



Original Research



Health Promotion Quality Regarding Post-Placental IUDs in Malang Regency

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ABSTRACT

Introduction: Community welfare is confronted with a substantial challenge by Indonesia's burgeoning population, and the government's principal aim is the promotion of Long-acting reversible contraceptives (LARC). Post-placental IUD is an efficacious method that incorporates health promotion by means of midwife-delivered contraceptive counseling. Counseling promotes the development of positive relationships, knowledge, attitudes, and behaviors, thereby fostering responsible behavior and individual agency in decision-making. Nevertheless, the low utilization rate of postpartum IUD contraception can be attributed to the scarcity of information regarding the mother. The objective of this study is to examine the level of health promotion regarding post-placental IUD family planning in Malang Regency.

Material and Methods: Descriptive methods will be employed, including verbal and written observations of behavior and descriptive data on individuals. The interview-based data collection process spanned the months of June to August 2023.

Results: The research results suggest that inadequate efforts to promote postpartum IUD contraception are due to a dearth of understanding, motivation, resources, geographical proximity, and community customs. The objective is to improve the existing insufficiency of post-placental IUD family planning promotion in Malang Regency.

Conclusion: From the beginning of pregnancy onwards, expectant women must be consistently motivated and educated about health promotion and family planning in order to develop an interest in and understanding of the choice of post-placental IUD family planning.

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INTRODUCTION

According to data provided by the Indonesian Ministry of Health in 2022, the Maternal Mortality Rate (MMR) in Indonesia stands at 183 per 100,000 live births. According to [1], the MMR has risen to 189 per 100,000 live births subsequent to data updates on July 18, 2023. The available data indicates that Indonesia's endeavors to decrease MMR remain significantly distant from attaining the target of 70/100,000 Live Births established by [2] for Sustainable Development Goals (SDGs). Diverse initiatives are underway to decrease maternal mortality rates (MMR) in a sustainable fashion in accordance with the Sustainable Development Goals

(SDGs) and Millennium Development Goals (MDGs) [2]. These endeavors seek to address concerns related to KB and MMR by increasing the attainment of various indicators, such as the level of contraceptive use (Contraceptive Prevalence Rate/CPR), the total mortality rate (TFR), and the utilization of modern contraceptive methods (CPR) [2].

In accordance with the national policy and strategy outlined in the 2020-2024 RPJM, the direction of the BKKBN policy and strategy is to strengthen the capacity of health facilities and networks in family planning and reproductive health services, with a particular emphasis on the utilization of long-term contraception and family planning methods [3]. This requires the implementation

of a strategic approach. Nevertheless, according to data from [3], long-term contraceptive utilization in Indonesia remains significantly below the target level of 62.16 percent. Specifically, only 26.7 percent of women employ family planning methods such as the LARC (MKJP) [4].

The percentage of East Java Province residents who utilized family planning services decreased from 64.8% in 2019 to 64.05% in 2020 [5]. The efficacy of the IUD technique was 7.38 percent. In contrast, East Java exhibits a postnatal family planning coverage rate of 48.6%. The percentage of IUD users in Malang Regency is 10.1 percent, or 1,934 individuals [6]. The expansive Malang Regency is home to a total of 39 community health centers. Unmet need was 20.97% and the prevalence of modern contraceptive use (mCPR) was 66.36%. The percentage of unfulfilled needs is projected to rise to 22% by 2022, indicating a continued deviation from the nationwide objective. According to preliminary findings from a study, the utilization of post-placental IUD contraceptives in twenty health centers of the Malang Regency was non-existent. This indicates that no consumers opted to utilize the contraceptive method after delivery via post-placental IUD. The majority of mothers delay family planning for 42 days following childbirth [6].

Family planning is, in general, a crucial intervention in the preservation of mothers and children. 3-8 women per year out of 1000 women use post-placental intrauterine devices (IUDs), which is one form of long-term contraception with exceptionally high efficacy. At 24 months following IUD insertion, the incidence of unintended pregnancies while post-placental is 2.0-2.8 per 100 acceptors [3]. The utilization of contraceptive methods following childbirth can increase mothers' awareness regarding contraception, particularly in the period following childbirth, which is a high-risk period necessitating preventive measures, given that the majority of women in Indonesia (83%), give birth under the supervision of trained health personnel. Not preferred. Families can optimize the utilization of family planning services, particularly post-placental IUDs, by ensuring that they commence with the provision of sufficient information, counseling, and health promotion. Furthermore, these services should be executed in an interactive manner throughout prenatal visits, employing methods that are culturally sensitive and suitable for the local community [7,8,9].

Empirical evidence supports the notion that educating women about family planning is crucial to empowering them to exercise autonomy in selecting and implementing contraceptive methods that are appropriate for their individual circumstances [10]. In actuality, however, the rate of unintended pregnancies (unmet need) remains high, particularly among postpartum mothers, due to the fact that postpartum

mothers fail to install contraception promptly despite the fact that their partners desire it. The delay in contraceptive installation is due to the fact that personnel are preoccupied with the care of newborns. According to a study conducted by [11], 34.4% of 382 postpartum mothers were unwilling to participate in postnatal family planning because they were unable to determine which method of contraception was most appropriate for them. Lack of information and knowledge, misconceptions, religious considerations, and perceptions of contraceptive incompatibility all impact postpartum family planning decisions [12].

The Malang Regency health office has implemented several strategies to increase the utilization of post-placental IUD contraceptives. These include strengthening counseling and contraceptive services provided by midwives at all health centers, which serve as the primary providers of contraceptive services accessible to all segments of society, and encouraging posyandu (post) activities. Integrated Services, for example. Despite these endeavors, the desired outcome of enhancing postpartum mothers' inclination towards selecting post-placental IUD contraception has not been fully realized [6].

The involvement of health professionals, particularly midwives, is crucial in the successful implementation of the post-placental IUD family planning program. Midwives, in particular, have the authority to promote family planning beginning with the antenatal care visit (ANC). According to the KIA book, midwives facilitate knowledge exchange and advocacy concerning the utilization of family planning during pregnancies. This includes conducting safety checks to identify contraceptive methods, side effects, and validity periods, as well as educating the expectant mother and her partner about the process of selecting and determining the most suitable contraceptive. With the expectation that this will lead to greater utilization of post-placental IUD contraception and a decrease in unmet requirements among postpartum mothers [13].

In light of the aforementioned issues, it is necessary to investigate the quality of health promotion efforts, particularly promotion of post-placental IUD contraception, in the Malang Regency Health Service's operational area. This will increase the number of post-placental IUD contraceptive uses, thereby contributing to the success of the government's program encouraging the use of LARC (MKJP). Efficiently mitigating and curbing the pace of population expansion while simultaneously diminishing rates of maternal and infant mortality.

MATERIAL AND METHODS

This qualitative study employs a phenomenological methodology to investigate the efficacy of health promotion in the Malang Regency working area in 2023, with a particular focus on post-placental IUD family planning. The participants of the study consist of three expectant women, two midwives from independent practice, and one midwife from the community health center. The implementation of the family planning program was overseen by one midwife from the Malang District Health Service and lasted from June to August 2023. Data was gathered through the utilization of structured and in-depth interviews conducted in person, spanning a duration of 45-60 minutes each.

Qualitative descriptive methodology was employed in this study, specifically the collection of written and verbal descriptive data from individuals and observed behavior [14]. Examines the extent of knowledge and comprehension regarding post-placental IUD contraception from the mother's vantage point as a contraceptive user, as well as the phenomena that transpire in relation to the promotion of this method by health workers, particularly midwives, family planning program holders, and husbands. Three expectant women, three midwives, and one midwife who oversaw a family planning program comprised the purposeful selection of informants. The criteria are used to determine which informants are chosen, not their proficiency in responding to each question that will be posed [15] defined the interactive model as the subject of the analysis. Pre-field, in-field, research, and post-research comprise the four phases of data collection: Data display entails the presentation of data in the form of concise narratives that can be interpreted in light of the problem's context; and conclusions signify the validation of the analysis by furnishing precise responses to the inquiries posed in the research. Data reduction involves transforming data into a written format (script) for interpretation.

Ethics Statement

The present study was granted approval by the Research Ethics Commission of Faculty of Medicine, Muhammadiyah University Malang, with the assigned reference number No.E.5.a/075/KEPUMM/IV/2023, for an active duration of spanning from 20 April 2023 to 20 April 2024. In addition, informed consent was obtained from all subjects and/or their legal guardian(s).

RESULTS

Description of the Conditions of the Research Site

Malang Regency, situated in the province of East Java, is one of the larger regencies. It is bordered on the

north by Jombang, Mojokerto, and Pasuruan Regencies. The Indonesian Ocean defines the southern boundary, Blitar and Kediri Regencies delineate the western border, and Probolinggo and Lumajang Regencies form the eastern border. Centrally located are the cities of Malang and Batu. The district of Malang encompasses an area of 3,238.27 km². It is positioned at an altitude of 250-500 m above sea level (lowlands) and highlands ranging in altitude from 500-3600m [1,6]. Its geographical coordinates are 112°17' 10.90" – 122°157'00" East and 7°144'55.11" – 8°126'35.45" South Latitude.

Malang Regency is home to a total of 205 pharmacies, 20 general hospitals, 2 specialty hospitals, 39 inpatient health centers (each with 549 beds), 61 mobile health centers, 93 supporting health centers, 99 primary clinics, and 9 main clinics. In contrast, community-based health resources comprise the following: 364 Poskesdes, which are village health posts; 2,215 posyandu; 120 health posts; 83 UKK, which are occupational health efforts; and 39 SBH, which are Saka Bhakti Husada [6]. Poskesdes, a forum for empowerment that promotes village-level development and aids in the mobilization of other UKBM, are dispersed throughout 390 villages [6].

Post-placental IUD Health Promotion Quality Interview Results

Pregnant women who were surveyed provided the following responses when queried about their encounters during prenatal care (ANC) visits with health professionals (midwives) concerning the promotion of family planning, particularly post-placental intrauterine devices (IUDs), and whether family planning promotions are routinely conducted at each ANC visit:

Pregnant woman 1:

"Nah, not at all, never,..."

"During pregnancy check-ups, doctors typically focus on advising about vitamins and the importance of staying active through walking. They may not always discuss birth control unless there is a specific concern."

Pregnant woman 2:

"For once, during my recent check-up, the focus was solely on my preferred birth control method. Normally, the emphasis is on the vitamins recommended for a healthy pregnancy."

Pregnant woman 3:

"I'm currently 7 months pregnant and throughout my appointments at the midwife or community health center, no one ever discussed what family planning would entail." No one brought up the topic of family planning with me.."

Informants (pregnant women) were not provided with family planning information during routine pregnancy tests. Information pertaining to the third

trimester of pregnancy was provided to one informant. KIE adjusts to the requirements and complications that arise throughout pregnancy, while the information obtained is limited to pregnancy-related issues.

The information that pregnant women get about family planning during a pregnancy check-up is as follows:

Pregnant woman 1:

"Just make sure to schedule a check-up with your doctor after forty days of delivery and inform them about your birth control plans.."

Pregnant woman 2:

"When I was nearing the end of my pregnancy, I found out that the contraceptive options after giving birth would be either an injection or a spiral."

Pregnant woman 3:

"No doctor.."

In the third trimester of pregnancy, prior to delivery, family planning information obtained during prenatal care visits pertains to methods of contraception to be utilized forty days after childbirth. Injectable contraception forty days after delivery and spiral contraception constituted the family planning information obtained.

The following source states that midwives provide family planning education to expectant mothers during pregnancy check-ups:

Pregnant woman 1:

"I already went over that with you yesterday." So, I was thinking about when to install it at 40 days, but the other doctor seems clueless about it..."

Pregnant woman 2:

"You only quickly talked about birth control and didn't go into as much depth as you did when I was in charge with a doctor..."They only asked what kind of birth control you wanted and didn't go into detail about its effects, uses, when to put it in, or any problems that might happen."

Pregnant woman 3:

"It's just the usual routine, doctor. They weigh me, check my blood pressure, examine my stomach, and ask about any complaints. The midwife also asks where I gave birth. Then they give me medicine to increase my blood and schedule a follow-up appointment in a month. That's all, doctor."

As a result of time constraints and midwives' preoccupation with routine pregnancy checks, the health promotion regarding family planning that midwives provided to informants (pregnant women) merely inquired about family planning plans and failed to elaborate on side effects, uses, installation timing, or complaints that arose.

The level of knowledge that expectant women acquire regarding post-placental IUD contraception from midwives:

Pregnant woman 1:

"What is post-placental IUD? I never knew..."

"I switched midwives twice... yeah, it's the same... they didn't provide any info on family planning."

Pregnant woman 2:

"I don't understand... what post-placental IUD contraception is..."

Pregnant woman 3:

"I don't know, doctor..."

All of the expectant women who served as informants were unaware of and had never been provided with information regarding post-placental IUD contraception.

Pregnant women assert that midwives refrain from promoting family planning, particularly post-placental IUDs, during every antenatal care (ANC) visit for the following reasons:

Pregnant woman 1:

"The midwife's knowledge seems to be lacking... or perhaps it's just a doctor's turn... because what I've noticed is that sometimes midwives can be quick, whereas doctors may provide more comprehensive counseling..."Just inform me about the type of birth control you plan to use, whether it's an injection or a spiral. Well, if the spiral doesn't cause any weight gain, then that settles it. Well, the place I'm familiar with isn't exactly private. The doctor there usually has assistants accompanying him, rather than being alone."

Pregnant woman 2:

"Perhaps it's just a matter of understanding, doc... or maybe it's just the passage of time. All I can say is that midwives can be quite efficient at times. So they decided to skip the family planning counseling..."

"Well, it's like doctors who don't ask questions or explain things. They just seem to be passive about it. On the other hand, someone like me, who doesn't have any experience with pregnancy, might occasionally overlook the importance of inquiring about family planning. Consequently, they miss out on valuable information regarding this topic..."

Pregnant woman 3:

"We didn't stay in the exam room for long because there were still a lot of people outside..."

Obstacles such as limited space, inadequate knowledge, time constraints, and overcrowding in examination rooms that compromise privacy prevent midwives from disseminating health promotion regarding family planning, particularly post-placental IUDs.

Pregnant women's expectations on the significance of family planning information provided by midwives during prenatal examinations:

Pregnant woman 1:

"In my area, the first point of contact for most people is usually a doctor. However, it's important to note that not everyone seeks medical attention on a regular basis. I believe the nearest midwife, you know, if they fail to provide us with clear information, we might be left in the dark about the situation, doctor....."

Pregnant woman 2:

"In my area, the first point of contact is typically a doctor, although on average it tends to be a midwife. Some individuals may opt for a midwife instead of a gynecologist due to factors such as cost and proximity. It can be a more practical choice for them, doctor...."

Interviews with pregnant women informants suggest that midwives have the potential to offer comprehensive family planning information due to their proximity to pregnant women, cost-effectiveness, and ability to monitor environmental effects.

As stated by the subsequent sources (midwives), health professionals (midwives) are responsible for disseminating information and conducting promotions regarding contraception:

Midwife 1:

"Regarding the program, our goal is for the patient to learn about family planning. However, the more specific questions will usually be answered by the nurses. There are already normal ways to teach pregnant women about family planning while they are pregnant...."

Midwife 2:

"So far, we don't give family planning advice to doctors very often. When we do, it's usually for patients who already have a lot of kids and need to plan their next family, or when they want to avoid getting pregnant...."

Meanwhile, according to information from the coordinating midwife who holds the family planning program:

"When it comes to family planning counseling, it would be helpful to have a doctor available to provide guidance. However, the necessity of this counseling may vary depending on the specific circumstances. If there is a high number of patients at the puskesmas, our priority will be to check on pregnant women."

The government-established guidelines for pregnancy checks during antenatal care (ANC) at community health centers and midwives, as documented in the Maternal and Child Health (KIA) book, stipulate that family planning counseling must be provided at least twice during each visit beginning in the

second trimester of pregnancy. Family planning education and promotion should be incorporated into antenatal care (ANC) visits, according to the midwife in charge of the family planning program at the community health center:

"By the way, just wanted to mention that family planning counseling is also part of the ANC package offered at the health center or by the midwife. You can find more information about it in the KIA book. During ANC, it is important to provide family planning counseling as stated.."

The family planning promotion program is referenced in the Maternal and Child Health book, which mandates that midwives deliver family planning promotion and information to expectant women during each ANC visit as part of its implementation. In practice, however, midwives are limited to performing routine pregnancy tests; family planning counseling is reserved for exceptional circumstances, such as patients who are already parents to a significant number of children.

According to the family planning program's coordinating midwife, the consequences that ensue when family planning promotion is not implemented are as follows:

"It's clear that the lack of knowledge about family planning among married couples will have a significant impact. As a result, the coverage of family planning services in community health centers will decrease, leading to a potential increase in uncontrollable population growth."

According to informants (midwives), the following are the reasons for not routinely promoting family planning during ANC visits (pregnancy check-ups):

Midwife 1:

"Usually the obstacles are what they are, we have explained them but they don't understand them"

Midwife 2:

"Oh, yeah. doc, there are many things that... For instance, we have little energy and need to get everything done quickly because there are a lot of patients who need help. Let's skip the family planning therapy for now, okay? Too many people aren't allowed in the room during the COVID-19 pandemic, and you can't be in contact with patients for too long. Because of this, we don't usually do family planning counseling during ANC visits, and the fact that our community health center doesn't have a special counseling room also makes it hard for us. Aside from that, we don't always think about offering family planning guidance because we believe that if we miss it, we can do it again at the birth."

Midwife 3:

"To be clear, I don't ignore doctors. I just pay attention to the situation at hand. For example, if there are a lot of patients at

the KIA polyclinic and not enough staff on duty, I focus on checking on the pregnancy and my husband is generally waiting there as well. We don't do family planning advice inside because the exam room is too small. Instead, we only do it for high-risk pregnancies with lots of children.."

The Coordinating midwife responsible for the family planning program at the Community Health Center has identified the challenges that arise in promoting family planning:

"The problem at the Malang Regency Community Health Center has to do with the social culture of doctors. For example, there are some areas that may be urban, even though we get more educational information in urban areas. That's the problem with postpartum birth control: they say it's not allowed before 42 or 8 weeks, because you can't go out or check, and then they come back after the postpartum period."

According to interviews conducted with midwives who implement independent practice and those working in community health centers, as well as midwives responsible for the family planning program, it was found that the promotion of family planning was not consistently and regularly carried out during antenatal care visits, despite the presence of guidelines in the Maternal Health Book and child (KIA). This is attributed to a multitude of constraints and impediments, including the condition of numerous patients, restricted time for examinations, limited availability of healthcare workers, constrained space (examination rooms being tiny and lacking privacy), and the prevailing social culture of the community. In order to prioritize pregnancy checks and provide promotion and family planning counseling exclusively to high-risk groups, it is necessary for midwives to shift their focus

DISCUSSION

The Family Planning Program is a government initiative aimed at curbing the birth rate, particularly in Indonesia, in response to the rapid population expansion resulting from high birth rates. The consequence is a rise in maternal and infant mortality rates as a result of the hazardous condition of having births too closely spaced. This poses a significant burden on development and hampers the equitable distribution of developmental outcomes across all societal strata [17]. The primary goal of family planning is to decrease maternal and infant mortality rates through the organization and regulation of births. This is achieved by increasing community involvement, raising the age of marriage, and promoting family well-being, ultimately leading to the creation of content and prosperous smaller families [18].

A significant proportion of postpartum mothers in Malang Regency continue to have unmet needs, particularly regarding contraception, as they are unable to determine which method is most effective and thus defer using it. In order to reduce unmet need and therefore contribute to the reduction of maternal mortality, it is critical to acquire information that will assist in the selection of a postnatal contraceptive method [11].

A recommended approach involves offering health promotion on post-placental IUD contraception during pregnancy, which can be provided during each antenatal care (ANC) visit. This initiative aims to foster strong relationships and build trust between officers and pregnant women. Its goal is to offer guidance and support to help women make informed decisions about contraception that is best suited for them postpartum. In practice, the promotion and implementation of post-placental IUD contraception is frequently overlooked and inadequately executed. This is primarily due to a lack of understanding among health workers regarding the significance of promoting and counseling pregnant women on family planning. Additionally, time constraints often hinder the proper promotion of post-placental IUD contraception for pregnant women [15].

According to the findings from interviews conducted with pregnant women, it was determined that they were not provided with comprehensive information on family planning during their repeat visits for pregnancy check-ups. Midwives primarily concentrate on conducting routine pregnancy checks, while KIE is designed to cater to a wide range of pregnancy issues and requirements. The data collected on family planning focused on pre-birth methods, specifically general contraceptive injections and intrauterine devices. It was explained that contraceptive use typically begins forty days after delivery (*selapanan*). In regards to post-placental IUD, none of the informants had been provided with information about this contraceptive method.

This is inconsistent with the government-launched program that advocates for family planning promotion in healthcare facilities. Rather, such promotion can be executed in a coordinated fashion through various means, including postpartum visits, integrated antenatal services, pregnancy checks (Ante Natal Care), classes for pregnant women, integrated activities (P4K), and immediately following childbirth in the delivery room [3]. The book Maternal and Child Health also provides an explanation of postnatal family planning, which pertains to the utilization of contraceptives from the time of delivery until either 42 days or 6 weeks postpartum. Postnatal contraception is selected in accordance with the mother's condition and so as not to interfere with the production of breast milk [5,6].

Knowledge can be defined as a recollection of a past occurrence or phenomenon that has transpired through

intentional or unintentional experience, interaction with others, or observation of a specific object [15,18]. The mother's comprehension and awareness may be adversely affected if she is not provided with adequate information regarding the promotion of family planning, particularly post-placental IUDs, during her pregnancy. A mother's knowledge and comprehension of post-placental IUD contraception are likely to be enhanced with increased frequency of information dissemination; this, in turn, may impact the mother's decision-making process when it comes to selecting a contraceptive device following childbirth [18].

False information regarding family planning, including fear, shame, and pain during genital area installation, high installation costs, and a community culture that prohibits postpartum mothers from leaving the house for forty days, as well as permit issues, is circulating falsely throughout the community, from the spouse who objects to the IUD being installed. This begins with a lack of understanding and knowledge regarding family planning, as well as limited news or information from neighbors, acquaintances, or close relatives who also lack a comprehensive understanding of family planning.

Healthcare professionals, particularly midwives who have direct contact with expectant mothers, are required to offer comprehensive health education on family planning, specifically focusing on post-placental intrauterine devices (IUDs). This education should cover the functioning, indications, contraindications, insertion and removal procedures, as well as potential side effects and their management. The information offered to pregnant women is precise, very empathetic, and effectively engages their partners (husbands) in decision-making, ensuring their comfort throughout the process. Midwives offer health promotion and counseling services about family planning. They accomplish this by recognizing and addressing any negative emotions, fears, or uncertainties that moms may have while selecting contraceptive methods [15].

In practice, midwives, whether employed in community health centers or autonomous practice, face a multitude of challenges when attempting to promote family planning. These obstacles can originate from both external and ambient factors, as well as from within the midwife herself. The social and cultural conditions of the community, in addition to the circumstances and conditions of numerous patients, include limited time for examinations, insufficient health personnel, and confined space (e.g., lack of seclusion in examination rooms). Midwives restrict family planning promotions to high-risk populations, such as mothers with an excessive number of children (greater than four), due to the multitude of constraints that they encounter.

Post-placental intrauterine device (IUD) insertion refers to the practice of inserting an IUD ten minutes

subsequent to the birth of the placenta in a vaginal delivery or prior to uterine suturing during a cesarean section [3]. It is anticipated that mothers who deliver their infants in health facilities and under the care of midwives will utilize family planning methods thereafter. Thus, the risk of unintended pregnancy can be reduced, as postpartum women are typically preoccupied with providing for their newborns when they return home after giving birth, and therefore do not consider implementing contraception. It is preferable that contraceptives be implanted upon the return of postpartum mothers from healthcare facilities, rather than requiring them to keep waiting forty days after childbirth.

Enhancing health promotion concerning post-natal family planning, with a particular emphasis on the utilization of post-placental intrauterine devices (IUDs), is of utmost importance in the Malang Regency. To achieve this, novel approaches and advancements in its implementation throughout pregnancy are required. As leaders in disseminating information and advocating for family planning, midwives must possess extensive knowledge, demonstrate a strong sense of empathy, and devote special attention to patients through the provision of comfort and attentive care. Additionally, expectant women require the support of their family, particularly their husbands. In addition, support is required from a variety of cross-sectoral and cross-program related parties so that all parties increase public awareness and comprehension in order to accomplish national development objectives, decrease maternal mortality, and reduce the rate of population growth.

CONCLUSION

In conclusion, health promotion concerning family planning, with a particular emphasis on post-placental intrauterine devices (IUDs), is a highly effective long-term family planning initiative that necessitates the cooperation of multiple stakeholders and the comprehension of potential acceptors. Such promotion should commence during pregnancy and should be repeated frequently in order to enhance the mother's knowledge and confidence, enabling her to make informed decisions and select the most suitable contraceptive method for her needs. Health promotion during antenatal care (ANC) visits is led by implementing midwives, including both community health center midwives and independent practice midwives, who provide information and assistance. Given its proximity to the intended recipients of health promotion and counseling services pertaining to family planning, it is expected that this organization will deliver effective family planning promotion. To this end, sufficient time, energy, and space should be allocated to

ensure that mothers receive adequate promotion. As such, the organization can contribute to the reduction of unmet needs and the containment of population growth. By implementing the program, postpartum IUD contraception will be utilized in an effort to decrease rates of maternal and neonatal mortality.

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Availability of Data and Materials

The dataset utilized and/or analyzed in the present study will be made available upon reasonable request from the corresponding author once it has been identified.

CONFLICT OF INTEREST

The authors declare that no financial or commercial relationships that might be construed as a potential conflict of interest existed during the course of the research.

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