

Analysis of Outpatient and Postpartum Family Planning Services in Makassar

by Fatmawati Madya

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Analysis of Outpatient and Postpartum Family Planning Services in Makassar Teaching Hospitals Over Two Years

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Fatmawati Madya,¹

¹Department of Obstetrics and Gynecology, Faculty of Medicine, Universitas Hasanuddin, Makassar
Correspondence: Fatmawati Madya, dr.fatmarmc@yahoo.co.id

Abstract

Objective: To evaluate the distribution and characteristics of family planning (FP) service acceptors in outpatient clinics and postpartum wards at the main teaching hospital and affiliated hospitals in Makassar over a two-year period.

Methods: A retrospective descriptive study was conducted using FP service registers and patient medical records from January 2023 to January 2024. Data included sociodemographic characteristics (age, parity, education, occupation), type of procedure (postpartum vaginal delivery, caesarean section, curettage), and contraceptive method chosen (implant, intrauterine device, sterilization). All eligible acceptors during the study period were included. Data were analyzed descriptively and presented as frequencies and percentages.

Results: A total of 5,684 FP acceptors were recorded. The most commonly used methods were intrauterine devices (2,882; 50.7%), implants (2,239; 39.4%), and sterilization (563; 9.9%). The majority of acceptors were aged 20-35 years (4,835; 85.1%) and had parity two (1,978; 34.8%). Most contraceptive initiation occurred after vaginal delivery (3,420; 60.2%). High school graduates represented the largest education group (3,125; 54.9%), and housewives were the most frequent occupational group (3,974; 69.9%).

Conclusion: Postpartum FP services remain the main entry point for contraceptive use in teaching and affiliated hospitals. Strengthened counseling, especially during antenatal and postpartum care, may further improve informed contraceptive uptake across sociodemographic groups.

Key words: family planning, contraceptive methods, postpartum contraception, outpatient services, Makassar

Abstrak

Tujuan: Mengevaluasi distribusi dan karakteristik akseptor pelayanan keluarga berencana (KB) pada poliklinik rawat jalan dan ruang nifas di rumah sakit pendidikan utama dan rumah sakit jejaring di Makassar selama periode dua tahun.

Metode: Penelitian deskriptif retrospektif dilakukan dengan menggunakan register pelayanan KB dan rekam medis pasien dari Januari 2023 hingga Januari 2024. Data yang dikaji meliputi karakteristik sosiodemografi (usia, paritas, pendidikan, pekerjaan), jenis tindakan (persalinan pervaginam pasca persalinan, seksio sesarea, kuretase), serta metode kontrasepsi yang dipilih (implan, alat kontrasepsi dalam rahim, sterilisasi). Semua akseptor yang memenuhi kriteria selama periode penelitian diikutsertakan. Data dianalisis secara deskriptif dan disajikan dalam bentuk frekuensi serta persentase.

Hasil: Sebanyak 5.684 akseptor KB tercatat. Metode yang paling banyak digunakan adalah alat kontrasepsi dalam rahim (2.882; 50,7%), implan (2.239; 39,4%), dan sterilisasi (563; 9,9%). Mayoritas akseptor berusia 20-35 tahun (4.835; 85,1%) dan memiliki paritas dua (1.978; 34,8%). Sebagian besar inisiasi kontrasepsi dilakukan setelah persalinan pervaginam (3.420; 60,2%). Lulusan sekolah menengah atas merupakan kelompok pendidikan terbesar (3.125; 54,9%), sedangkan ibu rumah tangga merupakan kelompok pekerjaan terbanyak (3.974; 69,9%).

Kesimpulan: Pelayanan KB pasca persalinan tetap menjadi pintu masuk utama penggunaan kontrasepsi di rumah sakit pendidikan dan jejaring. Penguatan konseling, terutama pada masa antenatal dan pasca persalinan, dapat lebih meningkatkan pemilihan kontrasepsi yang tepat sesuai kebutuhan sosiodemografi.

Kata kunci: keluarga berencana, metode kontrasepsi, kontrasepsi pasca persalinan, pelayanan rawat jalan, Makassar

Introduction

Family planning (FP) programs are essential preventive strategies to reduce maternal morbidity and mortality, particularly by preventing deaths that occur during pregnancy, childbirth, and the postpartum period up to 42 days after delivery. As one of the fundamental social programs, FP contributes significantly to national development by improving human resource quality, which is a prerequisite for national progress and independence. The strategic role of FP in Indonesia has been recognized as a key effort in achieving the fourth and fifth targets of the Millennium Development Goals (MDGs) in 2015. (1)

Indonesia, as a developing country, continues to face challenges related to high population numbers and growth rates. According to estimates by the Ministry of Health's Data and Information Center and the Central Bureau of Statistics (BPS), Indonesia's population in 2017 reached 261,890,872 with an annual growth rate of 1.49%, equivalent to around four million people per year. Uncontrolled growth risks triggering a population explosion with impacts on multiple sectors, highlighting the urgent need for effective FP programs. (2)

To achieve balanced population growth and improve family well-being, the Indonesian government enforces a national FP program guided by Law No. 52 of 2009. The program emphasizes the ideal age of marriage, optimal age for childbirth, desired number of children, appropriate birth spacing, and reproductive health education. Various strategies have been undertaken to optimize FP implementation, including those outlined in the National Medium-Term Development Plan (RPJMN) 2015-2019, which prioritized increasing the use of long-acting reversible contraceptives (LARCs). (3)

Contraception itself, derived from the terms "contra" (to prevent) and "conception," aims to avoid pregnancy by preventing fertilization or implantation. Methods are generally categorized into permanent and temporary, with permanent methods such as sterilization, and temporary methods including hormonal or barrier contraception (4). Broadly, three mechanisms are recognized: preventing sperm from reaching the ovum (e.g., condoms, diaphragms, spermicides, sterilization); preventing ovulation (e.g., hormonal pills, injections, implants); and preventing implantation (e.g., intrauterine devices [IUD]). While no single method is universally ideal, the use of contraception is far more effective than no method at all. An "ideal" contraceptive is one that is safe, effective, simple, reversible, affordable, accessible, and acceptable across different populations. (5-7)

Quality FP services are defined not only by the accessibility of contraceptives but also by adherence to clinical standards, ethical codes, and client satisfaction. Low rates of complications, discontinuation, and failure are considered markers of quality services. Data from the Maternal and Child Health Program in 2012 showed that rates of complications, discontinuation, and failure in contraceptive use were within acceptable tolerance limits, namely 2.24%, 2.61%, and 0.06%, respectively. Nevertheless, challenges remain in improving service quality, with provider competence, availability of facilities, contraceptive supplies, service guidelines, and quality assurance systems all playing critical roles. (8-10)

The FP program targets both direct beneficiaries, namely couples of reproductive age, and indirect beneficiaries, such as program managers and policy makers. The primary objective is to reduce fertility rates through sustained contraceptive use while promoting high-quality families and social well-being. However, unmet needs remain a pressing concern. The 2012 Indonesian Demographic and Health Survey (IDHS) reported that 11% of married women had unmet FP needs, including 4% wishing to delay the next birth by at least two years and 7% who wanted no more children. Among those whose FP needs were met, 27% used contraception for birth spacing and 35% for limiting births. (11)

Patterns of contraceptive use vary globally. In developed countries, oral contraceptives, male condoms, and coitus interruptus are most common, whereas in developing countries, female

sterilization, IUD, oral contraceptives, and vasectomy predominate. This highlights the importance of cultural, social, and policy contexts in shaping contraceptive choices.(12)

Reliable registration and monitoring systems for FP services are vital for evaluating program performance and improving quality. Service records provide critical data on new acceptors, continuation rates, side effects, complications, and client characteristics. Such information guides improvements in service delivery and policy development.(13)

The COVID-19 pandemic further challenged FP service provision. Declared a global pandemic by the World Health Organization in 2020, COVID-19 disrupted health systems worldwide, including reproductive health and FP services. In Indonesia, restrictions such as large-scale social distancing (PSBB) were enforced to curb transmission, but these measures limited access to routine health services. Couples of reproductive age, particularly those at high risk (the “4 too’s”: too young, too old, too close, too many), were strongly advised to avoid pregnancy during this period. FP services continued but required strict infection prevention and control, including the use of personal protective equipment and teleconsultations.(14)

Health authorities issued specific recommendations during the pandemic: prioritizing clients with urgent contraceptive needs (e.g., expired IUD or implant users), promoting LARC methods in postpartum women, coordinating with community health workers to distribute condoms and pills, and expanding remote counseling services. These measures aimed to ensure continuity of FP services while minimizing COVID-19 transmission risks. (14)

In light of these dynamics, evaluating outpatient and postpartum FP service delivery remains essential. Understanding service quality, accessibility, and outcomes provides a foundation for improving program performance and ensuring reproductive health goals are achieved. This study therefore analyzes outpatient and postpartum FP services in selected teaching and affiliated hospitals of the Department of Obstetrics and Gynecology, Hasanuddin University, Makassar, over a two-year period (January 2023 - January 2024).

Method

This study employed a retrospective descriptive design using secondary data obtained from FP service registers and patient medical records. The study was conducted over a two-year period from January 2023 to January 2024 in the main teaching hospital of Hasanuddin University, Dr. Wahidin Sudirohusodo Hospital, and its affiliated network hospitals in Makassar. These facilities represent referral centers for obstetrics and gynecology residency training and provide integrated outpatient and postpartum FP services.

The study population consisted of women of reproductive age (15-49 years) who received FP services during the study period. This included both new and continuing acceptors who attended the outpatient FP clinic or initiated contraception in the postpartum ward prior to hospital discharge. A total sampling approach was applied, whereby all eligible records within the study period were included. Records were excluded if essential demographic or contraceptive method data were incomplete, or if counseling was provided without initiation of a contraceptive method.

The primary variables collected included type of contraceptive method (implant, IUD, classified as immediate postpartum, early postpartum, late postpartum, intra-operative, interval, or post-abortion, and permanent methods/sterilization). Sociodemographic data included age, parity, education level, and occupation. Service characteristics included timing of initiation and type of procedure associated with FP use (postpartum vaginal delivery, caesarean section, or curettage).

Data were extracted systematically using a standardized form to ensure consistency across hospitals. The compiled dataset was checked for completeness and accuracy prior to analysis. Descriptive statistical methods were applied, with frequencies and percentages used to summarize categorical variables. The distribution of contraceptive methods was analyzed across sociodemographic and clinical categories.

Result

A total of 5,684 FP acceptors were recorded from outpatient FP clinics and postpartum wards across the main teaching hospital and affiliated hospitals in Makassar during the study period of January 2023 to January 2024.

Table 1. Distribution of Family Planning Acceptors by Contraceptive Method across Teaching and Affiliated Hospitals in Makassar (January 2023 - January 2024)

Hospital	Implant	IUD						Sterilization	Total
		<10 min	<48 h	>48 h	Intra-op	Interval	Post-abortion		
Akademis	11	15	8	0	5	0	0	7	46
Faisal	32	17	6	0	12	0	0	5	72
Ibnu Sina	29	26	7	1	33	0	2	10	108
La Palaloi	411	215	112	0	142	0	8	45	933
Labuang Baji	56	36	15	0	57	0	1	21	186
Pelamonia	40	45	13	0	34	0	0	15	147
Sitti Fatimah	524	180	123	0	194	0	3	65	1.089
Khadijah	519	271	156	0	378	0	16	170	1.510
Syekh Yusuf	580	209	97	0	246	0	7	97	1236
Unhas	13	11	6	0	19	0	2	5	56
Wahidin	16	15	11	0	51	0	3	53	149
Fetomaternal	8	5	0	0	69	0	0	70	152
Total	2.239	1.045	554	1	1.240	0	42	563	5.684

Distribution by hospital (Table 1) showed that the highest number of FP acceptors was recorded at RSIA Sitti Khadijah I with 1,510 acceptors (26.6%), followed by RSUD Syekh Yusuf Gowa with 1,236 acceptors (21.8%), RSKDIA Sitti Fatimah with 1,089 acceptors (19.2%), and RSUD La Palaloi with 933 acceptors (16.4%). Lower contributions were observed at RSUD Labuang Baji (186 acceptors; 3.3%), Fetomaternal services (152; 2.7%), RSUP Dr. Wahidin Sudirohusodo (149; 2.6%), RS Pelamonia (147; 2.6%), RS Ibnu Sina (108; 1.9%), RS Faisal (72; 1.3%), RS Unhas (56; 1.0%), and RS Akademis (46; 0.8%). Within RSIA Sitti Khadijah I, the most frequently used method was IUD, with 821 acceptors (54.4%).

Table 2. Distribution of Family Planning Acceptors by Age and Parity

Variables	Implant	IUD						Sterilization	Total
		<10 min	<48 h	>48 h	Intra-op	Interval	Post-abortion		
Age Group									
<20 years	5	5	1	0	4	0	0	0	15

20-35 years	1965	830	560	0	1,113	0	40	327	4835
>35 years	113	189	79	0	161	0	21	271	834
Parity									
1	884	177	105	0	321	0	0	2	1489
2	826	361	219	0	531	0	29	12	1978
3	280	317	241	0	260	0	12	327	1437
≥4	93	169	74	0	165	0	20	259	780
Total	2083	1024	640	0	1278	0	61	598	5684

Distribution by age and parity (Table 2) indicated that the majority of acceptors were aged 20-35 years (4,835; 85.1%), followed by women over 35 years (834; 14.7%) and adolescents under 20 years (15; 0.3%). Among the 20-35 age group, the most common contraceptive method was IUD, with 2,543 acceptors (52.6%). Based on parity, the largest proportion of acceptors had parity 2 (1,978; 34.8%), followed by parity 1 (1,489; 26.2%), parity 3 (1,437; 25.3%), and parity ≥4 (780; 13.7%). Within the parity 2 group, IUD use predominated with 1,140 acceptors (57.6%).

Table 3. Distribution of Family Planning Acceptors by Procedure Type

Procedure Type	Implant	IUD						Sterilization	Total
		<10 min	<48 h	>48 h	Intra-op	Interval	Post-abortion		
Vaginal delivery	1790	1044	586	0	0	0	0	0	3420
Caesarean section	227	1	4	0	1278	0	0	598	2108
Curettage	25	20	50	0	0	0	61	0	156
Total	2042	1065	640	0	1278	0	61	598	5684

Distribution by procedure type (Table 3) demonstrated that the majority of FP acceptors were recruited in the context of vaginal deliveries (postpartum normal delivery; 3,420; 60.2%). This was followed by caesarean sections (2,108; 37.1%) and curettage procedures (156; 2.7%). In the vaginal delivery group, implants were the most common method, used by 1,790 acceptors (52.3%).

Table 4. Distribution of Family Planning Acceptors by Educational Level

Educational Level	Implant	IUD						Sterilization	Total
		<10 min	<48 h	>48 h	Intra-op	Interval	Post-abortion		
Primary school	146	138	28	0	43	0	0	47	402
Junior high school	343	141	84	0	260	0	9	76	913

Senior high school	1233	468	391	0	718	0	22	293	3125
Diploma	111	98	34	0	75	0	1	37	356
Bachelor's (S1)	250	179	101	0	182	0	29	144	885
Master's (S2)	0	0	1	0	0	0	0	1	2
Doctoral (S3)	0	0	1	0	0	0	0	0	1
Total	2,083	1,024	640	0	1,278	0	61	598	5684

Distribution by occupation (Table 4) showed that the majority of FP acceptors were housewives (3,974; 69.9%). Other occupational categories included civil servants (626; 11.0%), private employees (561; 9.9%), entrepreneurs (489; 8.6%), teachers (24; 0.4%), and lecturers (8; 0.1%). Among housewives, IUD was the most widely used method, with 2,100 acceptors (52.8%).

Table 5. Distribution of Family Planning Acceptors by Occupation

Occupation	Implant	IUD						Sterilization	Total
		<10 min	<48 h	>48 h	Intra-op	Interval	Post-abortion		
Housewife	1503	675	464	0	930	0	31	371	3974
Civil servant	215	141	64	0	91	0	13	104	628
Teacher	2	18	0	0	0	0	0	4	24
Private employee	198	108	66	0	103	0	0	69	561
Entrepreneur	164	77	46	0	154	0	17	48	489
Lecturer	1	5	0	0	0	0	0	2	8
Total	2,083	1,024	640	0	1,278	0	61	598	5684

Distribution by educational level (Table 5) revealed that most FP acceptors were high school graduates (3,125; 55.0%), followed by junior high school (913; 16.1%), bachelor's degree (885; 15.6%), primary school (402; 7.1%), and diploma holders (356; 6.3%). A small proportion had master's (2; 0.04%) and doctoral degrees (1; 0.02%). Within the high school group, IUD was again the predominant method, with 1,599 acceptors (51.2%).

Discussion

This study identified a total of 5,684 FP acceptors across the main teaching hospital and affiliated network hospitals during the period of January 2023 to January 2024. Among these, IUDs were the most widely used method (2,882; 50.7%), followed by implants (2,239; 39.4%) and permanent contraception (563; 9.9%). IUDs, as part of the long-acting reversible contraceptive (LARC) category, remain one of the preferred FP methods for women seeking effective and reversible

options, particularly for those aiming to space pregnancies. The high uptake of IUDs across parity groups demonstrates their acceptance as a reliable method suitable for postpartum and interval use.

In terms of procedure type, the majority of FP acceptors were recruited in the context of vaginal deliveries, with 3,420 postpartum women (60.2%) initiating contraception. This finding highlights the increasing awareness among women and healthcare providers of the importance of spacing pregnancies immediately after childbirth to reduce maternal and neonatal risks. Early initiation of contraception in the postpartum period is consistent with WHO recommendations, which emphasize timely counseling and provision of contraception before hospital discharge.

When comparing hospitals, RSIA Sitti Khadijah I, RSKDIA Sitti Fatimah, and RSUD Syekh Yusuf Gowa were the three leading centers contributing the highest numbers of FP acceptors. Conversely, the Academic Hospital recorded the lowest number of acceptors. This discrepancy may be attributed to national health insurance (BPJS) regulations, which require most FP services to be delivered at primary health care providers (Puskemas, private midwives, family doctors, or clinics partnered with BPJS). As a result, hospitals typically provide FP services only in specific contexts, such as postpartum or intra-operative procedures. In addition, government-supported programs, such as the provision of free contraceptives by the National Population and Family Planning Board (BKKBN), facilitate access and affordability, thereby encouraging uptake in community-based settings.

The high number of acceptors at RSIA Sitti Khadijah I can be explained by the institutional policy of ensuring postpartum counseling prior to discharge. Counseling is provided not only during antenatal visits but also during labor and in the postpartum period, strengthening women's knowledge and confidence in choosing an appropriate method. This structured counseling strategy aligns with global best practices, where integration of FP counseling into antenatal, intrapartum, and postpartum care has been shown to improve contraceptive acceptance and continuation.

Sociodemographic characteristics further shaped contraceptive patterns. The majority of acceptors were aged 20-35 years (85.1%), reflecting the reproductive stage most associated with FP demand. Consistent with national survey findings, education level does not appear to significantly influence contraceptive uptake; for example, contraceptive use among women with secondary education was comparable to that among women with no formal education in analyses of IDHS data. (15) This suggests that contraceptive choice is more closely related to reproductive stage and parity than formal education level. Nevertheless, higher education may enhance method awareness and informed decision-making.

Parity also influenced FP acceptance, with women of parity two representing the largest group (34.8%). This likely reflects the desire to space births by three to five years, allowing for maternal recovery and focused child development. In line with reproductive health principles, parity strongly influences the demand for contraception, whether to delay further pregnancies or to limit childbearing altogether. Occupation analysis revealed that most acceptors were housewives (69.9%), indicating that FP services have successfully reached women outside the formal workforce. This also demonstrates improved awareness among women in traditional household roles, who often face barriers in accessing health services. Expanded dissemination of FP information through community health workers and cadres has likely contributed to this outcome.

Taken together, these findings underline the importance of integrating FP services into maternal health care, strengthening counseling strategies, and ensuring accessibility across sociodemographic groups. Strengthened counseling during antenatal, intrapartum, and postpartum care, delivered in accessible language with engaging methods such as visual aids or the WHO Medical Eligibility Criteria wheel, may further improve uptake and continuation. In addition, continuous training of community health workers and cadres should be prioritized to reinforce FP promotion. Improved digitalization of registries and public access to FP information, such as through hotlines or online platforms, could also enhance program monitoring and accountability. Finally, closer

coordination with FP field workers (PLKB) to ensure sustained availability of contraceptives, including pills and condoms, remains essential. Expanding the role of cadres and PLKB in safe distribution, under the supervision of healthcare providers, may help address barriers to access and support the long-term success of Indonesia's FP program.

Conflict of Interest

The authors declare no conflict of interest.

Advice and Thanks

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