The 6th Mitra Husada Health International Conference (MiHHICo) 2026
Volume 6 (2026) ISSN: 2988-3768

COMMUNITY MIDWIFERY CARE FOR MRS. H WITH LOW INTEREST IN UTILIZING LONG-ACTING REVERSIBLE CONTRACEPTION (LARC) IN BANGUN REJO VILLAGE, TANJUNG MORAWA DISTRICT, DELI SERDANG REGENCY IN 2026

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ABSTRACT

Background: Uncontrolled population growth significantly affects the quality of life and public health. Long-Acting Reversible Contraception (LARC) such as IUDs and implants are more effective and efficient in suppressing discontinuation rates than short-term methods. However, the coverage of LARC acceptors at the community level remains low due to psychological barriers, fear of side effects, and misconceptions. **Objectives:** This study aimed to implement community midwifery care for Mrs. H presenting with low interest in LARC utilization in Bangun Rejo Village, Tanjung Morawa District, Deli Serdang Regency in 2026. **Methods:** Data collection was conducted through interviews, observations, and documentation during the home-visit period from February 9 to May 2, 2026, integrating Varney's 7-step management and SOAP documentation. **Results:** Assessment revealed that Mrs. H (31 years old, P3A0) desired to space pregnancies but relied on natural family planning due to severe anxiety, believing LARC placement required major surgery, alongside myths regarding significant weight gain and internal organ disruption. Interventions based on the PACER value framework were implemented, focusing on Professionalism, Empathy, and Collaboration. High-quality Communication, Information, and Education (CIE) via Decision-Making Tools (ABPK) and LARC models were utilized. Post-intervention evaluation showed increased knowledge, fully reduced anxiety, and a highly positive attitude modification. Mrs. H expressed strong intent to switch to an implant after obtaining full support and informed consent from her husband (Mr. J). **Conclusions:** Midwifery community care incorporating empathetic and professional counseling effectively mitigates psychological barriers and optimizes LARC uptake.

Keywords: Community Midwifery Care; Family Planning; Long-Term Contraceptive Methods; Counseling; Implant

INTRODUCTION

Family planning is one of the most effective public health strategies for improving maternal and child health while controlling population growth. According to the World Health Organization (WHO), the use of contraception enables couples to determine the number and spacing of their children and to prevent unintended pregnancies. In 2021, approximately 1.1 billion women of reproductive age worldwide required family planning services; however, around 164 million women still had an unmet need for contraception. This situation indicates that access to effective contraceptive services remains a significant challenge in many countries, including Indonesia (WHO, 2023)

Population growth and high contraceptive drop-out rates are major determinants affecting reproductive health status and family welfare in Indonesia. Based on national health service policies, Long-Acting Reversible Contraception (LARC) methods, such as IUDs and implants, are highly recommended as the main pillars of fertility control due to their high effectiveness. However, realization at the community level shows a significant disparity (Tambun, 2024)

Previous studies have shown that women's decisions in selecting contraceptive methods are influenced by predisposing, enabling, and reinforcing factors, as described in Lawrence Green's behavioral theory. These factors include women's level of knowledge, educational attainment, age, parity, occupation, partner support, access to healthcare services, the quality of family planning counseling, and the competence of healthcare providers in delivering contraceptive information. Insufficient understanding of the benefits, effectiveness, and safety of Long-Acting Reversible Contraception (LARC) often leads couples of reproductive age to prefer short-acting contraceptive methods, even though these methods have higher failure rates than LARC (Green, 2020)

A fundamental problem frequently found in rural areas, such as in Tanjung Morawa District, is the low coverage of LARC acceptors, which is dominated by the psychological barriers of Couples of Childbearing Age (PUS). These barriers include emotional anxiety, fear of the insertion procedure, and the strong circulation of misconceptions regarding internal organ side effects within the community (Tambun, 2023)

In addressing this phenomenon, midwives are required to internalize the noble values of PACER. The principle of being Professional demands that midwives provide care based on standardized scientific evidence (*evidence-based practice*). Furthermore, manifestation of Empathy is essential for midwives to listen to the patients' complaints and objective anxieties without judgment. Intervention approaches must also involve a Collaborative partnership between midwives, patients, families, and community leaders to build consistent trust. Therefore, this report aims to describe the implementation of community midwifery care for Mrs. H, who has low interest in LARC, through the integration of PACER values in Bangun Rejo Village (Manurung, 2021)

Government of Indonesia recommended Long-acting and permanent methods (LAPM) as it is mentioned as one of targeted outcome in the Indonesia Midterm National Development Plan 2020-2024. Long-acting reversible contraception reduce client's compliance and method's failure because of inconsistent and incorrect method use. Long-acting methods were cost-effective methods in reducing the risk of unintended pregnancies, long-lasting, convenient, it did not require frequent visits to the health providers and highly effective methods with less than 1% failure rate in a year. At 1 year, LARC have higher rates of continuation rates (more than 90%) and user satisfaction, and first-line contraceptive method to avoid unintended pregnancy in longer time. However, despite the strong efficacy and acceptability of LARCs, the used of LARCs was still low in Indonesia. In 2017, IUDs and implants were used by only less than 10% of women in reproductive age (Gayatri, 2020)

METHODS

This study used a descriptive case study design with a community midwifery care approach. The subject was Ny. H, a 31-year-old woman (P3A0) living in Bangun Rejo Village, Tanjung Morawa District, Deli Serdang Regency. Data collection was conducted through interviews, observation, physical examination, and documentation. Interviews were performed to identify reproductive history, previous contraceptive use, and factors influencing the client's reluctance to use MKJP. Observation and physical examination were conducted to assess general health status and the client's response during counseling (Saraswati et al., 2020)

The midwifery care was implemented using the seven steps of Varney management, including assessment, diagnosis identification, identification of potential problems, intervention planning, implementation, and evaluation. The progress of care was documented using SOAP format (Varney, 2020). Data were collected in June 2026 through in-depth interviews, direct observation, basic physical examinations, and documentation review of the family's health records. The assessment included family characteristics, reproductive history, contraceptive use history, level of knowledge regarding Long-Acting Reversible Contraception (LARC), family support, and other factors influencing contraceptive method selection. The collected data were analyzed descriptively to identify the primary health problems and determine intervention priorities (Rizky Vaira, Selvia Febrianti, 2024)

The intervention was implemented using a community midwifery management approach, which consisted of assessment, identification of community midwifery diagnoses or problems, planning, implementation of care, and evaluation of the intervention outcomes. The intervention focused on providing Communication, Information, and Education (CIE) regarding the definition, types, benefits, effectiveness, indications, contraindications, side effects, and procedures for the use of Long-Acting Reversible Contraception (LARC). The educational sessions also emphasized the importance of husband involvement in contraceptive decision-making (Sartika et al., 2024)

The effectiveness of the intervention was evaluated by comparing the client's condition before and after the educational program through observation, interviews, and assessment of changes in the client's knowledge and interest in using LARC. The success of the intervention was indicated by improved knowledge regarding LARC, reduced negative perceptions toward the method, and increased willingness to consider LARC as an effective contraceptive option. All stages of the community midwifery care were conducted in accordance with research ethical principles, including respect for participants' rights, confidentiality of personal information, obtaining informed consent prior to data collection, and ensuring the client's privacy and comfort throughout the care process (Emma Linton dkk 2023)

RESULT

Based on the initial assessment during the first visit (February 9, 2026), Mrs. H's knowledge regarding LARC was extremely low; she did not understand the types, mechanisms, or effectiveness of implants or IUDs. Psychologically, she presented with anxiety and intense fear, believing that the insertion procedure was a major surgery. Her attitude was heavily influenced by myths, believing that LARC could damage internal organs and cause extreme weight gain. Consequently, her decision was to rely solely on natural family planning, despite its high risk of unintended pregnancy. During this phase, her husband, Mr. J, remained passive due to a lack of exposure to family planning information (Adity, 2022)

Following the intervention, significant transformations were observed. Mrs. H's knowledge increased substantially; she correctly understood the mechanism of action and the benefits of the implant. Psychologically, her anxiety disappeared, and she felt calm and safe. She rejected previous myths and gained a clinical understanding of objective side effects. The involvement of her husband proved crucial; Mr. J became fully supportive, and informed consent was signed. Ultimately, Mrs. H made a firm decision to choose and utilize the implant contraceptive method (Silitonga septia dkk 2024).

These positive outcomes are directly linked to the implementation of PACER values. Professionalism was demonstrated through evidence-based education. Empathy was crucial in validating the patient's fears and providing supportive counseling. Finally, Collaboration was achieved by involving the husband as a key decision-maker. Overall, the implementation of community midwifery care through an educational approach produced positive outcomes in improving the client's knowledge and interest in the use of Long-Acting Reversible Contraception (LARC). The intervention not only enhanced the client's understanding of long-acting contraceptive methods but also helped reduce misconceptions and negative perceptions that had previously hindered contraceptive method selection. These findings suggest that comprehensive Communication, Information, and Education (CIE), combined with active family involvement, is an effective strategy for increasing the acceptance of LARC among couples of reproductive age (Olla & Naingalis, n.d.)

DISCUSSION

The results of the community midwifery care indicated that Mrs. H's low interest in using Long-Acting Reversible Contraception (LARC) was primarily influenced by limited knowledge regarding the benefits, effectiveness, and safety of the method. The client also expressed concerns about potential side effects and the insertion procedures of LARC. This condition indicates that inadequate knowledge is one of the main factors influencing decision-making in contraceptive method selection. These findings are consistent with Lawrence Green's theory, which states that health behavior is influenced by three main factors: predisposing factors, enabling factors, and reinforcing factors. Knowledge is a predisposing factor that plays an important role in shaping an individual's attitudes and behaviors toward a particular health action. Individuals with good knowledge about contraception tend to be more capable of selecting contraceptive methods that are appropriate to their needs and health conditions. Conversely, limited information often leads to misconceptions, which may become barriers to the utilization of more effective contraceptive methods (Sonia Novita Sari dkk, 2024).

Mrs. H's initially low interest in Long-Acting Reversible Contraception (LARC) stemmed from psychological barriers, specifically subjective anxiety and misconceptions (myths). Mrs. H imagined that the insertion of an implant or IUD involved a painful major surgical procedure. This psychological phenomenon is common in rural community areas due to minimal access to personalized information and the strong influence of negative rumors in the surrounding environment (Hutabarat et al., 2024)

In addressing this problem, the application of Empathy became the key starting point. The midwife did not blame Mrs. H for choosing natural family planning, but instead actively listened to her complaints, validated that her fear was natural, and provided a sense of comfort. This step has been scientifically proven to reduce the patient's emotional tension, making her more adaptive to receiving new information (Sari et al., 2024)

Professionally, the care was provided not based on assumptions, but by using medical and midwifery standard instruments, namely the Decision-Making Aid Tool (ABPK), and by directly showing an implant dummy (model). By seeing the actual shape of the implant, which is small and flexible, the terrifying perception of "major surgery" in Mrs. H's mind was rationally debunked.

The Collaborative aspect was realized by including Mr. J (Mrs. H's husband) in the second counseling session. The patriarchal culture in rural areas often places the husband as the absolute decision-maker in family planning, yet they frequently lack education on the subject. By involving the husband, Mr. J realized the importance of protecting the reproductive health of his wife, who had already given birth to 3 children (P3A0). This collaboration generated strong emotional support and consent for medical action, allowing Mrs. H to transition to implant contraception (Wahyuni et al., 2023)

CONCLUSIONS

The low interest in utilizing Long-Acting Reversible Contraception (LARC) indicates that the main barriers in contraceptive selection were low levels of knowledge, psychological anxiety, and the presence of myths and inaccurate perceptions regarding long-acting contraceptive methods. Before receiving midwifery care, Mrs. H had limited understanding of the types, mechanisms of action, and effectiveness of LARC and expressed fear of the implant insertion procedure.

The implementation of Varney's midwifery management through an evidence-based educational approach, empathetic counseling, the use of Decision-Making Aid Tools (ABPK), and the involvement of the husband in the decision-making process proved effective in improving knowledge, reducing anxiety, and changing Mrs. H's attitude toward LARC utilization. Partner support also became an important factor in increasing the client's readiness to choose an effective contraceptive method.

Community midwifery care based on PACER values, particularly Professionalism, Empathy, and Collaboration, can serve as an effective approach to overcoming psychological barriers and improving community acceptance of long-acting contraceptive methods. Therefore, community midwives are expected to enhance the provision of comprehensive counseling and actively involve families, especially partners, in every decision-making process related to reproductive health.

ACKNOWLEDGEMENT

The author would like to express gratitude to all parties who have provided support in the implementation of this community midwifery care. Special appreciation is extended to Mrs. H and her family for their willingness to participate as subjects in this care process and for providing the necessary information during the assessment and intervention stages.

The author also expresses appreciation to the academic advisors, the Undergraduate Midwifery Study Program of STIKes Mitra Husada Medan, and all parties who have provided guidance, support, and motivation throughout the preparation of this scientific work. It is hoped that the results of this care can contribute to the development of community midwifery services, particularly in improving the utilization of Long-Acting Reversible Contraception (LARC) methods in the community.

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