

THE EFFECT OF THE USE OF THE WHO CONTRACEPTION KB APPLICATION ON WOMEN OF FERTILE AGE (WUS) IN THE KNOWLEDGE OF CHOOSING CONTRACEPTION DEVICES

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ABSTRACT

Family planning is an action that helps husband and wife avoid unwanted pregnancies, regulate the interval between pregnancies, control the time of birth in relation to the age of the husband and wife, and determine the number of children in the family, according to the WHO (World Health Organization). Statistical data from the BKKBN shows that the achievement of new KB participants has decreased significantly from 422,315 in March 2024 to 371,292 and 388,390 in April-May 2024. The decrease in contraceptive use also includes implants which fell from 81,062 to 51,536, injections to 341,109. The purpose of the study to determine the effect of the use of Android Applications on Women of Childbearing Age (WUS) in choosing contraceptives. The research design was pre-experiment with type one group pretest-posttest., sample 40 respondents, this study used Paired sample t-Test. The population in this study was 138 people, the sample in this study was 40 people by purposive sampling. The results of the study had good knowledge of 37 people (92.5%), there was an effect of the use of the WHO Contraception application on knowledge. Respondents' knowledge was good 37 people (92.5%) after being given the WHO contraception application, there was an effect on the knowledge of women of childbearing age after being given the WHO contraception application, so this shows that the use of the WHO Contraception application in choosing contraceptives can increase the knowledge of women of childbearing age.

Keywords: WHO Contraception Application, WUS, Selection of contraceptives

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INTRODUCTION

Family planning is an action that helps husband and wife avoid unwanted pregnancies, regulate the interval between pregnancies, control the time of birth in relation to the age of the husband and wife, and determine the number of children in the family, according to the WHO (World Health Organization) Expert Committee 1970. Family planning or contraceptive services are strategically placed interventions that reduce maternal and child mortality rates. The purpose of family planning is to improve the welfare of mothers and children and to create small, happy and prosperous families through birth control and control of population growth in Indonesia. The creation of a quality population, quality human resources and improving family welfare.

To improve family planning services in accordance with the 1994 recommendations of the International Conference on Population and Development (ICPD), a push to fortify the administration of providing family planning services is one of the most important initiatives. This is also in accordance with the mandate of Law Number 36 of 2009 for health, which states that the government is responsible for ensuring that the population can access safe, effective and affordable family planning services by providing manpower, facilities, equipment and medicines[1]

Statistical data from BKKBN shows that the number of new KB participants has decreased significantly from 422,315 in March 2024 to 371,292 and 388,390 in April-May 2024. The decrease in contraceptive use also includes implants which fell from 81,062 to 51,536, injections to 341,109. Then birth control pills fell from 251,619 to 146,767, condoms from 31,502 to 19,583, MOP (vasectomy) from 2,283 to 1,196 and MOW (tubectomy) from 13,571 to 8,093. Based on the data obtained, the number of KB acceptors in the Melong Asih area of Cimahi City is 6,547. With details of 68 people using implants, 1,628 people using IUDs, 140 people using condoms, 9 people using MOP, 199 people using MOW, 982 people using pills and 3,523 people using injections

Based on this, in 2014 WHO made a modification of the family planning counseling tool in the form of the WHO Wheel Criteria or a pie chart of medical eligibility criteria. This counseling tool is a modification of the results of the official WHO publication, namely the Medical Eligibility Criteria for Contraceptive Use, 5th edition 2015 Update. In this pie chart of medical eligibility criteria, there have been modifications with the addition of pregnancy screening, client screening procedures, the level of effectiveness of contraceptive methods and emergency contraception [5]. In this medical eligibility diagram (WHO Wheel Criteria) is a family planning tool for women with the physical conditions they experience and allow them to use contraception that suits their condition. The contraceptive guide in this pie chart helps recommend decision-making in starting to use contraception that suits the client's needs. When women experience health problems before using contraception, the WHO Wheel Criteria or pie chart can help women choose contraception

The results of the study showed that there was an increase in women of childbearing age in the use of the KB android application, previously there was only 1 respondent (1%) increasing to 19 (49%) with a good level of knowledge when after being given KIE in the use of KB android. Based on this background and the increasingly developing technological advances, researchers are interested in conducting research with the title "The Effect of the Use of KB Android Applications on Women of Childbearing Age (WUS) in the Use of Contraceptives."

METHOD

The research design used is pre-experiment with one group pretest-posttest type. In this study there is no comparison group (control) with a sample of 40 respondents and in this study using Paired sample t-Test. The study was conducted in December 2024-February 2025. The population in this study was 138 people, the sample in this study was 40 people by purposive sampling.

RESULT

Research results on the use of the WHO Contraception tool application for women of childbearing age in increasing knowledge in choosing contraception.

Table 1 Frequency Distribution of Knowledge Level Before and After Utilization of WHO Contraception Application

Level of knowledge	Before		After	
	Frekuensi (F)	Percentage (%)	Frekuensi (F)	Percentage (%)
Good	13	32,5	37	92,5
sufficient	20	50	2	6
less	7	17,5	1	1,5
Total	40	100	40	100

Based on table 1, it shows that before the intervention was given, 20 respondents (50%) had sufficient knowledge regarding the use of the Who Contraception Tool application (pretest). After the intervention was given regarding the use of the Who Contraception Tool application (posttest), 37 respondents (92.5%) had good knowledge.

Table 2 The influence of the use of the WHO Contraception Tool Application on knowledge

Variabel	Mean Rank		P
	Negative Rank	Positif Rank	
Knowledge Prior Knowledge Knowledge after	0,00	4,50	0,003

Based on table 2, the Wilcoxon statistical analysis shows that $p = 0.003 < 0.05$, so it can be concluded that H_0 is rejected or there is an influence of knowledge of women of childbearing age before and after using the WHO Contraception application in choosing contraceptives. The positive mean rank is greater than the negative rank. This shows a positive value, meaning that the use of the WHO Contraception application in choosing contraceptives can increase the knowledge of women of childbearing age.

DISCUSSION

The researcher's assumption that knowledge has a significant relationship with using the WHO Contraception application in women of childbearing age in choosing contraception, the better the acceptor's knowledge about contraception, the better the acceptor will be in choosing contraception, respondents are women of childbearing age who use contraception, (before the acceptor knows the WHO Contraception application, the researcher provides an explanation of the intent and purpose of providing a questionnaire (Pre-test) to measure the respondent's knowledge before using the WHO Contraception application. The material provided regarding contraceptive information using the WHO Contraception application in choosing contraception, even though it uses English, respondents can understand it, then the evaluation is carried out by comparing the pretest and post-test questionnaires that have been given to respondents a week later which has been determined by the researcher.

According to the researcher's assumption that the mother's knowledge of the mother's cognitive ability where the mother's knowledge is at the level of knowledge (knowing) about all contraceptive information, be it what contraception is, types of contraception, side effects of contraception, besides that the mother is also in the level of understanding (comprehension) about all contraceptive information, be it what contraception is, types of contraception, side effects of contraception. The posttest results showed that all mothers had good knowledge, which means that there was a change after being given the use of the WHO Contraception application, respondents were able to apply it, this application is useful for choosing contraception that is appropriate to the respondent's condition. Changes in respondent knowledge occurred due to counseling on the use of this application, which was given using the question and answer lecture method and conducting demonstrations so that respondents could understand the use of the application, even though it uses English, respondents could understand it, based on Rabia's research that this contraceptive guide application helps respondents in choosing contraception when women experience health problems before using contraception.

These results reinforce that digital-based educational approaches such as the WHO Contraception application can be a strategic alternative in improving reproductive health literacy, especially among women of childbearing age who have limited access to direct counseling. This application also provides flexibility for users to access information anytime and anywhere, so that the learning process becomes more independent and sustainable. In addition, the increase in knowledge that occurred shows that digital interventions can strengthen women's role in making decisions regarding their own reproductive health. With better understanding, women tend to choose contraceptive methods that are appropriate to their needs, health conditions, and future pregnancy plans. This is very important in supporting the success of the Family Planning program and reducing the number of unplanned pregnancies.

Not only that, the successful use of this application also shows that language barriers can be overcome with appropriate and interactive information delivery methods. Although the application uses English, through intensive assistance and varied learning methods such as lectures and Q&A, respondents can still understand the contents of the material well. Thus, this study can contribute to the world of midwifery and public health in developing innovative educational methods that are effective and adaptive to technological developments. Similar interventions can be recommended for implementation on a wider scale as part of a national strategy to improve the quality of family planning services and reproductive education.

CONCLUSION

Respondents' knowledge was good, 37 people (92.5%) after being given the WHO contraception application, there was an influence on the knowledge of women of childbearing age after being given the WHO contraception application, so this shows that the use of the WHO Contraception application in choosing contraceptives can increase the knowledge of women of childbearing age.

This application is very useful in this era. By utilizing digital technology, this application can be used by women of childbearing age to choose the right contraceptive method. Although there are shortcomings in the language, this application can be used to replace contraceptive methods that can no longer be accessed.

RECOMMENDATION

It is hoped that midwives and acceptors can play an active role in the family planning program and the WHO Contraception application can be used in providing services.

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