



## THE EFFECTIVENESS COUNSELING MODEL FAMILY PLANNING USING LONG-TERM CONTRACEPTIVE METHODS (LARC) IN *UNMET NEED*

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ABSTRACT	Keywords
<p>The Family Planning program is one of the focus indicators contained in the SDGs. Indonesia is a country that is facing a <i>high</i> number of <i>unmet needs</i> and low (LARC) coverage, so this problem is outlined in the 2020-2024 Strategic Plan. In fact, the city of Palopo is an area that has a high <i>unmet need</i> (12.05%) while the national target is around 8.6% and (LARC) users are also still relatively low (5.09%). Seeing these conditions, this attention will be focused on family planning services for <i>unmet needs</i>, by providing family planning counseling with several models. <b>Research objective</b>: to analyze the effectiveness of the family planning counseling model on (LARC) users in <i>unmet needs</i> in the city of Palopo. <b>The research method</b> uses pre-experimentation with an <i>intact group comparison approach</i>. The intervention group was given family planning counseling using the Medical Eligibility Criteria for Contraception MEC and audio-visual models, while the control group was the group given family planning counseling using the Decision Making Tools (ABPK) model. This research was carried out in the work area of the Sendana Health Center, Palopo City. The research sample is <i>unmet need</i>. The withdrawal technique uses <i>simple random sampling</i>. The number of respondents in this study was 34 respondents, who were divided into two groups, namely the intervention group and the control group, with 17 people in each group. The research instrument used observation sheets and ABPK, MEC and audio-visual tools. Data analysis using <i>tests chi-square</i>. <b>Research results</b>; There is an effectiveness of the family planning counseling model on the use of (LARC) in <i>unmet needs</i> in Palopo City (<math>\rho = 0.024 &lt; \alpha \text{ value} = 0.05</math>), so that there is a need to improve quality family planning services.</p>	<p><b>Family Planning Counseling Model, <i>Unmet Need</i>, Long-Term Contraceptive Methods (LARC)</b></p>

## INTRODUCTION

The Family Planning Program is an effort to create a quality family that lives in a healthy environment. The family planning program is used as a way to reduce population growth and improve maternal and child health (Pusdatin, 2015). In Indonesia, the family planning program is contained in the International Conference on Population and Development (ICPD), the

Millennium Development Goals (MDG), sustainable development goals (SDG's), including the global family planning partnership known as *family planning* (Surya et al., 2020).

Currently, Indonesia is still faced with problems in the family planning program, namely the high number of *unmet needs* and the low coverage of Long Term Contraceptive Methods (LARC) so that

these problems are still the focus of the strategic goals and targets outlined in the Strategic Plan for Family Planning and Reproductive Health. and the 2020-2024 Strategic Plan for the Directorate of Advocacy, Communication, Information and Education at the National Population and Family Planning Agency (BKKBN) (BKKBN, 2020a; Deputy KB/KR, 2017) . (LARC) is a contraceptive tool to delay, space pregnancies and stop fertility that is used in the long term. This method is more rational and has the fewest side effects. (LARC) consists of Intrauterine Contraceptive Devices (LARC) ), implants, Medical Surgery for Women (MOW), Medical Surgery for Men (MOP) (BKKBN, 2019) . The use of (LARC) is still very minimal among women of reproductive age who are married and have a partner. Several factors influence the choice of (LARC) including education, employment, knowledge, attitudes, perceptions and husband's support (Dwi et al., 2018; Zebua, 2017) .

In fact, currently active family planning participants in Indonesia are only around 57.4%. The highest use of contraceptive devices was injectables (59.9%) and a small percentage of family planning participants actively used (LARC) , namely intrauterine contraceptive devices (IUDs) and implants, around 10%. This means that around 12 out of 100 couples of childbearing age (PUS) aged 15-49 are using (LARC) contraception. Apart from that, in the last 3 years (2020-2022) the use of (LARC) has decreased by 0.9% (Central Statistics Agency, 2022; Indonesian Ministry of Health, 2022) . Meanwhile, the unmet need for PUS family planning in Indonesia is categorized as still high, namely 6.09%. Over the last four years, *unmet need* has continued to decline, although there were fluctuations between 2017 and 2018 to 12.4%. By paying attention to socio-cultural characteristics, it is known that unmet need is higher in urban areas (11%) than in rural areas (10%). Around 23% do not want to use contraception due to concerns about side effects, while among men, 32% of men who themselves or their wives do not use contraception for the reason that they do not

want to use contraception. Meanwhile, the target for reducing *unmet need* in 2024 is 8.6% (BKKBN, 2020a) .

Palopo City is one of the areas in South Sulawesi Province with sufficient active family planning coverage, namely 62.3%. However, *unmet need* coverage is still high, namely 12.5%. Meanwhile, the coverage of (LARC) use is still relatively low, namely 5.09% (Central Statistics Agency, 2021) . Empirically, it can be seen that the efforts made by the government and health workers are still not optimal. Family planning education and counseling for *unmet needs* is not carried out intensively and continuously in the target group, but is only scheduled occasionally or when EFA visits health facilities.

*Unmet need* is a group of couples of childbearing ages (PUS) whose contraceptive needs are not met, including all men or women of childbearing age who are married or living together and are considered sexually active who do not use contraceptive methods, whether they do not want to have more children or are delaying childbirth. next (Majestika, 2020) . *Unmet need* is influenced by several factors, including lack of knowledge about Family Planning , lack of support from husbands and culture that is still adhered to by couples of childbearing age, lack of exposure to information, economic status (employment), compliance with parents' opinions is one of them. reasons why women do not become family planning acceptors, access to family planning services, social influence and family support, high costs, age, parity, education, contraceptives ever used and area of residence, IEC treatment by health workers, beliefs and culture, social support ( Andra et al., 2018; Fadyan et al., 2018; Hanum et al., 2018; Khaerunnisa et al., 2016; Sariestya, 2014; Stesia, 2017) .

Seeing these conditions, it is necessary to strengthen the advocacy, communication, information, education (KIE) of the Bangsa Kencana Program as well as comprehensive family planning and reproductive health (Kespro) counseling. This attention is focused on counseling and outreach on reproductive health and the introduction of long-term contraceptive

methods, in order to increase (LARC) participation (BKKBN, 2020b) . Family planning counseling is a conversation between a family planning service provider and a client about awareness in family planning related to reproductive plans/goals, needs, circumstances, choices and matters of concern to the client. Family planning counseling is important as the main protection for the client's choice which is entirely the client's decision completely and freely after obtaining information. Midwives, as the spearhead in the implementation of midwifery care, are expected to be able to play an active role in family planning programs through family planning counseling. Providing intensive and continuous family planning counseling can increase family planning participation (Majestika, 2020) (Mbbs, 2021) .

The state of the art in this research is supported by previous researchers, namely that there is a significant influence of contraceptive counseling on interest in choosing the (LARC) IUD at the Gamping I Sleman Community Health Center. This means that when a mother receives family planning counseling during the third trimester of pregnancy, she has the opportunity to use contraception, especially (LARC) (Hari, 2018) . Apart from that, previous research on family planning counseling which was carried out intensively during the antenatal period increased the use of modern family planning among postpartum mothers, especially during the 9 (nine months) after giving birth (Camara et al., 2018) . Similarly, previous research also states that family planning counseling has a role in increasing the use of postnatal contraception from day 6 (six) to 6 (six) months, especially before the mother returns home from the health facility (Mruts et al., 2022) .

From previous research, it appears that research on family planning counseling still focuses on pregnant women. Counseling is given only when the mother visits a health facility. In fact, one of the targets in family planning services is to reduce the number of *unmet needs* in PUS, so this research is different from previous research. This research will focus on the *unmet need group*.

In detail, the problem formulation in this research is whether the family planning counseling model is effective on the use of long-term contraceptive methods (LARC) in *unmet needs* in the city of Palopo? The aim of the research is: to analyze the effectiveness of the family planning counseling model on the use of long-term contraceptive methods (LARC) in *unmet needs* in the city of Palopo. The research contribution is that the family planning counseling model can be used as planning and action in unmet need services to increase the use of contraceptives, especially (LARC).

## METHOD

Research design uses a pre-experiment with an *intact group comparison approach* , namely determining the research group first. The group was divided into 2 (two) parts, namely the intervention group and the control group, then both groups were observed to see the effect of the treatment (independent variable) on the dependent variable (Aziz, 2015) . The intervention group was given family planning counseling using the Medical Eligibility Criteria for Contraception MEC and audio-visual models, while the control group was the group given family planning counseling using the Decision Making Tools (ABPK) model. Each group underwent counseling 3 times. At each meeting, different counseling materials are given, including the importance of family planning programs, feasibility evaluation, (LARC) contraception (IUD), (LARC) contraception (implant), Evaluation of (LARC) use. This research will be carried out in the work area of the Sendana Health Center, Palopo City in 2023. The population and sample in the research are *unmet needs* in the work area of the Sendana Health Center, Palopo City. The withdrawal technique uses *simple random sampling*. The number of respondents in this study was 34 respondents, who were divided into two groups, namely the intervention group and the control group, with 17 people in each group. The instrument used in this research was a control/observation sheet, both in the intervention group and in the control group. Apart from that, the tools

used are MEC and audio visual as well as ABPK feedback sheets. The data collection method is carried out using 2 (two) techniques, namely; 1) primary data, obtained by providing family planning counseling to the intervention and control groups, then observing both groups by filling in observation sheets. The data analysis used in this research is; 1) Univariate analysis, to determine the frequency distribution of each variable; 2) Bivariate analysis, to analyze the effectiveness of the family planning counseling model on the use of (LARC) in *unmet needs*, using the *chi-square test*. Using a significance level of 95%, and data analysis using the *Statistical Product and Service Solutions* (SPSS) application.

## RESULT

Table 1. Frequency distribution of respondents based on family planning counseling groups

Fami ly Plan ning Cou nseli ng Mod el	Freq uenc y (F)	Perc enta ge (%)
Control	17	50.0
Intervention	17	50.0
<b>Total</b>	<b>34</b>	<b>100.0</b>

Source: primary data

Based on table 1, regarding the frequency distribution of respondents based on family planning counseling, it states that of the 34 respondents, 17 people (50%) were in the control group (family planning counseling using ABPK) and 17 people (50%) were in the intervention group (given family planning counseling using MEC and audio visual).

Table 2. Frequency distribution of respondents based on (LARC) users in *unmet need*

(LARC) user	Frequency (F)	Percentage (%)
No	24	70.6
Yes	10	29.4
<b>Total</b>	<b>34</b>	<b>100.0</b>

Source: primary data

Based on table 2, regarding the frequency distribution of respondents based on (LARC) users in *unmet need*, it states that of the 34 respondents, 24 people (70.6%) did not use (LARC) and 10 people used (LARC).

Table 3. Frequency distribution of respondents based on (LARC) on *unmet need*

(LARC) user	Frequency (F)	Percentage (%)
IUD	6	60.0
Implant	4	40.0
<b>Total</b>	<b>10</b>	<b>100.0</b>

Source: primary data

Based on table 3, the frequency distribution of respondents based on (LARC) used by *unmet needs* was 10 people, the highest among *unmet needs* was 6 people (60%) and 4 people used implants (40%).

Table 4. Effectiveness of the family planning counseling model on the use of Long Term Contraceptive Methods ((LARC) ) in *unmet needs* in Palopo City

Family Planning Counselin g Model	(LARC) user				Total		$\rho$
	No		Yes				
	n	%	n	%	N	%	
Control	15	44.1	2	5.9	17	50.0	.024
Interventio n	9	26.5	8	23.5	17	50.0	
<b>Total</b>	<b>24</b>	<b>70.6</b>	<b>10</b>	<b>29.4</b>	<b>34</b>	<b>100</b>	

Source: chi-square test results

Based on table 4, it shows that out of 34 respondents, the control group (family planning counseling using ABPK) without using (LARC) was 15 people (44.1%) and the control group (family planning counseling using ABPK) using (LARC) was 2 people (5.9%). Meanwhile, there were 9 people in the intervention group (given family planning counseling using family planning methods and audio visual) without using (LARC) and 8 people in the intervention group (given family planning counseling using family planning methods and audio visual) using (LARC) as many as 8 people (23.5%). Based on the results of statistical tests using the *chi-square test*, it was obtained value  $\rho = .024 < \text{value } \alpha = .05$ . This means that the family planning



counseling model using MEC and audio visual is effective in the use of Long Term Contraceptive Methods (LARC) ) in *unmet needs* in Palopo City .

## DISCUSSION

The results of the research show that the family planning counseling model using MEC and audio visual is effective for the use of (LARC) in *unmet needs* in Palopo City . It was proven that as many as 10 respondents used (LARC) after receiving the family planning counseling model. Most of the family planning counseling group used KLOP family planning and audio visual (47%) and the (LARC) used was the IUD (60%) and implant (40%).

This is supported by researchers' findings in the intervention group, stating that it was easier for them to understand and understand their health condition after conducting in-depth interviews related to the conditions they were experiencing. The stigma was initially afraid of using birth control, especially (LARC) such as IUDs and implants. However, after receiving an explanation regarding the importance of implementing family planning and the need for family planning, they no longer felt worried. Even ready to use (LARC) .

In line with previous research, it is stated that there is effectiveness of the KLOB KB application in family planning counseling as a tool to help make decisions about using contraception. All respondents (100%) immediately decided to use contraception after screening and counseling on types of contraception that were suitable for the condition of the potential acceptor (Mariska, 2023) . The use of MEC media apparently also increases the choice of (LARC) in the form of an IUD (78%), compared to using ABPK media which increases the choice of injectable contraception (53.6%) which is a short-term contraceptive ( Sabda Nirwana et al., 2023; Wahyuningsih & Tridiyawati, 2022 ) . Likewise, the implementation of family planning counseling using audio-visual aids has been proven to have an effective influence on the use of (LARC) contraceptives such as implants. Acceptors understand more quickly the importance of

using family planning to regulate birth spacing, and use appropriate contraception (Dahlan, 2019; Widjaya, 2017) . The use of audio-visuals in family planning counseling strategies can also provide easy and complete information, so that it is easily accepted by acceptors and encourages mothers' interest in using family planning acceptors (Mulyati et al., 2023; Novitarini & Qomar, 2021) . Apart from that, the use of multimedia increases the knowledge and selection of appropriate contraception for prospective acceptors, especially for injectable contraceptives and IUDs (Rahayu et al., 2020) .

In accordance with the theory that family planning counseling is an ongoing process and is integrated with all aspects of family planning services (Indrawati & Nurjannah, 2022) . An effective family planning counseling process is a very important indicator in decision making for prospective acceptors in using contraceptives, especially among non-acceptors and those with *unmet need* (World Health Organization, 2018; Yusni & Yusni, 2021) . It has been proven that acceptors who dropped out were due to not receiving better counseling, so they decided not to take family planning anymore (Ontiri et al., 2021) . In fact, good family planning counseling is expected to help prospective acceptors choose and use suitable family planning methods, taking into account their conditions, including overcoming side effects that may arise ( Kwilas et al., 2019; UNDESA, 2022; World Health Organization, 2022) . Counselors are expected to provide all information regarding the importance of using family planning and types of contraception so that the services provided can be of high quality (Indonesian Ministry of Health, 2021; Wahyuningsih & Tridiyawati, 2022) . Utilizing appropriate media in the family planning counseling process is an important factor in supporting the successful use of contraception. MEC is one of the media used in family planning counseling. This media focuses on who can use contraceptive methods safely, provides guidance on the safety of various contraceptive methods in the context of certain health conditions and

characteristics and pays more attention to how to use contraceptive methods safely and effectively (Chen et al., 2017; World Health Organization, 2017, 2020). The use of KLOP family planning and the use of audio visuals can improve the quality of family planning services (Rahayu et al., 2020; Wahyuningsih & Tridiyawati, 2022; World Health Organization, 2016). In the *unmet need group* after receiving quality family planning counseling services, such as; 1) use the MEC tool; 2) providing Service Provider instruction cards for 8 (eight) contraceptive methods which include a description of the method, explanation of effectiveness, how to use the method, main advantages and side effects, how to manage and side effects; 3) client instructions for each modern method that the client takes home which includes a picture and name of the method the client has chosen, when to return, management of side effects, grace period if a dose is missed, instructions for dialogue with the husband, and religious messages are apparently able to increase needs family planning in *unmet need* (AlHamawi et al., 2023).

The assumption in this research is that there is effectiveness of the family planning counseling model on the use of Long Term Contraceptive Methods (LARC) in *unmet needs* in Palopo City. The counseling model using KLOP family planning tools and audio visuals is effective in increasing the use of (LARC) in *unmet need groups* in Palopo City.

## CONCLUSION

There is the effectiveness of the family planning counseling model on the use of (LARC) for *unmet needs* in Palopo City. The counseling model that uses KLOP family planning tools and audio visuals turns out to be very effective in increasing the use of (LARC) in the *unmet need group*, so it is necessary to improve the quality of family planning services through the implementation of appropriate and effective family planning counseling for potential acceptors.

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