THE EFFECT OF PROVIDING CONTRACEPTIVE EDUCATION ON THE KNOWLEDGE LEVEL OF REPRODUCTIVE AGE COUPLES IN THE WORKING AREA OF PARIAMAN PUBLIC HEALTH CENTER

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Abstract

Background: The family planning program is an effort to improve the awareness and participation of the society through the maturity of marriage, birth control, family nurturing, and improvement of family welfare to create a happy and prosperous family. It can reduce 25% of maternal mortality and 18% infant mortality. The higher number of family planning means the more contraceptive use in reproductive age couples, then the higher the reduction number of maternal and infant mortality rates.

Objective: This study aims to observe the effect of providing contraceptive education on the knowledge level of reproductive age couples in the working area of Pariaman Public Health Center.

Methods: This is a pre-experimental study with One Group Pretest-Posttest Design. This study was performed in Pariaman Public Health Center in February to April 2020. The research sample was 50 of reproductive women spouses. The dependent sample T-test (paired sample t-test) was used for data analysis.

Results: It was obtained that the average of knowledge before contraceptive education was given is 44.56 with 15.38 of standard deviation. However, the average of knowledge after contraceptive education was given is 61.26 with 12.14 of standard deviation. It shows that the difference of the mean value before and after giving contraceptive education is 16.70 with 10.00 of standard deviation. Statistical test results obtained value of P-value = 0.000. There is a significant effect of giving contraceptive education to the knowledge level of couples with reproductive age in Pariaman Public Health Center.

Conclusion: The public health center is expected to improve family planning services for couples in fertility age by providing continuous counseling to increase their understanding of choosing and using proper contraception consistently.

Keywords: Health Education, Knowledge, Contraceptive

Introduction

Maternal Mortality Rate (MMR) is an indicator to see the health status of women. MMR becomes one of the third targets of Sustainable Development Goals (SDGs), which is to ensure a healthy life and encourage well-being for people in all stages of age. The SDGs target is 70 per 100,000 at the end of 2030. 359 of MMR per 100,000 live births is still considered high, while the target at the end of 2019 was 306 per 100,000 live births (Ministry of Health, 2015). Government and society take responsibility to ensure that every woman has access to a high quality of maternal health services ranging from the time of pregnancy, childbirth assistance from trained medical personnel, and maternal postpartum care, and access to family planning. To accelerate the
decline of MMR (Ministry of Health, 2014). According to the Indonesian Ministry of Health (2010), the direct causes of maternal death in Indonesia are bleeding, eclampsia, infection, prolonged labor, and abortion. Meanwhile, the indirect causes that take a significant role are 4T, which are too young to give birth (under 20 years old), too often to give birth, too close to give birth, and too old to give birth (over 35 years old), limited frequency of counseling, and education of reproductive health also affects to childbirth complications (Kemenkes RI, 2015).

The national family planning program is a basic social development program, which is imperative for national development and the progress of the nation (Faris, 2015). Family planning is an effort to increase the awareness and participation of society through maturity of marriage, birth control, family development, and improvement of family welfare to create a happy and prosperous family (Azinar, 2018).

Family planning program is also beneficial in realizing access to reproductive health for society in 2030 like what is stated in Sustainable Development Goals (SDGs) in indicator 3.7, which is guaranteeing a universal access to sexual and reproductive, including family planning, information, and education, as well as the integration of reproductive health into national strategies and programs. Likewise, the target of the National Mid-Term Development Plan in 2015 to 2019, which is increasing CPR to 66% including the achievement of active participants in the Long-term Contraception Method by 23.5% (Kemenkes RI, 2014).

Health education is an activity or an effort to convey a health message to the society, group, or individual by expecting them to have a better knowledge about education and change the behavior of the society, group, or individual. Health education is a form of intervention, especially on behavioral factors (Notoatmodjo, 2010).

The importance of contraceptive education can be seen through the impact of knowledge in choosing and using proper contraceptive methods consistently. There are many women who indicate that the effectiveness of contraception is one of the most important considerations when choosing the method of contraceptive (Pazol et al. 2015).

counseling activity because based on the result of the study (Vianti, 2007) states that counseling is effective in increasing respondents’ knowledge toward contraception. We expect that the knowledge of our respondents who use contraceptive methods in Nyatnyono Village, Semarang Regency can increase.

Based on the data taken from Dinas Kesehatan Kota Pariaman in 2019, the highest number of fertile women couples who do not use contraceptive methods in Kota Pariaman found in Pariaman Public Health Center, which is 63.

According to the case above, it is necessary to do research on the effect of providing health education regarding contraception to fertile age couples in Pariaman Public Health Center.

**Methods**

The method of this research is parallel with the use of pre-experimental design with One Group Pretest-Posttest Design, which is a design of research that has pre-test before given treatment and post-test after given treatment. Thus, it can be compared and more accurate. Purposive sampling technique with particular criteria is used in the research sample, in which the number of samples is 50 women in fertility age. The result of the research will be analyzed by using a dependent sample T-test (Paired sample t-test) to see the change of dependent variable by comparing the condition before and after giving a treatment, but normality test by using Shapiro Wilk test is conducted previously (Sugiyono, 2012).

**Results**

**Univariate Analysis**

The distribution of knowledge frequency owned by fertile women couples before given contraceptive education. From table 1, 60% of respondents have low knowledge.

<table>
<thead>
<tr>
<th>No</th>
<th>Knowledge</th>
<th>F</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>High</td>
<td>20</td>
<td>40,0</td>
</tr>
<tr>
<td>2</td>
<td>Low</td>
<td>30</td>
<td>60,0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>50</td>
<td>100,0</td>
</tr>
</tbody>
</table>

**Table 1**: The distribution of knowledge frequency owned by fertile women couples before given contraceptive education.

The distribution of knowledge frequency owned by fertile women couples after given contraceptive education. Table 2 indicates that 90% of respondents have high level of knowledge.

<table>
<thead>
<tr>
<th>No</th>
<th>Knowledge</th>
<th>F</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>High</td>
<td>45</td>
<td>90,0</td>
</tr>
<tr>
<td>2</td>
<td>Low</td>
<td>5</td>
<td>10,0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>50</td>
<td>100,0</td>
</tr>
</tbody>
</table>

**Table 2**: The distribution of knowledge frequency owned by fertile women couples after given contraceptive education.

**Bivariate Analysis**

The effect of providing contraceptive education on the knowledge level of reproductive age couples in the working area of Pariaman Public Health Center.

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Based on table 3 above, it is obtained that the average knowledge of reproductive women before given contraceptive education is 44,56 with 15,38 of standard deviation while after given contraceptive education obtained 61,26 with 12,14 standard deviation. It shows the difference of mean values before and after given contraceptive education is 16,70 with 10,99 of standard deviation. The results of statistical tests obtained P value = 0,000.

Discussion

Based on the result of the research, it is obtained that the average knowledge of reproductive women before given contraceptive education is 44,56 with 15,38 of standard deviation while after given contraceptive education obtained 61,26 with 12,14 standard deviation. It shows the difference of mean values before and after given contraceptive education is 16,70 with 10,99 of standard deviation. The results of statistical tests obtained P-value = 0.000. It means that there is a significant difference in the average knowledge of reproductive women before and after given health education. It can be concluded that contraceptive education affects the level of knowledge of the reproductive women in the working area of Pariaman Public Health Center.

The importance of contraceptive education can be seen through the impact of knowledge in choosing and using proper contraceptive methods consistently (Pazol et al. 2015).

Health education like counseling is an activity of giving information as an effort to improve or maintain health. Contraceptive Counseling is given to couples with fertile age as an effort to increase their knowledge about the variety of contraceptive methods.

Health education in this research is counseling about contraceptives, which consists of the definition, the types, indication and contradiction, side effects, and the use. The purpose of the counseling is to increase the knowledge of contraception in couples with reproductive age so that it can be applied in healthy living behavior, which is by choosing and using contraceptive methods based on their condition. Moreover, another purpose of the counseling is in line with the main purpose of counseling in general, which is to increase the knowledge or behavior of the society, public behavior, and public health behavior (Nursalam, 2009).

The result of this research is also supported by previous research conducted by Hardiningsih dkk (2017) entitled The Effect of Contraceptive Counseling on Knowledge Level of Women in Fertile Age in The Working Area of Sangkrah Public Health Center Kota Surakarta. The result shows that there is an effect of counseling on the level of knowledge in women with fertile age shown by p= 0,0000.

Related research also conducted by Oviana dkk (2016) entitled The Effect of Contraceptive Counseling to The Increase of Knowledge on Fertile Age Couples in Sungai Pagu Public Health Center, South Solok Region, which obtained the value of p=0,000. It means that there is a benefit of family planning counseling to increase the knowledge of couples. It can be concluded that there is an increase in knowledge before and after given health counseling.

Another research also conducted by Aldian, N.R. (2019) entitled Contraceptive Counseling on Knowledge Level of Fertile Women in Nyatnyono village, West Ungaran, Semarang Regency. The result of the research shows that before having an intervention, 53,3% of respondents belong to low knowledge, 6,7% have standard knowledge, and 40% belong to high category. Meanwhile, after having intervention it shows that 100% of respondents have high knowledge. So, it can be said that doing counseling is an effective way to increase knowledge.

According to the analysis of the writer, before using a contraceptive method, it is important to know the information before. By knowing the contraceptive, its side effects, the benefit, and disadvantages, society can determine an appropriate choice of contraceptive for them so that proper guidance can be provided, which will ultimately increase its sustainability in family planning. Thus, knowledge of contraceptives like the side effects, the benefit, and disadvantages, is needed in determining the contraception to be used. It is also to support Family Planning Program so that people use more effective contraceptive methods.

Conclusion

The result of this research indicates that contraceptive education gives influence on the knowledge level of couples in fertile age. The Public Health Center is expected to improve family planning services to the couples in fertile age by providing continuous counseling to increase the understanding of choosing and using proper contraceptive method.
methods consistently

Conflict of Interest

The authors report no conflicts of interest associated with this work

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References