E-ISSN 2614-5375



#### **ARTICLE RESEARCH**

URL artikel: http://jurnal.fkmumi.ac.id/index.php/woh/article/view/woh7408

# Factor Related to Compliance to Participate in Family Planning Program in Bangkala Health Centre Working Area

<sup>C</sup>A.M.Multazam<sup>1</sup>, Arni Rizqiani Rusydi<sup>2</sup>, Ella Andayanie<sup>3</sup>, A. Rizki Amelia AP<sup>4</sup> <sup>1,2,3,4</sup> Health Policy Administration, Faculty of Public Health, Universitas Muslim Indonesia Correspondence email (<sup>C</sup>): <u>multazam.mustari@yahoo.com</u> <u>multazam.mustari@yahoo.com<sup>1</sup>, arni.rizqiani@umi.ac.id<sup>2</sup>, ella.andayanie@umi.ac.id<sup>3</sup>, andirezki.amelia@umi.ac.id<sup>4</sup></u>

### ABSTRACT

Family planning is an action to achieve prosperity through marriage counseling, treatment of infertility, prevention of unwanted pregnancies in married couples, regulating the number of children, and the spacing of childbirths. Family planning aims to improve health and welfare and create happy and prosperous small families by controlling birth rates and population growth. This study aims to determine factors related to family planning acceptors' adherence to family planning programs in the working area of the Bangkala Health Center. The type of research used is a quantitative design using a cross-sectional study design approach. The sampling used a non-probability sampling method with an accidental sampling technique; the number of samples was 290—analyzed with the chi-square correlation test. The results showed a significant relationship between knowledge and compliance with family planning acceptors' (P-Value 0.000 <0.05). There is no significant relationship between health workers' support and family planning acceptors is crucial and their efforts are highly valued. Based on the results of this study, it is hoped that the Bangkala Health Center will continue to improve counseling about family planning, primarily related to the use of contraceptive devices for family planning acceptors in the Bangkala Health Center work area so that family planning acceptors are expected to increase their understanding of family planning and raise awareness to comply with the family planning program.

Keywords: Family planning; compliance; KB acceptor

PUBLISHED BY : Faculty of Public Health Universitas Muslim Indonesia Address : Jl. Urip Sumoharjo Km. 5 (Kampus II UMI) Makassar, Sulawesi Selatan. Email : jurnal.fkm@umi.ac.id **Article history :** 

Received 22 April 2024 Received in revised form 11 June 2024 Accepted 9 October 2024 Available online 25 October 2024 licensed by <u>Creative Commons Attribution-ShareAlike 4.0 International License</u>.



### **Publisher : Faculty of Public Health Universitas Muslim Indonesia**

The continuous increase in population can be a severe problem for countries, especially developing countries. Indonesia has the fourth largest population in the world after China, India, and the United States. Indonesia will reach 275 million in 2022, or 3.4% of the world's population. Based on data from the Central Bureau of Statistics (BPS), the population in Indonesia continued to increase in 2020. The population in Indonesia reached 270,203.9 people in 2021, it reached 272,682.5 people, and in 2022, there was an increase in the population, reaching 275,773.8 people.<sup>(1,3)</sup>

The problem of high population growth has broad implications for national development goals, starting from education, health, labor, clothing, food, shelter, and security. To control the population growth rate, the government has developed a policy to reduce the number of births; this population policy is known as the family planning program (KB). One of the health problems in Indonesia is that the Maternal Mortality Rate (MMR) is still high, and it is still far from the 2016-2030 SDGs target of reducing the global maternal mortality ratio to <70/100,000 live births. One approach used to overcome this problem is the safe motherhood approach, which consists of four pillars; one of them is Family Planning (KB), which is through the family planning program, the maternal mortality rate can be reduced due to the causes of being too young, too old, too many, and too close a birth spacing.<sup>(4,7)</sup>

Family Planning is an action to achieve welfare through marriage counseling, infertility treatment, and prevention of unwanted pregnancies in married couples, regulating the number of children and the spacing of children.<sup>(5,8)</sup> Family planning aims to improve family health and welfare and create small, happy, and prosperous families through birth control and population growth control. The direct target of the family planning program is Fertile Age Couples (PUS), which aims to reduce the birth rate by using contraception continuously. In contrast, the indirect target is the implementers and managers of family planning to reduce the birth rate with an integrated population policy approach to achieving quality and prosperous families. Regarding population, family planning aims to control the population growth rate. In the health sector, improving family planning services is an effort to reduce the high maternal morbidity and mortality rates in Indonesia.<sup>(5,7,9)</sup>

The success of the family planning program can overcome problems related to population density and reduce the Maternal Mortality Rate (MMR).<sup>(10,13)</sup> The continuity of a program is influenced by community compliance with the family planning program. In the context of family planning, compliance refers to the extent to which individuals adhere to the recommended contraceptive methods and schedules. It is the act of following the orders or directions given or can be interpreted as a person's behavior by the provisions of health workers, such as obeying the advice or directions of health workers in taking action. In achieving a goal, the determining factor that needs to be considered is compliance in carrying out the directions; if the community does not comply, this can affect the results obtained. According to Hasto, acceptors who discontinue injections or do not repeat contraceptive injections in the first month have a 10% risk of pregnancy, the intrauterine device (IUD) is disconnected, the risk of pregnancy is 15%, the discontinuation of the use of contraceptive pills has a 20% risk of pregnancy. With a 15-20% risk of pregnancy, there is a possibility of an increase in the number of pregnancies of around 370,000 to 500,000 pregnancies.<sup>[11], [14], [15]</sup>

Based on interviews with ten acceptors, individuals who have accepted and are using contraceptive methods, in the Bangkala Community Health Clinic work area, six acceptors were using injectable contraception who missed the re-injection schedule because they forgot (50%). Health workers were not available at the location when they wanted to do the re-injection (33%), or acceptors who used pill contraception forgot or did not take their pill regularly (17%); this shows that there are still some acceptors who are not compliant in following the family planning program which can cause failure in this program so that there is a high possibility of unwanted pregnancy.

The novelty of this study is the analysis of community compliance in following the family planning program, which is something new that has been done at the Bangkala Community Health Clinic work area, a primary healthcare facility located in the urban area of Makassar City. This clinic serves a diverse population, including low-income families and young couples. Based on the description above, the researcher will examine "Factors that influence the compliance of family planning acceptors in following the Family Planning program in the Bangkala Community Health Centre work area, Makassar City in 2023".

## METHOD

The type of research used in this study is a quantitative design, using a cross-sectional approach design. This research method studies the relationship between independent and dependent variables where data collection is carried out simultaneously.<sup>(16,18)</sup>

This research was conducted in the working area of the Bangkala Community Health Clinic in March 2023. The population in this study was active family planning acceptors in the Bangkala Community Health Clinic working area, totaling 1051 acceptors. The sample size in this study was 290 samples from the total population of active participants in the Family Planning (KB) program. The sampling technique in this study used a non-probability sampling method with an accidental sampling technique, namely the researcher took samples with the provisions or requirements of samples from a certain population that was easiest to reach and obtain. The instrument used in this study was a questionnaire, the data analysis method was univariate analysis and bivariate analysis with the chi-square correlation test.<sup>(19,21)</sup> The data that has been processed and analyzed further, with thoroughness and precision, will be presented in the form of a table accompanied by a narrative or explanation of the relationship between the dependent variable and the independent variable.

## RESULT

#### **Univariate Analysis**

Table 1 illustrates the characteristics of respondents based on age. The majority of respondents, a substantial 61.7%, are aged 26-35, while the 36-45 age group is the least represented, with only 1.7%

of respondents. It's also worth noting that all respondents are female, making up the entire 100% of the survey population.

**Table 1.** Respondents' Characteristics Based on Age Group, Type, Gender, Education, Occupation,Number of Children, and Contraceptive Devices in the Working Area of Bangkala Community HealthClinic, Makassar City, in 2023

<b>Respondents Characteristics</b>	Ν	%
Age (Years)		
Late Adolescence (17-25)	106	36,6
Early Adulthood (26-35)	179	61,7
Late Adulthood (36-45)	5	1,7
Gender		
Female	290	100
Educational Background		
Not Finished Elementary/	15	5,2
Finished Elementary		
Finished junior High School	44	15,2
Finished senior High School	188	64,8
Finished Diploma	16	5,5
Finished Undergraduate School	27	9,3
Occupation		
Housewife	266	91,7
Teacher	10	3,4
Merchant	8	2,8
Civil Cervant	5	1,7
Tailor	1	0,3
Number of Children		
<2 Children	80	27,6
2 Children	106	36,6
>2 Children	104	35,9
Contraceptive Devices		
Injection	198	68.3
Pill	73	25.2
IUD/Spiral	19	6.6
Total	290	100

Characteristics of respondents based on education: The majority of respondents have a high school educational background, as many as 188 respondents (64.8%), and the least are elementary school graduates, as many as 15 respondents (5.2%). Characteristics of respondents based on occupation: Most are homemakers, with as many as 266 respondents (91.7%). Moreover, the least is a tailor, with as many as one respondent (0.3%). Characteristics of respondents based on the number of children: Most respondents have two children, and as many as 106 respondents (36.6%). The respondents with the most minor two children are as many as 80 (27.6%). Characteristics of respondents based on contraceptives: The contraceptives used by respondents are mostly injections of as many as 198 people (68.3%). Moreover, the fewest were the IUD/Spiral contraceptives, namely 19 people (6.6%).

Variable	Category	Frequency	%
Compliance	Compliant	147	50,7
-	Not Compliant	143	49,3
Knowledge	Sufficient	141	48,6
-	Not Sufficient	149	51,4
Health Workers Support	Supportive	270	93,1
	Not Supportive	20	6,9

**Table 2.** Respondents' Distribution Based on Compliance, Knowledge, and Health Workers

 Support in Bangkala Community Health Clinic Work Area, Makassar City in 2023

Table 2 shows that most respondents expressed support for health workers, namely 93.1%, while the fewest said health workers, namely 6.9%, did not support them.

### **Bivariate Analysis**

 Table 3. Correlations between Knowledge and Compliance of Acceptors in Bangkala Community

 Health Clinic Work Area, Makassar City in 2023

		Compliance				<b>T</b> ( )	
Knowledge	Com	pliant Not Compliant		Total		Value	
	n	%	n	%	n	%	
Sufficient	94	66,7	47	33,3	141	100	0.000
Not sufficient	53	35,6	96	64,4	149	100	
Total	147	50,7	143	49,3	290	100	

Table 2 shows that most respondents expressed support for health workers, namely 93.1%, while the fewest said health workers, namely 6.9%, did not support them. Table 3 indicates that out of 290 respondents, there are respondents with the highest value, namely those with sufficient knowledge and compliance with the family planning program, which is 66.7%. At the same time, the lowest % of respondents with sufficient knowledge but need to comply with the family planning program is 33.3%. The results of the chi-square statistical test obtained an rValue of 0.000 <0.05, so Ha is accepted, and H0 is rejected, meaning that there is a relationship between knowledge and compliance of family planning acceptors in participating in the family planning program in the Bangkala Health Center work area, Makassar City.

Table 4 shows that of the 290 respondents with health workers' support, most are those who support and comply, which is 50.4%, while the least are those who do not support and do not comply, which is 45.0%. The results of the chi-square statistical test obtained r Value 0.867> 0.05, so Ha is rejected, and Ho is accepted, meaning there is no relationship between health worker support and compliance of acceptors in Bangkala Community Health Center work area, Makassar City.

	Compliance				Total		ρ	
Health Workers Support	Compliant		Not Compliant		-		Value	
	n	%	n	%	n	%	0,867	
Supportive	136	50,4	134	49,6	270	100		
Not Supportive	11	55,0	9	45,0	20	100		
Total	147	50,7	143	49,3	290	100		

 Table 4. Correlations between Health Workers Support and Compliance of Acceptors in Bangkala

 Community Health Clinic Work Area, Makassar City in 2023

## DISCUSSION

## **Correlation between Knowledge and Compliance of Acceptor**

Knowledge or cognition is essential in shaping a person's actions. The level of knowledge also affects individual behavior, where the higher the level of knowledge, the higher the awareness to participate.<sup>(22)</sup> Knowledge has a causal relationship with the compliance of KB acceptors where, in theory, for someone with high knowledge, the level of compliance is also higher 14. Knowledge is needed to support the growth of self-confidence, attitudes, and behavior, so that knowledge is a fact that supports a person's actions. The results of the chi-square statistical test obtained a value of r Value = 0.000 < 0.05, meaning that there is a relationship between knowledge and acceptors' compliance in family planning programs in the Bangkala Community Health work area, Makassar City.

Based on the results of the study, it can be seen that most respondents have less knowledge and some are not compliant. The results of the study showed that the better the level of knowledge of family planning acceptors, the more compliant they are in following the family planning program. Based on the results of the survey in the field, this is because most compliant family planning acceptors have good knowledge, namely understanding the family planning program, especially related to the use of contraceptives. And most compliant family planning acceptors have less knowledge, namely still not understanding the use of contraceptives. The level of individual knowledge has a significant influence on awareness to participate in an activity and has an impact on behavior. In accordance with Zuhri's theory, a person will tend to underestimate a habit when knowledge about the habit is not well understood, this causes a decrease in awareness of the importance of the habit.

The results of this study are in line with the research conducted by Elseria Saragih, showing that there is a relationship between knowledge and compliance with repeat visits in injectable contraceptive acceptors 18. Another study that is not in line with the results of this study is the study conducted by Telly Katharina and Pebrianti which showed that there was no relationship between knowledge of contraceptive pill acceptors and compliance with taking contraceptive pills methode at the private practice midwife of Titin Widyaningsih Pontianak in 2020.

## **Correlations Between Health Workers Support with Compliance of Acceptor**

The study results show that most compliant and non-compliant acceptors have supportive health workers. This means that most of the acceptors in the Bangkala Community Health Center work area receive support from health workers. Namely, health workers provide positive encouragement to acceptors regarding contraception, which satisfies the community with their services, which is the attitude of KB officers who are friendly and polite towards acceptors. Based on Lawrence Green's theory.<sup>(23)</sup> factors related to compliance behavior include reinforcing factors, namely the attitudes or behavior of health workers who support compliance. Based on the results of the survey in the field, it shows that health workers support but many are still non-compliant, this shows that although health workers support, it is not what makes them compliant or non-compliant, but based on the results of the survey in the field, understanding the use of contraceptives and family support influences them to comply or not to comply. The results of the chi-square statistical test obtained  $\rho$  Value of 0.867>0.05, meaning that there is no relationship between health worker support and compliance of KB acceptors in participating in the family planning program in Bangkala Community Health Center work area.

## CONCLUSIONS AND RECOMMENDATIONS

Based on the results of a study on Factors Related to Family Planning Acceptor Compliance in Participating in the Family Planning Program in Bangkala Community Health Center work area in 2023, it can be concluded that the variables related to family planning acceptor compliance are knowledge and the unrelated variables is support from health workers.

Based on the results of this study, it is expected that Bangkala Community Health Center will improve counseling on family planning, especially on the use of contraception to the community in the Bangkala Community Health Center work area, so that acceptors are expected to improve their understanding of family planning and increase their awareness to comply with the family planning program. Moreover, KB acceptors are expected to follow the advice and direction of health workers regarding the use of contraceptives so that the contraceptives used have good effectiveness.

# ACKNOWLEDGMENTS

We would like to thank the Head of the Faculty of Public Health who has given us permission to carry out research activities. In addition, we would also like to thank the Head and staff of the Bangkala Community Health Center who have contributed greatly to the process of implementing our research. Hopefully the results of this study can provide benefits for all of us.

## REFERENCE

- [1] U. Mutu *et al.*, "Jurnal Kesehatan Perintis," vol. 9, no. 2, pp. 82–88, 2022.
- [2] L. K. R. Puji, N. A. Ismaya, and U. Ulfa, "Hubungan Mutu Pelayanan Dengan Minat Kunjungan Ulang Pasien Rawat Inap RS Bhineka Bakti Husada," *Edu Masda J.*, vol. 4, no. 2, p. 167, 2020, doi: 10.52118/edumasda.v4i2.107.
- [3] P. bahjuri Ali, renova glorya montesori Siahaan, dewi amila Solikha, and I. Wikanestri, *Penguatan Pelayanan Kesehatan Dasar di Puskemas*. 2018.
- [4] D. Puspitaningrum, N. D. Indrawati, and ..., "Deskripsi Program Premarital Screening Di Puskesmas Kota Semarang," *Pros. Semin.* ..., vol. 17, 2018.
- [5] G. B. Wanarto, *Penilaian mutu pelayanan kesehatan oleh Pelanggan*. 2013.
- [6] S. Konli, "Pelayanan Kesehatan Masyarakat Di Puskesmas Desa Gunawan Kecamatan Sesayap Kabupaten Tana Tidung," vol. 2, no. 1, pp. 1925–1936, 2014.
- [7] A. D. Laksono *et al.*, "Hambatan akses ke puskesmas pada lansia di indonesia," pp. 228–235, 2018.
- [8] M. Marnah, H. Husaini, and B. Ilmi, "Analisis Perilaku Masyarakat Dalam Pemanfaatan Pelayanan Kesehatan Peserta Program Keluarga Harapan (Pkh) Di Kecamatan Paminggir," J. Berk. Kesehat., vol. 1, no. 2, p. 130, 2017, doi: 10.20527/jbk.v1i2.3152.
- [9] C. E. Ayuningtyas, S. Emma, D. Jatmika, and R. Yulianti, "Peningkatan Gizi Keluarga melalui Kebun Sayur," vol. 5, no. 1, pp. 221–226, 2020.
- [10] V. Nomor, T. Stunting, and P. Balita, "Jurnal Penelitian Perawat Professional," vol. 3, pp. 279– 286, 2021.
- [11] A. M. Multazam, E. Kurnaesih, S. Patimah, R. A. Ahri, and A. R. Rusydi, "Determinan Kehamilan Usia Muda Dengan Hiperemesis Gravidarum Terhadap Kejadian Stunting Di Puskesmas Somba Opu Kabupaten Gowa," J. Muslim Community Heal., vol. 4, no. 3, pp. 93– 107, 2023.
- [12] R. A. D. Sartika, "Analisis Pemanfaatan Program Pelayanan Kesehatan Status Gizi Balita," J. Kesehat. Masy. Nas., vol. 5, no. 2, pp. 1–8, 2010, [Online]. Available: http://journal.fkm.ui.ac.id/kesmas/article/view/152.
- [13] M. Shukri, M. N. N. N. Mustafa, A. Af, R. Ma, and A. Seman, "A Systematic Review of Maternal Dietary Intake and its Association with Childhood Stunting," vol. 22, no. 1, pp. 8–15, 2023.
- [14] A. Arman and S. Sumiaty, "Intake Zat Gizi Dan Jarak Kehamilan Terhadap Anemia Pada Ibu Hamil Di wilayah kerja Puskesmas Di Kabupaten Pangkep," *Wind. Heal. J. Kesehat.*, vol. 4, no. 2, pp. 186–194, 2022, doi: 10.33096/woh.vi.254.
- [15] A. Saleh, S. Syahrul, V. Hadju, I. Andriani, and I. Restika, "Role of Maternal in Preventing Stunting: a Systematic Review," *Gac. Sanit.*, vol. 35, pp. S576–S582, 2021, doi: 10.1016/j.gaceta.2021.10.087.
- [16] J. W. Creswell, "Penelitian Kualitatif & Desain Riset," *Mycol. Res.*, vol. 94, no. 4, p. 522, 1990.
- [17] N. Effendi and H. Widiastuti, "Jurnal Kesehatan," J. Kesehat., vol. 7, no. 2, pp. 353–360, 2014, doi: 10.24252/kesehatan.v7i2.54.
- [18] A. Dwi, L. Id, R. Dwi, W. Id, and N. Amaliah, "Stunting among children under two years in Indonesia: Does maternal education matter?," pp. 1–11, 2022, doi: 10.1371/journal.pone.0271509.
- [19] E. Werdiningsih and A. H. B, "Lima Pendekatan dalam Penelitian Kualitatif," *Likhitaprajna J. Ilm.*, vol. 24, no. 1, pp. 39–50, 2022, doi: 10.37303/likhitaprajna.v24i1.217.

- [20] H. Ahyar, U. S. Maret, H. Andriani, D. J. Sukmana, and U. G. Mada, *Buku Metode Penelitian Kualitatif & Kuantitatif*, no. April. 2020.
- [21] "METODOLOGI PENELITIAN KUANTITATIF.pdf.".
- [22] W. Wibisna, Penguatan Sistem Pelayanan Kesehatan, no. 1. 2019.
- [23] D. M. Adam et al., "済無No Title No Title," Angew. Chemie Int. Ed. 6(11), 951-952., 2020. [Online]. vol. 7, no. 1, 283. Available: p. http://www.nostarch.com/javascriptforkids%0Ahttp://www.investopedia.com/terms/i/in\_specie .asp%0Ahttp://dspace.ucuenca.edu.ec/bitstream/123456789/35612/1/Trabajo de Titulacion.pdf%0Ahttps://educacion.gob.ec/wp-content/uploads/downloads/2019/01/GUIA-METODOL.