



EVALUATION OF TRAINING FOR CONTRACEPTION SERVICES TRAINER FOR DOCTORS AND MIDWIVES IN HEALTH FACILITIES

by

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ABSTRACT

The training for trainers on contraceptive services for doctors and midwives at Health Facilities was carried out for 14 days, using the blended learning method. Starting with the online method for 9 days, using zoom. Starting from July 4 to July 14, 2022. Participants complete their assignments and then upload them on Google Drive. Then the offline meeting which took place at the Sardjito Hospital Yogyakarta. It was held for 5 days on August 1-5 2022. The training participants consisted of 17 people, 5 people from West Java, 5 people from Papua, 5 people from West Papua and 2 people from Sardjito Hospital. Educational background of the participants who specialize in midwifery from the Indonesian Association of Genecology Organizations (POGI) and midwives from the Indonesian Midwives Association (IBI). Organization The learning method uses question and answer lectures, discussions, and simulations carried out in class, where participants are divided into 3 groups. The first group was West Java plus 1 person from Sardjito, group 2 from Papua 5 people plus 1 from Sardjito Hospital and group 3 consisted of 5 people from West Papua. Participants put the contraceptive IUD, implant, new method of condom on the mannequin. Furthermore, the practice of installing contraceptives at the Sardjito Hospital.

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1. INTRODUCTION

Maternal Mortality Rate (MMR) according to the results of the 2015 Inter-Census Population Survey (SUPAS) in Indonesia is still high at 305/100,000 live births, this is still a major problem in the health sector and is still far from the SDGs target. National Medium Term Development Plan (RPJMN) 2024 for AKI of 183/100,000 live births. Neonatal mortality is still high in Indonesia. The results of the 2017 Indonesian Health Demographic Survey (IDHS) state that the AKN is 15/1,000 KH with a 2024 target of 10 per 1,000 live births. Infant Mortality Rate (IMR) 24/1,000 KH with a 2024 target of 16/1,000 KH. While the 2030 target globally for MMR is 70/100,000 KH. IMR reached 12/1,000 KH and AKN 7/1,000 KH. One approach that is widely used is the safe motherhood approach where there are four pillars in reducing MMR, namely family planning, standardized pregnancy check-ups, clean and safe delivery, and PONEK and PONEK. Contraceptive services or family planning are strategic interventions in reducing MMR and IMR. The indicators for the 2020-2024 BKKBN program include Total Birth Rate/Total Fertility Rate/TFR) per WUS Age 15-49 years, Angja Prevalence of Modern Contraceptives/Modern Contraceptive Prevalence Rate/MCPR, Percentage of Unmet Need for Family Planning (Unmet Need, Birth Rate of Adolescents Age 15-49 years (Age Specific FertilityRate/ ASFRv15-19, Family Development Index (iBangga) and Median Age at First Marriage for Women (MUKP). The use of contraception aims to fulfill everyone's reproductive rights, help plan when and how many children they want, and prevent unwanted pregnancies. Proper use of contraceptives can also reduce the risk of maternal and infant mortality. Therefore, the fulfillment of access and quality of the Family Planning (KB) program should be a priority in health services. In improving access and quality of family planning services according to the recommendations of the 1994 International Conference on Population

and Development (ICPD), efforts to strengthen family planning service management are very important efforts. This is also in line with the mandate of Law Number 36 of 2009 concerning Health, namely that the government is responsible for and ensures the availability of service facilities, tools and drugs in providing family planning services that are safe, quality, and affordable by the community. Currently, the achievement of family planning indicators has not yet fully demonstrated success, based on the 2017 IDHS, that the achievement of family planning participation for all family planning methods is 63.6% with modern family planning participants at 57.2%, a decrease from the 2012 IDHS results of 57.9%, although The achievement of the Long-Term Family Planning Method (MKJP) has increased from 18.2% in the 2012 IDHS to 23.3% of the 2017 IDHS. The 2017 IDHS shows the majority of participants using traditional methods of family planning from 4% in the 2012 IDHS to 6% in the 2017 IDHS. Family planning in Indonesia is directed at maintaining the continuity of the use of family planning tools or methods, where one indicator to measure it is the drop-out rate. Based on data from the BKKBN, the achievement of the total birth rate in Indonesia is 2.45 in 2020. The percentage of achievement of the target birth rate per woman in Indonesia is at 92.2%. This decreased from the previous year of 93.06%. Meanwhile, the prevalence rate of the use of modern contraception is at 57.9%. This figure is still quite low in view of the target set at 61.78%. The importance of contraception is actually one of the efforts to reduce the birth rate. It aims to provide welfare and prevent births. (Humanities, 2021).

2. LITERATURE REVIEW

General Purpose

Knowing Evaluation of training for contraception service trainers for doctors and midwives in health facilities.

Special Purpose

1. Knowing the evaluation of training for Counseling service trainers using Decision Making Tools for doctors and midwives in health facilities
2. Knowing the evaluation of training for trainers of post-partum IUD contraceptive services for doctors and midwives in health facilities
3. Knowing the evaluation of training for implant contraceptive service trainers for doctors and midwives in health facilities
4. Knowing the evaluation of training for contraception service trainers Condoms for doctors and midwives in health facilities
5. Knowing the factors that prospective acceptors choose to accept IUD and Implant KB are factors of higher education, high knowledge, support from their husbands and old family planning acceptors changing ways.

3. RESEARCH METHOD

This research method uses a descriptive research design. What is meant by descriptive research methods according to Sugiyono (2016) are: "research conducted to determine the value of independent variables, either one or more variables (independent) without making comparisons, or connecting with other variables. What is meant by Population according to (Sukandarrumidi, 2012) are: "The whole object of research either consists of real objects, abstracts, events or symptoms which are data sources and have certain and the same characters). The population in this study was 34 people, namely participants in contraception training for doctors and midwives. The definition of the sample according to (Sukandarrumidi, 2012) is: "part of the population that has the same properties of the object that is the source of the data." While the researchers took total sampling, all participants were used as research respondents. Or also called saturated sample. What is meant by saturated samples according to Sugiyono (2017:85) are: "Sampling techniques when all members of the population are relatively small, less than 30, or the research wants to make generalizations with very small errors. Data collection techniques in this study using interviews and observations. What is meant by interview technique according to Notoatmodjo (2012:102) is: "a method used to collect data, where researchers get information or opinions orally from a research target person (respondent), or have a face-to-face conversation with that person. While what is meant by observation according to Notoatmodjo (2012: 93) is: "a result of the soul's actions actively and attentively to be aware of the stimulus. The population of the study was 2 batches of trainees, namely batch 1 and batch 2, with a total of 34 people. While the research sample was 17 people, namely trainees from Batch 1. Data collection techniques were carried out by observing when participants carried out activities, both when receiving theories, discussions, simulations and during practice installing IUDs and implants after conducting counseling at the Sardjito Hospital Yogyakarta. . At the time of practice at Sardjito Hospital, 4 trainees did counseling first, then put an implant or IUD depending on the results when the participants were doing counseling. For the implant, there are disassemblies. So there are 2 skills that have been done, namely opening implants and installing implants or the term is called unloading implants.



4. RESULTS AND ANALYSIS

For Trainers of Contraceptive Services for Doctors and Midwives in Health Facilities, it is carried out in a blended learning manner. Class 1 will be on July 4-22, 2022, while Class 2 will be on July 4-August 5, 2022. In offline activities held in Yogyakarta, there are 2 classes of different times. For Batch 1, offline training will be on July 18-21, 2022, while for Class 2 offline will be on August 1-5, 2022. But the activity process is relatively the same, Batch 1 and Class 2. The theories, simulation, practice are all the same. On the first day until the third day, participants did counseling simulations, post partum IUD insertion, implant placement containing 1 and 2 as well as condom installation simulations. All by using a mannequin provided from the Sardjito Hospital Yogyakarta. The offline or classical training venue is held in the same place, namely the Sardjito Hospital Yogyakarta Hall. The technique of implementing simulation and practice, participants were divided into 3 groups. Group 1 has 6 participants. 5 people from West Java and 1 person from Sardjito Hospital Yogyakarta. Group 2 consisted of 6 people, 5 people from Papua and 1 person from Sardjito Hospital Yogyakarta. Group 3 as many as 5 people, came from West Papua. Evaluation of the training during the counseling simulation, participants was facilitated by 1 facilitator and 1 co-facilitator. The facilitator provides examples of counseling using a check list sheet. Then all participants tried one by one. All of them take turns as a counselor and as a counselee. Provided an assessment by the facilitator. Until all of them passed by the facilitator. Evaluation of training for trainers of Post Partum IUD contraceptive services for doctors and midwives in health facilities, participants were divided into 3 groups. Group 1 consisted of 6 participants from 5 people from West Java and 1 person from Sardjito Hospital. Group 2 consisted of 5 people from Papua and 1 person from Sardjito Hospital and group 3 consisted of 5 people from West Papua. Each group has its own facilitator. Participants were initially given an example of how to insert a post partum IUD using a mannequin. Furthermore, all participants participated in a simulation using a mannequin, using a check list sheet. until all participants passed the simulation. Participants keep trying until they succeed in carrying out the simulation, given an assessment by the facilitator. This is done because, the next day the trainees will install the IUD directly, if there is a Post partum IUD acceptor. (BKKBN, 2021). Evaluation of training for implant contraceptive service trainers for doctors and midwives in health facilities. participants were divided into 3 groups. Group 1 consisted of 6 participants from 5 people from West Java and 1 person from Sardjito Hospital. Group 2 consisted of 5 people from Papua and 1 person from Sardjito Hospital and group 3 consisted of 5 people from West Papua. Each group has its own facilitator. Before starting the simulation, participants were provided with a video on how to install implants and remove implants with new methods. After that, participants returned to their respective groups, initially given an example of how to install it by the facilitator, using a mannequin. There is a check list sheet, so that the simulation matches the installation steps. Furthermore, all participants take turns participating in a simulation using mannequins, until all participants are declared to have passed the simulation. If something fails, the participants enthusiastically repeat again. Participants keep trying until they succeed in doing the simulation. This is done because, the next day the trainees will install implants directly, the impant family planning acceptors have been prepared by the Yogyakarta BKKBN. (BKKBN, 2021). Evaluation of training for trainers in contraception services. Condoms for doctors and midwives in health facilities. The trainees each simulated the installation of condoms on the mannequins that had been provided, until they were successful. Trainees perform simulations individually, with each individual being seen by one group of their friends. (BKKBN D.K., 2021). On August 4, 2022, participants practice counseling, insertion, IUD, and implant placement. Each participant mostly got 1 implant each and each got 1 IUD inserted. But in reality there are 2 people who cannot install implants because there are not enough acceptors. So the number of implant acceptors is 15, while the number of participants is 17, while the number of IUD insertions is more than 17 acceptors, so there are 2 participants who install 2x and there are also participants who can accept IUD disassembly and implant removal. On August 5, 2022, microteaching will be held. Participants are divided into 3 classes. In each class, there are 2 examiners. Each participant gets a percentage time of 20 minutes; input from each examiner is 5 minute. After the microteaching is finished, a seminar is held. All participants passed. For Batch 2, there were 2 best people, the first from Papua and the second from West Java. Based on the results of research Laras, et al, and show that, it is effective for mothers to regulate the spacing of their pregnancies or limit the number of births. The results of this study illustrate that the use of contraceptive methods is influenced by the level of education, which means that the previous level of education of female family planning acceptors will affect female family planning acceptors in the practice of selecting MKJP. (Laras Tsany Nur Maheasy, 2015). Based on Padmasari's research, the results of statistical tests with Chi Square obtained p value = 0.000 (<0.05). This result means that there is a statistically significant relationship between previous family planning history and the choice of IUD contraceptives. The results of the analysis on the variable number of children showed that respondents who used an IUD with more than two children were 52 respondents (72.3%) more than respondents who did not use an IUD with more than two children,

namely 43 respondents (61.4%). The results of the chi-square test obtained p-value = 0.148 (> 0.05). The results of the analysis on the husband's support variable showed that respondents who used an IUD in the supportive category were 45 respondents (64.3%), while respondents who did not use an IUD were only 29 respondents (41.4%). The chi-square test on this variable obtained a p-value of 0.011 (PADMASARI, 2019). Meanwhile, based on Meiharti's research, the results of the research variables that have a significant relationship with the choice of implant contraceptives are: attitude, education, husband's support, community leaders and religious leaders with statistical test results showing a value (p-value <0.05). The dominant variable is attitude with an OR of 7,388, which means that respondents who support have an opportunity of 7.388 times to choose implant contraceptives compared to respondents who do not support implant contraceptives. Suggestions in this study need to increase promotion and socialization about implant contraceptives in the community, hold trainings about implants, people are expected to always access correct and accurate information about implant contraceptives. (Meihartati, 2016). Based on information from several journals, the percentage of acceptors who want to use MKJP is very small. However, the higher the education level, the more likely it is to choose IUD and implant contraception, especially the IUD. This is due to high education and broad knowledge of family planning. The higher the knowledge, the more likely they are to choose KB with long-term contraception IUDs or implants, compared to other contraceptive methods. The longer the use of family planning, the higher the possibility of the acceptor switching to MKJP. If it is related to the description above, acceptors with higher education levels with high knowledge will find out a lot of information about anything related to themselves, according to their needs. So when deciding to use the best contraceptive method, in addition to seeking information from the media, they also consult with health workers. So the choice is MKJP with IUD and implant options. Meanwhile, acceptors with long-term family planning will feel tired of using short-term family planning such as injectable contraceptives or pills, besides being uneconomical, they must come regularly to the practice of midwives/Puskesmas, so that the more likely they are to change to using an IUD or implant.

CONCLUSION

1. Counseling using Decision Making Tools for doctors and midwives in health facilities, all trainees can practice counseling well
2. Implant contraceptive installation services for doctors and midwives in health facilities, out of 17 participants, 15 people installed implants and 2 people did not install them because there were not enough acceptors
3. Post-partum IUD installation services for doctors and midwives in health facilities, all participants installed the IUD, there were some who did the disassembly
4. Contraception installation services. Condoms for doctors and midwives in health facilities, condom installation is carried out until the simulation stage using mannequins.
5. Factors for prospective acceptors to choose IUD and Implant KB acceptors are factors of higher education, high knowledge, support from their husbands and old family planning acceptors changing ways.

Suggestion

1. It is recommended that the practice time be continued at their respective workplaces, due to the fact that there are still 2 participants who have not practiced implant contraceptives.
2. It is better to make a target for alumni of the training participants, in order to get family planning acceptors so that the participants are more proficient when it comes to facilitating the participants in the contraceptive FP technique training.

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