

AN OVERVIEW OF THE IMPLEMENTATION OF THE POSTPARTUM FAMILY PLANNING PROGRAM AT BINJAI ESTATE PUBLIC HEALTH CENTER IN 2025

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ABSTRACT

Postpartum family planning (PPFP) is a government-initiated contraceptive program aimed at reducing maternal mortality (MMR) and infant mortality (IMR), preventing unintended pregnancies, and maintaining appropriate birth spacing to minimize complications for both mothers and infants. In this study, the independent variables were the implementation of the postpartum family planning program based on characteristics such as age, education, parity, type of contraceptive method used, and whether counseling was received. The dependent variable was the postpartum family planning outcome. The results showed that the majority of PPFP users were aged 21–34 years (60.71%), with 13 respondents (46.43%) using implants, 3 (10.71%) using injectables, and 1 (3.57%) using an IUD. Among those under 20 years (7.14%), 1 respondent used an IUD and 1 used injectables. Among respondents over 35 years (32.14%), 7 used implants (25%), 1 used an IUD (3.57%), and 1 used injectables (3.57%). Mini pills, LAM, and condoms were rarely used among the participants at Binjai Estate Public Health Center. It is recommended that the Binjai Estate Public Health Center continue to strengthen and enhance the implementation of its postpartum family planning program.

Keywords: Implementation, Postpartum Family Planning Program, Contraceptive Methods

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INTRODUCTION

Postpartum family planning (PPFP) is a strategic contraceptive initiative by the government aimed at reducing maternal mortality (MMR) and infant mortality rates (IMR), preventing unintended pregnancies, and maintaining appropriate birth spacing to reduce the risk of complications for both mothers and infants (*Rismawati & Jamir, 2022*).

Indonesia is one of the most populous countries globally, with its population consistently increasing over recent years. According to the Central Bureau of Statistics (BPS), the population was recorded at 255.58 million in mid-2015 and continued to rise to 275.77 million by mid-2022, representing a 1.13% increase compared to the previous year (*Annur, 2022*).

In developed countries, high birth rates have prompted governments to recommend family planning as a public health strategy. The benefits include improved maternal and child health, as well as the regulation of closely spaced births (*Ester, 2021*). The World Health Organization (WHO) defines family planning as an effort to assist couples in avoiding unplanned pregnancies, managing birth intervals and timing, and determining the desired number of children (*Susiloningtyas et al., 2021*).

The Indonesian Ministry of Health states that one of the key interventions in reducing maternal mortality is the provision of postpartum family planning services (*Ministry of Health, 2021*). According to Article 51 of the National Population and Family Planning Agency (BKKBN), PPFP methods include female and male sterilization, intrauterine devices (IUDs), subdermal implants, contraceptive injections, oral pills, condoms, and the Lactational Amenorrhea Method (LAM) (*BKKBN, 2020*).

Research at the Ngadirejo Health Center revealed that the majority of postpartum implant users were women aged 20–35 years, accounting for 75% of the respondents. This suggests that

reproductive-age women are more inclined to use implants to manage birth spacing. These findings are consistent with other studies, indicating that 65% of PPFP participants are mothers within the optimal reproductive age range (Sulistyoningtyas & Dwihestie, 2022).

Other research has shown different results, indicating that some PPFP users are over the age of 35. This age group is considered high-risk for pregnancy-related complications, including gestational diabetes, hypertension, cesarean delivery, low birth weight, and birth defects (Pardosi et al., 2021).

Regarding education levels, one study found that 72.2% of respondents had secondary education, while only 5.6% had completed higher education; all of the latter group chose the implant method. These findings suggest that education influences contraceptive choices. Educated mothers are more likely to make informed decisions about contraception based on their greater understanding and access to information (Sulistyoningtyas & Dwihestie, 2022).

A study by Laput (2020) reported that 50% of respondents had three or more children. In contemporary society, there has been a shift in perception away from the traditional belief of “more children, more fortune.” As a result, women with more children are more likely to choose long-acting contraceptive methods such as implants. Increased experience and knowledge gained from raising multiple children appear to influence this decision. Research also shows that women with more than two children are more likely to use contraception and reject outdated beliefs regarding large family size (Pardosi et al., 2021).

A preliminary survey conducted at the Binjai Estate Public Health Center on July 24, 2025, showed that among 25 postpartum women who had used contraceptives, 13 used implants, 7 used IUDs, and 5 had not yet begun PPFP due to ongoing menstruation or postnatal recovery.

These findings prompted the researcher to investigate the implementation of the postpartum family planning program at Binjai Estate Public Health Center in 2025.

Research

Problem

Based on the background described above, the core problem addressed in this study is: *What is the implementation profile of the postpartum family planning program at the Binjai Estate Public Health Center in 2025?*

General

Objective

To describe the implementation of the postpartum family planning program at the Binjai Estate Public Health Center in 2025.

Specific Objectives

- To explore the implementation of the PPFP program based on the age, education level, and number of children of contraceptive users.
- To identify the types of contraceptive methods most frequently used by PPFP acceptors.
- To examine the timing of counseling sessions provided in relation to postpartum contraceptive use.

Significance of the Study

This study is expected to provide the following benefits:

For the Health Center

The findings may serve as valuable input for the Binjai Estate Public Health Center in maintaining and improving the implementation of PPFP programs. The study can help guide strategic planning and policy formulation aimed at increasing contraceptive coverage.

For the Researcher

The research can serve as a resource for preventing unintended pregnancies and enhancing the quality of postpartum contraceptive services.

For Respondents

The study can contribute to improving respondents' knowledge and perceptions regarding postpartum contraception, thereby fostering more informed decision-making in family planning.

For Institutions

The study results may serve as a reference and provide additional information for further academic research. The findings may also support the enhancement of healthcare workers' knowledge and service quality, particularly in postpartum contraceptive care.
For Future Researchers

This research offers baseline data for future investigations and can help refine further scientific work by identifying and addressing current limitations.

METHOD

Conceptual

Framework

A conceptual framework serves as a guide for illustrating the relationships among variables to be studied (*Notoatmodjo, 2018*).

This study investigates the implementation of the postpartum family planning (PPFP) program at Binjai Estate Public Health Center. Based on the research objectives and supporting literature, the conceptual framework can be described as follows:

Independent Variables:

- Maternal age
- Educational level
- Parity (number of children)
- Type of contraceptive method used
- Receipt of counseling

Dependent Variable:

- Participation in the postpartum family planning program

A visual representation of the conceptual framework is presented in Figure 3.1.

Variables and Operational Definitions

Research Variables

The independent variables in this study include characteristics associated with the implementation of the PPFP program, specifically maternal age, education level, parity, type of contraceptive method, and whether or not counseling was received. The dependent variable is the utilization of the postpartum family planning program.

Operational Definitions

- Maternal age in the context of PPFP is evaluated after program participation, using a checklist completed by the respondent.
 - <20 years old = Code (1)
 - 21–34 years old = Code (2)
 - 35 years old = Code (3)
- Educational level is classified based on the highest level of education completed:
 - Elementary school (SD) = Code (1)
 - Junior high school (SMP) = Code (2)
 - Senior high school (SMA/SMK) = Code (3)
 - Associate degree (D3) = Code (4)
 - Bachelor's/Master's degree (S1/S2) = Code (5)
- Parity refers to the number of children a woman has at the time of the study:
 - 1 child = Code (1)
 - 2–5 children = Code (2)
 - 6 children = Code (3)
- Type of contraceptive method used is measured by the method selected in the checklist:
 - Lactational Amenorrhea Method (LAM) = Code (1)
 - Intrauterine Device (IUD) = Code (2)
 - Implant = Code (3)
 - Condom = Code (4)
 - Mini pills = Code (5)

- Injectable = Code (6)
 - Female sterilization (MOW) = Code (7)
- Receipt of counseling prior to or following delivery is recorded using the checklist:
 - Received counseling = Code (1)
 - Did not receive counseling = Code (2)
- Postpartum Family Planning (PPFP) is defined as a strategic government contraceptive program aimed at reducing maternal and infant mortality, preventing unplanned pregnancies, and promoting optimal birth spacing to reduce health complications in mothers and infants.

Research Design

This study employs a quantitative descriptive research design, which aims to objectively describe a phenomenon as it exists in a given population (*Notoatmodjo, 2018*). The focus is on describing the implementation of the PPFP program at the Binjai Estate Public Health Center in 2025.

Research Location and Period

Location

The study was conducted at the Binjai Estate Public Health Center in 2025. This site was selected due to its accessibility, availability of relevant respondents, and suitability for the research scope.

Timeframe

The research was conducted over a six-month period, from July to December 2025.

Population and Sample

Population

The population of this study consists of postpartum mothers using contraceptive methods at the Binjai Estate Public Health Center, totaling 28 individuals.

Sample

A total sampling technique was employed, in which all members of the population were included in the sample. Thus, all 28 postpartum women who met the inclusion criteria participated in the study. Characteristics considered included age, education, number of children, type of contraceptive method, and counseling status.

Data Collection Methods

Primary Data

Primary data were collected directly from respondents using structured questionnaires. Prior to completion, respondents received explanations regarding the study's purpose, how to fill out the questionnaire, and were allowed to ask for clarification. Criteria for primary data collection included current use of PPFP, number of children planned, age gap between children, and knowledge of PPFP.

Secondary Data

Secondary data were obtained from existing records at the Binjai Estate Public Health Center. These included birth records and documentation related to counseling sessions conducted before and after childbirth.

Data Processing and Analysis Techniques

Data Processing

After data collection, the following steps were undertaken for processing:

- Editing: Verifying completeness and consistency of responses, ensuring no items were left blank.
- Coding: Assigning numeric or symbolic codes to questionnaire responses for efficient data management.
- Entry: Inputting coded data into a computer system for further processing.
- Tabulation: Organizing data into frequency distribution tables to facilitate analysis and interpretation (*Nurhasanah et al., 2018*).

Data Analysis Univariate analysis was conducted to describe the distribution of respondents and provide summaries for both independent and dependent variables. This analysis method is suitable for obtaining descriptive statistics and identifying trends in the data (Nurbasaneh *et al.*, 2018).

FINDING AND DISCUSSION

Table 1. Distribution of Postpartum Family Planning Participants by Maternal Age at Binjai Estate Public Health Center (2025)

Age Category	Frequency (f)	Percentage (%)
< 20 years	2	7.14%
21–34 years	17	60.72%
> 35 years	9	32.14%
Total	28	100%

Interpretation:

The majority of postpartum family planning users at Binjai Estate Public Health Center were in the 21–34 year age group (60.72%). This is consistent with national reproductive health strategies, as women in this age bracket are typically within the optimal reproductive age. A smaller proportion of users were above 35 years (32.14%), a group generally considered at higher obstetric risk, including gestational diabetes, hypertension, and complications during labor. Only 7.14% were below 20 years, reflecting limited uptake among adolescents, which may point to a gap in early reproductive health education or access.

Table 2. Distribution of Postpartum Family Planning Participants by Educational Level at Binjai Estate Public Health Center (2025)

Educational Level	Frequency (f)	Percentage (%)
Elementary School (SD)	4	14.28%
Junior High School (SMP)	8	28.57%
Senior High School (SMA/SMK)	8	28.57%
Associate Degree (D3)	3	10.72%
Bachelor's/Master's (S1/S2)	5	17.85%
Total	28	100%

Interpretation:

Educational background appears to be a significant factor influencing contraceptive decisions. The largest proportion of PFP users had completed junior or senior high school (each 28.57%). Those with tertiary education (S1/S2 and D3) accounted for 28.57% collectively, suggesting that higher education may correlate with better awareness and acceptance of long-term contraceptive methods. Meanwhile, 14.28% of participants had only completed elementary school, which may imply the need for targeted educational outreach to women with lower educational attainment to increase their understanding and uptake of postpartum contraception.

Table 3. Distribution of Postpartum Family Planning Participants by Number of Living Children at Binjai Estate Public Health Center (2025)

Number of Children	Frequency (f)	Percentage (%)
1 child	9	36.00%
2–5 children	16	64.00%
> 6 children	0	0.00%
Total	25	100%

Interpretation:

Most respondents (64%) had between two and five children, reflecting a shift in societal values toward moderate family size. Women with one child comprised 36% of respondents, indicating early adoption of postpartum contraception to space or limit future pregnancies. Notably, no

participants reported having more than six children, a sign of effective family planning messaging in the area. This distribution suggests that postpartum contraceptive use is most prevalent among mothers who are actively planning and managing the size of their families—especially those in transition from one to multiple children.

DISCUSSION

Univariate Analysis

Implementation of the Postpartum Family Planning (PPFP) Program by Maternal Age

The results of this study indicate that among the postpartum family planning users at Binjai Estate Public Health Center in 2025, most fell within the 21–34-year age group, accounting for 17 respondents (60.71%). Within this group, 13 respondents (46.43%) used implants, 3 (10.71%) used injectables, and 1 (3.57%) used an IUD. Among women over 35 years of age (32.14%), the majority chose implants (25%), followed by IUD (3.57%) and injectables (3.57%). Only 2 respondents (7.14%) were under the age of 20, with one using an IUD and one using injectables. Contraceptive methods such as mini-pills, LAM, and condoms were rarely used among all age groups in this study site.

These findings align with a study conducted at Puskesmas Paringan Selatan, where PPFP acceptors using implants were mostly aged 20–35 years (83.82%), followed by those over 35 years (11.77%), and those under 20 years (4.41%) (Ruhanah *et al.*, 2024).

Age is a significant factor influencing hormonal and reproductive system development. The reproductive peak typically occurs between ages 20 and 35. Pregnancies in women younger than 20 are considered high-risk due to the immaturity of the reproductive organs, which may also affect the safety and efficacy of contraceptive use in this group (Isnandar, 2021).

Postpartum family planning is defined as the provision of contraceptive services immediately after childbirth up to 42 days (6 weeks) postpartum. The goal is to space births safely and prevent unintended pregnancies, supporting the health and planning goals of families (Hendy Noor Irawan *et al.*, 2021). The program is a critical public health strategy for birth spacing and for promoting the use of effective contraceptive methods postpartum (BKKBN, 2022).

Implementation of the PPFP Program by Educational Level

The study revealed that most postpartum family planning users had an educational background at the junior and senior high school levels (28.57% each). Respondents with higher education (S1/S2) accounted for 17.86%, while 14.28% had only completed elementary school, and 10.72% held an associate degree (D3).

These results are supported by a study by Ni Ketut Noriani (2020), which found that IUD usage was highest among women with senior high school education (53.3%), while injectable contraceptives were more common among college graduates (58.82%). These findings reinforce the idea that education is a critical factor influencing contraceptive method selection, as higher education often correlates with improved knowledge, decision-making, and health-seeking behavior.

Implementation of the PPFP Program by Number of Children

The current study shows that the majority of respondents had 2–5 children (60.71%), followed by those with only 1 child (32.14%), and a small portion with more than 6 children (7.15%).

A related study by Sulastrri (2023) similarly reported that 50% of postpartum contraceptive users had more than 3 children, while the rest had 1–2 children equally (25% each). These findings indicate that women with larger families tend to be more motivated to use postpartum contraception, possibly due to increased reproductive experience, financial considerations, and a desire to manage family size.

Implementation of the PPFP Program by Type of Contraceptive Method Used

According to the study, the majority of respondents used implants (60.71%), followed by injectables (17.86%), and IUDs (10.71%). No respondents reported using mini pills, LAM, condoms, or female sterilization methods (MOW).

In comparison, a study by Sulastrri Ani *et al.* (2023) conducted at Puskesmas Ngadirejo reported the following contraceptive use among postpartum women: injectables (40.7%), implants (32.6%), IUDs (20.5%), female sterilization (3.3%), pills (1.8%), and condoms (1.1%).

The high preference for implants in the current study could be due to their long-term effectiveness, minimal maintenance, and the counseling provided by healthcare staff. Conversely, methods like condoms and pills require continuous adherence and user initiative, which may result in lower popularity postpartum.

Implementation of the PPFP Program Based on Counseling Status

The findings show that the vast majority of respondents (92.86%) received postpartum family planning counseling, while only 7.14% did not receive any counseling.

These results are consistent with findings from *Ruhanah (2024)*, who reported that among 117 postpartum women who received counseling during pregnancy, 79 (67.52%) continued to use PPFP, while 38 (32.48%) did not. A Chi-square test in that study produced a p-value of 0.032 ($p < 0.05$), indicating a statistically significant association between counseling during pregnancy and the subsequent use of postpartum contraception.

This underscores the crucial role of antenatal and postnatal counseling in enhancing PPFP adoption. Counseling helps dispel myths, provides accurate information, and increases confidence in the use of modern contraceptives, especially long-acting methods.

CONCLUSIONS

Based on the results of the study on the implementation of the postpartum family planning (PPFP) program at the Binjai Estate Public Health Center in 2025, the following conclusions can be drawn:

- The implementation of the PPFP program based on age and the most commonly used contraceptive methods revealed that most users were aged 21–34 years (60.71%). Among this group, 13 respondents (46.43%) used implants, 3 (10.71%) used injectables, and 1 (3.57%) used an IUD. In the <20 age group (7.14%), 1 respondent used an IUD and 1 used injectables. For women over 35 years (32.14%), 7 used implants (25%), 1 used an IUD (3.57%), and 1 used injectables (3.57%). Contraceptive methods such as mini pills, LAM, and condoms were rarely used among respondents at Binjai Estate.
- In terms of the number of children, the majority of PPFP users had 2–5 children (60.71%), followed by those with only one child (32.14%), and a smaller proportion with more than six children (7.15%).
- Regarding educational background, 8 respondents (28.57%) had completed junior high school (SMP), and another 8 (28.57%) had completed senior high school (SMA/SMK). A total of 5 respondents (17.86%) held bachelor's or master's degrees, 3 (10.72%) held associate degrees (D3), and 4 respondents (14.28%) had only completed elementary school.
- Counseling played a significant role in the implementation of postpartum family planning. The vast majority of participants (92.86%) had received counseling prior to choosing a contraceptive method, while only 7.14% reported not receiving any counseling.

Recommendations

- For Educational Institutions
This study may serve as a useful reference and learning material to expand knowledge about the implementation of postpartum family planning programs, particularly in the context of Binjai Estate Public Health Center in 2025.
- For Binjai Estate Public Health Center
The findings of this study are expected to provide insights that could improve the management and effectiveness of the PPFP program. The health center may consider using this data to refine counseling strategies and enhance contraceptive service delivery.
- For Respondents
This research is expected to contribute to increasing mothers' understanding of postpartum contraception. It may empower women to make more informed decisions about spacing or limiting births to protect their health and well-being.
- For Future Researchers
This study may broaden the perspective of future researchers and serve as a foundation for further exploration into postpartum family planning programs, particularly in evaluating their implementation and outcomes in community health settings.

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