

# The Relationship Of KB Counseling With The Participation Of First Age Couples ( PUS ) Become A FP Acceptance In Gasaribu Village, Laguboti District Year 2021

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Family planning counseling, participation of PUS, family planning acceptors.

From the results of the initial survey conducted by the author of 12 PUS in Gasaribu Village, the authors found 6 of them said that they had heard about family planning contraceptives but were not interested in becoming family planning acceptors because of wrong understanding or myths about contraception, one of which was the side effect of contraception. use of contraceptive methods and feelings of embarrassment because the contraceptive device is placed on their genitals. And 6 other people said they knew about the contraceptive method but did not use it because they wanted to have more children. Univariate analysis is an analysis that focuses on the depiction or descriptive of the data obtained. Describe the frequency distribution of each of the independent variables and the dependent variable. Bivariate analysis to see the relationship between family planning knowledge of reproductive age couples in using contraceptives. The data collected were analyzed using the chi square statistical test. Most of the respondents did not participate in the family planning program as many as 54 respondents (72.97%), while PUS who participated in the family planning program were as many as 20 respondents (27.03%). Based on the results of the study, it can be concluded that the majority of respondents' knowledge (PUS) about family planning in Gasaribu Village, Laguboti District, Toba Regency, has good knowledge, as many as 35 respondents (71.00%). 20 respondents (67.3%) did not participate in the family planning program, while 54 respondents (32, 7%) did not participate in the family planning program. The highest percentage of family planning participation based on cross tabulation of respondents with less knowledge was 8 respondents (34.7%), while the highest percentage did not participate in family planning programs with good knowledge as many as 27 respondents (77.2%). There is no significant relationship between the level of knowledge about family planning and participation in family planning in PUS in Gasaribu Village, Laguboti District, Toba Regency in 2021 as indicated by the chi-square statistical test with the result of a p-value of 0.318.

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**1. Introduction**

According to data from the World Health Organization WHO and the United Nations to develop a new model that in detail estimates the number of maternal deaths in 172 countries, as well as the number of deaths that might be avoided by using contraceptives. Estimates show that Greece has the lowest maternal mortality rate in the World, with only three mothers dying per 100,000 live births. In contrast, Chad in Central Africa has the highest maternal mortality rate in the World by count with 1,465 deaths per 100,000 live births. Afghanistan has the second highest death rate, with 1,365 maternal deaths per 100,000 live births. Without contraceptive use, the number of maternal deaths would be 1.8 times higher globally. The highest unmet need for contraception is in Sub-Saharan Africa, where only 22% of married or sexually active women use contraception, compared to 75% in developed countries..(1) Indonesia as a developing country still has a very low quality of population, marked by the delay in the implementation of national development. Based on data in 2021, Indonesia's population is 258,704,986 people, consisting of 129,988,690 men and 128,716,206 women. It is estimated that Indonesia's population will number 337 million in 2050. Therefore, it is very important for Indonesia to improve its public facilities, based on BKKBN data (2021), in an effort to build a quality population, the government pays great attention to the development of human resources. (2)

Based on data from the Laguboti Health Center in 2021, of the 430 PUS in Gasaribu Village, 193 people were active family planning participants, 237 people did not use family planning, with a percentage of 50 pill users (36.7%), injections as many as 66 people (42.2%), IUD as many as 35 people (4.6%), implants as many as 30 people (9.17%), MOW as many as 6 people (2.7%), MOP as many as 4 people (0, 9%) and 7 people (3.7%).(3)The lack of EFA participation as a family planning acceptor can be caused by several factors, including knowledge, economic status, education,

husband's support, side effects and religion. Among these factors, knowledge is a factor that can have a high enough influence on the participation of PUS as a family planning acceptor. In practice the Laguboti Public Health Center provides information to new family planning acceptors. The information provided itself is the provision of all complete information about contraception that is needed to help new family planning acceptors to decide what contraceptive method to choose, but the public is not aware of consulting health workers at the puskesmas about the use of contraceptives.

The results of the author's interview on the MCH and KB programs that the implementation of family planning carried out at the City Health Center is at the posyandu and when PUS comes for use contraceptives so that the provision of family planning information is not evenly distributed to PUS, especially those in Gasaribu Village which is the working area of the City Health Center because the information provided is only given at certain times. Clients or EFA who get good information or knowledge will tend to choose contraceptives correctly and appropriately. In the end it will also reduce the rate of family planning failure and prevent unwanted pregnancies. The process of providing information is expected to increase knowledge, change attitudes and behavior of EFA in family planning, through maturing the age of marriage, birth control, fostering family resilience, increasing family welfare so as to achieve happy and prosperous small family norms.

From the results of the initial survey that the author conducted on 12 PUS in Gasaribu Village, the authors found that 6 of them said they had heard of family planning contraceptives but were not interested in becoming family planning acceptors because of misunderstandings or myths about contraception, one of which is the side effects of use of family planning contraceptives and shame because this contraceptive is installed in their genitals. And 6 other people said they knew about contraception but didn't use it because they wanted to have more children. Based on the above background, it was found that the coverage of family planning acceptors is still low, it is necessary to increase family planning knowledge to increase the participation of couples of childbearing age to become family planning acceptors with health counseling interventions in Gasaribu Village, Laguboti District, Toba Regency. (4)

## 2. Methods

### Population and Sample

The population of this study was all couples of childbearing age in Gasaribu Village, Laguboti District, Toba Regency in 2021 as many as 430 people. The sample size in this study was determined using the Slovin formula in Umar (2010), as follows:

$$n = \frac{N}{1 + Nd^2} \quad (1)$$

So based on the calculation obtained the number of samples:

$$n = \frac{430}{430 (0,1^2)+1} = 100 \text{ person} \quad (2)$$

Based on the above formula, the sample size is 100 people. The sample in this study were all couples of childbearing age (wife). As for the sampling technique in this study using the Simple Random Sampling technique, namely simple random sampling with a list of available populations who have the same opportunity.

## 3. Results

Respondents were then grouped based on the characteristics of EFA Age, EFA Education, and PUS Occupation. Univariate analysis was used to see the frequency distribution of each independent variable (knowledge) and dependent variable (participation as a family planning acceptor).

TABLE 1.

FREQUENCY DISTRIBUTION OF RESPONDENTS CHARACTERISTICS OF COUPLES OF CHILDBEARING AGE (EFA) BASED ON AGE, EDUCATION, OCCUPATION, PARITY/NUMBER OF CHILDREN IN GASARIBU VILLAGE, LAGUBOTI DISTRICT IN 2021

Internal Factor	N	%
<b>Knowledge level</b>		
Well	17	17,0
Enough	76	76,0

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Not enough	7	7,0
<b>Level of education</b>		
Tall	15	15,0
Currently	78	78,0
Low	7	7,0
<b>Age</b>		
< 20 years	7	7,0
20-35 years old	82	82,0
>35 years old	11	11,0
<b>Mother's Job</b>		
Work	17	17,0
Does not work	83	83,0
<b>Parity/ Number of Children</b>		
1-2 children	64	64,0
3-4 kids	27	27,0
>4 kids	9	9,0
<b>Exclusive Breastfeeding</b>		
No	96	96,0
Yes	4	4,0

Based on Table 1, the characteristics of the respondents include: The wife's age criteria included in this study are 15-49 years old. From the table of age characteristics, the majority of wives have ages between 20-35 years as many as 40 respondents (54.1%), while the age of the majority husbands are at the age of >35 years, namely 40 respondents (54.1%). The majority of EFA religions are Islam as many as 54 respondents (72.9%), Christian 10 respondents (13.5%), and Catholicism as many as 10 respondents (13.5%).

TABLE 2.  
FREQUENCY DISTRIBUTION OF RESPONDENTS OF CHILDBEARING AGE (PUS) BASED ON KNOWLEDGE LEVEL OF FAMILY PLANNING IN GASARIBU VILLAGE, LAGUBOTI DISTRICT IN 2021

Knowledge level	f	%
well	35	47,29
enough	16	21,62
Not enough	23	31,08
<b>Amount</b>	<b>74</b>	<b>100,0</b>

Based on Table 2 the frequency distribution of respondents (EFA) based on the level of knowledge about family planning in Gasaribu Village, Laguboti District in 2021 the majority have a good level of knowledge about family planning as many as 35 respondents (47.29%).

TABLE 3.  
CROSS TABULATION BETWEEN KNOWLEDGE LEVEL ABOUT FAMILY PLANNING AND FAMILY PLANNING PARTICIPATION IN EFA IN GASARIBU VILLAGE, LAGUBOTI DISTRICT IN 2021.

KB knowledge level	KB participation				Total		$\chi^2$	p-value	Cont coeff
	Participate		Opt Out		f	%			
	f	%	F	%					
Well	8	22,8	27	77,2	35	100	2,292	0,318	0,05
Enough	4	25,0	12	75,0	16	100			
Not enough	8	34,7	15	65,2	23	100			
<b>Total</b>	<b>20</b>	<b>27,3</b>	<b>54</b>	<b>72,9</b>	<b>74</b>	<b>100</b>			

Based on the data above, it is known that the respondents who have good knowledge but participate in the family planning program are 8 respondents with a percentage of 22.8%. While respondents who have a good level of knowledge but do not participate in the family planning program are 27 respondents with a percentage of 77.2%. The majority of family planning participation at the level of knowledge of respondents who have good knowledge and lack of knowledge, with the highest percentage of not participating in family planning at the level of less knowledge is 65.2% (15 respondents) while those who do not participate are the highest percentage of the group of respondents who have good knowledge with a percentage of 77.2 % (27 respondents).

Based on graphics, it can be seen that the majority of respondents did not participate in the family planning program as many as 54 respondents (72.97%), while EFA who participated in the family planning program were 20 respondents (27.03%).

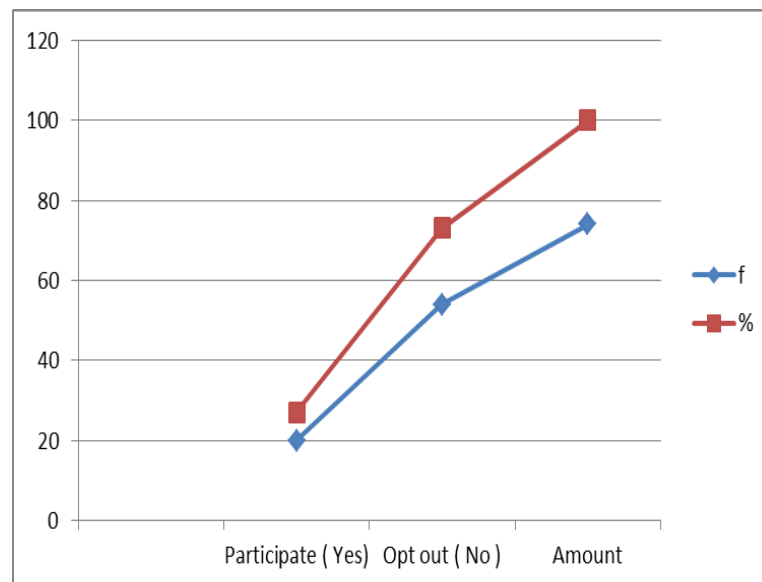


Figure. 1 Distribution of Frequency of Family Planning Participation in Couples of Childbearing Age (PUS) based on Participation and not Participating in Family Planning in Gasaribu Village, Laguboti District in 2021

#### 4. Discussion

The statistical analysis test of the relationship between the level of knowledge about family planning and family planning participation in EFA using the chi-square obtained  $\chi^2 = 2.292$  with a p-value of 0.318 or greater than (0.05) and the contingency coefficient or the strength of the relationship between 2 variables, namely 0,05 indicates the strength of the relationship between the two variables is very low. Based on these calculations, the p-value is smaller, so  $H_0$  is rejected, which means there is no significant relationship between the level of knowledge about family planning and family planning participation in PUS in Gasaribu Village, Laguboti District in 2021. According to Notoatmodjo, knowledge is the result of knowing, and this occurs after someone has sensed a certain object. Sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste, and touch. Most of human knowledge is obtained through the eyes and ears. (5) Knowledge or cognitive is a very important factor to shape one's actions. Knowledge is influenced by formal education where knowledge is closely related to higher education, higher education is expected to affect the breadth of one's knowledge. However, it needs to be emphasized that it does not mean that someone with low education is absolutely low in knowledge, this is also considering that increasing knowledge is not absolutely through formal education, but also through non-formal education.

According to (6), knowledge of prospective acceptors (PUS) about family planning is influenced by information obtained. (7) Every health worker is obliged to provide clear and correct information and motivation about family planning to couples of childbearing age (PUS) so that they

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have good knowledge and have the awareness to participate in the family planning program. Judging from the cross tabulation table the difference between respondents who have good and sufficient knowledge is 1.3% so that respondents who have sufficient knowledge are still very easy to increase their knowledge to become knowledgeable by continuing to get or access information about family planning. According to Notoatmodjo, behavior based on knowledge will be more lasting than behavior that is not based on knowledge . (8). The use of family planning based on knowledge about contraceptives or family planning can create peace because couples of childbearing age are aware of the side effects of using contraception (KB) so that they are better prepared to deal with them. On the other hand, if the use of family planning is not based on knowledge, this raises concerns about the contraceptives used, thus influencing couples of childbearing age to participate or not participate in the family planning program.

Knowledge of contraception or family planning is one of the factors that influence participation in family planning, but apart from the level of knowledge, participation in family planning is also influenced by other factors. Theoretically participation or participation means participating in an activity, participation or participation in an activity, active or proactive participation in an activity. (9). Participation can be broadly defined in the form of active and voluntary community involvement and participation, both for internal (intrinsic) and external (extrinsic) reasons the whole process concerned. Someone who has good knowledge about something will have a positive participation about something that will make the individual have a positive attitude and behavior towards it in this case family planning participation (10). The results of the bivariate analysis of this study stated that there was no significant relationship between the level of knowledge about family planning and family planning participation in PUS in Gasaribu Village, Laguboti District in 2021. This study was not in line with research by Ekasari which showed that the level of participation of couples of childbearing age in the family planning program in Timbangan Village, North Indralaya District, Ogan Ilir is determined by the level of knowledge about contraceptives by 10.48% and the remaining 89.52% is influenced by other factors not studied. (8). Rahma's research on factors related to the choice of non-IUD contraception among female family planning acceptors aged 20-39 years showed that there was no relationship between the level of knowledge and the choice of non-IUD contraception among female family planning acceptors aged 20-39 years.

In the WHO theory, it is explained that knowledge is influenced by a person's experience, factors outside the person (environment), both physical and non-physical and socio-cultural which then the experience is known, perceived, believed to give rise to motivation, intention to act and ultimately occurs. embodiment of intentions in the form of behavior. Based on this theory, there are many factors that influence a person's knowledge so that the results of this study produce an inconsistent relationship significant. Meanwhile, the umbrella research that we have done shows that there are factors related to family planning participation, namely family support factors and economic level (expenditures). High family support, causing PUS to participate in the family planning program. (11). This shows that although the level of knowledge is not related to family planning participation in EFA, other factors such as family support are factors related to family planning participation. This means that even though the level of knowledge of the respondents at the research site is low, if the family supports it, they will follow family planning. Another factor related to KB participation is the level of economy or expenditure, so we can conclude that the level of knowledge is not very decisive in KB participation in EFA in Gasaribu Village, Laguboti District in 2021.

Based on all the research that has been done, knowledge still has an important role in encouraging family planning participation, where with good knowledge it is hoped that PUS will be encouraged or motivated to participate in the family planning program. The results of the study which showed that there was no relationship between family planning knowledge and EFA participation in the family planning program were influenced by several factors, so that EFA knowledge needs to be continuously improved because with knowledge, EFA can base their actions on family planning with the knowledge that EFA has so that when PUS participates in the family planning program, participation it can be more lasting.

## 5. Conclusion

Based on the results of the study, it can be concluded that the respondents' knowledge (PUS) about

family planning in Gasaribu Village, Laguboti District, was mostly well-informed as many as 35 respondents (71.00%). The participation of respondents in the family planning program was 20 respondents (67.3%), while 54 respondents ( 32, 7% ) did not participate in the family planning program. The highest percentage of family planning participation based on cross tabulation of respondents with less knowledge was 8 respondents (34.7%), while the highest percentage did not participate in the family planning program with good knowledge was 27 respondents (77.2%). There is no significant relationship between Knowledge Level about Family Planning and Family Planning Participation in EFA in Gasaribu Village, Laguboti District in 2021, as indicated by the chi-square statistical test with p-value 0.318. The level of relationship between the two variables, the level of knowledge about family planning and the participation of family planning in PUS is very low, as indicated by a contingency coefficient of 0.05.

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