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101 THE USE OF LONG-TERM CONTRACEPTION METHOD (MKJP) BASED ON THE ROLE OF CADRE AMONG REPRODUCTIVE WOMEN IN PUSKESMAS SEDAYU I BANTUL Susiana

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INTRODUCTION The population as the basic capital and the dominant factor of development should be a central point in sustainable development. Large populations of low quality and rapid growth will slow down the achievement of ideal conditions between the quantity and quality of the population with environmental carrying capacity and environmental capacity (1).

Based on the population growth projected data, it can be estimated that the world population growth is quite rapid, where the population in the world increased by almost one billion people in twelve years. The development of Indonesia's population is ranked as the 4th largest population in the world after China, India and America (2). Indonesia is a developing country with a population of 252,124,458 people. The ABSTRACT Background: The results of the Health Department of the Republic of Indonesia's survey showed that the population of Indonesia was 252.124.458 inhabitants.

The problem in Indonesia is the growth of population that is relatively high relatively high population growth rate. Family Planning Program in Indonesia is relatively low that can be seen from the number of couples in 2012 to 2014, there were 552,422 couples of childbearing age in DIY. The active participants of family planning was 438,788, and for long-term contraception method itself was low with the number of participants only 153,255. Objective: To determine the use of long-term contraception based on the role of cadres among women of childbearing age. Method: This research used quantitative descriptive. the sample was 48 respondents who were from Puskesmas Sedayu I Bantul.

Results: The majority of respondents was 35-45 years old (47.9%). the majority of euainlvwsSMA/MK y 4 (5.0). etp f work was majority housewives by 42 respondents (87.5%). The largest number of contraception type used by long-term contraception participant was IUD (31.3%). **The role of cadres** about long-term contraception **in women of childbearing age** was in the good category is as much as 23 respondents (92%). Conclusion: I bantul was in good category. Keywords: The Role of Cadres, Long Term Contraception, **Women of Childbearing Age** Optimizing The Role of Health Professionals to Improve Maternal And Child Health...

102 problem in Indonesia is the relatively high rate of population growth. Mid-population estimation (2013) was 248.8 million people with population growth rate of 1.48% (3). One of the government programs to reduce the number of residents was by raising the Program of Family Planning (KB) (3). The National Family Planning Program has an important contribution in improving the quality of the population. One effort to address the population is through the control of factors affecting the population's main rate. One of the ways to reduce population growth is by doing Family Planning Program to control fertility (4).

The **development of Family Planning** (KB) program in Indonesia is still not encouraging. This can be seen from the increase of Contraceptive Prevalence Rate (CFR) in 2007-2012, from 61.4 in 2007 of unmet need of the result of SDKI (Indonesian Demographic and Health Survey) from year to year that have not reached RPJM (Medium- Term Development Plan) target. Based on World Statistics in when compared with other ASEAN countries, the use of family planning in Indonesia has exceeded the But figure still than Vietnam, Cambodia, and Thailand (4).

Based on data from Family Planning Worldwide, the number of WUS (Women Of Child-Bearing Age) in Indonesia is the highest among other ASEAN countries. In other words, we still have to increase the number of Contraceptive Prevalence Rate (CPR) in Indonesia. Therefore, an active participation of all health workers, whether located at central, regional, and health service units in increasing the use of family planning is needed (5). Factors that affect the participation of family planning consist of knowledge, education, number of children, family support, income , work, and (6).

affecting use birth control can occur at various ages, both at young reproductive age and old reproduction age, but the most are women aged > 35 years old. They assume that the age is not in a reproductive period anymore and consider themselves as too old that the possibility for pregnancy is very small (7). Family Planning participants in using long-term contraceptive methods (MKJP) are influenced communication networks in

disseminating family planning programs, low participation of community roles from both cadres and community leaders (7).

Therefore, to increase community participation to Family Planning (KB), KB cadres play a role in increasing the use of family planning, especially the use of MKJP (8). KB cadres as local residents are very close to the community because they are elected and reviewed by the community and can work voluntarily, willing to participate in and manage Family Planning (KB) activities in the village. KB cadres play a role in improving the community's ability to achieve optimal health (9).

Based on data obtained from National Family Planning Board of Special Region number of family planning participants (KB) were injection family planning participants, participants, 3,333 were implant participants, Operative Method) participants. Based on data new family planning program that uses family planning non-long-term contraceptive methods (MKJP) of (559.13%) of all new family planning participants (10). Provincial Office of Region Yogyakarta, Regency 2014 mentioned that IUD family planning participants in **Special Region of Yogyakarta** were also low compared to injection family planning users (10).

The 1st International Conference on Health Alma Ata University 2018 103 Based on the results of the preliminary study at Puskesmas Sedayu I Bantul, most of KB acceptors said that they were not given counseling by KB cadres about Long Term Contraception Method. The purpose of this study was **to determine the use of long-term contraception based on the role of cadres in women of** child-bearing age (WUS) at Puskesmas Sedayu I Bantul. MATERIALS AND METHOD The type of this research is descriptive quantitative. The population of **this study were all family planning acceptors who** visited people based on the last 3 months data from November January with total of 48 KB acceptors.

The sampling technique for this study is accidental sampling with mothers who use KB as inclusion criteria. The instrument used is a questionnaire that the validity and reliability has been tested. RESULTS AND DISCUSSION 1. Respondent Characteristics Table 1. Respondent Characteristics Respondent Characteristics Frequency Total F % F %
Age < 25 Years 6 12.5 48 100 25 - 35 Years 18 37.5 35 - 45 Years 23 47.9 > 45 Years 1
2.1 Education Elementary School 9 18.8 48 100 Junior High School 10 20.8 Senior High School/ Vocational High School 24 50.0 D3 5 10.4 Occupation Housewives 42 87.5 48 100 Farmer 1 2.1 Respondent Characteristics Frequency Total F % F % Teacher 1 2.1 Entrepreneur 1 2.1 Private Worker 3 6.3

Source: Processed Primary Data (2017) Based on the table above, it showed that most respondents was 35-45 years old, with the frequency of 23 people (47.9%), had high

school education, with the frequency of 24 people and as with the frequency of 42 people (87.5%) . 2. **The Use of Long-Term Contraception** on Women with Child-Bearing Age (WUS) in Puskesmas Sedayu I Bantul. Table 2. Frequency Distribution Based on **The Use of Long-Term Contraception** on Women with Child-Bearing Age (WUS) in Puskesmas Sedayu I Bantul The used KB F % MKJP 25 51,1 Non-MKJP 23 47,9 Total 48 100 Source: Processed Primary Data (2017) Based on the table, it can be seen that most respondents, which was 25 respondents (51.1%), used KB MKJP, and as many as 23 respondents (47.9%), used KB Non-MKJP type.

Factors that caused a person not to be a participant were family planning services that still qualified, of contraceptives, delivery of counseling and communication, information, and education which had not been implemented properly, cultural barriers. The less the knowledge of the respondents about long-term contraception, the lower **the use of long-term contraception** compared to respondents with good knowledge. Because the good knowledge of certain contraceptive methods would change Optimizing The Role of Health Professionals to Improve Maternal And Child Health...

104 the acceptors' perspective in determining the most appropriate and effective contraception to be used, so as to make KB users became more comfortable with the contraception. A good knowledge of contraceptives could avoid the mistake in choosing the most appropriate contraceptive (11). According BKKBN Long Contraceptive Method was a contraceptive that could be used in the long term, more than years, and for purpose of making birth or ending pregnancy or did not want to have another child.

The higher the respondent's education, the higher the knowledge the of using MKJP. The statement was supported by (2016) which that knowledge significantly the respondents in using MKJP (12). 3. Cadres' Role about **The Use of Long-Term Contraception** Table 3. Cadres' Role about **The Use of Long-Term Contraception** in Puskesmas Sedayu I Bantul Cadres' Role F % Poor 10 20,8 Good 38 79,2 Total 48 100 Source: Processed Primary Data (2017) Based on table 3, it was shown that most of **the role of cadres in the use of long-term contraception** at Sedayu 1 Community Health Centre was in good category, that was as much as 38 people (79.2%).

Cadres played a role in mobilizing the community give in community to behave as desired, doing counseling, either individually or in groups and monitoring by visiting or during Posyandu (integrated service post) activities. By providing services in Community Health Centre through Posyandu activities and direct visit to the house, the framework of applying the KB values was helpful to the community in conducting family planning in an easy and directed manner (9). Cadre also served as a motivator to encourage couples of child-bearing age to use contraception. Cadres should be able to provide an

explanation of the various contraceptive methods that meet the needs of the respondents.

The ability to communicate information is very important for a cadre (13). Government policy in the success of family planning, cadres had a major role as a driver in realizing family planning (14). 4. **The Use of Long-Term Contraception Based on The** Cadres' Role
Table 4. **The Use of Long-Term Contraception Based on The** Cadres' Role
Penggunaan KB MKJP % Non MKJP % Total % Good 23 60.5 15 39.5 25 100 Poor 2 20 8
80 23 100 Total 25 52.1 23 47.9 48 100 Source: Processed Primary Data (2017) Table 4
showed that the better **the role of cadres in** using long-term contraceptives, the more
the chance of the respondents that would use long-term contraceptives.

Most of the respondents who used IUD contraception showed that the cadres played a good role in using IUD contraceptive information, as much as 23 respondents (60.5%). KB cadres played a role to promote and provided information about family planning. It can be interpreted that a good cadre was a cadre that had motivation to help the community voluntarily, by providing and conveying The Ist International Conference on Health Alma Ata University 2018 105 information about MKJP contraception, so that it expected influence community use MKJP (12). Cadres very in decision making on the use of safe and convenient contraception. So it can help the planned KB program of fertile husband and wife couple.

The use of MKJP in the community needed more socialization from health workers, especially midwives, and must approach the cadres and community leaders to socialize about **the use of long-term** contraception. One of the factors that caused the cadres to have a good role in providing services was the community's trust. Trust was one of the predisposing that a behavior. Then the possibility with trust would affect the role of the cadre (15). In acceptance and use of MKJP, aside for from role the officer or cadre, the individual also played a role in receiving information and determining the type of family planning that he/she would use (16).

CONCLUSION AND RECOMMENDATION It can be concluded that most women of child-bearing age (WUS) in Sedayu 1 Community Health Centre used long-term contraception. Most respondents using long-term contraceptives showed a good cadre role. Based on the results of the study, the authors provided advice that there is a need for increasing long-term KB method information by increasing the competence of both midwives and cadres with appropriate and interesting methods, so that respondents can easily accept and are willing to use long-term contraception.

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