



A Case Study of Family Knowledge About the Types Of Contraception Methods And Tools In The Family Planning Program

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Abstract

This study is to find out family knowledge about family planning (KB) and mothers want to do family planning program, to increase family knowledge about the types of methods and contraception. This research is a type of research with a case study design by conducting studies aimed at an information-gathering technique that is done by compiling a list of questions. The results showed two problems in the family, which were found in mothers who had not had a family planning age of 31 years and the age of the last child of 5 months. After a systematic review is made in determining the priority of the problem, health education is needed by the mother and family. The husband advised the mother to use contraception and only use natural contraception methods.

Introduction

Family Planning (KB) is a national scale program to reduce birth rates and control population growth in a country. For example, the United States has a family planning program called Planned Parenthood. Family planning programs are not solely designed to meet government targets (Gertler & Molyneaux, 1994). Viewed from a medical perspective, this program actually has many benefits for the health of every family member. Not only mothers, children and husbands can also feel the effects of this program directly (Angeles et al., 2005).

Family Planning according to WHO (World Health Organization) is an action that helps married couples to avoid unwanted births, regulate birth spacing, and determine the number of children in the family (Waites, 2003). Population density that occurs is, of course a, problem for the Indonesian state that needs to be considered by the government so that many efforts are chosen or programmed by the Indonesian government to reduce population density by carrying out a Family Planning program (Shiffman, 2002). Public knowledge is still limited about various types of contraception, so people know more about the short term than the long term contraception.

According to data from the Indonesian Demographic and Health Survey (SDKI) in 2012, family planning injections were the most widely used in Indonesia with a percentage reaching 31.9 percent. While the use of intra uterine devices (IUDs) only reached 3.9 percent. Improvement and expansion of family planning services is one of the efforts to reduce maternal morbidity and mortality rates that are so high due to pregnancy experienced by women (Simarmata et al., 2012). Many women must make difficult contraceptive choices, not only because of the limited number of methods available but also because certain methods may be unacceptable in connection with national family planning policies, individual health and women's sexuality or the cost of obtaining contraception. The use of various contraceptive

methods is actually not problematic. The problem lies in the aspect of choosing the contraceptive method. An aspect that needs to be considered is the choice of contraception whether it has been based on consideration of the factors of profit, loss, effectiveness and efficiency of each method (Adler & Hendrick, 1991). Therefore, each prospective acceptor in principle must have good knowledge about the strengths and weaknesses, effectiveness and efficiency of each contraceptive method. The main consideration is related to the suitability of family planning goals, namely delaying pregnancy, spacing the child or ending the reproductive period. This research is to find out family knowledge about family planning and mothers who want to have family planning, to increase family knowledge about the types of contraceptive methods and tools.

Methods

This research is a type of research with a case study design by conducting a study aimed at an information-gathering technique that is done by compiling a list of questions asked of respondents. Mr. M's family consists of five family members namely Mr. L as the head of the family, a wife and their three children aged 10 years, 8 years and 5 months with one health problem that is found in mothers who have not had family planning while they are 31 years old.

Results and Discussion

Midwifery care in the family is a community midwifery care that aims to improve the degree of family health. Family health problems are usually encountered. For example, the family Mr. and Mrs. I have more than one problem.

Mr. M's family consists of five family members namely Mr. L as the head of the family, a wife and their three children aged 10 years, 8 years and 5 months with one health problem that is found in mothers who have not had family planning while they are 31 years old. This will be used as a matter of priority and a solution will be found. Mrs. "I" Family Midwifery Care In Tembam Village Tembam Village Enrekang District Enrekang District On February 20, 2019.

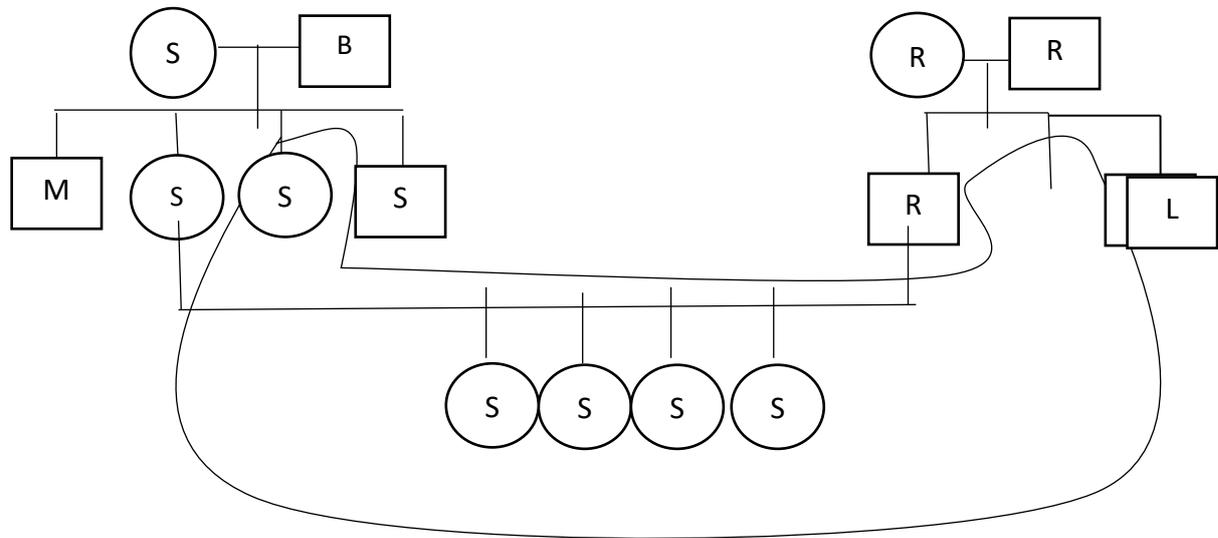
Data Analysis

Table 1. List of Family Members and family member data

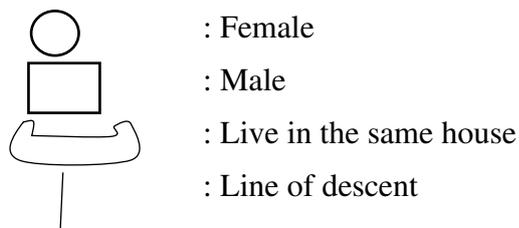
Name	Family Relation	Sex	blood group	Age	Income	Religion	Employment	Immunization				
								BCG	HB 123	Dpt 123	Polio	measles
I	Wife	F	-	31 YO	-	Islam	House wife					
Z	Son	M	-	10 YO	-	islam	-					
N	Daughter	F	-	8 YO	-	islam	-					
M	Son	M	-	5 Month	-	islam	-	1	1,2,3	1,2,3	1,2,3,4,	-

Genogram 3 Generation

Family type is main family, the most dominant in decision making is the husband as head of the family.



information:



Social, Economic and Cultural Factors

Families are always open and want to give information. Interaction in the family and the environment The pattern of interaction of the family and the environment is very good, normal communication using Indonesian and Makassarese. The breadwinner in the family is the husband with an uncertain income by managing household needs is the wife. Habits in the family in every decision are always discussed first, and the habit of mutual cooperation in the family is always applied, sometimes the husband helps the mother in doing housework or caring for children.

Family Health Status

If there are sick family members go to the health center. Types of diseases that are often suffered by families such as headaches, fevers, colds, toothaches and smallpox. Mrs. "I" family Admits limitations to the lack of knowledge about family planning. Environmental Health

House plan

E	A
D	B



Description:

- A : Bedroom
- B : Bedroom
- C : Family room and living room
- D : Kitchen
- E : Bathroom

Form of the house : permanent
 Ventilation : good enough, good air exchange

The room in the house gets sunlight.

Clean Water Sources, families use clean water sources from PAM and gallon drinking water sources and drinking water company (PAM). Family latrines, families have their own latrines and bathrooms with squat latrines. Landfills, household waste disposed of in a hole made behind the yard and burned.

Daily lifestyle, the types of food consumed are rice, side dishes (fish, eggs, tofu, tempeh) vegetables (kale, spinach), fruit (bananas, rambutan), with a frequency of eating 4 times a day and drinking milk.

Family habits take a lunch break about 2 hours after lunch, and night breaks usually start at 20:00 and wake up at 05.00.

The general appearance of the mother and family is clean, the habit of bathing twice a day, the mother shampooing once a week, brushing her teeth twice a day, the family is accustomed to using footwear when leaving the house.

Everyday, mothers take care of babies, prepare food and serve shoppers in stores. The family has a family entertainment facility karaoke salon and television.

Formulation of Diagnosis/Family Health Problems

The analysis is Mrs. "I" with a lack of knowledge about family planning. Subjective data are (1) Mother and family do not understand the type of contraception (2) The distance of childbirth to the 2nd and 3rd + 7 years. (3) The husband encourages the mother to use contraception. The objective data is that the mother only uses natural contraceptive methods. Mother is now 31 years old

Problem Priority

No	Criteria	Calculation	Score	Justification
1	The Nature of the Problem	$2/3 \times 1$	0,7	Because with less knowledge can cause other health threats

2	Possible problems can be changed	$1/2 \times 2$	1	Because not all mothers who already understand want to do KB. Sometimes it is determined by the husband and the existence of trust.
3	Potential problems can be prevented	$2/3 \times 1$	0,7	Because counseling can be done at an early stage
4	Prominent problem	$2/2 \times 1$	1	Because it is too old for the mother to give birth again and can be at risk for other complications.
Total score			3,4	

After holding the weighting, the priority problem in the family of Mr "M" is lack of knowledge about family planning (score 3.4). Provision of information about family planning, types of contraception and side effects that can arise from existing types of contraception. Support and motivate mothers to want to use family planning.

Implementation of the intervention is to provide information about types of contraception, the strengths and side effects of contraception and provide support to mothers to want to use.

Intervention/Action Evaluation

I still don't want to use birth control and I already know about the types of contraception. Subjective data, namely the mother and family do not understand the type of contraception, childbirth distance of children 2 and 3 + 7 years and the husband encourages mothers to use contraceptives.

The objective data is that the mother only uses natural contraceptive methods and the mother's age is now 31 years. The analysis is Mrs. "I" with a lack of knowledge about family planning. The implementation is to support and motivate the wishes of mothers to have family planning and explain to mothers the type of contraception.

Midwifery services are an integral part of health services, which are directed at realizing quality family health. Midwifery services are services provided by midwives following the authority they improve maternal and child health in order to achieve quality, happy and prosperous families. Community midwifery services are part of family health efforts (Islam & Malik, 2001).

Family health is one of the activities of health efforts in the community aimed at families. Implementation of family health aims to realize a small family, healthy, happy and prosperous. Children's health is organized to realize the growth and development of children (World Health Organization, 2005).

So the purpose of community midwifery services is to improve the health of mothers, babies, children under five and EFA in the family so that a healthy and prosperous family in a particular community is realized. In solving their patients' problems, midwives use management, a method used by midwives to determine and find steps to solve problems and take action to save their patients from health problems.

Community midwifery steps: (1) analysis is to use the data collected and look for links to one another so that various problems are found, through the analysis process found answers about the relationship between disease or health cases with environmental socio-cultural conditions (behavior). Health services and hereditary factors that affect health. (2) The formulation of the problem can be collected based on the results of the analysis. In the formulation of the problem includes the main problems and their causes as well as potential problems. (3) Plans and Actions, if the main problems and their causes are known, plans and actions are prepared. Actions are carried out based on the plan drawn up, (4) Evaluation, the purpose of the evaluation is knowing the accuracy and perfection between the results achieved and the objectives set. An assessment is considered successful if the evaluation shows data that is consistent with the objectives to be achieved. If the goal is not achieved, then the cause needs to be reviewed. If the activities succeed in achieving the objectives, identification is carried out in anticipation of the possibility of other problems arising from these successes.

After an assessment and found priority problems or major problems in the family of Mr. M. that is a mother who has not had family planning while she is 31 years old, which can be a health threat. In collecting data on the family of Mr. "M", two problems were found in the family, which were found in the mother who had not had a family planning age of 31 years and the age of the last child of 5 months. After a systematic review is carried out in determining priority problems, the health education needed by mothers and families at this time is a type of contraception counseling and support from families and health workers who provide health education.

Conclusion

Community midwifery care focuses on providing services to every family in the working area. The form of service delivery carried out is to solve various problems in the health sector, especially maternal and child health. These activities certainly aim at the end to reduce maternal mortality and infant mortality. From various counseling that has been done is expected to be able to increase public knowledge about their health problems so that it is expected that the community will be more independent in solving health problems that exist in their environment. Likewise with Mr. M's family after counseling for existing problems, now Mr. M's family has a better understanding of what and how to overcome their health problems.

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