

# Counseling Effectivity Toward Knowledge and Behavior of Long-Term Contraception Maintenance Method Selection Among Fertile Age Women in Puskesmas Bahu Malalayang District In Manado City Indonesia

Sesca Diana Solang<sup>1</sup>, Freike Sofie Nonce Lumy<sup>2</sup>

\* Politeknik Kesehatan Kemenkes Manado

**Abstract:** *Bahu Community Health Center (Puskesmas Bahu) included in the city of Manado at 6601 WUS number of people, the number of 557 pregnant women with obstetric complications and an estimated 111 people, who have anemia in pregnancy 19 people. Total EFA 1957, the number of active family planning participants are 1875 (95.70%), the number of acceptors in 1147 with a distribution using the IUD as many as 34 (2.96%), MOP -, MOW - implant as many as 37 (3.22%), condom 17 (1.48%), injecting as much as in 1027 (89.53%), the pill were 32 (2.78%). This study aimed to age, education, occupation, contraceptive use, and contraceptive information, analyze the differences in knowledge of the Long Term Contraception Method (MKJP) fertile-age woman (WUS) before and after counseling and analyze the behavior of MKJP WUS before and after counseling. The study was Quasi Experimental with pre-test and post-test Non-Equivalent Control Group Design to measure the difference of Knowledge and Behavior of MKJP WUS before and after counseling with his use of the control group. The population is the entire WUS acceptors are currently using contraception amounted to 1875 people. Purposive sampling technique was conducted. Research analysis was univariate and bivariate analysis using T test for knowledge and behavior using McNemar test comparing before and after events and every object as the controller itself. There were differences in knowledge MKJP WUS before and after counseling (pvalue > 0.05) and no difference in voting behavior MKJP WUS before and after counseling (pvalue < 0.05) in the sub-district Puskesmas Bahu Malalayang Manado City. Suggestions for the BKKBN Manado and Puskesmas Bahu need socialization to WUS about MKJP government program to improve knowledge and behavior MKJP election, so as to increase the coverage of MKJP.*

**Keywords:** counseling, Knowledge, Behavior Selection MKJP

## 1. Introduction

The rate of population growth is determined by birth and death rates. The improvement of health services lead to lower population mortality rate, while the rate level remains high k e lahiran this is the main cause of the population explosion. Indonesia Demographic Health Survey (IDHS) in 2012 showed that the total fertility rate (Total Fertility Rate) stagnant in the last 10 years of his which is of 2.6 occurred fertility rise at an early age (Age Specific Fertility Rates) 15-19 years: 48; an increase in the contraceptive prevalence rate (Contraceptive Prevalence Rate) is only 0.5%; and the need for family planning (FP) are not fulfilled (unmet need) remain high at 8.5%.

The high rate of birth is the main reason for the need for family planning services. Many women have difficulty in determining the choice of contraceptive type. This is not only due to the limited available methods, but also by their ignorance of the terms and safety of the method of contraception. Several factors affecting couples of childbearing age in choosing contraceptives such as lack of necessary tools, education, socioeconomic, cultural, religious, female status and husband support.

Puskesmas Bahu is included in Manado City area with fertile-age woman (WUS) number of 6,601 people, number of pregnant women 557 and estimate with obstetric

complication 111 people, having anemia in pregnancy 19 people, number of EFA 1957, number of active KB participant ie 1875 (95,70%), The number of acceptors 1147 with the distribution using the IUD as much as 34 (2.96%), MOP -, MOW -, implant 37 (3.22%), condom 17 (1.48%), injection 1027 (89.53% ), 32 pills (2.78%). From this acceptor data it can be seen that the number of active FP participants 1875 is not the same as the number of EFA that is 1957 (Register Puskesmas Bahu, 2015). In evaluating the performance of Population Development Program, Family Planning and Family Development of North Sulawesi Province until January 2016, it was found that the knowledge of EFA about contraceptives with target of 22.7%.

Based on the above description the authors are interested in conducting research that is "The Effectiveness of Counseling on Knowledge and Behavior Selection of Long-Term Contraceptive Methods Women Age at Sub-District Puskesmas Bahu Malalayang Manado City.

## 2. Methods

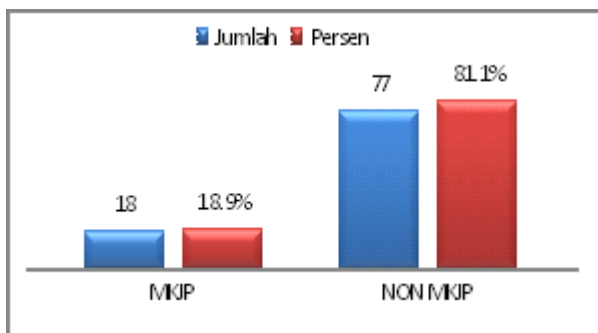
This research is descriptive and analytical Quasi-Experimental design using S with pre-test and post-test Non-Equivalent Control Group Design to measure Knowledge and Behavior of MKJP WUS Selection before and after given counseling. This sampling method is purposive

sampling. Research time June s / d September 2016. The research in sub-district Puskesmas Shoulder Malalayang Manado. WUS whole population is currently using contraception acceptors and Non LTM LTM totaled 1875 in Puskesmas Shoulder Manado. Sampling with Slovin formula  $n = N / N (d) 2 + 1$ , with a sample size of 95 respondents acceptor. Purposive sampling technique shoulder area where the health center has five working area villages and urban samples were taken every 19 respondents, so the sample to 95 respondents. Sampling by taking into account inclusion and exclusion criteria.

**Data analysis**

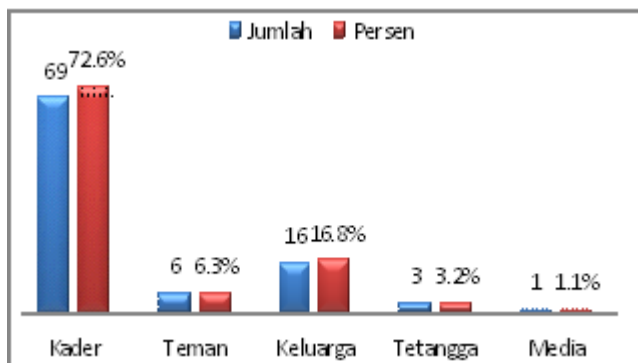
Data obtained processing performed: 1. Editing, 2. Coding (Make a code sheet). The code sheet is an instrument in the form of columns for recording data manually. The sheets contain a number of respondents and the number of questions, 3. Scoring, Fill columns code sheet according to the answers each question, 4. Tabulating create data tables, according to the research objectives or desired by the researcher. The data was analyzed using computer statistic software for paired samples t-test and McNemar test.

**3. Result**



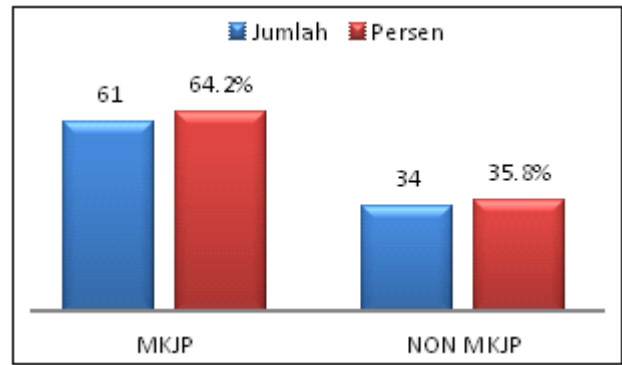
**Figure 1:** Distribution of contraceptives in use in health centers

In Figure 1 Characteristics of contraception LTM respondents by the number of people with 18 (18.9%) and Non LTM with the number of 77 people (81.1%).



**Figure 2:** Distribution of Contraceptive Information in use at Puskesmas Bahu Kecamatan Malalayang Manado City

In Figure 2 contraceptive information that was obtained most of the health cadres with the number of 69 people (72.6%), and at least obtained from the media with the amount of 1 (1.1%).



**Figure 3:** Proportion of MJKP and nonMJKP Family Planning Participants

**Table 1:** Analysis of Behavior Selection Test *MC Nemar* LTM

Chi-Square Tests		
	Value	Exact Sig. (2-sided)
McNemar Test		.000 <sup>a</sup>
N of Valid Cases	95	
A. Binomial distribution used.		

**Table 2:** Paired T test Analysis Knowledge of MKJP Before After counseling

No	Intervention	n	min	max	mean±SD	p-value
1	Before Counseling	95	34	58	51,79±4,8	0,000
2	After Counseling	95	40	59	54,16±2,3	

From the analysis of the average showed there was a difference in knowledge scores after counseling where results higher at 54.16 compared with the average score of knowledge before counseling is 51.79 (*p-value* <0.05) means that there are differences in knowledge of MKJP WUS before And after counseling at Puskesmas Bahu Manado.

**4. Discussion**

Counseling is a very important aspect in family planning services. By counseling, the officer helps the client in choosing and deciding what type of contraception to use in accordance with his choice. Besides, it can make the client feel satisfied. Counseling can also affect the interaction between officers and clients by improving existing relationships and trust. Good communication will greatly help fostering harmonious human relationships among patients with helpers. The harmony of patient-helper relationships is essential in gaining mutual trust. The information obtained is important to help determine the diagnosis, run the process, and evaluate the outcomes of treatment.

In this study, counseling LTM with media aids decision makers (ABPK) is one way to explain an idea, notion or role orally to a group of listeners with discussion and question and answer, so that respondents understand what was delivered. In addition, the material is also shown through ABPK media which contains important information about contraception LTM and accompanied by an attractive image so that information can be captured easily through counseling to respondents, women of childbearing age are more enthusiastic to listen while giving a good response. It

can be seen from the evaluations made within a week appeared has influence on the answers questionnaire. So, LTM effective counseling can affect the level of knowledge and conduct of subjects in Puskesmas Bahu LTM Malalayang District of Manado.

## 5. Conclusion

- 1) There are differences in knowledge after counseling where results higher at 54.16 compared to the average - average score knowledge before counseling is 51.79 (p-value <0.05), which means that there are differences in knowledge of the Long-Term Contraception Methods Women of fertile age before and after counseling.
- 2) There is a difference of behaviour of Long-Term Contraceptive Method for woman of fertile age before and after counseling (p-value <0.05), which means that there are differences in the behavior of the Long-Term Contraceptive Methods for women of fertile age before and after counseling.

## References

- [1] Afandi (2011). *Buku Panduan Praktis Pelayanan Kontrasepsi*, Bina Pustaka Sarwono Prawirohardjo, Jakarta.
- [2] Ariani (2014), *Aplikasi Metodologi Penelitian Kebidanan dan Kesehatan Reproduksi*. Yogyakarta, Nuha Medika
- [3] Arum dan Sujiyantini (2011), *Panduan Lengkap Pelayanan KB Terkini*. Jogjakarta, Nuha Medika.
- [4] BKKBN Provinsi Sulut (2015), *Data KB dan Tahapan Keluarga*
- [5] BKKBN Provinsi Sulut (2016), *Evaluasi Kinerja Program Pembangunan Kependudukan, KB dan Pembangunan Keluarga Provinsi Sulut bulan Januari 2016*
- [6] Dignan, MB. and Carr P.A. (1992), *Program Planning for Health Education and Promotion*, second edition, Philadelphia, Lea & Febinger.
- [7] Dinas Kesehatan Kota Manado, *Laporan Kesehatan Ibu Desember 2015*
- [8] Handayani S. (2010). *Buku Ajar Pelayanan Keluarga Berencana*.Pustaka Rihama Yogyakarta.
- [9] Hartanto (2013), *Keluarga berencana dan Kontrasepsi*. Jakarta, Pustaka Sinar Harapan.
- [10] KemenKes RI, 2013. *Rencana Aksi Nasional Pelayanan Keluarga Berencana 2014-2015*. Jakarta, Kemertrian Kesehatan RI. Dapat diakses di <http://www.gizikia.depkes.go.id> diakses tanggal 15-03-2016.
- [11] Mulyani dan Rinawati (2013), *Keluarga Berencana dan Alat Kontrasepsi*. Yogyakarta. Nuha Medika.
- [12] Nasir, ABD, Muhith, A, Ideputri, M.E,(2011).*Buku Ajar Metodologi Penelitian Kesehatan*.Nuha Medika.Yogyakarta
- [13] Notoatmodjo (2010), *Pendidikan dan Perilaku Kesehatan*. Penerbit Rineka Cipta. Jakarta.
- [14] Prawirohadjo, S. (2010), *Ilmu Kebidanan*. Yayasan Bina Pustaka Sarwono. Jakarta
- [15] Saifuddin, A. (2006). *Buku Panduan Praktis Pelayanan Kontrasepsi*. Yayasan Bina Pustaka Sarwono Prawirohardjo. Jakarta
- [16] Sarwono, S. (1997), *Sosiologi Kesehatan, beberapa konsep beserta aplikasinya*, Gadjah Mada University Press, Yogyakarta.
- [17] Sulistyarningsih (2011), *Metodologi Penelitian Kebidanan : Kuantitatif-Kualitatif*, Graha Ilmu Yogyakarta.
- [18] Sulistyawati. A. (2011), *Pelayanan Keluarga Berencana*. Salemba Medika. Jakarta
- [19] Syarifudin . B, (2010 ). *Panduan TA Keperawatan dan Kebidanan dengan SPSS*. Grafindo Litera Media .Yogyakarta
- [20] Wulandari . B, (2012). *Komunikasi dan Konseling dalam Praktik Kebidanan*. Nuha Medika. Yogyakarta