

Development Of Strategic Methods For Family Balanced Counseling (SKB KB) On The Selection Of Potential Acceptance Contraception Tools In Makassar

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Abstract.

Family planning is a strategy to reduce maternal mortality, especially mothers with 4T conditions. Counseling plays an important role in achieving quality family planning services. A balanced counseling strategy (SKB) began to be developed and adapted for use in 2016, to strengthen postpartum family planning counseling services (KBPP). The purpose of this study was to determine the effect of the Family Planning Balanced Counseling Strategy (SKB-KB) on the choice of contraceptives at Kassi-Kassi Community Health Center Makassar City. The type of research used is Quasi Experimental (quasi-experimental). This study conducted an intervention in both groups by assessing before and after treatment / counseling. One group intervened with the SKB-KB method, while the other group intervened with the ABPK method. Data were analyzed using the chi square test with a significance level of $p < 0.05$. The results showed that the SKB-KB method had an influence on the choice of contraceptives between the intervention group and the control group ($p: 0.0008; \alpha 0.05$).

Keywords: *contraception; Family planning; Balanced Counseling Strategy*

I. INTRODUCTION

Counseling is a very important aspect in Family Planning (KB) services. By doing counseling, the officer assists the client in choosing the contraceptive to be used. Delivering clear and correct information about family planning methods can help clients identify their needs, to choose the best solution and make decisions that best suit the conditions at hand. Good counseling will help clients use contraception longer and increase the success of family planning (Kemenkes RI, 2014)

Based on the results of the 2012 IDHS, it shows that the Maternal Mortality Rate (MMR) is still high at 359/100,000 live births, which decreased in 2015 to 305/100,000 live births. However, this figure is still far from the target of the Sustainable Development Goals (SDGs), namely the Maternal Mortality Rate $> 70/100,000$ live births in 2030. This shows the low level of public health, especially women's health (Indonesian Health Profile, 2017). 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). In addition, the family planning program also aims to improve the quality of the family in order to create a sense of security, peace, and hope for a better future in realizing physical prosperity and inner happiness.

Family planning is also one of the most effective ways to improve family resilience, health and safety for mothers, children and women. 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, and when to stop having children. The Total Fertility Rate (TFR) has been stagnant in the last 10 years (2002-2012) at 2.6, while the active family planning participation rate (all methods) only increased by 0.5% from 61.4% in 2007 to 61.9% in 2012 (Indonesian Health Profile, 2017). Based on the 2015 Makassar City Health Profile, it was noted that the number of couples of childbearing age (PUS) in Makassar City in 2015 was 235,148. From the PUS, 179,137 participants were registered as active family planning participants. The most widely used methods by family planning participants were Non-Long-Term Contraceptive Methods (Non MKJP) as many as 159,693 participants (89.15%), namely the injection method as many as 91,513 participants (51.09%), Pills 62,704 participants (35%) and condoms 5476 participants (3.06%), while for participants using the Long Term Contraception Method (MKJP) only 19,444 participants (10.85%), namely IUD (Intrauterine Devise) 9254 participants (5.17%), Implants 9012 participants (5.03%),

MOW (Female Operative Method) 1101 participants (0.61%) and MOP (Male Operative Method) 77 (0.4%). (Makassar City Health Profile, 2015).

For new family planning participants in Makassar City in 2015, there were 22,935 participants, with the selection of the contraceptive method IUD 1249 participants (5.45%), MOP 7 participants (0.03%), MOW 131 participants (0.57%), Implant 1999 participants (8.72%), injection 12,175 participants (53.09%), Pills 6324 participants (27.57%) and condoms 1049 participants (4.57%), where the Non MKJP method was 19,548 participants (85.24 %) and MKJP of 3,386 participants (14.76%). (Makassar City Health Profile, 2015). To correct these figures, an effort is needed to raise awareness about family planning, especially for the MKJP method which is currently a government program and target. One of the efforts to raise awareness of family planning can be done through the provision of quality family planning counseling services that are oriented to the client's needs in choosing one method of contraception.

The Balanced Counseling Strategy (SKB) began to be developed and adapted for use in 2016, to strengthen post-partum family planning counseling services (KBPP). The adaptation of the Post-Department Family Planning Decree (KBPP) was also carried out based on field findings at forty-four facilities where counseling that was generally carried out often did not achieve the expected quality such as less interactive, not focusing on client needs, providing ineffective and clear information such as side effects and medical criteria that are not in accordance with the 2015 WHO Medical Eligibility Criteria. These things affect the quality of counseling and KBPP adoption by clients (BKKBN, 2018). In addition to this, other obstacles such as conducting counseling without using Decision-Making Aids (ABPK), unstructured counseling, the dominance of the counselor and the time needed in counseling is quite long so that it is often the cause of the low quality of KBPP counseling provided. When compared to the average percentage of mothers who received counseling between before and after the use of the Balanced Counseling Strategy, it was found that there was a difference of around 30% increase in the percentage

II. METHODS

The type of research used is Quasi Experimental (quasi-experimental) which is looking for the effect of the SKB-KB method and the ABPK method on the acceptor's decision in choosing contraceptives. This study intervened in both groups with assessments before and after treatment/counseling. One group was intervened with the SKB-KB method, while the other group was intervened with the ABPK method, which is a method that has long been used by health workers in family planning counseling. The population in this study were all postpartum mothers who were in the postpartum room at the Kassi-Kassi Health Center Makassar City in February-March 2020. The data obtained were analyzed using the Chi-Square test (<0.05).

III. RESULT AND DISCUSSION

The study was conducted at the Kassi-Kassi Public Health Center in Makassar City from February to March 2020. The respondents in this study were postpartum mothers who were in the postpartum room at the Kassi-Kassi Public Health Center in Makassar City who met the inclusion criteria of 30 respondents. The characteristics of the respondents in this research can be seen in Tables 1 and 2

Table 1. Distribution of Respondents Characteristics based on age , ethnicity , religion, education , occupation and number of children in the working area of Kassi-Kassi Health Center Makassar City February - March 2020 (n=30)

Variable	Category	Intervention (n=15)		Control (n=15)		Total	
		N	%	n	%	n	%
Age	< 2 years	2	6.7	1	3.3	3	10.0
	20 – 30 Years	10	33.3	7	23.3	17	56.7
	>30 years	3	10.0	7	23.3	10	33.3
Tribe	Toraja	0	0.0	1	3.3	1	3.3
	Enrekang	1	3.3	0	0.0	1	3.3
	Bugis	5	16.7	5	16.7	10	33.3
	Makassar	9	30.0	9	30.0	18	60
Religion	Christian	3	10.0	1	3.3	4	13.3

Variable	Category	Intervention (n=15)		Control (n=15)		Total	
		N	%	n	%	n	%
	Islam	12	40.0	14	46.7	26	86.7
Education	No School / Elementary School	2	6.7	0	0.0	2	6.7
	middle school	0	0.0	4	13.3	4	13.3
	high school	9	30.0	7	23.3	16	53.3
	S1	4	13.3	4	13.3	8	26.7
Profession	Not Working / IRT	13	43.3	13	43.3	26	86.7
	Work	2	6.7	2	6.7	4	13.3
Number of Children	0 Children	8	26.7	5	16.7	13	43.3
	1-2 kids	4	13.3	7	23.3	11	36.7
	3-5 children	1	3.3	3	10.0	4	13.3
	5 kids	2	6.7	0	0.0	2	6.7

Based on table 4.1 above, it can be illustrated that most of the respondents aged 20-30 years were 17 respondents (56.7%), the largest ethnic group was Makassar as many as 60 18 (60%) with more than half Muslim as many as 26 (86.7%) respondents . From the education level, the highest is SMA with 16 respondents (53.3%). From the job characteristics data, it can be seen that the majority of respondents' jobs are unemployed/IRT as many as 26 (86.7%), while from the data on the number of children, it is found that most of the respondents do not have children as many as 13 respondents (43.3%).

Table 2. Distribution of Respondents Characteristics based on the Choice of Contraceptive Devices for prospective family planning acceptors before and after the SKB-KB method was carried out in the working area of the Kassi-Kassi Health Center Makassar City February - March 2020 (n=30)

Choice of Alkon	Pre-Test		Post Test	
	n	%	n	%
normal	3	20.0	0	0.0
Non MKJP	8	53.3	4	26.7
MKJP	4	26.7	11	73.3
Total	15	100	15	100

Based on table 4.6 above, it shows that the majority of respondents' Choice of Contraceptive Devices before intervention in the intervention group was in the non MKJP category, namely 8 people (53.3%) and after the intervention the most were in the MKJP category, namely 11 people (73.3%).

Table 3. Distribution Characteristics of Respondents by Category Tools Contraception candidate acceptors of family planning before and after the do method ABPK in the region work Puskesmas Kassi-Kassi of Makassar February - March 2020 (n = 30)

Choice of Alkon	Pre-Test		Post Test	
	n	%	n	%
normal	5	33.3	3	20.0
Non MKJP	6	40.0	8	53.3
MKJP	4	26.7	4	26.7
Total	15	100	15	100

Based on table 4.7 above, it shows that the majority of respondents' Choice of Contraceptive Devices before intervention in the Control group was in the non MKJP category, namely 6 people (40.0%) and after the intervention the most were in the Non MKJP category, namely 8 people (53.3%).

Table 4. Distribus election tool contraception before and after the intervention in the region of Work Health Center Kassi-Kassi of Makassar February - March 2020 (n = 30)

Pre Alkon	Post Alkon						p value
	normal		NonMKJP		MKJP		
	n	%	N	%	n	%	
normal	2	6.7	5	16.7	1	3.3	0.008
NonMKJP	1	3.3	7	23.3	6	20.0	
MKJP	0	0	0	0	8	26.7	
Total	3	10	12	40	15	50	

Based on table 4.10, it was found that the respondents who before the intervention chose Natural contraceptives and after the intervention changed their choice to MKJP as many as 6 (20%) respondents. . Based on the results of *the chi square test* , p value was obtained $0.008 < 0.05$, so it can be concluded that the SKB-KB method has an influence in the selection of contraceptives between the intervention group and the control group. A balanced counseling strategy is one of the counseling methods using 4 tools, namely counseling diagrams, counseling cards, KB fit diagrams and brochures for each contraceptive method. The advantages of SKS include providing counseling that is focused on the client, interactive, and the decision is really left to the client without any influence from the counselor. In addition, another advantage is that with the help of these 4 tools, the SKB becomes visually attractive and more effective in helping patients improve their knowledge.

The LCS method is client-decision-oriented, increasing the interaction between the Counselor and the client (client-provider interaction). Based on research by Leon et al 1990, 2014 MCHIP Afghanistan, Ghana, Liberia, & Malawi in countries that use SKB as a counseling method, family planning counseling programs run better. 1. This client-focused counseling shows that the client's rights and the counselor's rights are equal. This is what is meant by "Balance". 2. In counseling using this SKB, the decision is really based on the client's wishes without being influenced by the wishes that come from the counselor. The results of this study are in line with research conducted by Ahyani (2018) on SKB and the adoption of postnatal family planning use. This study shows that the use of SKB is effective in influencing the increase in mother's knowledge for decision making using contraceptives. This research was conducted at PKU Muhammadiyah General Hospital in Delanggu Klaten on November 20-24 2017 involving 60 respondents. Data obtained by using a questionnaire. Data analysis using chi square. The results of this study indicate that 26.7% of respondents who did not receive the Balanced Counseling Strategy did not use postnatal family planning. 56.7% of respondents who received the Balanced Counseling Strategy used postnatal family planning. The results showed that there was a relationship between the Balanced Counseling Strategy and the use of postpartum contraception (p-value = 0.000). Respondents who received the Balanced Counseling Strategy had a 4.2 times chance of using postnatal family planning (95% CI: 1.752-10.309)

This study is also in line with the research conducted by Simanjuntak, Lestari and Anwar (2016), the results show that structured counseling carried out by couples of childbearing age (PUS) is able to increase knowledge, attitudes and participation in modern contraception in EFA. The results of this study are also supported by previous research conducted by Kindi Mei Astrina (2008) which states that there is a significant effect between counseling and increasing the level of knowledge. Increased knowledge will encourage respondents to be more selective in using contraceptives as according to the Journal of Media Bina Ilmiah by Chandradewi, et al (2013) stating that there is an effect of providing family planning counseling on the selection of contraceptives based on the level of knowledge of family planning acceptors.

Research conducted by Gebremariam, A and Addissie, A (2014) conducted in Ethiopia on couples of childbearing age stated the same thing, that counseling can help women to increase knowledge and avoid misunderstandings of each contraceptive option. Counseling can increase the client's acceptance of family planning and ensure choices that are suitable or in accordance with the client's health and condition, ensure the effective use of family planning and the continuation of the use of longer family planning methods (Mega and Wijayanegara (2017)).

Basically contraceptive counseling is a process of delivering information or an educational process regarding the benefits of family planning programs on family health and welfare, types of contraceptive methods and devices, MKJP IUD, side effects of contraception and their management, as well as contraceptive complications and their handling. Various types of contraceptive methods cause many prospective family planning acceptors to be confused about choosing the type and method of contraception to be used. Many factors are taken into consideration by prospective acceptors in choosing the type of contraception such as price, other people's experiences or their own experiences when they have used the method, the level of effectiveness of the method and the most consideration is the side effects that are likely to be felt when deciding to choose a particular type. In addition, there is a lot of information that sometimes acceptors get about the dangers or contraindications of almost every type of contraceptive method

Several other factors influence the acceptor in choosing the type of contraception to be used which supports the success of this SKB-KB Method. These factors include age, education, occupation and number of children. Education is an important part of human life. The progress of an area is influenced by good human resources. Good education will affect decision making in the family, one of which is the decision to form family planning. The results of this study indicate that the average respondent has a high school education or equivalent as many as 16 (53.3%). Education is one of the factors that can influence a person in making decisions in choosing the right action against himself, because with a good level of education, the ease of access to receiving information is also good. The more information received, the easier it is for someone to determine the type of contraception to use. appropriate to use based on the conditions experienced by the acceptor.

Education shows a positive relationship with the use of contraceptives, meaning that the higher the education, the more likely they are to use effective contraception. This is because education can expand knowledge about contraceptives, know the benefits of using contraception, increase accuracy in choosing the needed alcohol and also the ability to know the side effects of each. Education level is one of the factors that can expand a person's knowledge and perception of the importance of something, including the importance of participating in family planning and choosing the right method. This is because someone who is highly educated will have a wider view and more receptive to new ideas and ways of living. The work of the acceptor also determines the choice of the type of contraception and the place where the contraceptive device is installed. The better a person's job, the income they have also tends to be good. Because not all types and places of installation of contraceptives do not charge a fee. The results of this study showed that the average respondent's occupation was 26 (86.7%). The number of children owned is also a factor that encourages someone to use contraception. If according to couples of childbearing age the number of children they have exceeds what is recommended by the BKKBN, then couples of childbearing age (PUS) choose to use contraception to space out pregnancies or delay pregnancy.

IV. CONCLUSION

The SKB-KB method has an influence on family planning acceptors in the selection of contraceptives to be used .

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