

# **Correlation between Parity and Maternal Attitudes with the Contraception of Post-Child Birth use in the Mranggen Health Center**

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#### Abstract

Background: Birth control given to the recipient for 42 days after delivery is known as post-partum birth control. Data from BKKBN shows that 42% of pregnancies occur between 12 and 25 months of gestation, and if pregnancy occurs too soon after delivery, postnatal birth control reduces AKI. In the Demak district in 2021, as many as 252,125 people participated in active family planning programs (84.1%). Meanwhile, there will be an increase in the number of women of childbearing age in 2022, namely 253,663 people. Still, those who actively participate in family planning have not increased by a percentage of 80.9%. Objective: research to determine the characteristics and relationship between parity and maternal attitudes with the use of postpartum family planning in the working area of the Mranggen Health Center. Method used is descriptive and cross-sectional. The sample consisted of 60 people using proportional random sampling. Results analysis shows that the highest age group is 48 people (80.0%) with an age range of 20-30 years, the mother's education is (48.3%) and the highest data is for mothers with a Bachelor's degree, amounting to 29 people. Maternal employment was found to be the highest percentage of 33 mothers who did not work (55.0%), while the parity of mothers with a high percentage of primiparas (53.3%) was 32 people compared to multiparas. The results of bivariate analysis on the variables age p-value 0.027 (<0.05), education p-value 0.000 (<0.05), parity p-value 0.007 (<0.05), attitude p-value 0.003 (<0, 05) is related to the use of postpartum birth control and work p-value 0.653 (>0.05) there is no relationship with postpartum birth control. Conclusion, there is a relationship between age, education, parity, and the mother's attitude towards the use of postpartum contraception. Meanwhile, employment has no relationship with postpartum birth control use.

#### Keywords

parity, attitude, contraception, postpartum

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### Introduction

The Postpartum family planning is the utilization or use of contraceptives directly after giving birth until 6 weeks or 42 days after giving birth. The principle of selecting the contraceptive method used does not interfere with breast milk production and is appropriate to the mother's condition. The importance of spacing and preventing pregnancies so that they are not too close at least 2 years after giving birth regulate the number of children so that mothers do not give birth too often, preferably no more than 3 times, prevent unwanted pregnancies, maintain and improve the health of mothers, babies, and toddlers, mothers have enough time and attention for themselves, children and families (BKKBN, 2023).

Family planning services in Indonesia also support the acceleration of reducing maternal mortality (AKI) by preventing multiple pregnancies (too young, too old, too many, and too frequent) and unwanted pregnancies, delaying gestational age, and regulating the distance between pregnancies. This unwanted pregnancy (KTD) can occur in couples. The application of postpartum contraception is very important because the return of fertility to a mother after giving birth is unpredictable and can occur before the menstrual cycle arrives, even in breastfeeding women. The first ovulation in non-breastfeeding women can occur as early as 34 days after delivery, or can even occur earlier. This can cause women to experience unwanted pregnancies (KTD/unwanted pregnancy) at close intervals to previous pregnancies. Contraception should be used before sexual activity begins. Therefore, a woman should start contraception as early as possible after giving birth (Ruhanah, 2023)

Based on data from the Mranggen Demak Community Health Center, the number of postpartum mothers in 2023, the number of PUS will be 14,387 people and the population using active family planning will be 9,861 people. Then in the same year, namely 2023, as many as 554 mothers used birth control after giving birth. In 2021, there will be 11719 PUS using KB pills, 117886 KB injections, 15718 KB implants, and 5993 IUD KBs. This research aims to determine the characteristics of mothers (age, education, occupation and parity) with the use of postpartum contraceptives, and determine the relationship between parity. and the mother's attitude towards the use of postpartum contraception in the working area of the Mranggen health center.

# Method

This research uses a descriptive method with a cross-sectional approach, which involves collecting data simultaneously to ascertain how risk and effect variables are connected. With a sample of 60 people with calculations using the Slovin formula.

### **Result and Discussion**

### Univariate results

 
 Table 1. Frequency distribution based on characteristics

characteristics									
Age	Frequency	Persentase %							
20-30	48	80.0%							
31-45	12	20.0%							
Education									
Junior high school	1	1.7%							
Senior High School	26	43.3%							
Bachelor degree	29	48.3%							
Master degree	1	1.7%							
Diploma	3	5.0%							
Parity									
Primipara	32	53.3%							
Multipara	28	46.7%							
Work									
Doesn't work	33	55.0%							
Work	27	45.0%							

The age distribution of the 60 respondents can be seen in Table 1, with the highest age group numbering 48 people (80.0%) falling in the 20-30 year age range. Thus, this age is considered a healthy age for the reproductive system to get pregnant and start using family planning. The age range of 20-30 years is a healthy and good (riskfree) age range for family planning, pregnancy, and childbirth, according to research (Sitorus & Siahaan, 2018). Mother's education level was classified into six categories based on the results of the questionnaire: elementary school, middle school, high school, diploma, bachelor's degree, and master's degree. The table above shows the results of research on 60 mothers with the highest level of education, 29 (48.3%) had a bachelor's degree. Therefore, the level of education in this study can be said to be very good. It is the individual's level of education that makes the decision about which contraceptive to use. Whether in formal or informal settings, education is a lifelong endeavor aimed at building character and talent. Education influences the attitudes, actions of a person or group.

Parity results based on Table 1 show that 32 mothers out of 60 respondents (53.3%) have one child (primipara). From this research it can be said that mothers with one child (primiparous women) are more likely than mothers with two to four children (multiparous women). A woman's use of contraception is influenced by the number of children she gives birth to. Choosing to have several children has a significant impact on the values that each parent holds dear as their preferred standard. A woman's experience and information regarding the number of children she has can also be used to help her choose the right contraceptive technique and device. Equality and the number of children who survive are also closely related to high levels of welfare. In general, the quality of children is more important than the number of children. Children from poor families are now considered economically valuable. In general, poor families have more children than families with middle to upper economic levels (Aningsih & Irawan, 2019).

Based on Table 1 above, results were

obtained from 60 respondents, the majority of whom were working mothers, 33 people (55.0%). Helps expand a person's knowledge and gives a person more information that helps decide on the use of effective and efficient contraceptive methods (Aningsih & Irawan, 2019). A person's job is a determinant of their quality. Work causes a disconnect between health practices and knowledge, which in part makes individuals reluctant to learn about health problems and take preventive measures. Job demands encourage a willingness to handle childbirth by considering the burden of child dependency (dependency ratio). Family planning users have high incomes and believe that being a family planning user means building a happy small family (Deviana, 2023).

Based on Table 1, the results show that 45 (75.0%) mothers used postpartum contraception. So it can be said from the table above that at the Mranggen Demak Community Health Center more people use postpartum contraception compared to those who don't. Family planning is an attempt to control the number of children born, as well as the exact ages and spacing between them. Family planning also aims to control pregnancy and offers unlimited support, security and understanding to foster a happy and healthy family. Limiting the number and location of births is one of the goals of family planning initiatives. One type of birth control needed is postpartum birth control. Postpartum family planning uses preventive methods during the postpartum period for forty-two days after delivery as a step to avoid losing the opportunity to organize their family. Careful planning for postnatal care is needed to avoid pregnancy that is too early or too short after giving birth. This is due to the fact that closely spaced pregnancies increase the likelihood of maternal disease and unfavorable pregnancy outcomes, such as low birth weight babies, low birth weight babies, and premature birth (Niam, 2022).

#### **Bivariate analysis**

Using bivariate analysis and chi-square statistical tests, this study looked at the relationship between age, education, employment, parity, and maternal attitudes and the use of postpartum family planning at the Mranggen Demak Community Health Center.

From the Table 2, it shows that 33 (68.8%) mothers aged 20-30 used post-partum contraceptives and 15 (31.3%) did not use post-partum contraceptives. The relationship between age and postpartum birth control use is shown by a p-value of 0.027 obtained from the results of the Chi- Square statistical test. This shows that the hypothesis is not rejected because the p value is less than 0.05. These results are consistent with research (Manik, 2019) which shows that age is related to the use of postpartum or postpartum contraception.

From the Table 3, mothers with a bachelor's degree make up the largest percentage, 28 people (96.6%) use post-partum contraceptives and 1 (3.4%) do not use postpartum contraceptives. A p-value of 0.000 was obtained using the chi-square statistical test in Table 1.3. This shows that the p-value < (0.05), rejects the null hypothesis and shows that there is a correlation/relationship between postnatal contraceptive use and education. Research (Indriyani, 2021) which found a p-value of 0.008 for the correlation between education and contraceptive use is supported by the findings of this study. The findings of this study are in line with research conducted in the city of Axum in northern Ethiopia (Mansori, 2017) that education is related to the use of contraceptive techniques. There are several possible reasons for this. For example, postpartum women tend to have deeper understanding as their level of education increases.

Based on the Table 4, the results show that working mothers make up the largest percentage, 26 (78.8%) using postpartum contraceptives and those who do not use 7 (21.2%). The p-value is 0.653 based on the chi-square statistical test, the null hypothesis is accepted and the p-value is > 0.05. This shows that postpartum contraceptive use and employment are not related. The results of this study are in line with research (Damayanti, 2021) which states that the results of data analysis show that there is no relationship between maternal employment and the choice of contraceptive method. This research is also in line with (Pratiwi, 2016) showing that there is no relationship between employment and family planning acceptor.

	Positif		Negatif				
Age	n	%	Ν	%	Ν	%	p-value
20-30	33	68.4%	15	31.3%	48	100.0%	
31-45	12	100.0%	0	0.0%	12	100.0%	0.027
Total	45	75.0%	15	25.0%	60	100.0%	

Table 2. Relationships between maternal age and postpartum birth control use

Table 3. Relationships between mater	nal education and postpartum birth control use

	Positif		Negatif				
Education	Ν	%	n	%	n	%	p-value
Junior High School	1	100.0%	0	0.0%	1	100.0%	
Senior High School	12	46.2%	14	53.8%	26	100.0%	
Bachelor Degree	28	96.6%	1	3.4%	29	100.0%	0.000
Master Degree	1	100.0%	0	0.0%	1	100.0%	
Diploma	3	100.0%	0	0.0%	3	100.0%	
Total	45	75.0%	15	25.0%	60	100.0%	

	•							
	Positif		Negatif					
Work	Ν	%	n	%	n		%	p-value
Work	26	78.8%	7	21.2.%		33	100.0%	
Doesn't work	19	70.4%	8	29.6%		27	100.0%	0.653
Total	45	75.0%	15	25.0%		60	100.0%	

**Table 4**. Relationships between employment and postpartum birth control use

### Table 5. Relationships between Parity and Postpartum Birth Control Use

	Positif		Negati	f			
Parity	n	%	n	%	Ν	%	p-value
Primipara	19	59.4%	13	40.6%	32	100.0%	
Multipara	26	92.9%	2	7.1%	28	100.0%	0.007
Total	45	75.0%	15	25.0%	60	100.0%	

Table 6. Relationships between attitudes and the use of postpartum contraception

	Use		do n	ot use			
Attitude	n	%	n	%	n	%	p-value
Positif	36	87.8%	5	12.2%	41	100.0%	
Negatif	29	47.4%	10	52.6%	19	100.0%	0.003
Total	45	75.0%	15	25.0%	60	100.0%	

Based on the table 5, the parity of multiparous mothers is the largest percentage, namely 26 mothers (92.9%) who use postpartum contraception and those who do not use 2 (7.1%). The results of the chi-square statistical test in Table 1.5 show a p-value of 0.007, meaning the p-value < (0.05). Therefore, the null hypothesis is rejected, because many people think that using contraception now may have an impact on fertility later. This is in line with research (Gustirini, 2020), there is a relationship between parity and contraceptive use. The maternal mortality rate is greater for first births and high births (three or more). According to research (Dakmawati, 2020) shows that first births and high births (three or more) have increased the incidence of maternal death. While family planning can help reduce the risk of parity 1, obstetric care can also help reduce it. Parity and intention to use contraception have long been associated. The use of contraception can be used to delay and space the mother's pregnancy until she has a certain number of children.

Based on the 6, the results show that 36 (87.8%) mothers who used postpartum contraception had a positive attitude, and 5 (12.2%) who did not use contraceptives. There were 9 mothers with a non-positive attitude who used postpartum contraception (47.4%) and 10 (52.6%) who did not use birth control. The findings of this research are in line with research (Nesimnahan et al., 2022) in the Fatumonas Health Center working area showing that attitudes are related to contraceptive use in women of childbearing age. The results of this study are consistent with previous research which shows a relationship between attitudes and postnatal contraceptive use (Ruwayda, 2014), according to this research, individuals who have a pessimistic view are more likely to decide not to use contraception after becoming pregnant. The study concluded that because respondents were fairly knowledgeable about birth control and contraceptive techniques, there was a strong relationship between views and postpartum contraceptive methods. Study participants were well informed

about birth control, contraception and had favorable views about their use. Compared with respondents who have negative attitudes, this indicates that respondents are more likely to accept and understand the use of postnatal contraception.

# Conclusion

This study obtained the characteristics of mothers aged 20-30 with the highest frequency being 48 people (80.0%). The majority of mothers' education was undergraduate education with 29 people (48.3%). The highest number of parity obtained by primiparous mothers was 32 people (53.3%) and multiparas had the lowest percentage, namely 28 people (46.7%), while the highest percentage of non-working mothers was found at 33 people (55.0%).

Characteristics of the mother's relationship with the use of post-natal contraceptives, namely that there is a relationship between age and education with the use of post-natal contraceptives, while employment is not related to the use of post-natal contraceptives (p-value 0.653).

The relationship between maternal parity and the use of postpartum contraception based on the parity of 19 (59.4%) primiparous mothers using postpartum contraception and 13 (40.6%) who did not use it, then 26 (92.9%) multiparous mothers used postpartum contraception. and those who did not use 2 (7.1%).

The relationship between maternal attitudes and the use of birth control can be concluded that 36 (87.8%) mothers who used postpartum birth control had a positive attitude and 5 (12.2%) who did not use birth control. There were 9 mothers with a non- positive attitude who used postpartum contraception (47.4%) and 10 (52.6%) who did not use birth control. This era is an era where there is widespread exchange of resources, technological innovation and information without national borders. Medical apps make smartphones a useful tool in the

practice of evidence-based medicine at the point of care, and can also play an important role in patient education, disease self-management, and remote patient monitoring.

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