

## *Effectiveness of Counseling in Increasing Mothers' Behavior (Knowledge and Attitudes) Regarding Post-Placental IUD Selection to Realize the SDG Goals of Good Health and Well-Being*

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### ABSTRACT

**Background:** The low coverage of post-placenta IUDs is due to the non-optimal family planning counseling for third-trimester pregnant women. **Objective:** This study aims to analyze the effectiveness of ABPK and SKB counseling in increasing mothers' knowledge and attitudes about choosing a post-placenta IUD at Tawangrejo Health Center, Madiun City. **Methods:** This type of research is quasi quasi-experimental nonequivalent control group design. Data were analyzed using Marginal Homogeneity, Mann-Whitney, Mc Nemar, and Chi-Square. **Results:** The results showed that the Marginal Homogeneity test in the experimental group (SKB) obtained an increase in knowledge with a p-value of 0.000 (<0.05) and the control group (ABPK) obtained an increase in knowledge with a p-value of 0.000 (<0.05) so that it can be interpreted both effective in increasing the mother's knowledge about the selection of the Post Placenta IUD at the Tawangrejo Health Center. The result of the McNemar test on the attitude of the ABPK group was 0.227 (> 0.05) and the attitude of the SKB group was 0.146 (> 0.05) so it can be interpreted that both were not effective in increasing the attitude of mothers about the selection of the Post Placenta IUD at the Tawangrejo Health Center. The results of the Mann-Whitney test on knowledge after ABPK with knowledge after LCS show a p-value of 0.02 the mean rank at ABPK is 23 and the mean rank SKB is 28 meaning that there is a difference between ABPK counseling and SKB counseling in improving mothers' attitudes about choosing the Post Placenta IUD and counseling SKB is more effective. **Conclusion:** The conclusion of SKB counseling is more effective in increasing the mother's knowledge about the selection of the Post Placenta IUD at the Tawangrejo Health Center. Suggestions to further improve SKB counseling in Post Placenta IUD family planning services.

**Keywords:** ABPK, Counseling, Post placenta IUD, SKB.

### INTRODUCTION

Sustainable Development Goals or SDGs are sustainable development goals prepared by the United Nations (UN) in order to improve the welfare of people throughout the world. In general, this program aims to solve social and economic problems in countries that need assistance. The SDGs aim to maintain a sustainable increase in the economic welfare of society and maintain the sustainability of society's social life. Apart from that, this program aims to maintain the quality of the environment and carry out inclusive development and implement governance that can maintain the improvement in the quality of life from one generation to the next.

Indonesia is a country with a very large population. The population needs to be controlled so that there is no further

population explosion which of course will cause various problems for the nation. According to the BKKBN in 2021 Indonesia's Total Fertility Rate (TFR) is 2.24, this figure is still higher than the ideal TFR standard of 2.1. This shows that the average number of children born to a woman during her reproductive period reaches 2 to 3 children. TFR is an important and strategic indicator to determine the extent of a country's success in controlling its population through the Family Planning program (Rotinsulu et al., 2021). According to Law No. 10 of 1992 Family planning is an effort to increase awareness and community participation through maturing the age of marriage, birth control, fostering family resilience, increasing family welfare to create small, happy and prosperous families. In addition, the family planning program is

also designed for the purpose of creating progress, stability, economic, social and spiritual welfare for each resident (Direktorat Jenderal Peraturan Perundang-Undangan Kementerian Hukum dan Hak Asasi Manusia, 2021).

The family planning program in Indonesia was initiated in 1951 and continued to grow until 1970 when the Family Planning Coordinating Board (BKKBN) was formed (Kementerian Kesehatan RI, 2018). The family planning methods that are developing in Indonesia can be divided into 2 according to the period of use, namely Long-Term Contraceptive Methods (MKJP) and Short-Term Contraceptive Methods (Non MKJP). Long Term Contraceptive Method (MKJP) is a contraceptive that can be used for a longer period of time, which is more than 2 years (Wahyuni & Mahanani, 2019). Which includes MKJP, among others; Intra Uteri Device (IUD), implant, Female Operation Method (MOW) and Male Operation Method (MOP). Meanwhile, the short-term method includes; injections, pills, condoms, diaphragms, and the Lactation Amenorrhoe Method (LAM). One method of family planning currently being developed is post-placental family planning using an IUD. Post-placental IUD is the installation of an IUD after 10 minutes of the placenta being born or a maximum of 48 hours after the placenta is born (Faiza & Akbarani, 2019). The family planning currently being developed is post-placental family planning using an IUD. Post-placental IUD is the installation of an IUD after 10 minutes of the placenta being born or a maximum of 48 hours after the placenta is born (Utami et al., 2013). From the KBPP annual report data in the Delivery Room of the Tawangrejo Health Center in Madiun City in 2021 there were 75 normal deliveries, but only 5 people participated in post-placental IUD KB or only 6.6%.

The success of the family planning program in this case the post-placental IUD is of course very closely related to Information and Education Counseling (IEC) (Febrianti, 2018). There are 2 officers' tools in providing counseling to clients, namely "Decision Making Assistance Tool (ABPK) and Balanced Counseling Strategy (SKB). The study was conducted to determine the effectiveness of counseling using ABPK and SKB in increasing mothers' knowledge and

attitudes about choosing a post-placental IUD at the Tawangrejo Health Center, Madiun City (Lestari et al., 2021).

## METHODS

This type of research is quasi-experimental. The form of quasi-experimental research using nonequivalent control group design. In this case the group was randomly selected to be used as the experimental group and the control group (Heryana, 2019). Furthermore, both the experimental group and the control group were given a pretest to determine the condition of the group before being given treatment. After being given treatment, both the experimental group and the control group were given a posttest to find out the condition of the group after treatment. The treatment given is by providing counseling to the case group and the control group differently. starting with a pre-test, then treatment is given in the form of counseling. Taking aids decision (ABPK) and balanced counseling strategy (SKB) for one month, after which a post test is given. The sampling technique is simple random sampling. After that the sample was divided into 2 groups with the same number (Nursalam, 2016). The results of the pretest and posttest were then analyzed whether there was an increase before and after the treatment. Then an analysis was carried out between the experimental group and the control group which was more effective (Suharto, Agung, Heru Santoso WN, 2022).

After the data is collected then analyzed with descriptive statistical

analysis. The data is then entered in the frequency distribution table and cross table. Data is presented in cross-table and textual form. To analyze the effectiveness of ABPK and SKB counseling in increasing mother's knowledge about the selection of post-placental IUDs at the Tawangrejo Health Center using the Marginal homogeneity test with  $p = 0.05$  with the help of a computer. The criterion for rejecting the null hypothesis is when the significance value is obtained for  $p < 0.05$ .  $H_0$  was rejected, which means that there is effectiveness of counseling using ABPK and SKB in increasing mother's knowledge about choosing a post-placental IUD at the Tawangrejo Health Center. If the  $p$  value

> 0.05 means that Ho is accepted, it means that there is no effectiveness of counseling using ABPK and SKB in increasing mother's knowledge about choosing a post-placental IUD at the Tawangrejo Health Center (Basuki, 2014).

While the analysis of the effectiveness of ABPK and SKB counseling in improving mothers' attitudes about choosing a post-placental IUD at the Tawangrejo Health Center used the McNemar test with  $p = 0.05$ . The criterion for rejecting the null hypothesis is when the significance value is obtained for  $p < 0.05$ . Ho was rejected, which means that there is effectiveness of counseling using ABPK and SKB in improving mothers' attitudes about choosing a post-placental IUD at the Tawangrejo Health Center. If the  $p$  value > 0.05 means that Ho is accepted, it means that there is no effectiveness of counseling using ABPK and SKB in increasing the mother's attitude about choosing a post-placental IUD at the Tawangrejo Health Center (Machali, 2015).

## RESULTS AND DISCUSSION

### Characteristics Respondents

Table 1. Characteristics of pregnant women based on age, education, occupation and parity at the Tawangrejo Health Center in Madiun City

No	Characteristics	Class ABPK		Class SKB	
		Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
1	Age				
	Age Under 20 th	3	12	3	12
	20 s/d 35 years	19	76	17	68
	Over 35 years	3	12	5	20
	Summary	25	100	25	100
2	Education				
	Basic	1	4	2	8
	Intermediate	16	64	16	64
	College	8	32	7	28
	Summary	25	100	25	100
3	Work				
	Doesn't work	20	80	19	76
	Work	5	20	6	24
	Summary	25	100	25	100
4	Paritas				
	Gravida 1 s/d 3	23	92	24	96
	Gravida $\geq 4$	2	8	1	4
	Summary	25	100	25	100

most of the respondents ranged from 20 to 35 years a number of 19 respondents (76%) and a small number of respondents aged less than 20 years a number of 3 respondents (12%) and aged more than 35 years a number of 3 respondents (12%). Meanwhile, in the SKB class, almost the same results were obtained, namely the age characteristics of the respondents, mostly ranging from 20 to 35 years, 17 respondents (68%) and a small number of respondents aged less than 20 years, 3 respondents (12%) and aged more than 35 years. a number of 5 respondents (20%). While the characteristics of education in the ABPK class, it was obtained that most of them had secondary education (high school equivalent) of 16 respondents (64%), some had higher education (university and diploma) of 8 respondents (32%) and a small portion had basic education (graduated elementary school or SLTP equivalent) of 1 respondent (4%). Meanwhile, in the SKB class, the data obtained were that most of them had secondary education (high school equivalent) of 16 respondents (64%), some had higher education (university and diploma) of 7 respondents (28%) and a small portion had basic education (graduated elementary school or junior high school equivalent) a number of 2 respondents (8%).

The characteristics of the work of the respondents in the ABPK class were mostly unemployed, 20 respondents (80%) and only a small number worked both civil servants and private employees, 5 respondents (20%). Meanwhile, in the SKB class, the job characteristics of the respondents were also almost the same, namely the majority did not work, 19 respondents (76%) and only a small portion worked both civil servants and private employees, 6 respondents (24%).

The characteristics of the respondents based on parity in the ABPK class can be seen that the majority of pregnant women with children 1 to 3 are 23 respondents (92%) and a small proportion of pregnancies to 4 or more are 2 respondents (8%), as well as the majority of SKB classes are pregnancies of children 1 to 3, a total of 24 respondents (96%) and a small proportion of pregnancies to 4 or more, a number of 1 respondent (4%).

From table 1 it can be seen that in the ABPK class the age characteristics of

**Mother’s Knowledge Before and After Being Given ABPK Counseling**

After being given counseling using ABPK, good knowledge experienced a significant increase from previously only 20% to 80% while sufficient knowledge decreased from 64% to 20% and poor knowledge also decreased from 16% to 0%.

From the results of the study it can be illustrated that knowledge after receiving counseling using the LCS has increased, namely good knowledge increased from 40% to 96% and sufficient knowledge decreased from 52% to 4%, while knowledge was lacking which was previously 8% to 0%

**The Effectiveness of ABPK And SKB Counseling In Increasing Mother’s Knowledge And Attitudes About The Selection Of Post Placenta IUD**

Mother’s knowledge about the selection of the Post Placenta IUD before and after counseling both ABPK and SKB was analyzed using the marginal homogeneity test on the computer, with the following test results: the significance value of knowledge obtained before and after ABPK counseling was 0.000, which means less than 0.05 so it can be interpreted that ABPK counseling is effective in increasing mother’s knowledge about the selection of the Post Placenta IUD. Whereas in LCS the significance value also shows the number 0.000 which means less than 0.05 so that it can be interpreted that LCS counseling is also effective in increasing mother’s knowledge about choosing a Post Placenta IUD.

The mother’s attitude regarding the choice of post-placental IUD before and after both ABPK and SKB counseling was analyzed using the Mc-Nemar test on a computer, with the test results as follows: the significance value for attitudes before and after ABPK counseling was 0.227, which means greater than 0, 05 so it can be interpreted as ineffective in improving mothers’ attitudes regarding post-placental IUD selection. Meanwhile, the significance value of attitude before and after being given SKB counseling was 0.146, which means more than 0.05, so it can be interpreted as not being effective in improving mothers’ attitudes regarding choosing a post-placental IUD.

**Comparison of the Effectiveness of ABPK and Skb Counseling in Increasing Mother’s Knowledge About Post Placenta Iud Selection**

After doing the analysis, it can be seen that ABPK and SKB counseling are both effective in increasing the mother’s knowledge about the selection of Post Placenta IUD KB. So it needs to be tested again with the help of a computer to find out which one is more effective between the two.

The results of the Mann-Whitney test on the results of the knowledge post test after ABPK and SKB show a result of 0.02 which has a meaning smaller than 0.05 so that it can be interpreted as significant meaning that there is a difference in effectiveness between ABPK and SKB counseling in increasing mother’s knowledge about selecting IUD Post Placenta.

Whereas in the Chi Square test on the mother’s attitude before and after ABPK and SKB counseling showed a value of 0.133, which means more than 0.05 so that it can be interpreted as insignificant, which means that there is no difference in the effectiveness of ABPK and SKB counseling in improving mothers’ attitudes about choosing the Post Placenta IUD. Next, it is necessary to find out which one is more effective. For this reason, the Mann-Whitney test was carried out.

Table 2. The results of the Mann-Whitney test on the effectiveness of ABPK and SKB.

No	Variable	Mean Rank	information
1	Knowledge Post Counseling ABPK	23	Smaller
2	Knowledge Post Counseling SKB	28	Smaller

That the mean rank value of SKB is greater than ABPK so it can be interpreted that SKB is more effective than ABPK. SKB counseling were proven to be effective in increasing mother’s knowledge about choosing a post-placental IUD, this is in accordance with the results of calculating the data using the marginal homogeneity test which showed a significance value of 0.000. It can be concluded that counseling using ABPK and SKB is equally effective in increasing mother’s knowledge about



choosing a post-placental IUD. This is in accordance with Long's opinion cited by Nursalam and Pariani (2001)(14), that information, in this case counseling, both ABPK and SKB is an important function to help reduce anxiety. Someone who gets information will be able to enhance the level of knowledge of a matter(15).

There is also agreement with research conducted by Herawati, Dian Wilopo, Siswanto Agus Hakimi, Mohammad in 2018 entitled the effect of family planning counseling using decision-making aids for pregnant women on the use of postpartum contraception using the Randomized Controlled Trials (RCT) method(16). This study shows that family planning counseling using a Family Planning Assistance Tool (ABPK) for pregnant women is effective in increasing postpartum contraceptive use(17). Counseling using ABPK and SKB was not effective in increasing mothers' attitudes about choosing a post-placental IUD, because the significance results on the Mc Nemar test both showed a value of more than 0.05. This is because attitudes are formed not in a short time, as argue that attitude is a mental and nervous state of readiness which is regulated through experience which exerts a dynamic or directed influence on individual responses. So mothers who have bad experiences will tend to have a negative attitude even though they have been given information. Similar to research conducted by Sukarni, Sudirman, Herlina Yusuf in 2020 that there is no relationship between counseling and choosing a contraceptive method, as indicated by a p-value of  $0.735 > 0.05$ (18).

This study aims to find out which is more effective, ABPK or SKB counseling in increasing mothers' knowledge and attitudes about choosing a Post Placenta IUD. After testing, it was found that ABPK and SKB counseling were equally effective in increasing mother's knowledge but equally ineffective in increasing mother's attitude(19). The results of the Chi Square test on the post test ABPK and SKB attitudes showed a result of 0.133 which means more than 0.05 so it can be concluded that it is not effective and there is no difference between ABPK and SKB counseling in improving mothers' attitudes about choosing a Post Placenta IUD(20). Therefore a Mann Whitney test was carried out on knowledge after ABPK

and knowledge after SKB with a significance result of 0.02 so that it was concluded that there was a difference in the effectiveness of ABPK counseling with SKB. The mean rank results for knowledge of SKB are greater than those of ABPK, so it can be concluded that SKB counseling is more effective than ABPK counseling in increasing mother's knowledge about the selection of the Post Placenta IUD at the Tawangrejo Health Center(21).

## CONCLUSION

Based on the results and discussion of research on the effectiveness of ABPK and SKB counseling in increasing mothers' knowledge and attitudes about choosing a Post-Placental IUD at the Tawangrejo Health Center, the following conclusions are drawn: ABPK counseling is effective in increasing mother's knowledge about choosing a Post Placenta IUD, SKB counseling is effective in increasing mothers' knowledge about the selection of the Post Placenta IUD, ABPK counseling is not effective in increasing mothers' attitudes about choosing a Post Placental IUD, SKB is not effective in increasing the attitude of mothers about the selection of the Post Placenta IUD, SKB counseling is more effective in increasing mothers' knowledge about the Post Placenta IUD compared to SKB counseling.

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