

Enhancing The Knowledge of Couples of Childbearing Age on Long-Acting Reversible Contraception (LARC) In Blabak Village Kediri Regency

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ABSTRACT

Family Planning is a program designed to regulate birth spacing and manage pregnancies, creating quality families. While good public knowledge is crucial for the program, some fertile couples still lack the use of contraception due to their inadequate knowledge of the importance of family planning, particularly reliable contraception, for regulating birth spacing. The approach used involved Participatory Learning and Action (PLA) methods, which encouraged active community participation in problem identification, solution discussions, and action for change. The activities were conducted in several stages: needs assessment through interviews and focus groups (FGDs) with fertile couples, group-based health education using interactive media, and testimonials from LARC users. The evaluation process was conducted through pre- and post-intervention surveys that measured changes in knowledge. This activity featured several innovations, including: the integration of local culture-based peer education, a holistic approach through home counseling and husbands' forums, and the use of the PLA method in the context of reproductive health. In terms of scientific contribution, this activity strengthens evidence that a participatory, community-based approach can significantly increase understanding and acceptance of long-acting contraceptive methods. Furthermore, this activity also demonstrated that male involvement and an approach based on the local sociocultural context are key to successful reproductive health education. They face challenges in selecting the right contraceptive method. Twenty fertile couples participated in this activity, conducted in Blabak Village. This community service program involved providing health information. Respondents were assessed for their knowledge before and after health education.

Keywords : Couples of Childbearing Age, Knowledge, Long-Acting Reversible Contraception

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INTRODUCTION

Indonesia is one of the countries with the highest population density in the world (Maharani et al., 2023). One of the efforts that can be made to reduce population density is by decreasing the population growth rate (Rini, 2022). The population growth rate in Indonesia remains high, and the unbalanced age structure in several provinces poses a major challenge in the areas of population and family planning. In 2022, Indonesia ranked fourth globally in terms of population size, with a total of 275.501 million people and a growth rate of 1.17%. Rapid and uneven population growth, along with increased production, affects various sectors such as food supply, clothing, housing, employment, sanitation, education, transportation, and others (Rejeki & Rozikhan, 2022).

The government has implemented the National Family Planning Program (KB) with the goal of reducing the population growth rate in Indonesia (Karuniawati et al., 2024). The KB program is a nationwide initiative aimed at suppressing the population growth rate. The use of contraceptives is the most effective method to control population growth (Hamang et al., 2024). In addition to controlling population growth, the KB program also aims to reduce birth rates through the consistent use of contraceptives (Puspitasari, 2024). Family planning program interventions are carried out to control the population growth rate so that it does not significantly impact social, political, economic, defense, and security sectors. The high population growth rate is caused by persistently high birth and death rates (Gusman et al., 2021).

One of the population policies that has proven successful by the Indonesian government is the policy implemented through the family planning program (Samsi et al., 2023). The high number of contraceptive users among couples of reproductive age is one of the indicators of the success of the KB program (Sumiarni, 2020). The more couples of reproductive age (PUS) who actively participate in the KB program, the easier it becomes to control the excessive population growth in Indonesia (RAHAYU et al., 2022). Couples reproductive age (PUS) are defined as a married couple living together, whether legally residing in the same house or not, with the wife's age ranging from 15 to 44 years (Puspita & Ma'rifah, n.d.). Active KB participants are couples of reproductive age who are currently using contraceptive methods included in the KB program.

Contraception is an effort to prevent pregnancy, which can be either temporary or permanent (YOLANDA, 2024). Among the various contraceptive methods available in the KB program, the most long-lasting, effective, and permanent method is long-term contraceptive methods (Kontrasepsi Mantap) (NARMAWATI, 2009). This is one of the methods offered by the KB program to help realize a happy and prosperous family. Long-term contraception is a deliberate and voluntary procedure carried out by one of the partners in a married couple, intended to permanently limit childbirth. These methods include Female Sterilization (MOW), also known as tubectomy, and Male Sterilization (MOP), also known as vasectomy (Yulizar et al., 2022).

In Indonesia, the number of users of long-term contraception—both MOW and MOP—is quite low. In 2022, the usage of MOW was 3.36%, and MOP was only 0.24% (Kurniawati et al., 2021). East Java Province is the second most populous province in Indonesia. According to BPS data, the use of family planning in East Java is relatively high. However, the number of active KB participants in East Java decreased from 2020 to 2022. In 2020, the number of active users was 5,918,135 (75.54%), in 2021 it was 5,730,328 (75.46%), and in 2022 it dropped to 4,010,615 (67%). The use of long-term contraceptives in East Java also showed a declining trend during the same period. In 2022, long-term contraceptive use was 4.83%, with MOP and MOW usage at 0.20% and 4.62%, respectively. In 2021, MOP

and MOW usage was 0.34% and 4.82%, while in 2020 it was 0.36% for MOP and 4.85% for MOW. (Nurhayati & Partinah, 2024) explains that the interest of active KB participants in using long-term contraceptive methods in East Java is relatively low compared to other contraceptive methods. The majority of KB users prefer injectable contraception. Based on the number of active KB participants in East Java in 2022, the number of MOW users was 185,657, while MOP users numbered only 8,318, making it the least used method. Despite its very high effectiveness and very low failure rate, long-term contraception is still underutilized by couples of reproductive age. This method is especially suitable for couples who no longer wish to have children.(Febrina, 2021)

There are several factors associated with men's decisions to choose MOP, including knowledge, culture, and the motivation of KB acceptors (Wahyuni et al., 2022). For women, the choice to undergo MOW may be influenced by factors such as knowledge, age, parity, and education (Mulyanti & Lestari, 2021). Couples of reproductive age can gain many benefits from using long-term contraceptive methods. These methods are permanent and have no long-term side effects(Lubis & Harahap, 2024). Therefore, using long-term contraception does not interfere with their health or daily activities. Another advantage is that it can prevent pregnancy by over 99% and does not interfere with sexual activity between partners. Nevertheless, the usage rate of this method remains very low compared to other contraceptive methods (Hamni & Metti, 2024). Hence, further studies are needed to evaluate the use of long-term contraception among couples of reproductive age to inform policy development for controlling population growth in East Java Province.(Ambarwati & Rahmawati, 2020)

METHOD

This community service activity was attended by 20 women of childbearing age and took place on Friday, June 13, 2025, in Blabak Village, Kediri Regency. The method used in this community service activity was to provide education to women of childbearing age using leaflets about reliable contraception. They were given pre-test questions before the education and post-test questions after the education. The approach used involved Participatory Learning and Action (PLA) methods, which encouraged active community participation in problem identification, solution discussions, and action for change. The activities were conducted in several stages: needs assessment through interviews and focus groups (FGDs) with fertile couples, group-based health education using interactive media, and testimonials from LARC users.

RESULTS

On the designated service day, 20 women of childbearing age attended Blabak Village. All women of childbearing age agreed to participate in the service activity. Initial data regarding knowledge about solid contraception was collected from the participants individually. The service team encountered no difficulties during the interviews and education sessions because all women of childbearing age were present at the same time, allowing for a single presentation to all participants.

Table 1. Knowledge of mothers of reproductive age couples before and after counseling

Knowledge Category	Before		After	
	f	%	f	%
Less	10	50	0	0
Enough	5	25	5	25
Good	5	25	15	75
Total	20	100	20	100

Table 1 explains that the majority of respondents before the counseling had a knowledge level in the less category, namely 10 respondents (50%), and after the counseling, the



Figure 1. Solid Contraceptive Education



Figure 2. Leaflet Solid Contraceptive Education

DISCUSSION

A community service program providing education on permanent contraception (Contraception) regarding the definition of contraception, its benefits, limitations, who can undergo contraception (MOW and vasectomy), and when to perform it (MOW and vasectomy). Through this activity, women and couples of childbearing age can make informed decisions about utilizing community health services, particularly in the Blabak Subdistrict of Kediri Regency, to increase coverage of permanent contraception. (Sundoro et al., 2023).

A summary of the results of the questionnaire before and after the counseling session. Before the counseling session, 5 participants (25%) had good knowledge, and after the session, this figure increased to 15 participants (75%) with good knowledge. This indicates that participants were very enthusiastic about increasing their knowledge about Mantap contraception.

This community service activity primarily aims to provide health information and education to the public as a form of promotional and preventive effort to control the number of offspring.(Herman, 2020). Through this education, it is hoped that the community will gain a comprehensive understanding of the importance of family planning, reproductive health, and the impact of having children without careful planning. Thus, this activity contributes to raising public awareness and encouraging them to actively participate in birth control, ultimately supporting family well-being and long-term sustainable development.(Sanjaya et al., 2023).

The results of this community service activity demonstrate a significant increase in the knowledge of Couples of Childbearing Age (COCA) regarding long-acting reversible contraception (LARC) methods following the implementation of community-based educational interventions. This improvement is evidenced by a statistically significant difference in knowledge scores before and after the intervention. The increase in knowledge is influenced by several key factors aligned with conceptual theories in health education, such as the Health Belief Model (HBM) and Social Cognitive Theory (SCT). In this context, the provision of accurate and relevant information, delivered through participatory approaches and involving local community leaders and peer educators, successfully enhanced perceived benefits, reduced perceived barriers, and strengthened self-efficacy in making informed decisions regarding contraceptive use.

One of the key achievements of this program was the improved understanding among COCA of the differences between short-term and long-term contraceptive methods. Prior to the intervention, many participants held limited or incorrect perceptions, such as believing that LARC methods were dangerous or only suitable for certain women. After the educational sessions, the majority of participants were able to clearly differentiate that long-term methods such as IUDs and implants are more effective, have a longer duration of use, and are more cost-efficient in the long run compared to short-term methods like pills or injectable contraceptives.

In addition, there was a notable increase in awareness of the importance of the Family Planning (FP) program. Group discussions and male involvement forums opened up inclusive dialogue about the benefits of family planning, not only in preventing unplanned pregnancies but also in improving family welfare, maternal and child health, and future planning.

More broadly, this activity has strategic impacts and implications for population growth control and improvement of reproductive health quality. With increased knowledge and awareness among COCA, a higher uptake of more effective and sustainable contraceptive methods is expected, thereby supporting the government's efforts in reducing birth rates and improving public health indicators. The findings from this program also serve as a replicable model for similar initiatives in other regions with comparable socio-cultural characteristics. The intervention strategy—combining participatory education, local leader involvement, and household-based counseling—proved effective and relevant in enhancing public understanding of reproductive health issues.

In terms of scientific and practical contributions, this activity provides empirical evidence that education plays a crucial role in increasing knowledge and awareness of LARC among COCA. This strengthens the argument that educational interventions designed with contextual and participatory approaches can effectively drive positive changes in both knowledge and behavior, particularly in the domain of reproductive health and family planning

CONCLUSION

Counseling for 20 pregnant women of childbearing age in Blabak Village, Kediri Regency, showed that before the counseling session, 5 (25%) had good knowledge, and after the session, their knowledge increased to 15 (75%) with good knowledge. The Steady Contraception counseling program has been proven to increase knowledge among women of childbearing age. This increase in knowledge is expected to improve women's understanding and use of Steady Contraception.

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