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The Quality of Family Planing Related to Long-Term Contraception Selection

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ABSTRACT

The use of long-term contraceptive methods (MKJP) such as IUD, MOP / MOW and implants is less desirable for people in Jember Regency. Based on Women's Empowerment and Family Planning Agency of Jember in 2016, the highest MOW family planning service data was obtained by Patrang Public Health Center 51 acceptors and the lowest was Gumukmas 10. The various reasons for family planning acceptors did not choose MKJP because the community lacked information about MKJP, lack of synergy between medical personnel installing contraception, unwillingness to install implants into the body, and the quality of service for midwives was not optimal yet. The purpose of this research was to analyze the relation between the quality of family planning services, namely tangible, reliability, responsiveness, assurance, and empathy with the selection of long-term contraception in family planning acceptors in Patrang Health Center area and Gumukmas Health Center. Types of observational analytic research. The research design was cross sectional. The population was all family planning acceptors at Patrang Health Center 185, Gumukmas Health Center 193. The research sample was 378 respondents. The sampling technique used cluster random sampling. Data collection techniques used questionnaires, interviews, and observations. Data analysis used chi square test. Based on the results of the research there was a relations between the quality of family planning services, namely tangible, reliability, responsiveness, assurance, and empathy with the selection of long-term contraception in family planning acceptors in the work area of Patrang and Gumukmas Health Centers.

Keywords: Service quality, Long-term family planning, Family planning acceptors

INTRODUCTION

Background

The use of long-term contraceptive method tools (MKJP) such as IUD, MOP / MOW and implants was less desirable for people in Jember Regency. The coverage of new family planning participants was 62,949 or 12.25% and active family planning participants reached 374,299 people (72.85%) which tended to go up and down. The coverage of the new family planning participants when sorted according to the type of contraception used was 81.32% acceptors chose to use short-term contraceptive methods (Non MKJP), including injections, pills and condoms. The coverage of new family planning participants used long-term contraceptive methods (MKJP) such as IUD, MOP / MOW and implants was only 18.68%. The highest percentage of family planning devices were used by new family planning participants, was injection of 49.68% and the least used contraceptives were MOP and MOW of 0.04% and 1.05%, respectively.

The results of a preliminary research at the Women's Empowerment and Family Planning Agency of Jember Regency in 2016 obtained the highest data on MOW family planning services, which were Patrang Public Health Center 51 acceptors and the lowest was 10 Gumukmas acceptors. The new family planning service with the highest MOP method was Jelbuk health center with 15 acceptors, while the lowest was Kencong, Ambulu, Panti, Jenggawah, Patrang, Arjasa, and Sukowono health centers with each puskesmas 1 acceptor. The interview with the staff of the Jember Women's Empowerment and Family Planning Agency (2017) stated that there were various reasons for family planning acceptors that did not choose MKJP because the community was not well informed about MKJP, lack of synergy between medical personnel who installed contraceptives, reluctance to install implants in body, and the quality of service for midwives was not maximal.

Purpose

The purpose of this research was to analyze the relationship between the quality of family planning services and long-term contraceptive selection for family planning acceptors.

METHODS

The method of this research used observational analytic⁽¹⁾. The research design used cross sectional⁽²⁾. This research was conducted in the work area of Patrang Health Center and Gumukmas Health Center, Jember Regency, East Java Province. The population in this research were all family planning acceptors at Patrang Health Center and Gumukmas Health Center. The sample in this research were some family planning acceptors at Patrang Health Center 185 and Gumukmas Health Center 193 in total 378 respondents. The sampling technique used cluster random sampling⁽¹⁾. The data needed in this research were primary data and secondary data. Data collection techniques used questionnaires, interviews, and observations. Data processing included editing, coding, data entry, and tabulating. The data analysis technique used was the chi square test, the time of the research was begun on August 1st to October 31st, 2018 at the Patrang Community Health Center and the Gumukmas Health Center.

RESULTS

Tangible

The tangible in this research was the ability of Patrang and Gumukmas health center midwives in providing equipment to service family planning acceptors. The results of the respondents' research on direct evidence variables were as follows:

Table 1. Tangible Frequency Distribution

Tangible	Frequency	Percentage
1. Poor	95	25.1
2. Neutral	80	21.2
3. Good	203	53.7
Total	378	100

The results of the research showed that most respondents 203 respondents (53.7%) stated the ability of Patrang and Gumukmas health center midwives in providing equipment to serve family planning acceptors in the good category.

Reliability

The results showed that almost half of 173 respondents (45%) stated that the ability of Patrang and Gumukmas health center midwives in providing family planning services was in a good category.

Table 2. Reliability Frequency Distribution

Reliability	Frequency	Percentage
1. Poor	97	25.7
2. Neutral	108	28.5
3. Good	173	45.8
Total	378	100

Responsiveness

The results showed that almost half of the 154 respondents (40.7%) stated that the ability of Patrang and Gumukmas health center midwives in providing family planning services was quickly in the good category.

Table 3. Responsiveness Frequency Distribution

Responsiveness	Frequency	Percentage
1. Poor	92	24.4
2. Neutral	132	34.9
3. Good	154	40.7
Total	378	100

Assurance

Respondents' research results on assurance were as follows:

Table 4. Assurance Frequency Distribution

Assurance	Frequency	Percentage
1. Poor	108	28.6
2. Neutral	95	25.1
3. Good	175	46.3
Total	378	100

The results of the research showed that almost half of the 175 respondents (46.3%) stated the ability of Patrang and Gumukmas health center midwives in understanding the problems of family planning acceptors in the good category.

Empathy

The results of the respondents' research on empathy were as follows:

Table 5. Empathy Frequency Distribution

Empathy	Frequency	Percentage
1. Poor	105	27.8
2. Neutral	110	29.1
3. Good	163	43.1
Total	378	100

The results showed that almost half of the 163 respondents (43.1%) stated the ability of Patrang and Gumukmas midwives in understanding the problems of family planning acceptors in the good category.

Service Quality

The results of the respondents' research on service quality were as follows:

Table 6. Frequency of Service Quality Distribution

Service Quality	Frequency	Percentage
1. Poor	109	28.8
2. Neutral	40	10.6
3. Good	229	60.6
Total	378	100

The results of the research showed that most of the 229 respondents (60.6%) stated the quality of services provided by Patrang and health center midwives in the good category.

The Relation Between Tangible and Long-Term Contraception Selection in Family Planning Acceptor

Respondents' research results on service quality were as follows:

Table 7. Frequency of Service Quality Distribution

Tangible	MKJP						Sig.
	Non User		User		Total		
	n	%	n	%	n	%	
Poor	62	65.3	33	34.7	95	100	0.000*
Nuetral	36	45.0	44	55.0	80	100	
Good	44	21.7	159	78.3	203	100	
Total	142	37.6	236	62.4	378	100	

It showed that the majority of respondents rated poor tangible that did not use MKJP as many as 62 respondents (65.3%) and most respondents considered evidence of good use of MKJP as many as 159 respondents (78.3%). The results of data analysis using the chi square test produced a significance of 0.000 ($p < 0.05$), namely there was a relation between tangible and the selection of long-term contraception in family planning acceptors in the work area of Patrang and Gumukmas health centers.

The Relation Between Reliability and Long-Term Contraception Selection in Family Planning Acceptor

Respondents' research results on service quality were as follows:

Table 8. Frequency of Service Quality Distribution

Reability	MKJP						Sig.
	Non User		User		Total		
	n	%	n	%	n	%	
Poor	64	66.0	33	34.0	97	100	0.000*
Nuetral	52	48.1	56	51.9	108	100	
Good	26	15.0	147	85.0	173	100	
Total	142	37.6	236	62.4	378	100	

It showed that the majority of respondents rated the poor reliability of not using MKJP as many as 64 respondents (66.0%) and most of those who did not use MKJP were 147 respondents (85.0%). The results of the data analysis using chi square resulted in a significance of 0.000 ($p < 0.05$), namely there was a relation between reliability with the selection of long-term contraception in family planning acceptors in the working area of Patrang and Gumukmas health centers.

The Relation Between Responsiveness and Long-Term Contraception Selection in Family Planning Acceptor

Table 9. Frequency of Service Quality Distribution

Responsiveness	MKJP						Sig.
	Non User		User		Total		
	n	%	n	%	n	%	
Poor	62	67.4	30	32.6	92	100	0.000*
Neutral	59	44.7	73	55.3	132	100	
Good	21	13.6	133	86.4	154	100	
Total	142	37.6	236	62.4	378	100	

It showed that the majority of respondents rated the poor responsiveness that did not use MKJP as many as 62 respondents (67.4%) and most respondents rated good responsiveness using MKJP as many as 133 respondents (86.4%). the results of data analysis using chi square yields a significance of 0.000 ($p < 0.05$), namely there is a relation between responsiveness and the choice of long-term contraception in family planning acceptors in the working area of Patrang and Gumukmas health centers.

The Relation Between Assurance and Long-Term Contraception Selection in Family Planning Acceptor

Table 10. Frequency of Service Quality Distribution

Assurance	MKJP						Sig.
	Non User		User		Total		
	n	%	n	%	n	%	
Poor	77	71.3	31	28.7	108	100	0.000*
Neutral	28	29.5	67	70.5	95	100	
Good	37	21.1	138	78.9	175	100	
Total	142	37.6	236	62.4	378	100	

It showed that the majority of respondents rated poor assurances that did not use MKJP as many as 77 respondents and the majority of respondents gave good assurances using MKJP as many as 138 respondents

(78.9%). The results of data analysis using chi square produced a significance of 0.000 ($p < 0.005$), namely there was a relation between assurance with the selection of long-term contraception in family planning acceptors in the working area of Patrang and Gumukamas health centers.

The Relation Between Empathy and Long-Term Contraception Selection in Family Planning Acceptor

Table 11. Empathy Relationship to Long-Term Contraception Selection in KB acceptors

Empathy	MKJP						Sig.
	Non User		User		Total		
	n	%	n	%	n	%	
Poor	65	61.9	40	38.1	105	100	0.000*
Neutral	45	40.9	65	59.1	110	100	
Good	32	19.6	131	80.4	163	100	
Total	142	37.6	236	62.4	378	100	

It showed that the majority of respondents rated poor empathy that did not use MKJP as many as 65 respondents (61.9%) and most respondents rated good empathy using 131 students (80.4%). The results of data analysis using the chi square test produced (empathy) with the selection of long-term contraception in family planning acceptors in the working area of Patrang and Gumukmas health centers.

The Relation between the Quality of Family Planning Services and The Selection of Long-term contraception in Family Planning Acceptors with Long-term Contraceptive Selection in Family Planning Acceptors

Table 12. The Relation of Service Quality to Long-Term Contraception Selection in Family Planning Acceptors

Sercive Quality of Family Planning	MKJP						Sig.
	Non User		User		Total		
	n	%	n	%	n	%	
Poor	104	95.4	5	4.6	109	100	0.000*
Neutral	24	60.0	16	40.0	40	100	
Good	14	6.1	215	93.9	229	100	
Total	142	37.6	236	62.4	378	100	

It showed that the majority of respondents considered the quality of poor family planning services that did not use MKJP as many as 104 respondents (95.4%) and most respondents rated the quality of good family planning services using MKJP as many as 215 respondents (93.3%). The results of data analysis using the chi square test produced a significance of 0.000 ($p < 0.5$), namely there was a relation between the quality of family planning services and the selection of long-term contraception in family planning acceptors in Patrang and Gumukmas work areas.

DISCUSSION

The relationship between tangible and the selection of long-term contraception. The results of this research indicated that there was a relation between tangible and the selection of long-term contraception in family planning acceptors in the work area of Patrang and Gumukmas Health Centers with a significance of 0.000 ($p < 0.05$). Based on these results, the first hypothesis which stated that there was a relationship between tangible and the selection of long-term contraception in family planning acceptors in the work area of Patrang and Gumukmas Health Centers was proven. Tangible influences the selection of MKJP in new acceptors⁽³⁾. The results of this research strengthen the theory of direct tangible, namely the ability of a company to realize its existence to external parties in the form of the appearance and capabilities of the company's physical facilities and infrastructure, such as buildings, warehouses, equipments, employees, and others. This is evidenced by the ability of the Patrang Community Health Center and Gumukmas Health Center to realize their existence to external parties in the form of family planning officers when preparing equipment to be used, handling family planning officers for patients, supporting information about family planning using media or assistive devices, and family planning staff during delivering service.

The relations between reliability and the selection of long-term contraception in family planning acceptors in the work area of Patrang and Gumukmas health results of this research. The results of this research indicated

that there was a relation between reliability and the selection of long-term contraception in family planning acceptors in the work area of Patrang and Gumukmas Health Centers with a significance of 0,000 ($p < 0.05$). Based on these results, the second hypothesis which stated that there was a relation between reliability and the selection of long-term contraception in family planning acceptors in the work area of Patrang and Gumukmas Health Centers was proven. The results of this research was in line with the research conducted by Setiasih, that reliability influenced the selection of MKJP in new acceptors⁽⁴⁾. The results of this research strengthen the theory of reliability, namely the company's ability to provide services in accordance with the promised accurately and reliably. It was evidenced by the ability of the Patrang Community Health Center and Gumukmas Health Center to provide services in accordance with what was promised accurately and reliably, namely the services of family planning officers at the Health Center, health center services, attention of family planning officers to patients who experience difficulties, and the accuracy of services provided by health center.

The relation between responsiveness and the selection of long-term contraception. The results of this research indicated that there was a relationship between responsiveness and the selection of long-term contraception in family planning acceptors in the work area of Patrang and Gumukmas Health Center with a significance of 0.000 ($p < 0.05$). Based on these results, the third hypothesis which stated that there was a relationship between responsiveness and the selection of long-term contraception in family planning acceptors in the work area of Patrang and Gumukmas health centers is proven. Responsiveness affected the selection of MKJP in new acceptors⁽⁵⁾. The results of this research supported the theory of responsiveness, namely the ability of employees to help customers and respond to their requests, and informed when services would be provided and then provided services quickly. It was evidenced by the ability of the Patrang Health Center midwife and the Gumukmas Health Center midwife to assist customers and respond to their requests, and informed when services would be provided and then provided services quickly in the form of family planning information about services provided, family planning officers' speed in providing services, assistance from family planning staff in dealing with complaints are faced by patients, and responses from family planning staff in response to patient requests.

The relationship between assurance and selection of long-term contraception. The results of this research indicated that there was a relation between assurance and the selection of long-term contraception in family planning acceptors in the work area of Patrang and Gumukmas Health Centers with a significance of 0.000 ($p < 0.05$). Based on these results, the fourth hypothesis which stated that there was a relationship between assurance and the selection of long-term contraception in family planning acceptors in the work area of Patrang and Gumukmas Health Centers is proven. Assurance affected the quality of family planning counseling services⁽⁶⁾. The results of this research also supported the theory of assurance, namely knowledge, politeness, and the ability of company employees to foster customer trust in the company including: communication, credibility, security, competence and courtesy. It was evident from Patrang Health Center midwife and Gumukmas Health Center midwife that had the knowledge, politeness, and ability of midwives to foster customer trust in the Patrang Health Center and Gumukmas Health Center including: communication, credibility, security, competence and courtesy which included respondents' assessment of assurance variables namely the competence of family planning officers, the attitude of family planning officers in fostering a sense of security for patients, patience of family planning officers was patient in providing services, and delivery of information was provided by family planning officers.

The relationship between empathy and the selection of long-term contraception at family planning acceptors. The results of this research indicated that there was a relationship between empathy and the selection of long-term contraception in family planning acceptors in the work area of Patrang and Gumukmas Public Health with a significance of 0.000 ($p < 0.05$). Based on these results, the fifth hypothesis which stated that there was a relationship between empathy and the selection of long-term contraception in family planning acceptors in the work area of Patrang and Gumukmas health centers is proven. Empathy affected the selection of MKJP in new acceptors⁽⁴⁾. The results of this research supported the theory of empathy, namely the ability to understand the problems of its customers and acted in the interests of customers, and gave sincere and personal attention to customers. It was evident from the ability of Patrang Health Center midwives and Gumukmas Health Center midwives to understand patient problems and acted in the interests of patients, as well as provided sincere and personal attention to patients in the form of attention of family planning officers in providing services, personal attention to patients on patients of family planning, family planning staff understanding of the necessary and expectations of customers, and family planning officers' attention to the interests of patients.

The relationship between the quality of family planning services and the selection of long-term contraceptives for family planning acceptors. The results of this research indicated that there was a relationship between the quality of service and the selection of long-term contraceptives in family planning acceptors in the Patrang and Gumukmas health centers with a significance of 0.000 ($p < 0.05$). Based on these results, the sixth hypothesis states that there is a relationship between the quality of service and the selection of long-term contraception in family planning acceptors in the work area of Patrang and Gumukmas health centers. Age was related to IUD usage, parity was related to IUD use, family planning request was related to IUD usage, family planning service fee was related to IUD usage, and family planning service access was related to IUD use⁽³⁾.

Respondents in this research mostly assessed the quality of poor family planning services that did not use MKJP as many as 104 respondents (95.4%) and most respondents rated the quality of good family planning services using MKJP as many as 215 respondents (93.9%). These results proved that respondents who assessed the quality of services provided by Patrang Health Center midwives and Gumukmas Health Center midwives were in a poor category, so the respondents did not use long-term contraceptive methods. Respondents who assessed the quality of services provided by Patrang Health Center midwives and Gumukmas Puskesmas midwives were in good categories, so the respondents used long-term contraceptive methods.

CONCLUSION

Based on the results of the research, it can be concluded that there is a relationship between direct evidence (tangible), reliability, responsiveness, assurance, empathy, and the selection of long-term contraception in family planning acceptors in the work area of Patrang Community Health Center and Gumukmas health center. There is a relationship between the quality of family planning services and the selection of long-term contraception in family planning acceptors in the working area of Patrang and Gumukmas health center. It is necessary to always be proactive towards family planning programs and attend family planning counseling activities so that information related to long-term contraceptive methods can be received and can increase knowledge about the MKJP method.

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