16.0	5	20.0	9	18.0
≥2	21	84.0	20	80.0	41	82.0
Support husband						
Support	23	92.0	21	84.0	44	88.0
Does not support	2	8.0	4	16.0	6	12.0
Knowledge						
Less	20	20.0	20	20.0	40	20.0
Enough	5	80.0	5	80.0	10	80.0
Use of PFP						
Yes	20	80.0	6	24.0	26	52.0
Not	5	20.0	19	76	24	48.0

Table 1 shows the distribution of mothers in this study. Most of the respondents aged 20-30 (52%), which is the age of births by at most levels of education is high school (44%) both in the experimental group and the control group. 82% of mothers were housewives with most of the largest parity ≥2 (82%). In general, mothers get the support of a husband to use

birth control (88%) with the level of knowledge of the mother is in the category enough (80%). As for mothers who use immediate postpartum family planning counseling strategies impartial after getting larger (80%) compared with those not getting balanced counseling strategy.

Table 2. Effect of Balanced Counseling Strategy PFP against the use of Immediate Post Partum Family Planning at Puskesmas Kassi Kassi Makassar City in 2019

BCS PFP	Immediate contraceptive use PP				total		value P
	Experiment		Control		n	%	
	n	%	n	%			
Yes	20	80.0	5	20.0	25	100.0	0.000
Not	6	24.0	19	76.0	25	100.0	
total	26	52.0	24	48.0	50	100.0	

Table 3. Distribution of Respondents by Type Immediate Postpartum Family Planning used at Puskesmas Kassi Kassi Makassar City in 2019

Type FP	BCS				Total	
	Experiment		Control			
	n	%	n	%	n	%
IUD	4	100.0	0	0	3	6.0
implant	15	71.4	6	28.6	22	44.0
MAL	1	100	0	0	1	2.0
Opt	5	20.0	19	76	24	48.0
Total	25	100.0	25	100.0	50	100.0

Table 2 shows no effect of maternal PPF BCS against immediate postpartum contraceptive use with a P value <0.05. As for the choice of contraceptive

methods used by the majority of the experimental group was implanted (71.4%) as shown in Table 3.

Table 4 Effect of Balanced Counseling Strategy in the mother against the use of Immediate Post Partum Family Planning based stratification at Puskesmas Kassi-Kassi Makassar City in 2019

Variable strata study / BCS		Immediate contraceptive use PP				total		value P
		Experiment		Control		n	%	
		n	%	n	%			
Age (yrs)								
<20	Yes	-	-	2	100	2	100.0	
	Not	-	-	3	100	3	100.0	
20-30	Yes	12	85.7	2	14.3	14	100.0	0.006
	Not	3	25.0	9	75.0	12	100.0	
> 30	Yes	8	88.9	1	11.1	9	100.0	0.020
	Not	3	30.0	7	70.0	10	100.0	
Parity								
<2	Yes	2	50.0	2	50	4	100.0	0.524
	Not	1	20.0	4	80	5	100.0	
≥2	Yes	18	85.7	3	14.3	21	100.0	0.000
	Not	5	25.0	15	75.0	20	100.0	
Work								
Work	Yes	2	66.7	1	33.3	3	100.0	0.226
	Not	1	16.7	5	83.3	6	100.0	
Does not work	Yes	18	81.8	4	18.2	22	100.0	0.001
	Not	5	26.3	14	73.7	19	100.0	
Knowledge								
Less	Yes	3	60.0	2	40.0	5	100.0	0.524
	Not	1	20.0	4	80.0	5	100.0	
Enough	Yes	17	85.0	3	15.0	20	100.0	0.000
	Not	5	25.0	15	75.0	20	100.0	
Support husband								
Yes	Yes	20	87.0	3	13.0	23	100.0	0.000
	Not	6	28.6	15	71.4	21	100.0	
Not	Yes	-	-	2	100	2	100.0	
	Not	-	-	4	100	4	100.0	

Table 4 shows the 20-30 year-old mother and maternal age> 30 years after getting BCS PPF more use FP Immediate postpartum compared with no ie 85.7% and 88.9%. The results of statistical tests (X²) obtained a value of P <0.05. This means that there is an influence on the use of BCS PPF in mothers aged> 20 years compared with those not getting BCS PPF.

Immediate postpartum contraceptive use on maternal parity <2 and parity ≥2 after receiving the LCS PPF by 50% and 85.7% higher compared to

women who did not receive the LCS PPF. The results of statistical tests (X²) obtained P values> 0.05, which means there is no effect on the use of BCS PPF PPF maternal parity <2, otherwise the mother parity ≥2 obtained value P <0.05, which means there is the effect of the use of PPF after being given BCS PPF.

Immediate postpartum contraceptive use in women who do not work or work after getting BCS PPF against 81.8% and 66.7% higher than those not given BCS PPF. Statistically (X²) showed no effect on the use of BCS PPF in women who do not work (P

<0.05). In contrast to the working mother, there was no effect on the use of the use of BCS PPF (P> 0.05).

Mother less and sufficient knowledge category after receiving the LCS PPF using FP of 60% and 85% higher than those not getting BCS PPF. Statistically (X^2) in women who are less knowledgeable obtained value P> 0.05 whereas in women who have solid knowledge obtained value of P <0.005, which means the mother's knowledge affect the use PPF.

The husband's mother gained support after getting BCS PPF by 87% higher compared with those not given. Statistically (X^2) obtained a value of P <0.05, which means there is the effect of BCS PPF against PPF use in women who get the husband support than not.

DISCUSSION

In this study, it was shown that mothers who received BCS PPF had an effect on the use of immediate postpartum family planning. BCS PPF affects the use of PPF for mothers based on age > 20 years, parity ≥ 2 , sufficient knowledge and support of husband.

Counseling is one of the actions for improving health behaviors. Contact between health workers, pregnant woman during antenatal and childbirth can motivate fertile couples to use contraception immediately after delivery (Kemenkes RI, 2014). The results showed that pregnant women who receive counseling strategies PPF more balanced use FP immediate postpartum than women who do not get BCS PPF. Counseling Strategy Balanced or Balanced Counseling Strategy (BCS) is a counseling practice that is friendly to the client, interactive and focuses on the needs of clients in family planning services (Leon, 2005). Use of the Balanced Counseling Strategy (BCS) PPF simplify the delivery of information about PPF for 3 (three) tools that facilitate the counselor and the client to give and receive information about postpartum family planning.

BCS PPF mothers who get pregnant have a tendency currently 16.34 times to use FP immediate postpartum than mothers who were not given BCS PPF. This is in line with research conducted by Lambe *et al.*, (2017) which states that the counseling is a well-known strategy to increase demand for the generation of family planning methods. By using strategies Counseling Balanced, providers can give an approach of high quality to clients, improving the interaction client provider that leads to increased client satisfaction with the method, the use of better and continuation of the right method and the time consumed during

counseling shorter but accommodate the needs of the client ,

Research conducted by Bwazi, *et al.*, (2014) which found that there was a significant association between the use of contraceptive use plan with clarity postpartum family planning information provided, the husband's consent to family planning methods, counseling about fertility and duration of lactation amenorrhea.

Through the use of Strategy Counseling Balanced PPF mother given clear information about the fertile period after childbirth, amenorrhea method lactation, within a healthy pregnancy and the risk of each method are likely to be matched accordingly maternal health conditions, the side effects of each method so that mothers can choose to use one contraceptive method. In addition, because of counseling using PPF BCS begins when the third trimester of pregnancy so as to allow the mother to discuss and ask persetujuan from her husband and family related to various types of contraception that may be appropriate at the health condition of the mother.

Immediate postpartum birth control method of choice majority mothers in this study were implanted contraceptives. This is likely due to increased maternal knowledge related to duration of use implants included implant to adjust the spacing of birth, no disruption of milk production as well as the implant can be revoked at any time according to desire of the mother.

From the age factor can be determined phases were age <20 years is the phase delay pregnancy, age 20-30 years is the phase control / births and > 35 years is the phase of terminating pregnancy (Priyatni dkk, 2016). The results showed no effect of immediate postpartum contraceptive use in women aged > 20 years who get BCS PPF during pregnancy and post partum resume when compared to mothers who were not given BCS PPF.

This is in line with research conducted by Singh *et al.*, (2016) which found that there are differences in the use of PPF in women where the highest frequency is at 25-34. Similarly to the research conducted by Rao *et al.*, (2016) which shows that the proportion of willingness to PPF more in women in the age group 19-29 years.

The absence of immediate postpartum contraceptive use in women aged <20 years is possible because of the lack of independence, the knowledge, experience and skills of responden influencing the use of contraceptives. In this case the family / close relatives were decisive in the decision making

contraceptive use. While the control group low usage of immediate postpartum birth control is possible because of the lack of knowledge that affect elections in the immediate postpartum contraceptive use. Research conducted in Klungkung-Bali shows that age will influence the selection of post-natal birth control and young mothers will tend to choose contraception that is commonly used by most people (Stephen dkk, 2017).

According to Bwazi *et al.*, (2014) high parity will increase the use of contraception post partum. In this study, maternal parity ≥ 2 showed no effect of BCS PPFPP against immediate postpartum contraceptive use compared to those without. In line with research conducted by Eliason *et al.*, (2018) which found that to increase parity unit, the possibility of postpartum women using contraception increased by 2.3 times. In contrast to research conducted by Yilmazel *et al.*, (2013) which found that there was no statistically significant relationship between intentions using the KBPP method and parity. The low use of immediate KB after delivery to mothers with parity < 2 despite having been given KBPP SKB is possible because of the small number of samples with parity < 2 , other than that due to the desire to add more children and concerns about possible side effects accompanied by lack of experience owned by mother.

According to Mosha (2013) women who work and participate in contributing to the economic resources families tended to better regulate their fertility by having one child or even none at all, competition in the career and work, even policy of employment made them choose to not have children, so they have to choose the contraceptive choices effective and lasts a long time. This study showed that in women who worked did not find any effect of BCS PPFPP against immediate postpartum contraceptive use. This is likely due to the small number of samples that work in the intervention group and the desire of respondents still want more children. The results of this study differs from previous studies showing that there is a relationship between the use of birth control and women's work. The use of contraception for spacing births were significantly higher among women working than among housewives. Women who work feel a greater need to make space their pregnancies (Peethambara, 2017).

According to Okech *et al.*, (2011) revealed that the possibility of using family planning is 26% higher in women who have knowledge of family planning. This means that lack of knowledge will greatly influence the use of immediate postpartum family planning. In this study, women with sufficient knowledge obtained showed no effect on the use of PPFPP after being given BCS PPFPP compared with those

not given BCS PPFPP. Research conducted by Gizaw *et al.*, (2017) shows that the decisive factor is the knowledge about the use of PPFPP where mothers who have a good knowledge of the FP about 16 times more likely to use contraception postpartum than those who lack knowledge.

Mothers who get support from her husband showed no effect on the use PPFPP BCS than those not given BCS PPFPP. This is in linewith research conducted by Bwazi *et al.*, (2014) which found that there was a significant relationship between the planned use of the husband's consent related PPFPP planning methods. Similarly, research conducted by Eliason *et al.*, (2013) and Gizaw *et al.*, (2017) found that the determinants of the use of PPFPP involvement and approval of related husband FP method.

CONCLUSION

We conclude that the administration of LCS PPFPP in women who begin at the third trimester of pregnancy and post partum repeated when the effect on the immediate postpartum contraceptive use research location with a higher tendency to use age > 20 years, parity ≥ 2 , secondary education, sufficient knowledge and mother the approval of her husband. Efforts to increase the scope of use PPFPP needs to be done through the use of BCS PPFPP by trained personnel as well as an increase in the quality of service with the provision of services on an ongoing basis in terms of both the provision of counseling and provision of information, especially the immediate postpartum birth control methods are then expected to increase the participation of mothers to use FP.

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