

The Effect of Counseling using decision-making tools for family planning on interest in using the IUD

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Abstract. *Increasing the used of long-term contraception method of Intra Uterine Device (IUD) user required a good and quality counseling between the client and the provider (medical personnel). The research aims to determine the effect of counseling using decision-making tools for family planning on the interest in using IUDs in Dr. M.M. Dunda Hospital, Limboto District. The research type is Quasi Experiment, the population of all pregnant women who are admitted to Dr. M.M. Dunda Limboto. The sample was all 22 pregnant women who came in April 2020 which were divided into two groups, the intervention group and the control group. Sampling technique used accidental sampling. Data collected using a check list sheet and using chi square analysis. The results showed that $X^2_{count} > X^2_{table}$ ($6.6 > 3,841$) then H_0 was rejected and H_a was accepted, so it could be concluded that there was an effect of counseling using ABPK on the interest in using IUDs in Dr. M.M. Dunda Hospital, Limboto District.*

Keywords: *Counseling, ABPK, Interest in IUD*

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INTRODUCTION

IUD (Intra Uterine Device), known as intrauterine contraception, is a small form of contraception made of flexible plastic that is placed in the uterus to be precise (BKKBN, 2011). The IUD is a long-term contraceptive (MKJP) and is a superior contraceptive alternative for some women when compared to other contraceptive methods, for an economical price the IUD only has a failure rate of 0.6 - 0.8 pregnancies per 100 women during the first year of use and also very efficient up to 10 years, very effective after installation, does not affect the quality and volume of breast milk. In addition, IUD contraceptives can be accepted by the world community, including Indonesia and ranks third in use, the installation does not require difficult technical medical, difficult medical control, the complication is not too severe and the recovery of fertility after the IUD is removed goes well.

The use of an IUD can have an impact on reducing birth rates and maternal mortality (Kemenkes RI, 2015). BAPPENAS also reported that the failure rate for non-MKJP contraceptive use was 23-39% and MKJP was 0.5-10%, these results indicate that FGM is more effective in preventing pregnancy (BKKBN, 2014). However, at this time the coverage for contraceptive use of MKJP IUD is lower than that of other non-MKJP, due to lack of information and low knowledge about the advantages, disadvantages, side effects

of contraception and also rumors or myths of IUD use in the community, namely the IUD can move from place to place. to the heart of the intestines and other organs of the body, can come out by itself if you work hard and interfere with sexual intercourse. Therefore, counseling is very important in this regard.

Increasing the use of MKJP IUD requires good and quality interaction or counseling between the client and the provider (medical personnel). Counseling is a determining aspect for the successful use of contraception (Mochtar, 2011). So far, the tools used are ABPK with KB. Family planning decision-making tools not only contain up-to-date information about contraception but also standard family planning counseling processes and steps based on client rights. ABPK is a dual function tool, used as a work aid for providers who help make family planning method decisions. ABPK is in the form of a booklet, which consists of two flipcharts. The front part contains important information that the client should know, while the back contains more detailed information about the type of contraception to be explained to the client (Ditjen Bina GIKIA, 2013).

The positive hadith view of family planning is drawn from the hadith of the Prophet: "That if Allah SWT wanted to create humans or something, no one could prevent it".

The World Health Organization (WHO) said that globally, the use of modern contraceptives has increased insignificantly from 54% in 1990 to 57.4% in 2014. Regionally, the proportion of PUS 15-49 years old reported that the use of modern contraceptive methods had increased for at least in last 6 years. In Africa from 23.6% to 27.6%, in Asia it has increased from 60.9% to 61.6% while Latin America and the Caribbean rose slightly from 66.7% to 67.0% (World Health Organization, 2019).

Basic health research (riskesdas) 2018 shows the proportion of contraceptive use after childbirth is dominated by non-MKJP contraceptive users, namely 3 months injection (42.2%), a number of pills (8.5%), 1 month injection (6.6%), IUD (6.1%), Implant (4.7%), MOW (3.1%), Condom (1.1%), MOP (0.2%) (Kemenkes RI, 2018).

In Gorontalo province there are 178,994 number of couples of childbearing age (PUS), 51,412 acceptors using MKJP and 91,142 acceptors non MKJP. Gorontalo Province has 6 districts, one of which has the highest number of EFAs, namely Gorontalo District 53,104 people, so that the Provincial Performance Contract (KKP) for contraceptive achievement is also given to the Provincial government to Gorontalo District. KKP for contraceptive use in 2019 amounted to 30,893 which was achieved only 20,143. Meanwhile, the KKP for IUD contraception was 2,218 which was achieved only 1,198. This shows that the target for the achievement of IUD contraceptive use is still low (BKKBN Gorontalo, 2019).

The BKKBN data for Gorontalo District KKP IUD is 533 and only 369 (69.23%) have been achieved. 655 (33.61%), IUD 369 (69.23%) MOW 95 (47.98%), condoms 68 (45.64%), MOP 10 (52.63%), and midwives who attended ABPK training with KB is still lacking, namely 88 midwives (25.2%) out of 349 midwives in Gorontalo district (BKKBN Gorontalo, 2019).

Data from Dr. M.M Dunda Limboto Hospital in the last three months, in October 2019 the number of mothers giving birth was 250 people; normal postpartum mothers were 148 people (59.2%), post section caesarean mothers 102 people (40.8%). In November, the number of normal birth mothers was 216 people, normal postpartum mothers were 128 (59.2%), post-caesarean section mothers were 88 people (40.7%). In December 2019 the number of mothers giving birth was 220 people, normal postpartum mothers were 143 people (65%), post caesarean section mothers were 77 people (35%) (RSUD Dr M.M

Dunda Limboto, 2019). With the large number of deliveries, the researchers reasoned to take the research sample at Dr. M.M. Dunda Limboto Hospital. Based on the preliminary study, from the results of the interviews with 10 women who gave birth, it was found that only 2 people wanted to use the IUD. In addition, the results of interviews with midwives in the delivery room and the post-partum ward, most mothers were not interested in using IUDs.

Based on the background description above and seeing that the selection made by acceptors was not based on knowledge and the suitability of their needs, the researchers were interested in conducting research with the title of the effect of counseling using decision-making tools for family planning on the interests of IUD users in Dr. M.M. Dunda Limboto Hospital.

METHODS

The place of research was conducted at Dr. M.M. Dunda Limboto Hospital and the time of the study were conducted in April 2020. This study used a Quasi Experiment type of research with a static group comparison design. The population was all pregnant women who were admitted to Dr. M.M. Dunda Limboto Hospital. The research sample was 22 samples (11 samples for the intervention group and 11 samples for the control group), using an accidental sampling technique. The instruments used in this study were the KIA book for the control group and ABPK on family planning for the intervention group. ABPK with family planning in the form of a flipchart (booklet) which contains an explanation of the definition of the IUD, an explanation of the definition of the IUD, insertion, benefits for the mother, advantages, effectiveness, side effects. The measuring instrument used in this study is a check list. Data was collected by processing data manually and electronically using a calculator and SPSS application. Univariate analysis in the form of frequency distribution and percentage of each variable. Bivariate analysis used the chi square test ($\alpha = 0.05$). The results of the research are presented in tabular form and narrated.

RESULTS AND DISCUSSION

Respondent Characteristics

Table 1. The distribution of the characteristics of research subjects in the intervention and control groups at Dr. M.M. Dunda Limboto hospital

Characteristic	Group				Total	%
	Intervention		Group			
	N	%	N	%		
Age						
20-35 years old	9	81.8	8	72.7	17	77.3
<20->35 years old	2	18.2	3	27.3	5	22.7
Level of education						
Not completed in elementary school	3	27.3	1	9.1	4	18.2
Elementary School	3	27.3	5	45.5	8	36.4
Junior High School	-	-	3	27.3	3	13.6
Senior High School	4	36.4	2	18.2	6	27.3
College	1	9.1	-	-	1	4.5
Occupation						
Housewives	10	45.5	10	45.5	20	90.9
Enterpriser	1	9.1	1	9.1	2	9.1
Civil servant	-	-	-	-	-	-

Number of Children						
1 child	9	81.8	8	72.7	17	77.3
2 - 4 children	2	18.2	2	18.2	4	18.2
>5 children	-	-	1	9.1	1	4.5

Source: Primary Data (2020)

Table 4 shows that 77.3% of respondents who conducted the study were aged 20-35 years. The education level of most respondents is elementary school with a total of 8 respondents 36.4% classified as low education. The occupation of most respondents is IRT with a total of 20 respondents 90.9% consisting of 10 respondents 45.5% in the intervention group and 10 respondents 45.5% in the control group. The number of children owned by respondents in this study on average only had 1 child, namely 17 people, 77.3%.

Univariate Analysis

Table 2. Distribution of ABPK counseling with family planning to respondents at Dr. M.M. DundaLimboto Hospital

Intervention Variable	F	%
Interest	8	72.7
Not interested	3	27.3
Total	11	100.0

Source: Primary Data (2020)

Based on table 2 of the results of the study, the number of interested was greater, namely 8 respondents (72.7%), while those who were not interested in using the IUD were 3 respondents (27.3%).

Table 3. Distribution of family planning counseling to respondents using the KIA book

Control Variable	F	%
Interest	2	18.2
Not interested	9	81.8
Total	11	100.0

Source: Primary Data (2020)

Based on table 3 of the results of research conducted by researchers, it was found that the number of respondents who were not interested was more than 9 respondents, namely 81.8%, while those who were interested in using the IUD based on counseling using the KIA book were 2 respondents 18.2%.

Bivariate Analysis

Table 4. The effect of counseling using decision-making tools for family planning on the interest in using IUDs in Dr. M.M. Dunda Hospital

Variable	Interest of KB		Total	X ² count	X ² table
	Interested	Not Interested			
Counseling using ABPK (Intervention)	8 (72.7%)	3 (27.3%)	11	6.6	3.841
Counseling using KIA book (Control)	2 (18.2%)	9 (81.8%)	11		

Source: Primary Data (2020)

Table 4 shows that the interest in using IUDs in mothers at Dr. M.M Dunda Limboto Hospital was seen to be bigger in the intervention group, namely 8 respondents (72.7%) compared to the control group. And the results of the analysis with the chi square test, the value of X² count > X²

table, then H_0 is rejected and H_a is accepted. That there is an effect of counseling using ABPK on interest in using IUD with a value of X^2 count $6.6 > X^2$ table 3.841 .

Respondent Characteristics

The largest age group is between 20-35 years old. Bivariate analysis of the age variable showed insignificant results for IUD interest in both the intervention group and the control group. This is in accordance with Desitavani & Rohmah (2017) research that there is no relationship between age and the choice of maternal contraception in Bantul district, Yogyakarta. Although it did not show a significant result, the interest in IUD contraception was higher in mothers aged 20-35 years who were of healthy reproductive age. Respondents' age is related to rational contraceptive use patterns, which will affect the mother's attitude in considering using IUD contraceptives. In accordance with the healthy reproductive age where a person can make the choice to use the best contraception at that age (Bernadus et al., 2013). Age over 20 years is a period of spacing pregnancies, so the choice of contraception is more aimed at long-term contraception.

The educational characteristics of the respondents in this study were mostly elementary school educated. According to Bernadus, et al. (2013) education affects the learning process, the higher a person's education, the easier it is to receive information so that the more knowledge one has. This is different from the results found by the researchers, where there are some respondents who have low education; they are still interested in using the IUD. This is because in receiving information, it turns out that the level of education is also influential, but the interest from within the individual also plays an important role in receiving information that someone gets so that both play a role in the process of receiving information.

Most of the respondents are housewives, indicating that the awareness of women to build large families with many children is a very heavy duty for a mother. It is clear that many children will be able to make it difficult for mothers to work so that mothers want to use the IUD contraception, with the aim of spacing out pregnancies in the long term. Working or not working does not affect an acceptor in the choice of contraception, especially the IUD, because this contraception does not interfere with daily activities. According to the researchers, women of childbearing age couples or mothers who are not interested in using IUD contraception should be able to consider and sort out all the information received, the good and the bad, regarding the importance of using long-term contraception such as the IUD. Employment status can affect participation in family planning because of the influence of the work environment that encourages someone to participate in family planning, so that indirectly affects the status of using contraceptives (Baharu et al., 2018).

Most respondents are mothers who have just had 1 child. Most of the women realize the importance of a happy small family, prosperity by limiting the length of pregnancy and the number of children where this is in accordance with the family planning program. In this case in accordance with the pattern of rational contraceptive use in regulating long-term pregnancy. Because parity of more than 3 is a health threat. The number of children began to be noticed by each family because the more children the head of the family was responsible for fulfilling material needs. In addition, to maintain the health of the reproductive system because the more frequent childbirths are, the more vulnerable they are to maternal health. The more children you have, the greater the tendency to choose a steady contraceptive method. The number of living children a woman has will provide experience and knowledge, so that women can make the right decisions about how to use contraceptives (Dewi, 2014).

Univariate Analysis

There were fewer respondents in the intervention group who were not interested in using the IUD (27.3%) than those who were interested in using the IUD based on counseling using ABPK (72.7%).

Counseling in family planning and reproductive health (KR) services is the most important aspect. Conducting counseling properly means that the health worker or midwife has helped his client to use or choose a type of family planning that he will use for a long time according to his own choice (Sulistyawati, 2011). In order for clients to use their contraceptives longer, good counseling is needed so that the success of the family planning program will increase in service. A decision aid tool used by counselors is ABPK with family planning. Family planning decision-making tools not only contain up-to-date information about contraception but also standard family planning counseling processes and steps based on client rights. ABPK can help health workers to provide counseling based on standards, containing information about client needs that need to be provided, accompanied by reminders about the science of counseling that must be done.

Respondents in the control group, who were not interested in the control group were more (81.8%) than those who were interested in using the IUD based on counseling using the KIA book (18.2%). It appears that more respondents are not interested in IUDs. There are several factors that influence maternal interest, including knowledge, education, economy, partner consent and culture. Knowledge has a significant relationship with the use of contraceptives, the better one's knowledge about contraception, the more rational in using contraceptives, besides that the high level of one's education will also support, accelerate the acceptance of FP information to couples of childbearing age. Good information will provide satisfaction to clients which have an impact on interest in using contraception so that it helps the success of family planning. In addition, husband's support also affects interest in using the IUD. Clients who are supported by their husbands will use contraception continuously while those who do not receive support from their husbands will have little interest in using contraceptives, especially the IUD (Handayani, 2010).

Bivariate Analysis

There is a significant relationship between counseling using ABPK and maternal interest in IUD use. The results of this study are in line with research conducted by Gita Kostania (2013) the effect of counseling using ABPK on the use of IUD contraceptives using the chi square test, the value of χ^2 is calculated = 8.571 > χ^2 table = 3.481, with a significance value (p) of 0.003 < 0.05 there is an effect which is significant for the use of IUD contraceptives.

According to the BKKBN the ABPK form is an interesting flipchart, the use of ABPK in family planning counseling can help patients in the decision-making process with explanations that are easy to understand. So that it is easier for patients to determine the most appropriate family planning method for them and make it easier for providers to provide important information needed to provide quality family planning services to clients. In addition, ABPK is a standard guideline for family planning counseling services which not only contains up-to-date information about contraception but also contains standards for family planning counseling processes and steps based on the rights of family planning patients and informed choice and on the regression correlation table 2. According to Law No. 52/2009, family planning is an effort to regulate child birth, distance and ideal age of delivery, regulate pregnancy through promotion, protection and assistance according to reproductive rights to create a quality family (Sari et al., 2019)

For 3 people (27.3%) of respondents who did not want to use the IUD, this was because the respondents felt they still believed in the myths circulating in the community, so the respondents chose contraception because they followed along even though they had been given proper counseling. Counseling is carried out for those who need help or assistance in choosing contraceptive methods, for example, because they do not know, their knowledge is still lacking or because they have inaccurate or incorrect knowledge of the use of contraception. Counseling carried out by health workers, especially midwives, can be carried out with the aim of identifying and accommodating negative feelings, doubts or concerns regarding the contraceptive method.

In the 11 control group respondents, there were 2 (18.2%) respondents who were interested in using the IUD, even though the counseling provided by midwives was not carried out properly or according to the steps using ABPK. This was influenced by the fact that the

respondents had already received prior information about IUD contraception. The use of ABPK with family planning is a medium or channel that influences the counseling process so that perceptions and behavior change so that acceptors choose contraceptives according to their needs. It is very important to provide counseling to family planning acceptors using ABPK on family planning because ABPK on family planning is a standard guideline for family planning counseling services. ABPK also has a dual function, including assisting decision-making in the family planning method, helping to solve problems in using family planning, working aids for providers (health workers), providing references or technical information, visual aids for training providers who are just on duty (Prawirohardjo, 2013).

CONCLUSION

Based on the results obtained by the researcher, it can be concluded that there is an effect of counseling using decision-making tools for family planning on the interest in using the IUD in Dr. M.M. Dunda Limboto Hospital. Mothers who are interested in using IUDs in the intervention group are 72.7%, while mothers who are interested in using IUDs in the control group are 18.2%. It is recommended that midwives can use ABPK media with family planning in providing counseling about contraception both during ANC services and in the postpartum period before the patient returns from the health facility, because it is proven to increase contraceptive use. For mothers of childbearing age, they are more motivated to use the IUD and acceptors' participation in increasing knowledge about IUD contraceptives by following and listening to counseling provided by health workers.

REFERENCES

- Baharu, M. R., Harismayanti, H., & Naue, A. K. (2019). Faktor-Faktor Yang Berhubungan Dengan Peminatan Kontrasepsi Pil Dan Suntik Di Wilayah Kerja Puskesmas Global Tibawa. *Akademika*, 8(1), 54-66.
- Bernadus, J. D., Madianung, A., & Masi, G. (2013). Faktor-faktor yang berhubungan dengan pemilihan alat kontrasepsi dalam rahim (AKDR) bagi akseptor KB di Puskesmas Jailolo. *e-NERS*, 1(1).
- Desitavani, S., & Rohmah, F. (2017). Faktor-Faktor Yang Berhubungan Dengan pemilihan Alat Kontrasepsi Intra Uterine devices (Iud) Pada Ibudi Kecamatan Bantul Yogyakarta. Available from: <http://digilib2.unisayogya.ac.id/handle/123456789/1861>
- Dewi, P. H. C. (2014). *Faktor Rendahnya Keikutsertaan Pengguna Metode Kontrasepsi Jangka Panjang Pada Pus (Pasangan Usia Subur) Di Polindes Tebalo Kecamatan Manyar Gresik* (Doctoral Dissertation, Universitas Airlangga).
- Handayani, S. (2010). Buku ajar pelayanan keluarga berencana. *Yogyakarta: Pustaka Rihama*, 76.
- Mochtar, R. (2011). *Sinopsis Obstetri*. Edisi 3. Jakarta: EGC. Available from: https://s12-b.poltekkes-malang.ac.id/index.php?p=show_detail&id=2925&keywords=
- Sari, Y. N. I., Abidin, U. W., & Ningsih, S. (2019). Faktor-Faktor Yang Berhubungan Dengan Minat Ibu Dalam Pemilihan Alat Kontrasepsi IUD. *Jurnal Kesehatan Masyarakat*, 5(1), 47-59.
- Sulistiyawati, A. (2011). Pelayanan keluarga berencana. *Jakarta: salemba medika*, 1-3.
- World Health Organization, (2019). *Family Planning / Contraception*. Switzerland: Geneva.