

Key to Improving Postpartum Contraception Services

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ABSTRACT

Postpartum contraceptive services plays an important role in reducing the rate of unplanned pregnancies and improving maternal and child health. However, its coverage in Indonesia is still low. This study aims to evaluate the quality of postpartum contraception services through three aspects: technical, functional, and accessibility. The study design is quantitative descriptive-analytical, with respondents being reproductive-age women who have given birth and accessed contraception services in 2024. Data were collected through a questionnaire survey and analyzed using chi-square tests and logistic regression. The results indicate that the quality of services is a dominant factor in the use of modern contraceptives, particularly among millennial women (OR = 18.6). Technical aspects such as method availability and staff competence, as well as functional aspects such as attitude, clarity of information, and privacy significantly influence patient decisions. Although accessibility was not statistically significant, economic factors and distance remain practical barriers. This study recommends improving service quality, training healthcare workers, and developing community-based service models to expand access to quality contraception in Indonesia.



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INTRODUCTION

Postpartum reproductive health is one of the most important public health issues in Indonesia (Octofrezi, 2020). Although the birth rate in Indonesia has declined in recent years, challenges related to postpartum contraception management remain a significant problem (Halimahtussadiah et al., 2021). Data indicates that the rate of postpartum contraceptive use in Indonesia remains relatively low, despite the fact that the postpartum period is a critical time to provide mothers with access to planning their next pregnancy. According to data from GoodStats.id, the trend in birth rates in Indonesia over the past decade has shown a gradual decline. The lowest value was recorded in 2023, at 15.94, which then slightly increased to 16.61 the following year. However, in 2025, the birth rate dropped again to 16.4. Lack of information, limited access, and social stigma surrounding contraceptive use are some of the barriers that need to be addressed. It is important to improve the quality of postpartum contraceptive services with a more holistic approach, based on accurate information and supported by adequate policies to ensure that mothers can plan their pregnancies in a healthy and safe manner (Fauziah, 2020).

Postpartum contraception services are an important element in maintaining the health of mothers and children, as well as effective family planning (Rahmanindar et al., 2023). The use of postpartum contraception can reduce the risk of unplanned pregnancies, maternal and infant mortality rates, and ensure safe birth spacing (WHO, 2023). However, in many developing countries, including Indonesia, the benefits of these services remain low. Data from BKKBN (2022) shows that approximately 40% of couples in urban areas do not use postpartum contraception,

despite the long-standing existence of family planning programs. One of the challenges faced is limited access to and information about contraceptive method options. In Indonesia, commonly used types of contraceptives include contraceptive injections, contraceptive pills, implants, IUDs (intrauterine devices), and permanent methods such as MOW (female sterilization) and MOP (male sterilization) (Rahmadana et al., 2024; L. Sari & Irnawati, 2023).

However, the use of these modern methods is not yet widespread, with injections and pills dominating, while the use of long-term and permanent methods remains low. This highlights the need for improved education, availability of tools, and quality of services so that women can choose contraceptive methods that suit their individual needs and circumstances (Umaternate et al., 2024). The low use of postpartum contraception reflects social, cultural, and health system barriers. Social stigma, lack of knowledge about safe contraception, and limited medical support are the main barriers (Septiana Tunjung Sari & Purwati, 2023). Data menunjukkan hanya 23% ibu yang menerima Data shows that only 23% of mothers receive adequate contraceptive information from health workers after giving birth, while many mothers feel unmotivated to use it (Rahmadana et al., 2024). This creates a gap in the coverage and quality of contraceptive services.

Previous research by Indrawati and Ulfiana (2022) focused on identifying factors associated with postpartum contraceptive use using a quantitative approach with a retrospective design, examining the relationship between variables such as age, education, parity, and maternal knowledge on contraceptive use behavior. Uzuegbu, (2024), showed that these variables have a significant relationship with postpartum contraceptive use. Sari and Irnawati (2023) emphasized the importance of health education as a means to increase awareness and knowledge among postpartum mothers. Ananda et al. (2017) investigated the role of maternal knowledge in decision-making to become a contraceptive acceptor. Postpartum contraceptive services are a strategic aspect in efforts to reduce unintended pregnancies and improve maternal and child health. However, the coverage of postpartum contraceptive use in Indonesia remains low (Saputra & Novianti, 2020).

Previous studies have highlighted demographic factors such as age, education, parity, and maternal knowledge as key determinants in contraceptive use (Octavia et al., 2025; Rahmadana et al., 2024). However, such an approach tends to be reductionist and does not sufficiently explain why interventions to date have not yielded optimal results. However, no research has systematically examined the improvement of postpartum contraceptive services from a health system perspective, integrating dynamics at the facility level, managerial policies, and service delivery practices (Anggraini et al., 2022; Mutika et al., 2023).

This study offers a new perspective that has not been widely addressed in previous studies, namely by comprehensively examining the quality of postpartum contraceptive services through three main aspects: technical aspects, functional aspects, and accessibility aspects. This approach not only examines the availability of methods and the technical competence of healthcare workers but also evaluates how interactions between staff and patients, the clarity of information provided, privacy, waiting times, and the ease and affordability of access to services influence decisions regarding contraceptive use (Indrawati & Nurjanah, 2022). The novelty of this research lies in its effort to systematically integrate these three dimensions, thereby providing a comprehensive picture of the barriers and potential in postpartum contraceptive services. As such, this research not only enriches the academic literature but also provides a strong empirical foundation for the formulation of more effective, responsive, and contextually appropriate reproductive health policies in Indonesia.

METHOD

This study uses a quantitative approach with a descriptive-analytical design that aims to evaluate the quality of postpartum contraceptive services in various health facilities. The study was conducted in 2024 using primary data collected through a survey of women of reproductive age (15–49 years) who had given birth and accessed postpartum contraceptive services in the

same year (Madu Pamangin & Asriati, 2023). Data were collected through structured questionnaires distributed to respondents selected purposively at health facilities such as community health centers, hospitals, and private clinics.

The dependent variables in this study were postpartum contraceptive use status and level of satisfaction with the services received. Meanwhile, the independent variables examined were the quality of contraceptive services, which included three main aspects: technical aspects (availability of contraceptive types, health worker competence, and service procedure standards), functional aspects (health workers' attitudes and communication, adequate information or counseling, patient privacy, and waiting time), and accessibility aspects (ease of access to facilities, and distance from residence to health facilities). In addition, individual characteristics such as age, education level, employment status, number of children, and socioeconomic status were also examined as control variables.

Data analysis was conducted in stages. Univariate analysis was used to describe the frequency distribution of each variable. Next, bivariate analysis with the chi-square test was conducted to examine the relationship between service quality and postpartum contraceptive use. To identify the dominant factors influencing contraceptive use, multivariate analysis using logistic regression was performed. The results of this study are expected to provide a comprehensive overview of the condition of postpartum contraceptive services and serve as input for improving the quality of reproductive health services in Indonesia.

RESULTS

The results of this study are presented to describe the quality of postpartum contraceptive services based on the experiences of respondents at various health facilities. Service quality was analyzed through three main aspects, namely technical aspects, functional aspects, and accessibility aspects. Each aspect includes a number of indicators that represent service quality from the user's perspective. The presentation of results in each aspect aims to provide a comprehensive overview of the strengths and weaknesses of postpartum contraceptive services received by women of childbearing age.

1. Technical Aspects: Availability of Contraceptive Methods, Health Care Services, and Service Procedures.

Technical aspects refer to elements of service that are directly related to professional standards and medical facilities available in the provision of postpartum contraception. Key indicators in this aspect include the availability of contraceptive types, namely the extent to which health facilities provide a complete range of modern contraceptive methods that are appropriate to patient needs. Additionally, the competence of healthcare personnel reflects their ability and skills in providing contraceptive services safely, effectively, and in accordance with medical procedures. Furthermore, service procedures encompass the implementation of operational standards in providing contraceptive services, including examination stages, education, obtaining informed consent, and the insertion of contraceptive devices.

Table 1. Characteristics of Married Women Aged 15-45 in Indonesia

Variable	Milenial (n=16.970)	Percentage	Non-Milenial (n=14.266)	Percentage
Education				
Low	6.101	35,9%	7.725	54,2%
High	10.869	64,1%	6.541	45,8%
Employment Status				
Not working	7.576	44,6%	7.113	49,9%
Working	9.394	55,4%	7.153	50,1%
Place of Residence				
Rural	8.316	49,0%	6.058	42,5%
Urban	8.654	51,0%	8.208	57,5%
Age				
< 20 years old	496	2,9%	713	5,0%
20–35 years old	7.732	45,6%	8.557	60,0%
> 35 years old	8.742	51,5%	4.996	35,0%
Similarity of Desire for Children				
Husband same/fewer	12.003	70,7%	10.711	75,1%
Husband more	3.487	20,5%	1.798	12,6%
Don't know	1.480	8,7%	1.757	12,3%
Decision to Use Contraception				
Together	9.532	56,2%	11.075	77,7%
Respondent	6.279	37,0%	2.799	19,6%
Husband/other person	1.159	6,8%	392	2,7%
Husband's opinion on family planning				
Agree	16.483	97,1%	13.929	97,6%
Disagree/unsure	487	2,9%	337	2,4%
Desire to have children				
Do not want children	9.922	58,5%	8.084	56,7%
Have not decided	658	3,9%	571	4,0%
Want more children	6.390	37,6%	5.611	39,3%
Economic status				
Low	7.519	44,3%	6.626	46,5%
Middle	3.537	20,8%	2.510	17,6%
High	5.914	34,9%	5.130	35,9%

Table 2. Quality of Contraceptive Services and Types of Contraception among Millennial and Non-Millennial Women

Variable	Milenial (n = 16.970)	Percentage	Non-Milenial (n = 15.345)	Percentage
Quality of Service				
Poor Quality	8.800	51,9%	8.531	55,6%
Good Quality	8.170	48,1%	6.814	44,4%
Type of Contraception				
Non-modern & not used	2.452	14,4%	1.236	8,1%
Modern	14.518	85,6%	14.109	91,9%

Table 3. Quality of Contraceptive Services and Modern Contraceptive Use among Millennial and Non-Millennial Women in Indonesia

Variable	Milenial			Non-Milenial		
	Nilai P	OR	95% CI	Nilai P	OR	95% CI
Quality of Contraceptive Services	0,000	18,6	15,0–22,5*	0,000	1,54	1,36–1,74*
Education	0,000	0,47	0,42–0,53*	0,000	0,59	0,48–0,63*
Employment Status	0,087	0,92	0,84–1,02	0,005	0,81	0,76–0,92*
Place of Residence	0,000	1,57	1,42–1,73*	0,000	1,39	1,20–1,56*
Age						
20–35 years old	0,003	0,53	0,87–1,20*	0,000	0,26	0,14–0,49*
> 35 years old	0,000	0,45	0,28–0,70*	0,000	0,12	0,58–0,21*
Similarity of Desire to Have Children						
Husband wants more children	0,419	0,93	0,81–1,07	0,590	0,96	0,80–1,16
Don't know	0,000	0,76	0,67–0,88*	0,750	1,04	0,85–1,28
Decision to Use Contraception						
Respondent	0,000	2,62	2,32–2,91*	0,000	1,49	1,25–1,78*
Husband/other person	0,000	0,68	0,59–0,77*	0,000	0,42	0,31–0,54*
Husband's Opinion on Contraception	0,000	0,33	0,26–0,40*	0,000	0,25	0,19–0,32*
Desire to Have Children						
Undecided	0,000	3,84	3,56–4,18*	0,003	2,10	1,30–3,42*
Want children	0,000	3,90	3,58–4,26*	0,987	1,02	0,87–1,20
Economic Status						
Middle class	0,475	0,97	0,83–1,11	0,003	0,77	0,68–0,87*
High class	0,000	0,81	0,71–0,91*	0,987	1,01	0,86–1,20

The results of the logistic regression analysis indicate that the quality of contraceptive services is the most dominant factor influencing the use of modern contraceptives, particularly among millennial women, who are nearly 18 times more likely to use contraceptives if they receive high-quality services. Higher education, urban residence, and spousal support were also found to have a significant impact on both generations. Millennial women are more influenced by service quality and independent decision-making, while for non-millennials, factors such as employment status and spousal approval have a stronger influence. Age, desire to have children, and economic status also show varying relationships, but still support the trend toward modern contraceptive use.

Table 4. Distribution of Contraceptive Use in Indonesia in 2024

Types of Contraceptives	Users	Percentage of Users (%)
Contraceptive injections	8.756.177	0,35 %
Contraceptive pills	3.260.596	0,13%
IUD (Intrauterine Device)	1.681.318	0,07%
Implants	2.425.475	0,1%
MOW (Female Surgical Method)	681.570	0,03%
Condoms	987.500	0,04%
MOP (Male Surgical Method)	0	0

Based on data on the number of contraceptive users in Indonesia, the most widely used method is contraceptive injections, with a total of 8,756,177 users, or 0.35% of the population. Next, the contraceptive pill ranks second with 3,260,596 users (0.13%), followed by implants with 2,425,475 users (0.10%) and IUDs

(intrauterine devices) with 1,681,318 users (0.07%). For permanent methods, MOW (Female Sterilization) is used by 681,570 women, or approximately 0.03%, while condoms are used by 987,500 users (0.04%). Meanwhile, male contraceptive methods (MOP) are not used or have a 0% usage rate. This data indicates that the injection method remains the primary choice for contraceptive use in Indonesia, while male participation in contraceptive use remains very low.

2. Functional aspects: attitude of healthcare personnel, clarity of information/counseling, patient privacy, and waiting time.

The functional aspects of contraceptive services include the quality of interaction between health workers and patients. This includes the attitude of health workers (friendly, polite, and non-judgmental), the clarity of information/counseling provided regarding types of contraception, patient privacy during consultations, and waiting times for services. These aspects greatly influence women's comfort, satisfaction, and decisions regarding contraceptive use. Based on the results of interviews with several respondents, it was found that: "When I came to the health center, the nurse was friendly and welcomed me warmly. But when I asked about the side effects of injectable contraception, the answer was unclear. I became unsure, but since it was recommended directly, I ended up taking it anyway. It should be explained in more detail so I can be confident in my choice." (Respondent 06, 27 years old, mother of two children, living in a rural area). "In my opinion, the midwife at the clinic was quite good. She patiently explained the available contraceptive options and gave me time to think. However, the consultation room was open, so other people could hear. I felt a little embarrassed when asked about my relationship with my husband. There should be a private room so that we feel our privacy is protected." (Respondent 11, 30 years old, works as a teacher, lives in an urban area).

"I am quite satisfied with the service I received. The healthcare staff were professional and explained things in a way that was easy for me to understand. This was my first time using contraception, so I was initially afraid, but they helped me patiently. The counseling was clear, and I was also given brochures. This is important for people like me who know nothing about contraception." (Respondent 08, 23 years old, young mother, high school education).

"The service at this facility is not very comfortable. I had to wait for almost two hours because there was only one staff member. Once I entered, the explanation was rushed. It felt like I was being served quickly, not like someone who wanted to help me understand. I left there still confused about which contraceptive method was suitable for me." (Respondent 03, 35 years old, unemployed, living in a remote area). "I like it because the midwife didn't force any choices on me. She provided information on all types of contraception, then asked me which one I wanted. It felt like I was being respected as a patient. I chose an IUD because the side effects and advantages were explained to me. The waiting time was also quick, only about 15 minutes." (Respondent 14, 29 years old, mother of one child, living in the suburbs).

3. Accessibility: ease of access to facilities and distance to facilities.

Accessibility is one of the key factors influencing women's use of contraceptive services. Accessibility includes ease of reaching health facilities, both in terms of transportation availability and service hours. In addition, service costs are also a consideration, especially for women with low to middle economic status. Services that are expensive or lack transparency tend to reduce interest in using contraception.

Another equally important factor is the distance to facilities. For those living in rural or remote areas, long distances can be a major barrier to accessing contraceptive services on a regular basis. These three elements are interrelated and greatly determine the affordability and sustainability of contraceptive use, especially for vulnerable groups.

Table 5. Distribution of Accessibility Aspects Based on Type of Contraceptive Information Provider

Accessibility Aspects	Health Worker	%	Not a Health Worker	%	χ^2	α (Sig.)
Family Income						
< Rp1 juta	6	20,0%	9	30,0%	0,564	0,456
Rp1–2 juta	15	50,0%	14	46,7%		
> Rp2 juta	9	30,0%	7	23,3%		
Distance to Facilities						
Nearest	12	40,0%	14	46,7%	0,216	0,649
No Nearest	18	60,0%	16	53,3%		

The data shows that most respondents, whether they received information from health workers or not, were in the Rp1–2 million per month income category. In addition, the majority of respondents also stated that health workers were not located nearby, both in the health worker and non-health worker groups. However, the results of the statistical test (χ^2) showed that there was no significant relationship between income and distance and the type of contraceptive information provider ($p > 0.05$).

DISCUSSION

This study shows that the quality of postpartum contraceptive services is greatly influenced by three main aspects, namely technical aspects, functional aspects, and accessibility aspects. These three aspects are interrelated and form a comprehensive service experience for postpartum women of childbearing age. The following is a detailed description of each aspect :

Technical Aspects: Availability of Contraceptive Methods, Health Care Services, and Service Procedures.

Technical aspects include the availability of contraceptive methods, the competence of health workers, and the implementation of service procedures in accordance with medical standards. Based on the research results, the technical quality of services has a significant impact on the decision to use modern contraceptives, especially among millennial women. Logistic regression analysis results show that millennial women who receive high-quality contraceptive services are 18.6 times more likely to use modern contraceptives compared to those who receive low-quality services ($p < 0.001$). Among non-millennial women, the increase is also significant, though lower, at 1.54 times ($p < 0.001$).

This difference indicates that millennial women are more responsive to the technical quality of services, which may include the availability of diverse contraceptive options (such as injections, pills, implants, IUDs), healthcare providers' skills in insertion, and the implementation of procedures such as education, informed consent, and monitoring of side effects. When healthcare facilities can provide a comprehensive range of contraceptive methods supported by trained and certified staff, users feel more

confident and secure in choosing the appropriate contraceptive method. These findings align with the WHO (2023) report and Rahmanindar et al. (2023), which emphasize that technical aspects of service delivery are the foundation of reproductive health service quality.

Functional aspects: attitude of healthcare personnel, clarity of information/counseling, patient privacy, and waiting time.

The functional aspects in this study include interpersonal interactions between health workers and patients, which encompass the attitudes of health workers, the clarity of counseling/information, privacy during consultations, and waiting times for services. Qualitative findings from interview excerpts show that although many health workers were friendly and polite, some respondents stated that the information provided was still incomplete or delivered too quickly. For example, Respondent 06 stated that they received a rushed explanation about the side effects of injectable contraception, leaving them unsure but ultimately following the staff member's advice.

Such limitations in information can hinder patients' understanding and active participation in the decision-making process. On the other hand, when counseling is conducted in easy-to-understand language, accompanied by educational materials such as brochures, and allows time for questions and reflection, as experienced by Respondents 08 and 14, satisfaction levels are higher. This demonstrates that the clarity and quality of communication between staff and patients are crucial to the success of the service.

Privacy is also an important concern in terms of functionality. Some respondents complained that the consultation rooms were not closed, so sensitive conversations could be heard by others. This made some patients feel uncomfortable, especially when discussing personal matters such as the number of children or marital relations. Additionally, long waiting times, as mentioned by Respondent 03, reduce the quality of the user experience, especially in facilities with insufficient staff or high patient volumes. These issues underscore the importance of training staff not only in technical aspects but also in communication ethics, delivering information effectively, and managing services efficiently and patient-centeredly.

Accessibility: ease of access to facilities and distance to facilities.

Accessibility aspects refer to the ease with which respondents can access contraceptive services, which in this study were analyzed based on income level and distance to health facilities or health workers. According to Table 5, most respondents were in the lower-middle income group, earning between Rp1 million and Rp2 million per month. Additionally, more than half of the respondents stated that healthcare providers were not located nearby, whether they received information from healthcare workers or not.

Although statistical tests did not show a significant relationship between income or distance and the source of information ($p > 0.05$), these two factors remain important barriers to contraceptive services in practice. Women with low incomes are more sensitive to indirect costs such as transportation or lost work time when accessing services. Meanwhile, long distances to healthcare facilities can reduce the frequency of visits or even delay access to postpartum contraception. This is exacerbated if facilities lack flexible operating hours or have insufficient medical staff. These results are consistent with the research by Kaufman et al. (2022), which emphasizes that physical and economic access are major challenges in reproductive health services in developing countries. Therefore, the provision of mobile clinics, transportation subsidies, and the deployment of personnel to remote areas can be important strategies to bridge this access gap.

CONCLUSION

This study shows that the quality of postpartum contraceptive services greatly influences the use of modern contraceptives, especially among women of childbearing age. The three main aspects studied technical, functional, and accessibility are important factors in shaping the experience and decisions of service users. In terms of technical aspects, the availability of diverse contraceptive methods, the competence of healthcare providers, and the implementation of service procedures in accordance with standards have been proven to increase the likelihood of contraceptive use. From a functional perspective, interpersonal interactions between staff and patients, the clarity of information or counseling, privacy guarantees, and waiting times for services contribute to user comfort and satisfaction. Meanwhile, although no statistically significant relationship was found in terms of accessibility, family income and distance to facilities remain potential barriers to the sustainability of contraceptive use, especially for communities in remote areas. These findings have important implications for policy formulation and practice, including the need to improve the technical quality of services through training of health workers, strengthening interpersonal communication, and developing community-based services and logistical support for vulnerable groups. Going forward, it is necessary to expand the scope of services through a systemic and locally-based approach, and to encourage further research using a mixed-method approach to explore the experiences of users from various social groups in a more inclusive and equitable manner.

AUTHOR'S DECLARATION

Authors' contributions and responsibilities

UG and MWT: Writing Original Draft, Conceptualization, Data Collection, Formal Analysis.

IRS and E: Supporting Draft, Review and Editing.

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Availability of data and materials

All data and supporting materials for this study are available and can be requested directly from the corresponding author.

Competing interests

The authors declare no competing interests.

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