

## Relations Of Family Planning Services By Selection Of Intrauterine Contraceptives In High Coverage and Low Coverage Areas

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### ABSTRACT

One of the reasons of the decreasing in using IUD is caused by factors of health services, while the quality of health services is influenced by several factors, such as: the procedures, the health workers, the costs and the facilities. The purpose of this study is to analyze the correlation between the factors of family planning services (in terms of procedures, health workers, cost, facilities, information) with the selection of an intrauterine device and to analyze the differences of family planning services factors with the selection of an intrauterine device in areas of high and low coverage. The type of this research is a comparative study of analytical with crosssectional approach, data were collected using questionnaires. Research subjects were 303 fertile age couples who became new acceptors, extracted by proportionate Stratified Random Sampling technique. The research was conducted in the region of Kediri June-August 2020. The results of data analysis using the chi-square test showed that of the six aspects of family planning services (procedures, health workers, cost, facilities and information) in the high coverage area and in low coverage area that had correlation with the selection of an intrauterine device was the aspect of procedure and health workers, with value of  $p < 0.05$ . In the two regions chosen, it was found significant differences in the procedures, cost and information aspects with value  $p < 0.05$ , while for aspects of health workers, facilities and quality there was no significant difference with values  $p > 0.05$ . Conclusion, there is a relation between the factors of family planning services toward the aspects of procedures of family planning services, workers of family planning services, costs of family planning services, and information of family planning services with the selection of an intrauterine device. There is a different in areas of high and low coverage toward the aspects of procedures of family planning services, costs of family planning services, and information of family planning services.

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### 1. INTRODUCTION

Population is a problem faced by developed countries and developing countries including Indonesia. This can be seen from population growth in Indonesia ranges from 2.15% to 2.49% per year. Such growth rates are influenced by 3 main factors namely births, deaths and population movements. To reduce the rate of population growth, the Indonesian government implemented the National Family Planning (KB) program which is expected to reduce the rate of population growth (Arum DNS, 2009)

Definition of Family Planning according to Law no. 10 of 1992 concerning population development and building prosperous families is an effort to increase awareness and community participation through maturation of marriage age (PUP), birth control, coaching family resilience, increasing the welfare of small, happy and prosperous families. The National Family Planning Program has the main objective of meeting public demand for family planning and health services quality reproduction, reducing maternal, infant and child mortality rates and overcoming reproductive health problems in order to build quality small families. (NKKBN, 2009)

The development of the prevalence of contraceptive use based on contraceptive type shows that the use of long-term contraceptives is decreasing, while the use of short-term contraceptives is

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increasing and men's participation in family planning is low. The government set targets for the family planning program in 2011 between others New participants in Long Term Contraceptive Method (PB MKJP) 12.5% and Active participants in Long Term Contraceptive Methods (PA MKJP) 25.1% and Policies were also established, one of which was increasing participation berKB MKJP. (Sugiri S, 2010)

The Intrauterine Contraceptive Device (IUD) is a small device consisting of a flexible polyethylene plastic material that is inserted into the cavityuterus, which must be replaced if it has been used for a certain period. Tool This contraceptive is very effective, reversible and long term in comparison other contraceptive methods with failure rates generally 1-3 pregnancies per 100 women per year. Can be used by all women at any time reproduction but should not be used by women exposed to infection Sexually Transmitted (STIs) (Hartanto H, 2004). The aim of this research is to determine the coverage of contraceptive services in all regions

## 2. METHOD

The research method is a comparative analytical study with a cross-sectional approach. Research Subjects The subjects of this research were female couples of childbearing age who lived in Kediri City and met the inclusion and exclusion criteria. Inclusion criteria: Female couples of childbearing age who are new family planning acceptors (< 1 year old) and excluded are acceptors who do not complete the questionnaire. Acceptors who are not willing to take part in the research are also willing to take part in the research by filling out an informed consent form.

The target population of this study is all couples of childbearing age are in Kediri City while the population reached by this research are all PUS who became new family planning acceptors (<1 year) in May 2020 totaling 11,148 people. The sampling technique used in this research is "Proportionate Stratified Random Sampling". This technique is used when The population has members/elements that are not homogeneous and stratified proportional. Based on the data sample size formula,  $n=310$  is obtained, so the total The sample per sub-district is 155 people. In each sub-district it is calculated again as many as 303 respondents, taken. with Proportionate Stratified Random Sampling technique. This research was carried out in two sub-districts in Kediri City. The instrument used is a questionnaire. The questionnaire used was regarding Relationships with Family Planning Services By Selection of Intrauterine Contraceptive Devices in High Coverage and Low Coverage Areas

## 3. RESULTS AND DISCUSSION

### Frequency Distribution of Research Subjects Based on Selection of Contraceptive Devices in Low Coverage and High Coverage Areas

**Table.1** Frequency Distribution of Research Subjects Based on Choice of Contraceptive Devices in Low Coverage and High Coverage Areas

Scope	Total KB Device Selection Coverage		TOTAL
	Non AKDR	AKDR	
low	139(92,7 %)	11(7,3 %)	150 (100%)
high	88 (57,5%)	65(42,5%)	153 (100%)
Total	227 (74,9 %)	76(25,1%)	

Note:  $X^2 = 49.802$ ; P value < 0.0001 In table 4.1 it is shown that the selection to become a non-IUD family planning acceptor is higher in low coverage areas 139 (92.7%) compared to high coverage areas 88 (57.5%). Meanwhile, the selection to become IUD family planning acceptors was higher in high coverage areas, 65 (42.5%) compared to low coverage areas, 11 (7.3%). Calculations using the Chi square test show that there is a very significant difference between the choice of IUD and non-IUD contraceptives in high coverage and low coverage areas ( $p < 0.001$ ).

### Differences in Family Planning Services in High Coverage and Low Coverage Areas

**Table.2** Differences in Family Planning Services in High Coverage and Low Coverage Areas

Sub Variabel Yan KB	Non AKDR	AKDR	X2	P
Prosedur	33 (47,8 %)	36 (52,2 %)	4,83	0,028
Petugas	42 (45,2 %)	51 (54,8 %)	14,815	<0.001

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Sub Variabel Yan KB	Non AKDR	AKDR	X <sup>2</sup>	P
Biaya	10 (50 %)	10 (50 %)	0,532	0,466
Sarana prasarana	6(50 %)	16 (50 %)	0,936	0,333
Informasi	27 (61,4 %)	17 (38,6 %)	0,374	0,541

It is known that of the 5 aspects of family planning services, there are 2 aspects related to the selection of internal contraceptives uterus, namely aspects of family planning service procedures and family planning service officers. This matter indicated by a p value <0.05.

### Discussion

Relationship between family planning service procedure factors and the choice of intrauterine contraceptive devices Wrong knowledge, understanding and perception about medical procedures IUD family planning services, especially regarding side effects, discomfort during installation and discomfort during sexual intercourse can also influence a person's decision to use an IUD. Imbarwati's research stated that most respondents felt embarrassed when installing the IUD because they had to show their private parts. Also, more than 50% expressed fear that during installation it would cause bleeding, penetrate the uterus and the thought of pain during installation, so they concluded that installing an IUD was unsafe. There is also an opinion that because the IUD is a foreign object that is inserted into the body, it will cause certain reactions which will cause the user to experience certain side effects. (Imbarwati, 2009)

Relationship between family planning service personnel factors and the choice of intrauterine contraceptive devices Dede Subekti's research results show that there is a relationship between the perception of the quality of service by officers and the level of patient satisfaction. The competency of officers in terms of skills for installing and removing IUDs as well as infection prevention techniques continues to be improved. Some acceptors do not care about costs if health workers provide good and satisfactory service to acceptors. For example, providing counseling about the IUD before each installation and carrying out the installation accordingly with procedures. So, health workers also influence the choice of IUD contraception. This is in accordance with research conducted by Yanti Nasution that family planning services are one of the factors that influence the participation of female couples of childbearing age. (Subekti D, 2009)

Differences between High Coverage and Low Coverage There are differences in family planning services in high coverage and coverage areas low in aspects of procedures, costs and information due to the region high coverage, namely Getasan sub-district, health workers in the area are active in providing information about family planning services both to potential new acceptors who visit the Puskesmas or other health workers, and socialization is also carried out to the community during posyandu. This information includes the advantages, disadvantages, side effects and service procedures and medical procedures of each contraceptive device so that potential acceptors have a view before they choose a suitable contraceptive device. And regarding costs for family planning services, especially IUDs, most of them are not charged if the installation is carried out at the community health center or village midwife. In the Kediri city area, family planning safaris are often carried out to capture couples of childbearing age who have not yet had family planning and are directed to use MKJP, especially IUDs.

To determine the right contraceptive method, information is needed accurate. The survey with the theme 'Contraception: Getting the Facts Right' involved countries namely China, South Korea, Thailand, Singapore, Indonesia, India, Pakistan, Taiwan and Malaysia with 1,800 respondents aged 20-35 years. And the results showed that around 30 percent of correspondents in Asia received wrong and inaccurate information about contraception. In accordance with Biran Affandi's statement which states that The public still has difficulty obtaining accurate and balanced information about contraception. Men experience more obstacles in getting more accurate information because of feelings shame and taboo. So they tend to look for information by asking friends or the internet and some of the information they get is incorrect. For example, among IUD acceptors there is an opinion about the pain felt by their husbands during sexual intercourse. In fact, if someone gets the right information, the benefits of contraception will be further enhanced and can correct wrong myths about contraception. Accurate information about family planning is very important to convey to public.

Therefore, the central BKKBN carries out optimization dissemination of population and family planning information through the media mass.

#### 4. CONCLUSION

From the research results, it was concluded that although the family planning service procedures were good, the choice of equipment was poor intrauterine contraception is still low and there are differences in procedures, costs and information on family planning services in high coverage and low coverage areas. It would be better for health workers to provide information about family planning services to the community so that the choice of tools increases intrauterine contraception in all coverage areas.

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