

Differences In The Effectiveness Of Abpk And Klop Kb Counseling Against Kb Mkjp Elections

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Abstract.

According to the United States Census Bureau, the world population in 2021 will be 74 million people. In Asia in 2021 the population will reach 4.688 billion. While Indonesia ranks fourth with the largest population in the world of 273.5 million people. The impact of the population explosion is increasing poverty and hunger, malnutrition in children under five, maternal and child mortality, increased unemployment. One of the methods used to reduce the rate of population growth is through birth control by means of family planning. There are two types of Family Planning Counseling Modules, namely using a Family Planning Decision Making Tool and screening of medical eligibility criteria for contraceptive use (KLOP Wheel). Knowing the differences in the effectiveness of ABPK and KLOP KB counseling on the selection of KB MKJP. Analytics with cross sectional design. The sample in this study were all family planning acceptors at the Pasir Jaya Tangerang Health Center in October 2022 as many as 56 people, the sampling technique was total sampling. Most of the respondents were aged 20-35 years (62.5%), secondary education (50.0%) and multiparous parity (89.3%). The family planning acceptors in the ABPK counseling group mostly chose injections 53.6%, and in the KLOP counseling group most chose the IUD 78.6%. There is a difference in the effectiveness of ABPK and KLOP KB counseling on the selection of KB MKJP (p.value 0.001). There is a difference in the effectiveness of ABPK and KLO KB counseling on the selection of KB MKJP (p.value 0.001). For family planning acceptors, they should be able to carefully consider the choice of contraceptives in order to be able to determine the choice of long-term family planning methods (MKJP).

Keywords: ABPK, KLOP KB and KB MKJP.

I. INTRODUCTION

The world's population is expected to increase to 7.8 billion people by New Year 2022. The estimate is based on projections from the United States Census Bureau. According to the bureau, there has been an increase in the world's population of 74 million people throughout 2021. Thus, the world population growth rate as of January 1, 2022 is 0.9 percent compared to the new year 2021. In Asia in 2021, it has a fairly dense number of reservoirs, reaching 4.688 billion. Meanwhile, Indonesia ranks fourth with the largest population in the world, which is 273.5 million people (Jamil, 2022). The impacts of the population explosion are increasing poverty and hunger, malnutrition in toddlers, maternal and child mortality, rising unemployment. One of the ways used to reduce the rate of population growth is through controlling the birth rate. The government through the National Population and Family Planning Agency (BKKBN) has implemented the Family Planning (KB) program which began in 1970. Based on the results of the BKKBN report in 2019, the largest contraceptive use patterns were injectable (49.67%), pills (25.14%), implants (10.65%), IUD (7.15%), condoms (5.68%), MOW (1.50%) and MOP (0.21%) (BKKBN, 2019). The use of contraceptives in 2020, which was the covid-19 pandemic, decreased due to the limited number of people to health facilities. BKKBN shows data that the largest contraceptive use during the Covid-19 pandemic is injectable birth control 12,181,470 people, pills 8,795,141 people, implants 639,921 people, condoms 625,283 people, IUD 261,433 people, MOW 61,711 people and MOP 1,215 people (BKKBN, 2020). BKKBN data for 2019 in Tangerang Regency there were 218,731 active kb participants consisting of injectable kb acceptors (47.68%), pill birth control acceptors (24.77%), condom kb acceptors (2.76%). Meanwhile, users of the long-term contraceptive method (MKJP) are kb IUD acceptor (13.52%), implantable KB acceptor (6.63%), KB MOW acceptor (2.40%), and KB MOP acceptor (2.25%) (BKKBN, 2019).

There are many things that cause the achievement of kb services not as expected. Communication, Information and Education (IEC) activities carried out to the community have not been able to change the value of the ideal number of children desired and the behavior of the community in obtaining contraceptive services as needed (Ministry of Health of the Republic of Indonesia, 2021). A good way to choose contraceptives for mothers is to find information in advance about the ways of birth control based on complete, accu-

rate and correct information. For this reason, in deciding on a contraceptive method, you should consider the rational, effective and efficient use of contraception. The success of family planning in Indonesia cannot be separated from how counseling is provided. Counseling can maintain continuity in the use of contraceptive methods by providing counseling clients can choose contraceptive methods that are believed and in accordance with the client's criteria. Counseling in Family Planning (KB) is the process of exchanging information and positive interactions between clients to help clients recognize contraceptive needs, choose the best solution and make contraceptive decisions that will be used and best suited to the conditions that couples are facing Childbearing age. Birth control counseling greatly influences a person in deciding which contraceptive to use (Zakaria, 2020). ABPK media is a KB decision-making tool that serves as an IEC media to assist decision making of the KB method, help with troubleshooting in the use of kb, work aids for providers, provide technical references/info, visual aids for training new providers. The Counseling Principles used in ABPK are clients who make decisions, providers help clients weigh and make the most appropriate decisions for clients, as far as possible the client's wishes are valued / respected, providers respond to statements, questions or client needs, providers must hear what the client says to know what he should do next (Ministry of Health RI, 2021). The use of ABPK focuses on counseling, this is because clients need to choose a method that makes them comfortable and happy, know the side effects, know how to use the method they choose, know when to come back, get help and support in birth control, know what if there are problems in using the KB method and know that they can change methods if they want it (Zakaria, 2020).

Often the side effects of contraceptive use become the main factor causing dropouts. The Indonesian Health Demographic Survey (SDKI) reported that the rate of contraceptive dropouts in one year was relatively high, and increased from 27% in 2012 to 29% in 2017. Side effects arise due to inappropriate contraceptive options and the client does not understand how to cope with the side effects. Counseling to clients regarding the selection of contraception is an important part of quality Family Planning (KB) services. Through counseling, health care providers help clients choose contraceptives that suit their fertility and health needs (Ministry of Health RI, 2021). Based on the 2020 Family Planning Report, the quality of family planning counseling in Indonesia is still low, at the level of the method information index only 30% in 2015-2017. Good counseling can help mothers choose appropriate contraceptives and address any side effects that may arise. In other words, good birth control counseling can lower birth control dropout rates. This birth control counseling module explains how to provide good birth control counseling by using birth control decision-making tools (ABPK) and screening medical eligibility criteria in the use of contraceptives (Roda KLOP) (Kemenkes RI, 2021). The results of a preliminary survey conducted in the work area of the Pasir Jaya Health Center Tangerang counseling for the selection of postpartum contraceptives using ABPK and birth control decision-making tools were carried out, but not routinely on the grounds that it was troublesome because they had to read or open a backsheet from the media that had been given. Based on the description above, researchers are interested in conducting a study entitled "Differences in the effectiveness of ABPK and KLOP KB counseling on the selection of MKJP kb at the Pasir Jaya Tangerang Health Center in 2022".

II. METHODS

Analytics with cross sectional design. The samples in this study were all kb acceptors at the Pasir Jaya Health Center Tangerang in October 2022 as many as 56 people, the sample sampling technique is total sampling. The analysis method used is univariate and bivariate analysis with chi square test.

III. RESEARCH RESULTS

Table 1. Frequency Distribution of Kb Acceptor Counseling Group at Pasir Jaya Health Center Tangerang

Year 2022			
No	Counseling	Frequency	%
1.	ABPK Counseling	28	50,0
2.	KLOP Counseling	28	50,0
Sum		56	100.0

Based on the table above, it can be seen that of the 56 respondents who were given ABPK counseling as many as 28 people (50%), and those who were given KLOP counseling were 28 people (50%).

Table 2. Frequency Distribution of Birth Control Acceptor Contraceptives in the ABPK Group and KLOP at Puskesmas Pasir Jaya Tangerang in 2022

No	Contraceptives	ABPK		KLOP	
		Frequency	%	Frequency	%
1.	IUD	4	14,3	22	78,6
2.	Implant	3	10,7	1	3,6
3.	Injection	15	53,6	3	10,7
4.	Pill	6	21,4	2	7,1
Sum		28	100.0	28	100.0

Based on the table above, it can be seen that of the 28 respondents in the ABPK counseling group, most of them chose injectable contraceptives as many as 15 people (53.6%), and of the 28 respondents in the KLOP counseling group, most of them chose IUD contraceptives as many as 22 people (78.6%).

Table 3. Differences in the Effectiveness of ABPK and KLOP KB Counseling on the Selection of KB MKJP in Pasir Jaya Tangerang Health Center in 2022

Counseling	MKJP				Non MKJP				Total	P. Value	
	IUD		Implant		Injection		Pill				
	F	%	F	%	F	%	F	%			
ABPK	4	14,3	3	10,7	15	53,6	6	21,4	28	100,0	0,001
KLOP	22	78,6	1	3,6	3	10,7	2	7,1	28	100,0	
Total	26	46,4	4	7,1	18	32,1	8	14,3	56	100,0	

Based on the table above, it can be seen that of the 28 respondents who were given ABPK counseling, most of them chose short-term contraceptives (non-MKJP), namely injectable contraceptives as many as 15 people (53.6%), and of the 28 respondents who were given klop birth control counseling, most of them chose long-term contraceptives (MKJP), namely IUD as many as 22 people (78.6%). The results of cross tabulation between the variables of the type of counseling and the selection of contraceptives showed that the results of the Chi-Square statistical test obtained a value of P.0.001 (P.Value < 0.05) which means that there is a difference in effectiveness between ABPK counseling and KLOP KB counseling. From the results of the study, it can be concluded that KB KLOP counseling is more effective than ABPK counseling where kb acceptors who are given KB counseling prefer KB MKJP compared to kb acceptors who are given ABPK counseling.

IV. DISCUSSION

Selection of Contraceptives

From the results of the study, it can be seen that of the 28 respondents in the ABPK counseling group, most of them chose injectable contraceptives as many as 15 people (53.6%), and of the 28 respondents in the KLOP counseling group, most of them chose IUD contraceptives as many as 22 people (78.6%). Contraception is a device, drug or means used to prevent conception or encounters between the egg and sperm in the uterus. In using contraception, families generally have plans or goals to be achieved. Choosing a method or contraceptive is not an easy thing because the effects that have an impact on the body will not be known as long as you haven't used it. In addition, there is no method or contraceptive that is always suitable for everyone because the situation and body condition of each individual are always different, so it is necessary to have extensive and precise knowledge about the shortcomings and advantages of each method or contraceptive which is then adapted to the user's body condition (Gobel, 2019). The results of this study are in line with the results of Saraswati's research (2019) which said that most kb acceptors chose short-term contraceptives (Non MKJP) as much as 77.1%. Counseling aids are one of the keys to the success of achieving counseling goals, so it is necessary to have tools that can answer all the needs of providers and clients in order to achieve counseling results, so that the use of appropriate contraceptives can be formulated for patients according to their health conditions (Wahyuni & Mahanani, 2019).

In this case, health workers (Midwives) play an important role in providing information about the birth control method of prospective acceptors, which in this case is specifically for pregnant, maternity and puerperal women. The provision of this information is carried out through counseling using decision-making tools (ABPK) to conduct family planning. ABPK is a feedback sheet developed by WHO and has been adapted for Indonesia by STARH for use in counseling. Choosing a method or contraceptive is not an easy thing because the effects that have an impact on the body will not be known as long as you haven't used it. In addition, there is no method or contraceptive that is always suitable for everyone because the situation and condition of the body of each individual is always different, so it is necessary to have extensive and precise knowledge about the disadvantages and advantages of each method or contraceptive which is then adapted to the user's body condition (Gobel, 2019). Health workers play an important role in providing information about the birth control method of prospective acceptors, which in this case is specifically for pregnant, maternity and puerperal women. One of the health workers who plays a role in providing information on the birth control method is the midwife. Midwives who already have knowledge and skills about obstetrics, especially will be able to act as counselors, one of which is a birth control counselor.

In her duties as a birth control counselor, midwives provide the first counseling on the use of contraceptives and then explain the various contraceptives and the advantages and disadvantages of each. The provision of information can be done through counseling using decision making aids (ABPK) with family planning. Most of the respondents get support from health workers, one of them is like health workers explaining in advance about the contraceptives that will be chosen by the respondents and their side effects and giving respondents the freedom to use contraceptives according to their conditions. According to researchers' assumptions from the results of the study showed that most kb acceptors who were given ABPK counseling chose the short-term contraceptive method (Non MKJP), namely injections, this is because they reasoned that injectable birth control is cheaper, more practical, and more convenient, besides that injectable birth control is more affordable. And for respondents who were counseled by KLOP, most of them chose IUD contraceptives, this is because respondents already understand very well the advantages of IUD. But for some respondents still choose long-term contraceptive methods (MKJP) such as IUD and implants, this is because there are still many kb acceptors who are afraid to use the IUD because of their side effects and are afraid of how to install it.

Differences in the Effectiveness of ABPK and KLOP KB Counseling on the Selection of KB MKJP

From the results of the study, it can be seen that of the 28 respondents who were given ABPK counseling, most of them chose short-term contraceptives (non-MKJP), namely injectable contraceptives as many as 15 people (53.6%), and of the 28 respondents who were given klop birth control counseling, most of them chose long-term contraceptives (MKJP), namely IUD as many as 22 people (78.6%). The results of cross tabulation between the variables of the type of counseling and the selection of contraceptives showed that the results of the Chi-Square statistical test obtained a value of P.0.001 (P.Value < 0.05) which means that there is a difference in effectiveness between ABPK counseling and KLOP KB counseling. From the results of the study, it can be concluded that KB KLOP counseling is more effective than ABPK counseling where kb acceptors who are given KB counseling prefer KB MKJP compared to kb acceptors who are given ABPK counseling. Decision making on choosing contraceptives needs to consider the needs of fertility and the client's health condition. Counseling helps clients understand the characteristics of different contraceptive methods and are able to choose the type of contraceptive that suits their needs and health conditions. Counseling needs to also help clients prevent risky pregnancies including Unwanted Pregnancy (KTD) and 4 Too pregnancies (Too young, Too old, Too close, and Too many). The role and ability of service providers (doctors or midwives) in providing good counseling is very important in the selection process and success of the family planning program (Ministry of Health of the Republic of Indonesia, 2021).

Counseling using ABPK is a kb education medium with the aim of empowering clients to choose methods that suit their needs and situations. Health workers can play an active role in serving clients to provide appropriate information about contraceptive methods for married couples and increase family participa-

tion in birth control services and can optimize the use of appropriate methods. ABPK counseling can help clients make the right decisions using contraceptive methods, problem-solving tools, officer aids and as a learning / training medium (Aprilianti & Herlinadiyaningsih, 2018). Counseling is a very important aspect of family planning and reproductive health services. Thus counseling means an attendant who assists the client in choosing and deciding the type of contraceptive to be used according to his choice, in addition to being able to make the client feel more satisfied (Gobel, 2019). The results of this study have not compared previous studies with the same title so researchers cannot compare the results. So far, a journal search has not found the results of ABPK and KLOP KB counseling research in the selection of contraceptives. The Decision Making Tool (ABPK) itself has functions, namely: Helping clients decide and use the desired KB method, providing important information needed by providers to provide quality KB services to clients, work tools for providers, visual aids for training new providers. The efforts made are to always provide counseling about birth control and its use as well as the use of WHO Wheel Criteria and its benefits to overcome women's problems in choosing contraceptives.

ABPK itself is still found to be more inappropriate in the selection of postpartum contraceptives because ABPK is less practical than its size is quite large and heavy, and still explains in more detail about the uses, benefits of contraceptives based on their own decisions without any direction on what kind of contraceptives should be used. According to researchers' assumptions from the results of the study, it was found that kb acceptors who were given ABPK counseling, most kb acceptors chose the short-term contraceptive method (Non MKJP) which was injected 56.6%, while kb acceptors who were given KB counseling mostly chose the long-term contraceptive method (MKJP) IUD as much as 78.6%. It can be concluded that KB KB counseling is more effective against the selection of KB MKJP, because from the results of the study it can be seen that KB MKJP is more chosen by kb acceptors who are given KB KLOP counseling than MKJP counseling. Health workers play an important role in providing information about the kb method of prospective acceptors. One of the health workers who plays a role in providing information on the birth control method is the midwife. Midwives who already have knowledge and skills about obstetrics, especially will be able to act as counselors, one of which is a birth control counselor. In her duties as a birth control counselor, midwives provide the first counseling on the use of contraceptives and then explain the various contraceptives and the advantages and disadvantages of each. The provision of information can be done through counseling using decision making aids (ABPK) with family planning. Most of the respondents get support from health workers, one of them is like health workers explaining in advance about the contraceptives that will be chosen by the respondents and their side effects and giving respondents the freedom to use contraceptives according to their conditions.

V. CONCLUSION

The frequency distribution of most respondents was aged 20-35 years (62.5%), secondary education (50.0%) and multipara parity (89.3%). ABPK counseling 50% and Klop counseling 50%. The frequency distribution of kb acceptors in the ABPK counseling group mostly chose Non MKJP (injectable) 53.6%, and in the KLOP counseling group most chose MKJP (IUD) 78.6%. There is a difference in the effectiveness of ABPK and KLOP KB counseling on the selection of KB MKJP (p.value 0.001).

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