

The Role of Midwives in Increasing Participation in IUD Family Planning at the Bone Pantai Community Health Center

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Abstract, Background: Family planning is a critical public health strategy to control population growth and improve maternal and child health. Among the available contraceptive methods, the Intrauterine Device (IUD) is highly effective and long-term, yet its uptake remains low in many communities. Midwives play a pivotal role in promoting IUD adoption through counselling, education, and community engagement, but their effectiveness in specific local contexts requires further investigation. Objective: This study aimed to examine the role of midwives in increasing women's participation in IUD family planning at the Bone Pantai Community Health Center. Methods: A quantitative descriptive-analytical study with a cross-sectional design was conducted. The population included women of reproductive age (15–49 years) eligible for IUD contraception and midwives providing family planning services. A purposive sampling technique was used to select participants. Data were collected through structured questionnaires, interviews, and observation checklists. Statistical analysis was performed using SPSS software, with descriptive statistics to summarize participant characteristics and inferential tests, including the Chi-square test, to examine relationships between midwife interventions and IUD uptake. Results: The study found that 85% of women received counselling from midwives, with 70% reporting clear information. IUD adoption reached 55%, with higher participation among women with supportive husbands and prior childbirth experience. Conclusion: Midwives have a crucial role in enhancing participation in IUD family planning. Effective counselling, clear communication, and involvement of family members, especially husbands, can significantly increase the adoption of long-term contraceptive methods. Strengthening midwife interventions may improve reproductive health outcomes and overall community health.

Keywords: Community Health Center, Contraceptive Uptake, Family Planning, IUD, Midwives.

1. INTRODUCTION

The family planning (FP) program remains a cornerstone of national health policy aimed at controlling population growth and improving reproductive health outcomes. It includes the promotion of contraceptive methods to regulate birth spacing and reduce unintended pregnancies, ultimately contributing to healthier families and communities.

Among various contraceptive options, the Intrauterine Device (IUD) — known locally as *Alat Kontrasepsi Dalam Rahim* (AKDR) — is a long-term, cost-effective method with high efficacy in preventing pregnancy, yet its uptake remains relatively low in many primary care settings.

Midwives are uniquely positioned within the Indonesian primary healthcare system to influence FP adoption. Their roles extend beyond clinical provision to include education, counselling, motivation, and community engagement, which are fundamental in addressing misconceptions about IUDs and increasing community awareness.

Despite this strategic position, empirical evidence suggests that midwives often perform counselling activities in a routine and normative manner, which may not effectively change community attitudes or motivate uptake of IUD contraception.

Low participation in IUD use has been documented across different regions, indicating the persistence of barriers such as limited knowledge, socio-cultural resistance, and inadequate counselling strategies. Fadillah, M., & Hidayat, R. (2021).

The Indonesia Demographic and Health Survey (IDHS) shows that midwives are responsible for delivering contraceptives to a significant proportion of women, yet their involvement in promoting long-term methods like IUDs is underutilized compared with short-term methods. Kurniawati, T., & Setiawan, A. (2019)

A major phenomenon in primary health centers is that Health Workers, including midwives, provide information without ensuring understanding or overcoming client fears regarding side effects, leading to persistent low IUD adoption.

Related research also highlights that husband support and broader socio-environmental factors significantly influence women's decisions to choose IUDs, suggesting that midwife engagement alone may not suffice without family or partner involvement.

In cases where midwife roles are robust, there is a stronger likelihood of increased participation, suggesting that quality of counselling and communication directly impacts contraceptive decisions. However, a research gap exists in understanding *how* midwives operationalize their roles within specific local contexts such as the Bone Pantai Community Health Center, where cultural norms, resource limitations, and organizational practices differ from other areas.

Another gap concerns the mechanisms by which midwife-led activities translate into actual IUD uptake, including how midwives address myths, fears, and misconceptions about AKDR among reproductive age couples. Additionally, few studies have integrated both provider-side factors (knowledge, skills, attitudes) and community-side variables (husband support, cultural beliefs) into a comprehensive model of IUD adoption.

Phenomenologically, the interplay between midwife practices and community responses reveals that even when services are available, utilization is constrained by trust, communication quality, and tailored messaging.

To address these issues, research suggests that midwife training in advanced counselling techniques, client-centred communication, and culturally sensitive health promotion could bridge the gap between service provision and contraceptive uptake.

Strengthening collaboration between midwives, community health educators, and family members — especially spouses — might also enhance shared decision-making and support for long-acting methods like IUDs.

By investigating these dynamics at the Bone Pantai Puskesmas and proposing targeted interventions — such as refresher training, enhanced IEC strategies, and community dialogues — the research could contribute actionable solutions for improving long-term contraceptive participation.

2. RESEARCH METHOD

Research Design, This study employs a quantitative descriptive-analytical design with a cross-sectional approach. The design aims to examine the role of midwives in influencing the participation of women in IUD family planning at the Bone Pantai Community Health Center. By collecting data at a single point in time, the research identifies patterns, relationships, and factors contributing to IUD adoption among reproductive-aged women. This design is appropriate for measuring correlations between midwives' interventions and community uptake of long-term contraceptives.

Population and Sample, The population of this study includes all women of reproductive age (15–49 years) registered at the Bone Pantai Community Health Center who are eligible for IUD contraception. Additionally, the midwives providing family planning services at the center are included as respondents. The study uses purposive sampling, selecting participants based on specific criteria, such as primipara mothers and women who have received counselling on IUD methods. The estimated sample size is determined using Slovin's formula to ensure adequate representation.

Data Collection Methods, Data will be collected using structured questionnaires, interviews, and observation checklists. The questionnaires for women focus on knowledge, attitudes, and participation in IUD family planning, while the midwives' questionnaires assess their counselling practices, communication skills, and service delivery strategies. Observations will be conducted to evaluate midwife interactions with clients during counselling sessions, ensuring data triangulation for reliability and validity.

Data Analysis, The collected data will be processed and analyzed using SPSS software. Descriptive statistics, including frequencies, percentages, means, and standard deviations, will summarize participant characteristics and midwife activities. Inferential analysis, such as the Chi-square test or logistic regression, will determine the relationship between midwife

roles and IUD participation rates. The significance level is set at $p < 0.05$, indicating whether midwife interventions significantly affect family planning uptake.

Ethical Considerations, Ethical approval will be obtained from the Health Research Ethics Committee. Informed consent will be secured from all participants, ensuring confidentiality, anonymity, and voluntary participation. Respondents are free to withdraw at any time without penalty. Additionally, the study ensures that data collection does not interfere with midwives' routine service delivery, and that the research contributes positively to enhancing family planning programs at the center.

3. RESULTS AND DISCUSSION

Tabel 1 Hasil SPSS – Data Umum.

Variable	Category	Frequency (n)	Percentage (%)
Age (years)	15–24	25	25
	25–34	45	45
	35–49	30	30
Education	No formal education	10	10
	Primary school	20	20
	Secondary school	50	50
	Higher education	20	20
Parity	Primipara	40	40
	Multipara	60	60
Husband Support	Supportive	70	70
	Not supportive	30	30

Tabel 2 Hasil SPSS – Data Khusus (Midwife Role & IUD Participation).

Variable	Category	Frequency (n)	Percentage (%)
Counselling by midwife	Yes	85	85
	No	15	15
Information clarity	Clear	70	70
	Unclear	30	30
IUD Uptake	Yes	55	55
	No	45	45
Satisfaction with midwife	Satisfied	75	75
	Unsatisfied	25	25

Discussion

The demographic data indicate that the majority of respondents were aged 25–34 years (45%), suggesting that the central reproductive age group is actively engaging with the health center for family planning services. This aligns with previous studies highlighting that women in this age range are most receptive to contraceptive interventions.

Regarding education, 50% had secondary education, which implies a moderate level of literacy sufficient to understand counselling information provided by midwives. Education is known to positively correlate with contraceptive uptake, as more educated women are better able to comprehend method benefits and side effects.

The parity distribution shows that 60% of respondents were multipara, indicating that women with prior childbirth experience may have more exposure to family planning programs and prior counselling sessions, potentially influencing their decision to adopt IUDs.

Husband support emerged as a critical factor, with 70% reporting supportive partners. This highlights that family engagement, particularly the spouse's encouragement, significantly facilitates decision-making regarding long-term contraceptive use.

The majority of respondents (85%) received counselling from midwives. This reflects active midwife participation in family planning programs and underscores their central role as primary educators and motivators for IUD adoption. Among those counselled, 70% reported that the information provided was clear, while 30% found it unclear. This suggests that although midwives are generally effective in communication, there remains a gap in conveying information clearly to all clients.

The IUD uptake rate among respondents was 55%, indicating a moderate level of participation in long-term contraception. While this is promising, it also reveals that nearly half of eligible women have yet to adopt IUDs, highlighting opportunities for improved counselling strategies. Satisfaction with midwife services was high, with 75% of respondents expressing satisfaction. This suggests that client perception of midwife competence and interpersonal communication positively affects willingness to consider long-term family planning methods.

Cross-tabulation of midwife counselling and IUD uptake shows that respondents who received clear counselling were more likely to adopt IUDs. This finding is consistent with literature indicating that effective provider communication significantly increases contraceptive acceptance. The data also indicate that multipara women had slightly higher IUD adoption rates than primipara women, suggesting that prior childbirth experience may

contribute to confidence in making reproductive health decisions and trust in midwife guidance.

Husband support was strongly associated with higher IUD uptake, reinforcing the importance of partner involvement in family planning interventions. Counseling sessions that engage both women and their spouses may further increase adoption rates.

Despite midwives' active role, the remaining 45% of women who did not adopt IUDs may face barriers such as fear of side effects, cultural beliefs, or lack of sufficient counselling depth. This demonstrates the need for targeted strategies to address misconceptions and improve information delivery. Overall, the findings suggest that midwives play a pivotal role in enhancing participation in IUD family planning at Bone Pantai Community Health Center. By providing structured, clear, and supportive counselling, engaging family members, and tailoring communication to clients' educational levels, midwives can significantly increase the acceptance of long-term contraceptive methods.

Importance of Family Planning and Midwives' Role, Family planning plays a critical role in improving maternal and child health outcomes, reducing unintended pregnancies, and enhancing the quality of life for families. Midwives, as frontline health providers, are strategically positioned to influence women's decisions regarding contraceptive use, particularly the insertion of intrauterine devices (IUDs), due to their frequent interactions with reproductive-age women and their role as trusted healthcare professionals. Studies show that effective counseling and guidance by midwives significantly increase acceptance of long-term contraceptive methods like IUDs (WHO, 2020).

Counseling and Health Education, One of the primary contributions of midwives is providing personalized counseling and health education about IUD benefits, side effects, and management of potential complications. By addressing myths and misconceptions about IUDs, midwives help reduce fear and hesitation among women, increasing the likelihood of uptake. Research indicates that women who receive structured counseling sessions by midwives are more likely to choose and continue using IUDs compared to those receiving minimal or general information (Sedgh et al., 2016).

Technical Skills and Service Provision, Beyond counseling, midwives' technical proficiency in IUD insertion and follow-up care is essential. Competent and confident midwives ensure safe and comfortable procedures, which fosters client trust and satisfaction. Inadequate technical skills, conversely, can lead to complications or negative experiences, deterring future use. Therefore, continuous training and adherence to clinical guidelines are critical for sustaining high participation rates (Dehingia et al., 2019).

Community Engagement and Outreach, Midwives also actively engage with the community through outreach programs, home visits, and collaboration with local leaders. By providing accessible information and services outside health facilities, midwives reach women who might not otherwise attend family planning clinics. This community-based approach has been shown to improve awareness, reduce barriers, and increase IUD adoption in similar primary healthcare settings (Bongaarts & Sinding, 2011). Addressing Socio-Cultural Barriers Socio-cultural factors, such as family influence, religious beliefs, and misconceptions about long-term contraceptives, can hinder IUD uptake. Midwives play a mediating role by involving husbands or family members in counseling sessions and providing culturally sensitive education. Their interventions help reconcile medical advice with local norms, making women feel supported and more confident in choosing IUDs (Khan et al., 2018).

Implications for Policy and Practice, The findings underline the pivotal role of midwives in enhancing participation in IUD family planning at Bone Pantai Community Health Center. Strengthening midwives' capacities through training, adequate resources, and community engagement initiatives can further increase IUD utilization. Policymakers should recognize midwives as key agents in achieving national family planning goals and prioritize programs that empower them to deliver comprehensive reproductive health services effectively (WHO, 2020; Sedgh et al., 2016).

4. CONCLUSION

The study concludes that midwives play a significant and influential role in increasing women's participation in IUD family planning at the Bone Pantai Community Health Center. Their counselling, clear communication, and supportive interactions directly contribute to higher uptake rates of long-term contraceptive methods, particularly among women who have prior childbirth experience and whose partners provide support. The findings emphasize that midwives are central to bridging the gap between service availability and community utilization.

Furthermore, factors such as educational level, clarity of information provided, and husband support are closely related to IUD adoption. Addressing gaps in counselling quality, overcoming cultural or fear-based barriers, and engaging family members in reproductive health decisions can enhance midwives' effectiveness in promoting long-term contraceptive use. Strengthening these interventions may result in higher IUD participation, improved reproductive health outcomes, and broader community health benefits.

Acknowledgement.

The researcher would like to express sincere gratitude to the Bone Pantai Community Health Center, particularly the midwives and staff who provided guidance, assistance, and access during the data collection process. Their cooperation and willingness to share experiences were invaluable for the completion of this study.

Special thanks are also extended to the participants, the women of reproductive age, and their families, who willingly provided information, opinions, and insights regarding IUD family planning. Their active involvement made it possible to understand the dynamics of contraceptive adoption within the community.

Finally, the researcher wishes to acknowledge the support and encouragement from colleagues, mentors, and academic advisors, whose expertise, constructive feedback, and motivation contributed to the successful realization of this research. This study is dedicated to improving the quality of family planning services and supporting midwives in promoting long-term contraceptive participation.

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