

Developing a Counseling Tool for Determining The Choice of Contraceptives in Women of Fertile Age

Kenik Sri Wahyuni*, Setyo Mahanani

Midwifery Study Program Diploma Three Program,
Faculty of Health Sciences,
Respati Yogyakarta University
E-mail :keniksriwahyuni@respati.ac.id

DOI: <https://doi.org/10.30787/gaster.v19i2.515>

ARTICLE INFO

Keywords: *assistive devices; counseling; Contraceptive*

ABSTRACT

Background: In 2016, the CPR (Contraceptive Participant Rate) was 57.9%. Efforts to increase CPR are pursued by launching a family planning program, through an educational approach and introducing various contraceptives at childbearing age, the government is striving to reduce population growth very quickly (BKKBN, 2016). Research Objectives: To develop counseling aids. Research Methods Using the research action cycle, qualitative methods with 5 midwives and 5 patients. Research location in Sleman Regency, Yogyakarta. Analysis techniques using thematic analysis. Research Results: Communication patterns between providers and patients tend to be in two-way communication patterns. In the use of assistive devices, all providers do not use ABPK in the KB counseling process for various reasons. Although the impact is positive, namely the availability of a complete source of information from each contraceptive Conclusion: The development of counseling aids has changed from a manual design to a digital-based tool, which is an application installed on Android

BACKGROUND

In 2016, the number of PUS in Indonesia was 48,536,690. As many as 13.73% are new family planning participants and 74.80% are active family planning participants (BKKBN, 2018). Meanwhile,

the number of PUS in D.I.Yogyakarta was 789,775 with active family planning participation of 431,813. Among those who used injectable contraceptives were 190,714 (44%), Pills 48,806 (11%), Condoms 28,970 (7%), Implants 31,254 (7%), IUD 107,241

(25%), MOP 3,928 (1%), MOW 20,900 (5%) (BKKBN, 2016).

Control of population growth rate and number is directed at increasing affordable, quality and effective family planning and reproductive health services towards the formation of quality small families. One of the efforts made by the government is by launching a family planning program, through an educational approach and introducing various contraceptives at childbearing age, the government is trying to suppress very fast population growth (BKKBN, 2016)

The majority of contraceptive use is non MKJP (long-term contraceptive method), this allows an increase in the dropout rate.

In fact, most people do not understand the demand for and knowledge about contraceptives. The results of the IDHS survey (2015) show that when couples of childbearing age were asked about family planning, 98% said they knew but when asked for details about contraceptives the percentage decreased. The understanding of vasectomy and tubectomy is only about 7-10% (Tribune, 2018).

BKKBN develops various strategies as an effort to increase public understanding of family planning, including providing reproductive health counseling and promotion services to health facilities and community

activity groups. The quality of counseling in family planning services that occurs in the community is less than optimal. Counseling is given only in accordance with the questions or problems faced by the acceptors. The lack of use of media or aids during counseling is also a factor in the failure of counseling and this has an impact on the level of acceptors' knowledge which tends to be less or low. This is in accordance with Sundari Mulyaningsih's research, 2014 which states that as many as 64% of acceptors have a sufficient level of knowledge, and 12% at a low level of knowledge. Issues related to not maximizing the use of counseling aids during family planning services related to their support for the Encoding-Decoding process, delivery of Messages, providing Feed Back, Noise, and Channels encourages the proposer team to develop a concept design for counseling tools for contraceptive selection (Wahyuni, 2019).

Based on these things the authors are interested in conducting research with the title "Developing Counseling Aids to Determine the Choice of Contraceptives in Couples of childbearing age". research was conducted to develop counseling tools that are more active and available in an effort to achieve counseling goals.

METHOD

The research concept used action research cycles, qualitative research methods with 5 midwives as key informants and 5 patients as triangulation informants. Research location in Sleman Yogyakarta. The analysis technique uses thematic analysis by reading the entire field report, verifying the phenomena found, and describing the results of the analysis. Observation starts from 1) identification of counseling patterns; 2) Adjusting the findings in the field to prepare the design of appropriate counseling tools in family planning services 3) Implementing the draft counseling aid concept design 4) Evaluating the implementation of counseling aids 5) The final stage is the design of counseling aids in contraceptive selection

RESULT

1. Communication patterns between providers and KB acceptors.

Based on the results of the in-depth interviews conducted, it can be explained that the form of communication that occurs between patients and midwives during family planning counseling shows that there is a tendency to include a 2-way communication pattern. Two-way communication is a type of communication that provides opportunities for clients to

be actively involved in the counseling process. This communication pattern is considered effective and efficient because it focuses on the theme that is the client's problem. In midwifery practice two-way communication provides advantages including efficient use of time, because midwives will provide information that is really needed by clients. This two-way communication allows midwives and clients to understand each other and form a good relationship and trust between patients and midwives, and vice versa. Two-way communication is a communication model that allows two parties, both communicants and clients, to be able to provide questions or opinions. The following are excerpts from interviews with respondents related to the types of communication patterns between midwives and clients.

“.....The counseling that I provide is based on the problems expressed by the client. And I give them the opportunity to ask things they want to know or express their opinions, because the patient's response is what provides information to us (midwives) to be able to determine their next steps “(Informants 1, 2, 3)
Counseling must be carried out in two

directions, where the patient and midwife ask and answer each other, so that the client's understanding of the information provided is maximum, so that the information is understood completely and thoroughly. The following is an excerpt from the interview from the respondent who stated that:

".... Counseling, in my opinion, is a question and answer process between the patient and the midwife, we provide the information needed and the patient asks the things he wants to know "(Informant 4) Communication is the main and first factor in Edward III's theory. Communication can be defined as the process of delivering information from a communicator to the communicant. The process of conveying information is not only done directly but also indirectly. Important information for family planning program holders and implementers to know is the objective of implementing the implant and IUD program. The pattern of communication that occurs in family planning counseling is the communication created between the provider (midwife) and the patient regarding the contraceptive device that will be the client's choice. Communication includes understanding,

indications, contraindications, benefits, disadvantages and limitations of each contraceptive. Referring to the results of interviews with respondents, it shows the results. The pattern of communication that occurs between midwives and clients shows a tendency towards two-way communication, which in this form of communication allows providers and clients to actively share their opinions and ideas. Clients are given the freedom to express what they feel and want to know. This is according to counseling in family planning services which is the spearhead of the success of the family planning program, so counseling should be carried out in every family planning service by midwives.

2. Use of tools by providers in family planning counseling

a. Material suitabilityBased

on the results of in-depth interviews conducted with respondents, the material contained in the existing tools is very complete. contains all the information from each contraceptive device. Information is presented in two versions, the provider or midwife version which contains complete information in a more scientific language, while the

patient version of the information is more in the form of pictures and writing that are minimalistic, simple and easy to understand because they use layman's language. As in an interview with CBC decision-making tools currently contain not only material, but structured and systematic counseling steps, which can help to create good quality counseling. Both from the material and from the attitude of the provider during counseling. This is illustrated in the quotations of in-depth interviews with respondents as follows:

"... in the ABPK depict the steps of counseling, from starting to welcome the patient, then determining a new patient or a repeat visit ... besides that there are also pictures that remind us to listen or give the opportunity to ask questions .."

b. Ease of Use of tools

Based on the results of interviews with respondents regarding the use of tools in decision making for family planning, all respondents stated that the use of techniques was complicated and not easy.

Respondents stated that each tool sheet will be related to the next sheet, and the steps demand to be detailed and systematic. Mistakes in opening the supporting sheet will confuse the midwife. Respondents only use tools for new acceptors, who have to get complete information. As a quote from interviews with respondents as follows:

"... Using a tool is difficult, mom, because it has to be coherent and systematic... even though patients sometimes ask questions that are not coherent, like on assistive devices. Then open per sheet must be correct, because if we open it wrong ... it will confuse us.."(respondent 1, 2, 4)

c. Ease of getting tools

Based on the results of in-depth interviews with respondents, most respondents stated that getting counseling tools was not complicated. Counseling aids can be obtained when attending trainings held by BKKBN. ABPK are not traded freely, so to get them they have to take part in training or apply to the BKKBN. As a quote from an interview with a respondent which states that:

“..... I got the counseling aid when I attended training and socialization from BKKBN. And I only have 1, because it is not traded. So if it breaks, I also don't know where to buy it”(Respondents 2,4,5)

d. The safety level of the tools when used

The results of interviews with respondents regarding safety when using tools, all respondents stated that the use of counseling aids is very safe. The supporting tool is in the form of a flipchart which is placed on the examining table. The design and writing are in large tools so that it is easy to read. As an excerpt from interviews with respondents as follows:

“... Using the counseling tool is very safe ma'am... even though it's a bit heavy, because it's huge... but it's only put on the table, so you just need to open and open, no need to raise the numbers... It's just that sometimes the table is stuffy..”

e. Tool prices

Based on the results of interviews with respondents, all respondents stated that their tools were obtained

free of charge from the BKKBN, some were selling duplicates online, but at an expensive price ranging from 300,000 - 400,000. all midwives claim to have never purchased a counseling aid, but know their price by looking at online sales sites. As in the following interview excerpt:

“... I got it for free, ma'am... but I tried to buy again online, the price is very expensive in my opinion. If I'm not mistaken, at that time, there were about four hundred, and those were duplicates, not authentic. “ (respondents 1,2,3,5)

f. Design aids

Based on interviews and observations on counseling aids, the design of existing counseling aids has a less attractive design, especially in the part seen by the midwife. The midwife's section sheet contains a lot of writing. The sheet seen by the patient is more interesting. Lots of pictures and short writing. As in the interview excerpt as follows:

“... If the shape is a bit unattractive, yes... lots of writing. I don't think the information is concise. “

g. Benefits of counseling aids

Decision-making aid for KB is a tool that midwives can use. Based on the results of interviews with respondents, the benefits obtained by using counseling aids provide complete information about various kinds of contraceptives. Helps provide a visual image to the patient during counseling. As an excerpt from the interview with the following patient:

“... .ABPK has complete contents, yes, for every contraceptive, so if you ask about its benefits, it certainly provides a lot of information, okay?”.

h. The impact of using assistive devices during counseling

Based on the results of in-depth interviews with respondents, the impact caused by the use of existing counseling tools provides a complete source of information. The information is conveyed in detail and detail, but it can also have an impact on the length of counseling time and also confusion when using it because of its complicated design. described in the informant's answer during the interview as follows:

“Eeemmm using ABPK sometimes makes a headache, because it is not practical and its use requires accuracy ... because one sheet is incorrectly opened can be very confusing”

Added by another respondent who stated:

“... actually it's very complete ... but how come I sometimes find it complicated to use it ...”

The use of counseling aids raises the interest of educational targets. Achieve more goals Helps overcome language barriers Stimulates educational goals to implement health messages Helps education goals to learn more and faster. Stimulate educational goals to forward received messages to others. Facilitate the delivery of educational materials / information by educators / educational actors. Facilitate the receipt of information by educational goals

A portrait of the use of counseling aids in family planning services by midwives is shown with all midwives having decision-making tools for family planning (ABPK) in

their practice places. ABPK is used with the intention of making it easier to obtain accurate and complete information from all contraceptive devices that are used as counseling material by midwives. The use of ABPK is used in counseling services for new patients, who are required to obtain comprehensive information about all contraceptive methods.

According to Notoadmojo (2014), several strategies to obtain behavior change can be grouped into three parts, namely using strength or power or encouragement, providing information and participatory discussions. With ABPK on family planning, counseling can run informatively and is participatory in nature because ABPK on family planning is a standard guideline for family planning counseling services which not only contains up-to-date information about contraception or Family planning, however, also contains standard family planning counseling processes and steps based on family planning client rights and Inform Choice. ABPK also has a dual function, including assisting in decision-making for the family

planning method, assisting in solving problems in using family planning, working aids for providers (health workers), providing references or technical information, and visual aids for training new providers (health workers). on duty. This is a very important aspect of family planning services. KesMaDaSka Journal - July 2014. Quality counseling between clients and providers (medical personnel) is one of the most important indicators for the success of the family planning (KB) program.

The research results obtained through interviews with respondents stated that when conducting counseling midwives rarely used existing counseling tools for various reasons including; less attractive design of tools, complicated use and difficulty in obtaining tools at high prices.

The results of this study are in line with the research conducted by Rokhmah (2014) which states that the use of ABPK by health center midwives in family planning services has not been going well, this can be seen from the limited input aspects,

namely mastery of the ABPK structure and the ability of personnel to carry out the steps using ABPK, as well as a special room for family planning counseling is still lacking, so that the quality of midwives in providing family planning services is still lacking, this results in the planning, implementation and supervision processes not being carried out properly, causing a program that is quite costly to be less efficient and effective.

In a study conducted by Gita Kostania (2013), the use of ABPK in family planning counseling helps patients formulate the right contraceptive choice, as indicated by the results of contraceptive use by patients who are counseled using ABPK more using long-term contraceptive methods, compared to those counseled not using ABPK who are more likely to use hormonal contraception.

Based on the description above, the use of counseling aids is one of the keys to the success of achieving the objectives of counseling, so there is a need for tools that can answer all the needs of providers and

clients in order to achieve counseling results, so that appropriate use of contraception can be formulated for patients according to their health conditions.

3. Design of counseling tools

a. Content of the material

Based on the results of in-depth interviews conducted with respondents, the assistive devices must contain complete material related to the various contraceptives needed during counseling. The material is easy to understand in concise language, both on the patient sheet and on the sheet seen by the midwife. As in the quote from the interview with the following respondent:

“..... In the tool, it should contain complete material for each contraceptive device. But the fragile ones are so, so that they are easy to understand and not confusing” (Informants 2,3,5)

The sequence of work or work steps in counseling in helping clients to formulate decisions is in the assistive tool, screening clients

according to their conditions. The assistive devices have been grouped based on the quadrant considerations for the use of contraceptives.

b. Ease of used

The results of in-depth interviews with respondents indicated that the use of tools should be simple and easy, providing clarity of steps and information in counseling. So that it can help formulate a decision to use contraceptives in patients appropriately and quickly. The grouping of patient types is one of the easier ways of working in counseling. As an excerpt from interviews with respondents as follows:

“... Anyway, the easy one to use is mb, it’s easy to go back and forth ... it doesn’t make a headache ... heheheh, or if maybe it’s in the form of an application on a cellphone ... it’s easier, right now who doesn’t have a cellphone ...” (respondent 2 , 3.5)

The pages in the assistive device do not jump, sequentially per contraceptive group according to the type of contraception. And shifting material topics are easy to access. As in the interview excerpt as follows:

“... if for example in the form of an application, it’s easier, mb ... just click ... for example, we want to see another page ... that’s just the click you want”

c. ease of access and price of tools

Based on interviews with respondents, counseling tools should be easy to obtain, you can download them on Android with low financing. As a quote from the interview with the respondent:

“... If the counseling tool is in the form of an application, it’s easier to get, we just need to download it and the patient can also download it. so anyone can access it, besides that the price is cheap ... you don’t even pay ... hehehe”

d. Designing Application Design

The results of in-depth interviews with respondents indicated that the design of the tools that most respondents expected was in the form of an easy application to operate. Can be installed on all androids owned by the patient or midwife. In accordance with the current digital era, applications as a counseling aid are considered more acceptable to

all groups. Although face-to-face counseling is also carried out. As in the quote from the interview with the respondent as follows:

“... if now it’s a digital era, ma’am ... so if the tools can be designed like an application, it seems more interesting ... right now who doesn’t have an android ...” (respondent 2, 3, 4)

The use of ABPK in family planning affects the type of contraception the respondent chooses. ABPK with family planning is a medium or channel that influences the counseling process so that perceptions and behavior change so that acceptors choose and use contraception in accordance with their condition and health. It is very important to provide counseling to family planning acceptors using ABPK with family planning because ABPK with family planning is a standard guideline for family planning counseling services which not only contains up-to-date information about contraception or family planning but also contains standards for family planning counseling processes and steps based on the rights of family planning

clients and inform Choice. ABPK also has a dual function, including assisting in decision-making for the family planning method, assisting in solving problems in the use of family planning, working aids for providers (health workers), providing references or technical information, visual aids for training providers (health workers) who are just on duty (BKKBN, 2010)

The results of interviews with respondents can be illustrated that the midwife’s perception of the existence of ABPK at this time is still considered to be not fully utilized. ABPK is considered a tool that is complicated to use, impractical and its large shape makes it difficult to use. In addition, the shape of ABPK that is easily damaged, especially on the boundaries that distinguish each contraceptive device, makes it difficult for users to find sheets that are the topic of counseling. Related to that, all respondents gave their responses to the existence of a counseling tool that is digital or in the form of an application

The tradition of delivering communication and information is now very developed along with the

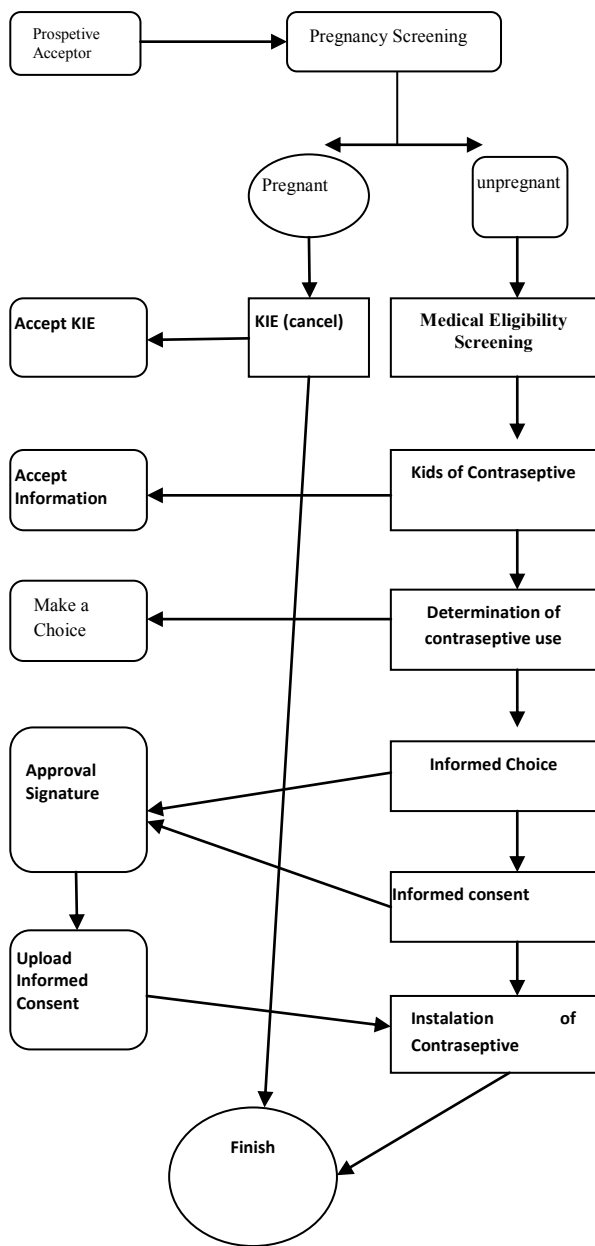
changing society from industrial society to post industrial society or what has become known as modern society. The emergence of information media signifies what McLuhan calls “The Global Village” where the information provided does not enter the digital era, with the emergence of the internet, digital mobile phones. The emergence of the internet became as powerful as its use and became a global culture after jeans and coca-cola. Openness on the internet is a very strong attraction. Anyone can not only read what is on the internet but also can contribute thoughts and comments on the information presented in the news. In accordance with these conditions, in its development, the design of a tool in the form of an application is certainly a very strategic solution to become a tool in the achievement of counseling goals, because it is more desirable and in accordance with technological developments. The tendency of society to be more

The concept design of a tool in the form of an android application

will be developed using the FAST (Framework For The Application Of System Thinking) model which can guide researchers to do step by step system development to better meet the needs of users who are tailored to the needs for contraception starting from the definition stage scope, problem analysis, needs analysis and logical and physical design, which is then carried out by testing the system according to user requirements. The design of the concept of this tool will later be a solution to provide aids in counseling. This application concept design is made into 2 forms of activity which are illustrated in the diagram as follows:

a. *Activity* diagram konseling awal

The following design is a method of working or performance of the program / application as a counseling aid. The general working principle of the counseling process between the provider and the patient / prospective acceptor. Seen in the following image:

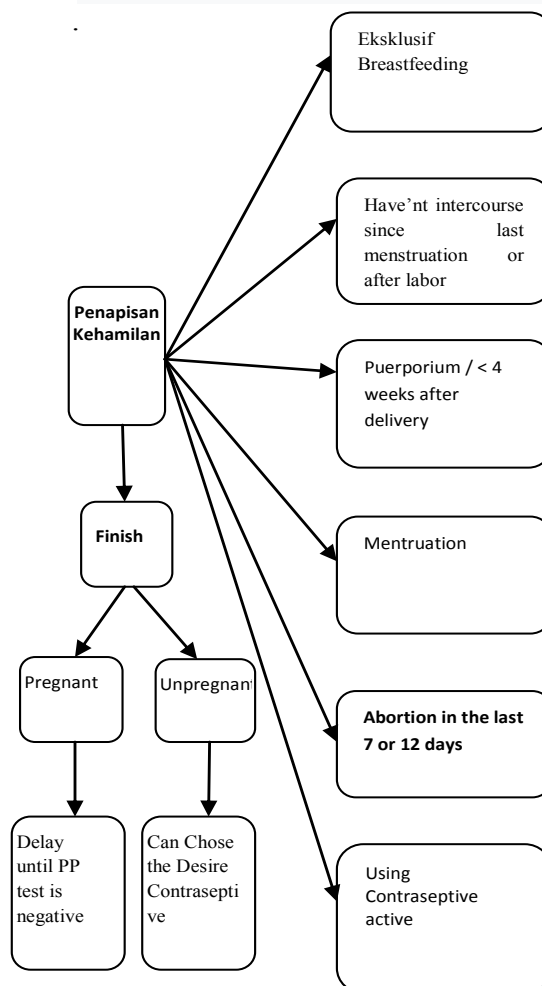


Gambar 1. Activity diagram konseling awal

b. Activity Diagram penapisan kehamilan

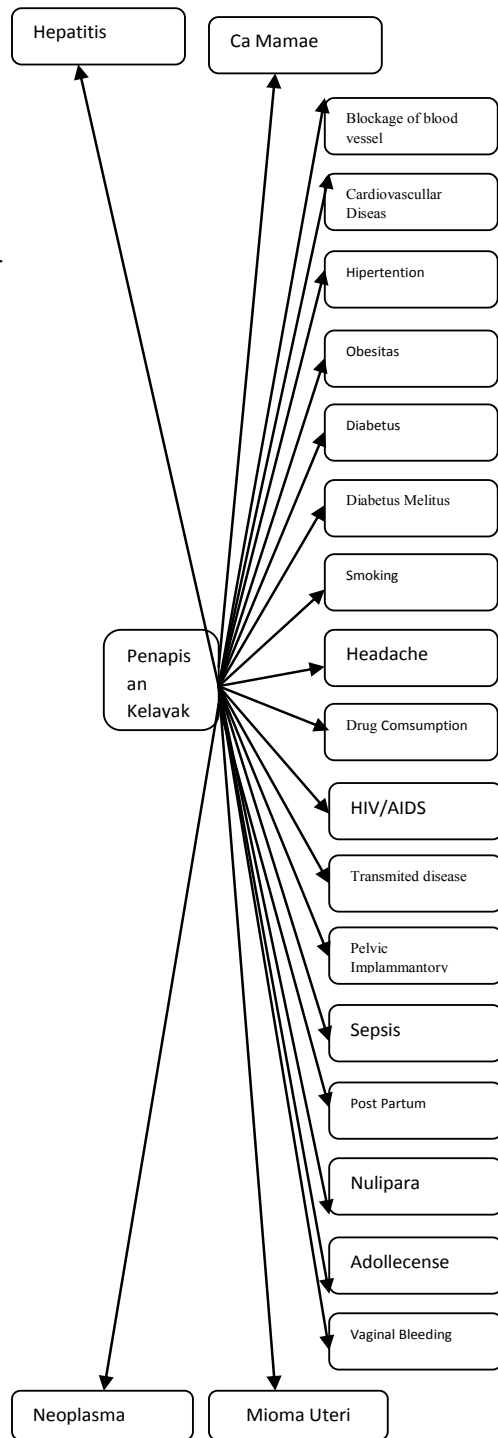
Pregnancy screening is performed before patient exposure or contraceptive options are made. In this display it will be concluded whether the prospective acceptor has a risk of potential pregnancy

or not. If from the various screening questions it is concluded that she is not pregnant, then the patient can use contraception according to her choice. However, if the prospective acceptor has the potential for pregnancy to occur, the contraception installation will be postponed until menstruation or a PP test can be done



Gambar 2. Activity diagram penapisan kehamilan

c. Activity Diagram penapisan kelayakan-medis

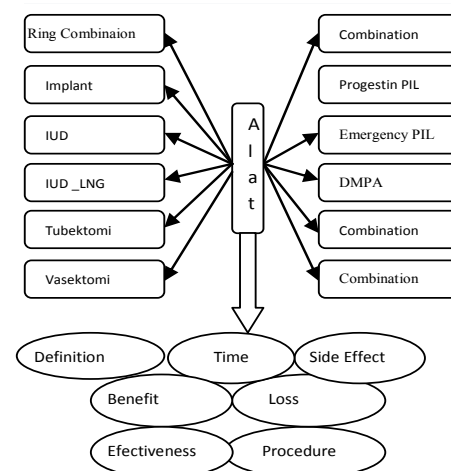


Gambar 3. Activity diagram penapisan Kelayakan medis

After the patient meets the requirements for pregnancy screening, the patient will be screened for medical eligibility in the form of anamnesis of the history of the disease and also a physical examination. This screening focuses on contraceptive options that have been determined by the patient and in accordance with the results of the screening recommendations

d. Diagram Kinerja Macam alat Kontrasepsi

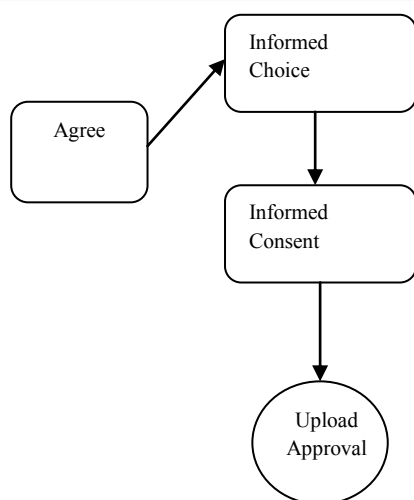
After the patient meets the medical eligibility requirements, the patient and midwife will open a page on the types of contraceptives according to the choice or the results of recommendations from the medical eligibility screening. This section will explain all matters related to the chosen contraceptive including the definition, disadvantages, side effects, time of use, how the benefits and effectiveness



Gambar 3. Activity diagram kinerja

e. Diagram Persetujuan

After the patient understands and understands, the patient will give consent on the informed choice blank and informed consent. The midwife will provide a written consent letter and the patient will sign the patient and husband, then upload it to the application



Gambar 4. Activity diagram persetujuan

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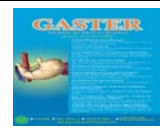
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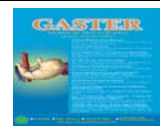
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