

Women's Participation in Selection of Contraceptive Methods – Knowledge, Attitudes and Culture in Formosa Public Health Center, Dili

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Abstract

Introduction: Family planning is a program that contributes to the improvement of women's health by reducing maternal mortality, abortion, freedom of choice and empowerment of women, reduction of subsequent female fertility, and is a program that aims to inform the people through a set of actions and attitudes (clinics and health practices) to guide as to contraception. **Methods:** This research uses a qualitative and quantitative approach, descriptive and field, held in Formosa Public Health Center, Dili. **Results and Discussion:** The result reveals that women in the age group with the highest expression in this research is 20 to 24 years old, hold an educational level with higher education about 30.5%. Emphasizing that more than half of the participants reported that they do not have information and only 13.7% getting information by personal health professionals. Regarding knowledge, most of participants did not obtain information regarding family planning and more less 51.5% had reasons to adhere to family planning is to prevent pregnancy. Factors that influencing the decision of the participants, mostly (94.0%) did not mention any factor as its decision. In terms of the type of use, 63.6% prefer the injectable method and almost 66.7% lamented some side effects such as dizziness and headaches and menstrual disorders, although they continue to use after consultation to a doctor or midwife. **Conclusion:** Finally, the duration of use about one-third of participants used about a year and 28.8% are new customers.

Keywords: Family Planning; Contraception; Decision; Knowledge, Attitudes and Culture.

Introduction

The expression (Family Plannin) appeared in the 1930s, replacing the then fashionable term (birth control). This term is clear and at least two common meanings can be distinguished: an individual birth control and a national one. The first is generally linked to the idea of prophylaxis or simply the deliberate separation of sex and reproduction through use of contraceptives. The second can be expressed in terms of 'birth spacing' or a concern regarding national population growth, and related to development efforts (Wakeyo et al., 2022). The demographic concept of "population control" or, more correctly, "population growth control", is seen by advocates as a prerequisite in efforts to combat underdevelopment. A common idea in the Family Planning debate is that the smaller the family, the greater share of the share will fall to each of the family members, but this does not apply in all situations. Family Planning will therefore be implemented according to the needs of the people primarily involved, that is, the family

Family Planning programs have been considered, in many developing countries, an effective public policy in increasing the use of contraceptives and, in turn, reducing fertility (Bongaarts, 2014). Several studies of developing countries demonstrate that such programs had effect on fertility independent of social and economic development (Sahban & Se, 2018). In general, the level of fertility reduction depends on the level of development in each location. Indications have also been revealed that the quality of programs is reflected in their results

In East Timor there has been an effort to reduce the rate of population growth and maternal and child mortality by increasing access to family planning. Family planning does not merely mean the use of contraceptives, but also an effort to plan the family (Frost et al., 2014). This issue is closely related to efforts to empower individuals, partners, and couples to make decisions on spacing pregnancies of at least 3 years and on healthy living and socio-economic well-being (Ministério da Saúde Timor Leste, 2014).

In accordance with the principle of family planning policy in Timor-Leste many women have difficulties in determining the choice of contraceptive methods, this can be caused by the limitations and availability of methods and their ignorance of the requirements and other factors to be considered. However, the choice of type of contraception has determining social factors that influence the decision-making by the woman or her partner.

According to the result of the Demographic and Health Survey, Timor-Leste 2003 and 2009/10 showing that the Total Fertility Rate in Timor-Leste consecutively 7.8 and 5.7 children per woman during reproductive age. This shows us that in a period of 5 years there was a decrease in growth. There is variability among the thirteen districts with the highest fertility rate in Ainaro district (7.2) and the lowest in Covalima and Dili districts which have a fertility rate of 4.6. Relating the level of education to the Fertility Rate, this relationship is high among women with a low level of education or those who did not complete primary school (DHS 2009/20). Knowledge of the contraceptive method according to the characteristics in advance by district, shows us that women in the district

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of Baucau had the lowest percentage among all districts on knowledge of the use of some contraceptive methods (55.2%). Regarding the level of education, the lowest percentage was obtained by women who did not attend school (66.0%) compared to women who completed secondary school (96.5%).

Women residing in urban areas have more knowledge compared to those residing in rural areas (88.7% versus 74.5%), which may be related to the fact that urban women have a higher level of education and are more likely to have the opportunity to know about contraceptive methods (Research Demographic and Health, Timor-Leste 2003 and 2009/10).

There is a large discrepancy between knowledge and use of family planning. The Timor-Leste Demographic and Health Survey 2009/10 report tells us that 3 out of 10 married women report using a modern method in the past and 2 out of 10 married women currently use some modern methods of family planning. Among the districts, Baucau is the district with only 8% of women using contraception and attending family planning, one of the reasons may have to do with the great influence of the Catholic religion in this district.

Still according to the same report, it also revealed that the sources where users can find relevant information about the modern family planning method, 88.4% in the Public Sector (National Hospital Guido Valadares, Reference Hospitals, Health Centers, Health Post and Integrated Service from Community Health), 9.3% from the Private Sector (Private Clinics, Pharmacy) and 1.8% from other sources. Preference for the use of modern family planning among married women aged 15 – 49 years, 71.1% prefer the injectable method, 11.1% the Pill, 4.1% the Intrauterine Device and 3.7% the implant.

According to the Ministry of Health's Annual Statistical Report, the Prevalence Rate of contraceptive use has increased since 2010 from 19.9% to 49.9% in 2014.

Therefore, it is necessary to provide advice to potential users on the advantages and disadvantages of each method of contraception. The success or failure of the decision to use a contraceptive method depends on the midwives' ability to counsel potential couples. Thus, couples must make decisions, according to knowledge, desire and in a conscious way.

Methods

The study is descriptive with a quantitative approach. According to Vilelas (2009), descriptive studies seek to know the characteristics of a given population / phenomenon, or to establish relationships between variables.

Vilelas (2009) defines population as a group of people or elements that enjoy common characteristics or properties, defined by a set of criteria. The population consists of women of reproductive age who attend family planning consultations at the Centro da Saúde Formosa, aged between 17 and 49 years old. For the definition of the sample, the non-probabilistic technique was used, for convenience.

Inclusion criteria:

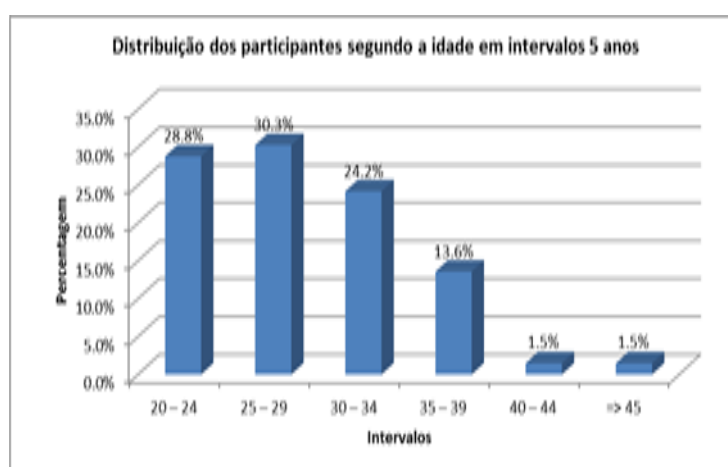
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1. Women who attend family planning consultations at the Health Center of Formosa, aged between 17 and 49 years old;
2. Who agree to participate in the study.

Results and Discussion

1. Age of Participants

Most participants are aged between 20 and 34 years old (83.3%), with the age group from 25 to 29 years old having the highest number of participants (30.3%), followed by the age range between 20-29 years old. 24 years old (28.8%), 24.2% are between 30 and 34 years old, which corresponds to 16 participants. The rest are aged 35 or over (16.7%), as shown in Graph 1.



Graph 1 Distribution of participants according to age

Table 1

Age of the participants' husband

Husband's Age	Freq	%
20 – 24	8	12.1
25 – 29	19	28.8
30 – 34	10	15.1
35 – 39	13	19.7
40 – 44	11	16.7
45 – 49	4	6.1
50 – 54	1	1.5
Total	66	100.0

As for the age of the participants' husbands, table 1 shows that most are in the range between 25-29 years old (28.8%), followed by the age range of 35-39 years old (19.7%). It should be noted that one of the husbands is between 50-54 years old.

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2. Religion

As for the religion practiced by the participants in our study, 100% are Roman Catholic.

3. Level of Education

The analysis starts with the fact that most have secondary education (45%), followed by tertiary education (21%), however, as for the illiterate, we have 8%. The rest for primary and pre-secondary education respectively 15% and 11%.



Graph 2. Distribution of participants according to Education Level

Occupation As for occupation, we found that most are housewives (50;75.8%). The rest are employed as State employees, employees in the private sector and others, respectively (4;6%), (6; 9.1%) and (6;9.1%).

Table 2

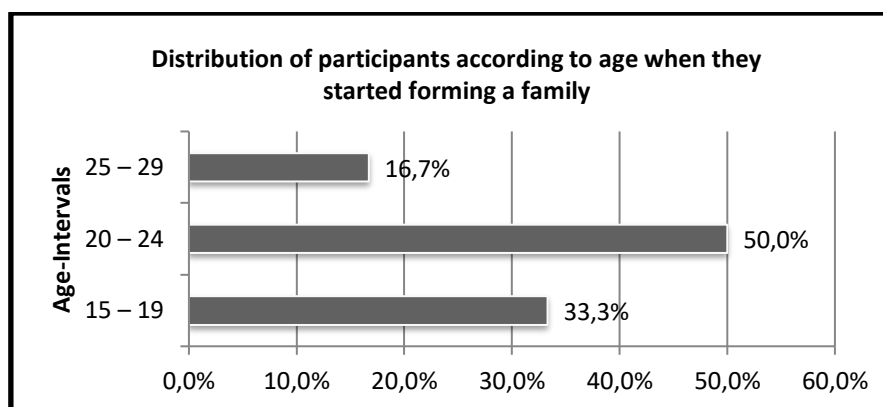
Distribution of participants according to Occupation

Occupation	Freq	%
Maid	50	75.8
State Functionary (Government, Parliament, UNTL)	4	6
Private Employee (Hotel, Restaurant, NGO, Company, Private Institution, Private Company, Commerce)	6	9.1
Other (Student, Market Vendor, Ambulatory Saleswoman, etc.)	6	9.1
Total	66	100.0

4. Women's Age at the Formation of the Family

According to graph 3, we can see that most of the participants started forming a family between 20-24 years old (50.0%).

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Graph 3 Distribution of participants according to age of Start of Family Formation

5. Family Monthly Income

Table 3.

Distribution of participants according to Monthly Income of the family, in USD.

Husband Income	Freq	%	Women's Income	Freq	%
135	1	5.0	10	1	7.1
150	2	10.0	50	1	7.1
166	1	5.0	60	1	7.1
180	1	5.0	100	5	36.0
200	3	15.0	115	6	100
210	1	5.0			
250	1	5.0			
300	2	10.0			
400	2	10.0			
500	2	10.0			
1000	1	5.0			
3000	1	5.0			
1500	1	5.0			
4000	1	5.0			
Total	20	100		14	43.0
Grand Total	34				100.0

Table 3 shows the monthly family income, considering the women in the sample who are employed, in which we can see that women have an income between a minimum of USD 10 and a maximum of USD 115, while for husbands the minimum income is 135 USD and maximum yield of 4000 USD. Analyzing the percentage values, we can see that 15% of husbands have an income of 200 USD and 36% of women have an income of 100 USD. The Government of Timor-Leste, via the Secretary of State for Vocational Training and Employment, published the minimum wage income of 115 dollars (General Legislation of the Public Service of Timor-Leste an Explanatory Guide, 2013).

6. Number of participants' children

Table 4

Distribution of participants according to the number of children

Number of children	Freq	%
1	12	18.2
2	19	28.8
3	13	19.7
4	7	10.6
5	4	6.1
6	7	10.6
7	2	3.0
8	2	3.0
Total	66	100.0

According to chart 4, we see that 28.8% of the sample (19) have 2 children, and 19.7% (13 respondents have 3 children). It should be noted that only 2 respondents have 7 and 8 children (3%) respectively.

7. Pregnancy Spacing Before Attending Family Planning

Table 5

Distribution of participants According to pregnancy spacing before attending the Family Planning consultation

Spacing of pregnancy before attending the PF	Freq	%
< 1 Year	31	47.0
1 – 2 Year	25	37.9
2 – 3 Year	5	7.5
3 – 4 Year	4	6.1
4 – 5 Year	1	1.5
Total	66	100.0

We can see in table 5 that most participants in relation to the spacing of births before attending Family Planning (56, 84.9%) was less than 2 years of which (31, 47%) less than 1 year, the remaining (10, 15.1%) were spaced more than 2 years apart

8. Pregnancy Spacing After Attending FP

As for the spacing between pregnancies after attending family planning consultations, we can see in Table 6 that 39.4% of the participants spaced their pregnancies 3 - 4 years apart, 18.2% spaced their pregnancies between 4 - 5 years and only 3.0% between 5- 6 years while 6.1% did not want to have more children.

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Table 6

Distribution of participants according to spacing of pregnancy after attending the Family Planning consultation

Pregnancy spacing after attending the PF	Freq	%
< 1 Year	7	10.6
1 – 2 Year	6	9.1
2 – 3 Year	6	9.1
3 – 4 Year	26	39.4
4 – 5 Anos	12	18.2
5 – 6 Year	2	3.0
+ 6 Year	3	4.5
They didn't want to have more children	4	6.1
Total	66	100.0

9. Source of Information on Family Planning

Table 7

Distribution of participants according to the source of information on Family Planning

Source of information on Family Planning	Freq	%
Brochure	1	1.5
Colleagues	2	3.0
School	1	1.5
Family	3	4.5
Media	12	18,2
Health Personnel 1. Midwife 5 2. Nurse 2 3. Doctor 2	9	13.7
No information	38	57.6
Total	66	100.0

As for the source of information on Family Planning, it should be noted that 38 of the participants (57.6%) reported not having any information. Of those who had information, they mentioned that the most mentioned source of information (18.2%) was the Media, followed by Health Personnel with only 13.7% (9). It should be noted that of these 9 participants, most refer that the information was given by the midwife (5), as shown in Table 7.

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10. Knowledge about PF

Table 8

Distribution of participants according to knowledge about FP

Distribution of participants According to knowledge about FP	Freq	%
No Information	40	60.6
Spacing of pregnancies	25	37.9
Contraceptive Methods	1	1.5
Total	66	100.0

As for the knowledge of the participants in relation to Family Planning, the majority (60.6%) reported having no information, (37.9%) reported having information about the spacing of pregnancies and only 1 (1.5%) reported that Family Planning is related to the Contraceptive Methods.

11. Reasons that Led to Join the PF Consultation

Table 9

Distribution of participants according to the reasons that led them to adhere to the family planning consultation

Reasons that led to the accession of the PF	Freq	%
No information	1	1.5
Spacing between pregnancies	31	47.0
Preventing pregnancy	34	51.5
Total	66	100.0

The majority (51.5%) resorted to family planning to prevent pregnancy, followed by (47%) who refer to the spacing between pregnancies and (1.5%) without information, as seen in table 9

12. Factors that Influence the Frequency of FP Consultations

Table 10

Distribution of participants according to factors that influence the frequency of participants in FP consultations

Factors influencing the frequency of PF consultations	Freq	%
Family	3	4.5
Religion	1	1.5
Culture	2	3.0
Husband's culture	1	1.5
Health	1	1.5
Without mentioning influencing factors	58	87.9
Total	66	100.0

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Table 10 shows that the majority (87.9%) did not mention any type of influencing factor for the frequency of family planning consultations. Of those who referred, 3 participants (4.5%) say it was the family, followed by the social factor and culture (3%).

13. Factors Influencing a Woman's Decision to Use Contraceptive Methods

Table 11

Distribution of participants according to the factors that influence a woman's decision to use contraceptive methods

Factors that influence a woman's decision to use contraception	Freq	%
Husband's decision	1	1.5
Family Decision	2	3.0
Accepted (Husband and family)	1	1.5
No influencing factors	62	94.0
Total	66	100.0

We found that the majority did not mention any influencing factor regarding their decision to use contraceptive methods (94.0%), the rest referred to the Family and Husband as an influencing factor (3% and 1.5% respectively). It should be noted that one participant (1.5%) states that the Husband and Family accept the decision, as shown in Table 11.

14. Family Opinion Regarding the Decision to Adhere to Contraceptive Methods

Table 12

Distribution of participants according to the family's opinion related to the decision-making to adhere to contraceptive methods

Opinion of the family regarding the decision to adhere to contraceptive methods	Freq	%
Did not agree	4	6.1
Agreed	61	92.4
The family did not agree, but the husband accepts	1	1.5
Total	66	100.0

As for the fact that the family agrees with the use of contraceptive methods, we can see from Table 14 that in the majority (92.4%) the family agrees, and that for 4 participants (6.1%) the family does not agree. It should be noted that 1 participant (1.5%) states that the family does not agree, but the husband accepts the use of contraceptive methods, as explained in the table12

15. The Information Obtained About Contraceptive Methods

Regarding obtaining information about contraceptive methods (96.0%) reported having obtained information, not receiving information (4.0%), as can be seen in graph 4.



Graph 4 Distribution of participants according to information obtained on contraceptive methods

16. Information about side effects of methods

Table 12

Distribution of participants according to information on the side effects of contraceptive methods before the start of use

Information on the side effects of the contraceptive method	Freq	%
No	2	3.0
Yes	64	97.0
Total	66	100.0

Most participants obtained information about the side effects of contraceptive methods (97%) as shown in Table 12.

Table 13

Distribution of participants according to information on the side effects of the various methods available at the health Center before starting to use them.

Information on side effects of contraceptive methods at the health Centre	Freq	%
Pill, Injection, Implant, IUD	57	86.4
Just about the method the woman chose	9	13.6
Total	66	100.0

It appears that the majority (86.4%) receive information about the side effects of the four contraceptive methods that are available at the health Centre, before starting to use them, as shown in Table 13

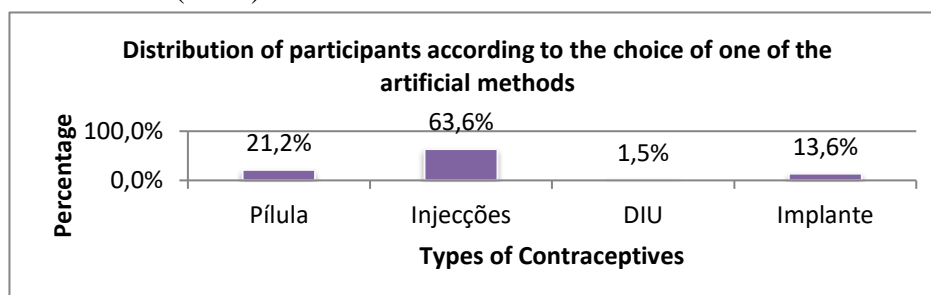
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17. Participation in the Choice of Contraceptive Method, and Chosen Method

According to our participants, all (100%) reported that they had participated in choosing the contraceptive method, as well as the preferred method being the artificial method.

18. Choice of Artificial Methods

As for the choice of artificial method, most preferred the injectable method (63.6%), followed by the Pill (21.4%), the Implant (13.6%) and, in a smaller number, the Intrauterine Device (1.5%).



Graph 5 Distribution of participants according to the type of artificial method chosen

19. Use of the Oral Contraceptive Method

Table 14

Distribution of participants according to type of pill.

Type of pill	Freq	%
Progestin pill	5	35.7
Combined Pill	9	64.3
Total	14	100.0

Of the total of 14 participants using the pill, we found that most use the combined pill (64.3%) and only (35.7%) use the progestin pill.

Table 15

Distribution of participants according to the side effects of the Pill

Have side effects in the use of Pill	Freq	%
No	8	53.8
Yes	6	46.2
Total	14	100.0

We found that in relation to the side effects of the pill, 53.8% of the sample (8) reported having side effects, according to table 15

Table 16

Distribution of participants according to Pill side effects

Pill Effects	Freq	%
Dizziness and headaches	6	75.0
Depression	2	25.0
Total	8	100.0

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Of the 8 participants who had side effects when taking the pill, the majority (75.0%) reported dizziness and headaches, followed by depression (25.0%).

Of the 8 participants who reported having side effects, only (37.5%) responded that they go to the doctor or midwife, and continue to use the same method.

20. Contraceptive Method - Injectable

Table 17

Distribution of participants according to side effects in the use of Injectable Method.

Side effects of the injectable method	Freq	%
No	11	33.3
Yes	22	66.7
Total	33	100.0

As for the type of injectable, we found that out of the 42 participants all use “Depoprovera” 100%).

Regarding the side effects felt due to this method, 42 participants (66.7%) reported having.

Table 18

Distribution of participants according to side effects due to the use of the injectable method

Manifestation of side effects	Freq	%
Menstrual disorders	7	20
Depression	7	20
Dizziness and headaches	17	48.4
Weight Gain	1	2.9
Not having an appetite to eat	1	2.9
Whitish discharge	1	2.9
Tiredness	1	2.9
Total	22	100.0

Most refer dizziness and headaches (48.4%) as side effects, followed by menstrual disorders and depression (20%) respectively, as shown in Table 8

Table 19

Distribution of participants according to the search for help, in relation to the side effects of the injectable method

Type of seeking help in relation to the side effects of the injectable method	Freq	%
Go to the doctor or midwife and continue to use the same method	15	68.2
Do not seek help, because the symptoms do not cause problems	5	18.2
He does not return to the health Center; he just follows the instructions given by the Midwife	1	4.5
Volta ao Centro da Saúde para pedir explicações e clarificações	2	9.1
Total	20	100.0

We found that in relation to the 22 participants who reported having side effects in relation to this injectable method and seeking help, the majority (68.2%) reported going to the doctor or midwife and continuing to use the same method, and (18.2%) did not resort to any kind of help because the symptoms do not bother her, as we can see in chart 19

21. Intrauterine device

As for this method, as already mentioned, only one participant reported using it, as for the side effects, she said she did not.

22. Implant

Table 20

Distribution of participants according to the manifestation of side effects of the Implant

Secondary Effect in relation to the Implant	Freq	%
No	1	20
Yes	4	80
Total	5	100

Regarding the participants who use the implant, it appears that 80% report having side effects, as shown in Table 20

Table 21

Distribution of participants according to implant side effects

Manifestation of side effects	Freq	%
Dizziness and headaches	4	80.0
Depression	1	20.0
Total	5	100.0

We found that the most frequent complaints were dizziness and headaches (80%), followed by depression, as shown in Table 21

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Table 22

Distribution of participants according to the search for help, in relation to the side effects of the Implant

Type of seeking help in relation to the side effects of the Implant	Freq	%
Go to the doctor or midwife and continue to use the same method	3	75.0
Another decision: He didn't go back to the Health Center, he just made it "Bintang Tujuh"	1	25.0
Total	4	100.0

We found that in relation to the 5 participants who reported having side effects in relation to the Implant and who seek help, 75% go to the doctor or midwife and continue to use the same method. It should be noted that (1.25%) participants sought a traditional medicine, instead of seeking help from a health professional, as shown in Table 22

23. Advantages in Using Contraceptive Methods

Table 23

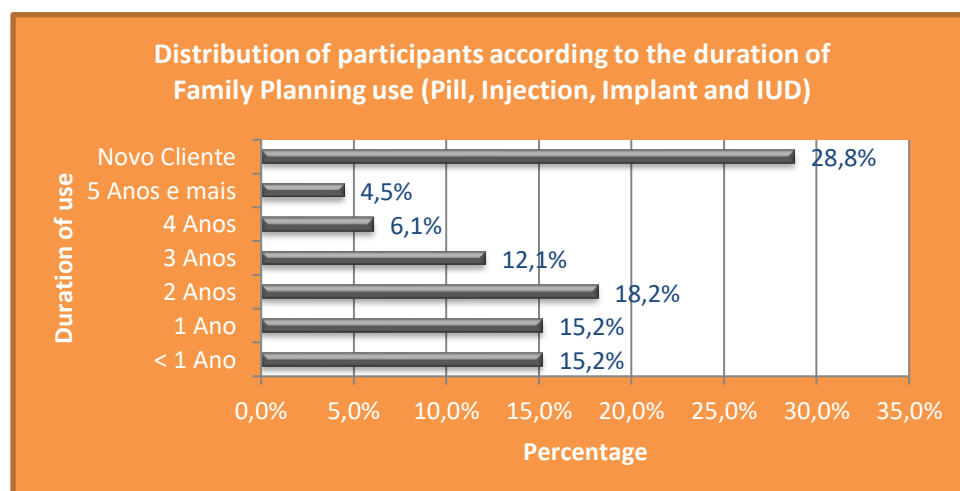
Distribution of participants according to the advantages of using contraception

Advantages of using contraception	Freq	%
Pregnancy spacing	17	25.8
Avoiding pregnancy	20	30.2
Did not respond	29	44
Total	66	100.0

Avoiding pregnancy is the most mentioned advantage (30.2%) followed by Spacing between pregnancies (25.8%), however it should be noted that 44% of the participants did not respond, as shown in table 23

24. Duration of use of the method and frequency of Family Planning consultation

Graph 6 shows the duration of use of Family Planning methods. We found that (28.8%) are attending the consultation for the first time (new clients). We have had it for a year or less (30.4%), for 2 years (18.2%) and the rest have used it for more than 3 years (22.7%).



Graph 6 Distribution of participants according to the time they attend the FP consultation.

Discussion

Education is one of the factors that impel and encourage someone to action, for example in choosing a contraceptive education is essentially something that a person gives to others who are trying to reach maturity in the normative sense, using means such as oral information or the media in order to achieve a change in behavior and purpose (Wigunarti, 2022)

Socio-demographic and socioeconomic factors are factors inherent to the person and that can affect their decision-making. In this study, age, schooling level (education/training), marital status, occupation and family income were analyzed, seeking to relate them to the woman's decision to choose the family planning method (Hafizotun Hasanah, 2020). Aspects related to cultural factors are also analyzed, such as the influence of the family, the husband and the use of traditional methods, seeking to find relationships between decision-making and the clarification and information held by the woman, through health services and professionals (Setiadi & Iswanto, 2015)

The age of starting a family seems to be one of the moments chosen to resort to family planning consultations, as we found that the age group with the highest expression at the time of starting a family, for the women surveyed, is from 20 to 24 years old, coinciding with the age of most of the participants in the study (20 to 24 years old), who were at the Health Center for a Family Planning consultation during the period of data collection.

Contraception is the way to avoid or prevent pregnancy, and there are many different types of methods - natural and artificial (Soegondo et al., 2023). In this study, we gave relevance to artificial methods, relating them to the knowledge that women have about their use, side effects and demand for health care, in order to know the reality of the sample under study and foresee improvements in the care provided and care for the population, with a view to empowering women so that they can decide in conscience.

Based on contraceptive efficacy, we can say that it is distributed among injectable (with a high percentage) and oral contraceptives, by the IUD and subcutaneous implants. Similarly, a survey carried out by the Ministry of Health in conjunction with the National Statistics Directorate of the Ministry of Finance showed us that majority of currently married women (78.1%) are aware of any type of contraceptives and preferably injectable (70.3%) oral pills (57.6%) and subcutaneous implants (40.0%) (Demographic and Health Survey, Timor-Leste, 2009/2010). In contrast to a survey conducted in 2003, over 60% of women did not recognize any type of contraceptive (Ministry of Health, Timor-Leste 2003).

By category education has a larger number of higher educations amounted to 30.45%. Education is one of the factors that determine the knowledge and perception of the importance of a subject included in the selection of contraception (Muthiah & Kadarisman, 2014). The Demographic and Health Survey Result, Timor-Leste (2009/20)

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also revealed that women with a tertiary level of education have an almost 96.5% high knowledge of any type of modern contraceptive methods compared to women with a low level of education. schooling (65.5%). On the contrary, a survey carried out by the Ministry of Health (2003) shows us that 32.4% with a higher education level have a perception of any type of contraceptive compared to a low level of education (11.5%).

Employment status categories most recipients are not working, is 75.8% based on the income level of most recipients who have low incomes, is 3%. Production factor is a characteristic related to the woman's reproductive system that describes the health risks that can be considered a person, in the case of pregnancy and childbirth (Endah Mulyani et al., 2020)

In this study reproductive factors studied were the number of children before and after the use of contraception the results obtained in this study the number of children before attending family planning consultation 1-3, 65.2%, number of children after participating in family planning 53.1 %. Distance given before and after the use of the contraceptive that is less than 2 years before using family planning 84.9. In one of the studies carried out in 2009, they reveal that there is a relationship between the use of contraceptives and the number of children. The use of contraception is lower among women without children (less than 1 percent), it rises to 16 percent among women with 1 to 2 children, and 26 percent among women with three to four children (Pesquisa Demografo e Saúde 2009/10).

After attending the family planning consultations, we can see that 74.2% of the participants spaced their pregnancies further. In this study, we found that majority of participants presented the spacing of pregnancy before attending Family Planning, of which 47% is less than 1 year, comparing the spacing after attending family planning consultations, we can see that 39.4% of participants did a spacing between pregnancies 3 – 4 years, 18.2% spaced between 4 – 5 years. This means that there is a progressive change in spacing before attending and after attending family planning. While 6.1% of women decided not to have more children after attending family planning.

As for the source of information on Family Planning, it should be noted that 57.6% of the participants reported not having any information, followed by the media 18.2% and professional health personnel only 13.7%. This gives us the impression that a minority of participants obtain information related to family planning directly from health professionals. Giving us that multimedia technology is one of the most favorable means in the dissemination and promotion of family planning. It is necessary to encourage health professionals, particularly midwives, to be actively involved in the promotion of family planning. A survey carried out by the Ministry of Health (2003) shows that Public Hospital (53.3%) (National Hospital Guido Valadares and Reference Hospitals) and Community Health Center (56.2%) were sources of information on family planning.

Demographic and Health Survey 2009/10 revealed that the Public Sector (88.4%) was one of the sources of information on the modern contraceptive method with which Community Health Center 45.4% and Health Post 20.3%, while the Private Sector only

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9.3%. In Timor-Leste the most common source of multimedia technology is radio. Television is more common in urban areas (49.9%), while newspapers and magazines are more accessed by educated people (31.6%) (Demographic and Health Survey, 2009/10).

As for the knowledge of the participants, the majority (60.6%) reported that they did not obtain information regarding Family Planning, and even so, 51.5% of the women presented the reasons for joining family planning is to prevent pregnancy.

Theoretically, there are several factors that influence women in the frequency of family planning consultations, but this study shows us that 87.9% of women answer “without mentioning influencing factors.” As for factors that influence women's decision to use types of contraceptive methods, we found that 94.0% did not mention any factor regarding their decision. Even so, 92.4% of families agree with this decision. In one of the studies carried out by the Ministry of Health in 2009, it was shown that 97% of husbands know that their wives use any type of contraceptives, an indication that these Timorese husbands, in general, are encouraged to use contraceptives between their wives (Demographic Survey and Health 2009/10).

Related to side effects before the start of use, 97.0% responding to us that getting general information about side effects, while 86.4% receiving information about side effects of four types (Injectable, Pill, implant, and Intrauterine Device) available at the Formosa Health Centre.

In terms of choosing natural and artificial contraceptive methods, 100% of respondents preferred the artificial method. In the use of the artificial contraceptive type, the majority (63.6%) prefer the infectious method, 21.4% pill and 13.6% implant and only 1.5% using IUD. While the results of the Demographic and Health Survey, Timor-Leste (2009/2010) reveal that among married women interviewed, only 22.3% (n = 7,906) are currently using any contraceptive method, Demographic and Health Survey Timor-Leste East 2003 approximately 10% and Multiple Indicator Cluster Survey (2002), 7% (Pesquisa Demografo e Saúde 2009/10). In terms of the use of artificial types, injectables only 15.7%, pills only 1.7%, implants 0.8% and 1.3% compared to this survey (Pesquisa Demografo e Saúde 2009/10).

This study reveals that, of the 33 participants using the injectable method, 66.7% responded that there are side effects such as: dizziness and headaches (48.4%) and menstrual disorders and depression (respectively 20%). We found that in relation to the side effects mentioned above, the majority (68.2%) prefer to go to the doctor or midwife and continue to use the same method and only 18.2% do not resort to any type of help because the symptoms do not bother them.

The study also shows us the advantage of using contraceptive methods, however 44% of the participants did not respond, 30.2% of the participants responded stating that it was to avoid pregnancy and following 25.5% spacing between pregnancies. Similarly, in a study conducted by Health Alliance International (2008), most women responded that the advantage of using family planning is to avoid pregnancy and depends on the number of children (19.5%).

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Regarding the duration of use of Family Planning methods, this study reveals that 30.4% have used it for a year, 28.8% are new clients and 22.7% have been using it for more than 3 years.

Conclusion

East Timor there has been an effort to reduce the rate of population growth and maternal and child mortality by increasing access to family planning. Family planning does not merely mean the use of contraceptives, but also an effort to plan the family. This issue is closely related to efforts to empower individuals, partners, or couples to make the right decision, at least three years apart, about healthy living and socio-economic well-being.

Compliance with the principle of family planning policy in Timor-Leste many women have difficulties in determining the choice of contraceptive methods, this can be caused by the limitations and availability of methods and their ignorance of the requirements and other factors to be considered. However, the choice of type of contraception has determining social factors that influence the decision-making by the woman or her partner.

The results of this research reveal that most of the participants or women who seek family planning assistance at the Health Center of Formosa are predominantly women aged between 20 and 24 years old and have a tertiary level of education. We found that there is little information related to the type of use and sources of information, the participants with the knowledge and level of education prefer to use modern methods, particularly the most used is the injectable method, compared to the pill, Intra-Uterine Device, and Implant. It should be noted that among the side effects of the injectable contraceptive method were dizziness and headache. Even so, there are no fundamental reasons to end use. It should be noted that only a quarter of women are aware that the advantage of using contraceptives is only to prevent pregnancy.

Therefore, advice to health professionals is essential and necessary to provide advice to potential users on the advantages and disadvantages of each contraceptive method. The success or failure of the decision to use a contraceptive method depends on the ability of health professionals to advise potential couples. Thus, couples must make decisions, according to knowledge, desire and in a conscious way. The second recommendation is that multimedia technology could be one of the most effective means of promoting family planning in communities, particularly couples or sexual partners.

References

- Bongaarts, J. (2014). The impact of family planning programs on unmet need and demand for contraception. *Studies in Family Planning*, 45(2), 247–262.
- Endah Mulyani, S. S. T. Safriana, R. E. (2020). *Buku Ajar Kesehatan Reproduksi Wanita*. Literasi Nusantara.
- Frost, J. J. Finer, L. B. (2014). Return on investment: a fuller assessment of the benefits and cost savings of the US publicly funded family planning program. *The Milbank Quarterly*, 92(4), 696–749.
- Hafizotun Hasanah, H. H. (2020). *Analisis Penggunaan Kontrasepsi IUD pada Wanita Usia Subur di Rumah Sakit Muhammadiyah Palembang*. STIK Bina Husada Palembang.
- Muthiah, S., & Kadarisman, Y. (2014). Respon Pasangan Usia Subur (PUS) Terhadap Program Keluarga Berencana (KB) Di Desa Tanjung Belit Kecamatan Siak Kecil Kabupaten Bengkalis. *Jurnal Online Mahasiswa (JOM) Bidang Ilmu Sosial Dan Ilmu Politik*, 1(1), 1–15.
- Sahban, M. A., & Se, M. M. (2018). *Kolaborasi pembangunan ekonomi di negara berkembang* (Vol. 1). Sah Media.
- Setiadi, S., & Iswanto, L. (2015). Pengambilan keputusan penggunaan alat kontrasepsi istri dalam keluarga. *Populasi*, 23(1), 20–35.
- Soegondo, T. E. Santano, R. M. (2023). Penggunaan Alat Kontrasepsi dalam Multi-Perspektif. *PATRIOT: Jurnal Kajian Pancasila & Kewarganegaraan*, 1(01).
- Wakeyo, M. M. Dheresa, M. (2022). Short birth interval and its associated factors among multiparous women in Mieso agro-pastoralist district, Eastern Ethiopia: a community-based cross-sectional study. *Frontiers in Global Women's Health*, 3, 801394.
- Wigunarti, M. (2022). Penggunaan Alat Kontrasepsi Dalam Rahim Pada Ibu Di Puskesmas Sentani. *Jurnal Kebidanan Sorong*, 2(1).

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