



The Effect of Counseling on Family Planning Acceptors in Decision Making on Contraceptive Devices during the Postpartum Period

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ABSTRAK

Indonesia is one of the developing countries in the world, which is ranked 4th with the largest population in the world. Indonesia has policies to control population growth, including through the Family Planning (KB) program. Family planning is an effort made by humans to intentionally regulate pregnancy in the family not against the laws and morals of Pancasila for the welfare of the family. Through the family planning program there will be control of population growth so that it can increase the level of health and welfare for the family. The current method is a one group pretest posttest design. The population of prospective family planning acceptors at PMB Mira Haryati Bangsalan Teras Boyolali. Data were taken using a family planning counseling questionnaire. The results show that the effect of giving intervention on decision making is $Z -4.723$, and the effect is significant, which is indicated by p value of 0.000.

INTRODUCTION

Indonesia is one of the developing countries in the world. The thing that is often encountered in a developing country is a very large population. Indonesia is ranked 4th with the largest population in the world (health profile 2016). Indonesia has policies to control population growth, including through the Family Planning (KB) program. Family planning is an effort made by humans to deliberately regulate pregnancy in the family, not against the laws and morals of Pancasila for the welfare of the family. Through the family planning program, there will be control of population growth so that it can improve the level of health and welfare for the family. Quality family planning services are not only related to services in the marketing of contraceptives, but also to the provision of Interpersonal/Counseling Communication (KIP/K) to acceptors. (Maritalia, 2017).

Where the use of tools and drugs for short-term contraceptive methods (non MKJP) continued to increase from 46.5% to 47.%, while long-term contraceptive methods (MKJP) tended to decrease, from 10.9% to 10.6%, (BKKBN, 2015). The use of contraception between family planning methods, modern family planning which is most widely used by married couples of childbearing age (EFA) is the injection method 32% and the pill 14%. The increase in the use of long-term family planning was accompanied by a decrease in the number of Intrauterine Device (IUD) participants. The use of IUDs decreased from 13% to 4% in 2012. On the other hand, injecting family planning participants experienced an increase from 12% to 32% in 2012. (IDHS, 2012).

The target of the family planning program is Couples of Childbearing Age (PUS) where a husband and wife are bound in a legal marriage. Family planning is one strategy to reduce maternal mortality, especially mothers with 4T conditions, namely too young to give birth (under the age of 20 years), too often giving birth, too close to giving birth, and too old to give birth (above 35 years old). Family planning services include providing information, education, and ways for families to be able to plan when to have children, how many children, how many years the age gap between children is, and when to stop having children. (Kemenkes RI, 2013)

The coverage of active family planning participants in Indonesia based on contraceptives of active family planning participants includes IUD 1,759,862 (7.35%), MOW 660,259 (2.76%), MOP 119,314 (0.50%), Implant 1,724,796 (7.20%), Injections 15,261,014 (63.71%), Condoms 298,218 (1.24%), Pills 4,130,495 (17.24%). (Kemenkes RI, 2018)

The importance of the quality of counseling on contraceptive issues by every health worker, especially midwives and doctors, must be increased. Because there are still many young mothers who already have children, they do not understand what contraception should be used after giving birth. They are very less informed about contraception, so that with early counseling, pregnant women have been given knowledge about contraceptives to be used or chosen later after giving birth to children. (Andalas, 2010). Communication of information and education (KIE) as a form of socialization of the family

planning program (KB) in the Tingkulu Village, Wanea Manado in 2015, the type of qualitative research. The results of the study prove that activities affecting the target community of EFA are carried out through information activities. (Greity et al 2015).

Choosing a method or contraception is not an easy thing because the effects that have an impact on the body will not be known as long as you have not used it. In addition, there is no method or contraceptive that is always suitable for everyone because the situation and condition of the body of each individual is always different, so there is a need for broad and precise knowledge about the advantages and disadvantages of each method or contraceptive which is then adapted to body conditions. user. Every couple must consider using a method or contraceptive in a rational, efficient and effective manner.

Rational use of contraceptive methods or devices means that the use of contraceptive methods or devices should be carried out voluntarily without any element of coercion, which is based on rational considerations from the point of view of the purpose or technical use, medical health conditions, and socio-economic conditions of each partner (Trisnawarman 2010) .

Indonesia invites the international community to pay attention to the Family Planning (KB) program as an effort to control the population. In its intervention on the report of the UN Secretary General on monitoring the world population with a focus on the contribution and program of action of the International Conference Population and Development (ICPD), Indonesia stated that population is an important problem that must be handled together. This includes achieving global development goals and other interrelated developments (BKKBN, 2012).

The government's role in the family planning program is in accordance with Law number 52 of 2009 concerning population development and family development as the basis for implementing the Family Planning Population and Family Development program or abbreviated as KKBPK (BKKBN, 2016). The KB village program is one of the government's realizations to improve the quality of life of the community in accordance with the achievement indicators of the Family Planning Population and Family Development (KKBPK) program. (BKKBN, 2016). The majority of prospective acceptors have difficulty in choosing the type of contraception. This is not due to the limited availability of contraceptive methods, but due to the ignorance of prospective acceptors about the various advantages and disadvantages or side effects of each contraceptive method. (Basuki & Soesilowati, 2015).

The Decision-Making Aid (ABPK) is a flipchart that was developed in collaboration with WHO and is used to help officers conduct counseling according to standards with reminder signs regarding counseling skills that need to be done and information that needs to be provided according to client needs (BKKBN, 2017). The use of ABPK in family planning services has not been going well, this can be seen from the limitations of input aspects, namely mastery of the ABPK structure and the ability of personnel to carry out steps to

use ABPK and a special room for family planning counselling still lacking, so the quality of midwives in providing services.

Family planning is still lacking, this causes the planning, implementation and supervision processes to not be carried out properly, causing a program that costs a lot of money to be less efficient and effective. (Wahyuni & Mahanani, 2019). According to Nugroho (2010), several strategies to obtain behavior change can be grouped into three parts, namely using force or power or encouragement, providing information and participatory discussions. With ABPK with KB, counseling can run in an informative and participatory manner because ABPK with KB is a standard guide to family planning counseling services which not only contains up-to-date information about contraception or family planning but also contains standard processes and steps for KB counseling based on the client's rights. KB and Informed Choice. ABPK also has dual functions, including assisting in decision-making on family planning methods, assisting in solving problems in the use of family planning, work aids for providers (health workers), providing technical references or information, and visual aids for training new providers (health workers). on duty. This study aims to determine the effect of counseling on family planning acceptors in decision making on contraceptives during the postpartum period.

THEORETICAL REVIEW

The hypothesis is there is an effect of contraceptive education on the decision to use contraceptives in postpartum mothers. This study aims to determine the effect of counseling on family planning acceptors in decision making on contraceptives during the postpartum period. The special purpose are: Knowing the effect of counseling in determining contraception during the puerperium. Then, Knowing the difference in the influence of counseling in determining contraceptives during the puerperium.

METHODOLOGY

This study uses the research design used in this study is a quasi-experimental research (quasi-experimental) with a one gretest pretest-posttest design. This study aims to determine the comparison between groups. The sampling technique in this study was carried out using a purposive technique to determine the research group, then simple random sampling was used to select the research sample.

RESULT

1. Characteristics of Respondents

Table 1. Education of Postpartum Mothers at PMB Mira Haryati

No	Kategory	Respondent	
		F	%
1.	SD	1	3.3
2.	SMP	6	20.0
3.	SMA	21	70.0
4.	PT	2	6.7
	Quantity	30	100

That most of the respondents (70%) have a high school education level. Meanwhile, the respondent who has the smallest number is 3.3% in elementary education.

2. Respondent's Age

Table 2. Age of Postpartum Mothers at PMB Mira Haryati

Characteristics	Min	Max	Mean	SD
Age	19	40	27,13	4,074

The age of the youngest respondent is 19 years old, the oldest is 40 years old with an average of 27.13 years which means that it is included in the productive and reproductive categories and the standard deviation is 4.074.

3. Data Normality Test Results

Table 3. Shapiro Wilk

Shapiro-Wilk			
	Statistics	Df	Sig.
Df Sig. Decision Making Pre	.956	30	.247
Df Sig. Decision Making Post	.759	30	.000

The results of the data normality test show that each data for decision making is pre: the data is normally distributed with p Value 0.247 (where p value > 0.05). Meanwhile for post decision making: the data is not normally distributed with p value 0.000 (where p value < 0.05). Because the data were not normally distributed, the data analysis used a non-parametric test with the Wilcoxon signed rank test.

4. Bivariate Test

Differences in decision making before and after treatment. Bivariate testing using Wilcoxon Signed Ranks to analyze differences in decision making before and after treatment are as follows:

Table 4. Bivariate Test Results Before and After Treatment

Data	Nilai Z	Sig
Post_Decision Making Pre_Decision Making	-4.723	0,000

Based on table 4.4 above that there is an effect of giving intervention on decision making of Z -4.723, and the effect is significant, which is indicated by the p value of 0.000. For the magnitude of the average difference is 4.2 seen from the value on the descriptive statistics so that it can be concluded that the intervention is proven to be effective in influencing decision making.

5. Distribution of Decision Making

Table 5. Distribution of Decision Making

Variabel	Pre		Post	
	Frekuensi	Persen	Frekuensi	Persen
Not Good	13	43.3	6	20
Good	17	56.7	24	80

Based on table shows there is an increase in good decision making from pre (17) to post (24).

DISCUSSION

A. Characteristics of Respondents

Based on table 4.1 shows that the education of the respondents it was found that most of the respondents (70%) had a high school education level. Meanwhile, the respondent who has the smallest number is 3.3% in elementary education. This is in line with research conducted by Yusraini (2012), which showed that 75.3% of respondents chose long-term contraceptives after counseling was held so that counseling by health workers was effective in increasing mother's knowledge about choosing contraceptives. Mother's level of knowledge about contraceptive methods obtained from providing accurate and unusual information affects the mother's decision to choose and use hormonal and non-hormonal contraceptive methods. By providing accurate and appropriate information and empathic counseling, individuals and couples can consciously choose a contraceptive method. (Yusraini, 2012).

And Table 4.2 shows that the age of the youngest respondent is 19 years old, the oldest is 40 years old with an average of 27.13 years which means that it is included in the productive and reproductive categories, the standard deviation is 4.074. Herlyssa, Sri Mulyati, & Mardiana Dairi (2014) mention that the age factor is very influential on aspects of human reproduction, especially in regulating the number of children born and the time of delivery, which will also be related to maternal health. Age is also one of the factors that determine a person's behavior, including the use of contraceptives. The older a person will choose contraceptives that have a higher effectiveness. (Herlyssa, Mulyati, & Dairi, 2014).

This statement is supported by research from Cia Aprilianti, Herlinadiyaningsih (2018) with the results of the analysis of the age factor in the use of postpartum contraception, it was found that respondents aged 36 years had a risk of 4.3 times (95%CI=0.0-19.09), respondents aged 21 -35 years risk 2.7 times (95%CI=0.8-9.0) to choose hormonal postpartum contraception. The results showed that there was a statistically significant relationship between age and the choice of postpartum contraception.

B. Use of Tools and Decision Making

Based on table shows there is an increase in good decision making from pre (17) to post (24). From the results of the study, it was found that the use of decision-making aids (ABPK) with family planning had not been running well and maximally in the kie process in family planning services. Communication, Information and Education (KIE) in family planning services has an important role for family planning acceptors in making choices, therefore, to increase the success of family planning counseling, family planning service providers can use decision-making tools (ABPK) with KB in the family planning counseling process in services.

This is in accordance with the statement in Raisya Puteri Aldilla's research (2017) which concludes that effective counseling is carried out to influence a person's attitude from being negative to positive. Visual media are media that are suitable for use in learning abstract material that does not materialize a visible object but emphasizes or emphasizes moral values. Examples of media that can be used are leaflets, flyers and photos that reveal information about contraceptives. According to research by experts, the senses that channel the most knowledge into the brain are the eyes. Approximately 75% to 87% of human knowledge is obtained / transmitted through the eyes, while the other 13% to 25% is channeled through other senses, so it can be concluded that teaching aids make it easier to convey and receive health information (Notoatmodjo S., 2012)

This statement is supported by research from Kenik Sri Wahyuni and Setyo Mahanani (2019) whose research results were obtained through interviews with respondents stating that when carrying out counseling midwives rarely use existing counseling aids for various reasons including; unattractive design of assistive devices, complicated use and difficulty in obtaining tools at high prices (Wahyuni & Mahanani, 2019).

Based on the journal Fendriyanti Gobel (2016) which states that the results of the study show that most respondents (76.5%) choose contraception according to their needs and 23.5% of respondents choose not as needed. Choosing a method or contraception is not an easy thing because the effects that have an impact on the body will not be known as long as you have not used it. In addition, there is no method or contraceptive that is always suitable for everyone because the situation and condition of the body of each individual is always different, so there is a need for broad and precise knowledge about the advantages and disadvantages of each method or contraceptive which is then adapted to body conditions. user. (Gobel, 2019). The role of midwives in the family planning program, especially KIE KB, is an internal regulation for midwives which includes service procedures, assignment of health workers, determination of rights and obligations and supervision. There is no Standard Operating Procedure (SPO) for the implementation of IEC KB. Meanwhile, sociological factors that affect the role of midwives in the family planning program include the qualifications of midwives, an unfavorable environment during the implementation of IEC KB so that KIE KB cannot be carried out

according to the sequence of steps in the ABPK/back sheet, not all midwives have ABPK as an effective IEC KB tool. . (Febriyanti, Yusti, & Hardjono, 2015).

Table above explains that there is an effect of giving intervention on decision making of $Z -4.723$, and the effect is significant, which is indicated by a p value of 0.000. For the magnitude of the average difference is 4.2 seen from the value on the descriptive statistics so that it can be concluded that the intervention is proven to be effective in influencing decision making.

Based on the description above, the use of counseling aids is one of the keys to the success of achieving the goals of counseling, so it is necessary to have a tool that can answer all the needs of providers and clients in order to achieve counseling results, so that the appropriate use of contraception can be formulated for patients according to their health conditions. Wahyuni & Mahanani, 2019). In this case, health workers (midwives) play an important role in providing information about family planning methods for prospective acceptors, which in this case is specifically for pregnant women, maternity and postpartum. The provision of this information is done through counseling using a decision-making tool (ABPK) for family planning.

CONCLUSIONS AND RECOMMENDATIONS

Based on the results of research and discussion, the following conclusions can be drawn:

1. There is an effect of counseling on family planning acceptors in the decision making of contraceptive devices in postpartum mothers $Z -4.723$, and the effect is significant, as indicated by the p value of 0.000.
2. The difference in the influence of counseling for the average difference is 4.2 seen from the value in the descriptive statistics so that it can be concluded that the intervention is proven to be effective in influencing decision making.

FURTHER STUDY

1. For the Community for Postpartum Mothers
It is expected that there are always consultations with midwives and ask if there are problems and complaints that affect understanding and decision making in consolidating family planning acceptors.
2. For Profession
It is hoped that midwives improve the quality of counseling provided, especially related to politeness, simplicity of language and affirmation of all counseling materials, because this is the strongest impact on understanding so that it also affects the stability of acceptors.
3. For Further Researchers
For further researchers, in order to develop this research instead of providing counseling, the research time can also be extended, and the number of samples is increased. So that the resulting research is more accurate and buy good.

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