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RELATIONSHIP BETWEEN THE ROLES OF HEALTHCARE WORKERS AND HEALTHCARE FACILITIES IN THE USE OF LONG-ACTING CONTRACEPTIVES

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ABSTRACT

Background the main demographic issue in Indonesia is high population growth. In order to curb the population growth rate, the government implements various development programs, one of which is Family Planning. Long-Acting Contraceptive Methods are part of the government's efforts to curb population growth. Couples of Reproductive Age can choose a contraceptive method that suits their circumstances and needs based on information they have understood, including the advantages, disadvantages, and factors that influence contraceptive methods.
Objective of this study was to determine the relationship between the role of health workers and health facilities and the selection of LCMs in the service area of the Muara Bangkahulu Community Health Center in Bengkulu City. **Methods:**the research used was a quantitative study with a descriptive-analytical approach employing a cross-sectional design. The sample size for this study was 96 participants, selected using accidental sampling. Analysis was performed using the chi-square test. **Results:** the showed that 23 respondents (23.0%) in the Muara Bangkahulu Community Health Center's service area used Long-Acting Contraceptive Methods, support from health workers (p-value 0.000) was significantly associated with the choice of Long-Acting Contraceptive Methods (p-value < 0.05), and access to health facilities (p-value 0.590) was not associated with the choice of long-acting contraception (p-value > 0.05). **Conclusions:** Support from family planning service providers influences the decision regarding the level of participation in the LCM and Access to health care refers to the opportunities or ease with which people can obtain services according to their needs.

Keywords: Support, Health Workers, Facilities, Contraception, Long-Acting

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INTRODUCTION

The main demographic issue in Indonesia is high population growth. According to the Ministry of Home Affairs, Indonesia's population in 2023 was 280,725,428, consisting of 141,671,644 men and 139,053,784 women. (Kemenkes RI, 2023). In order to curb population growth, the government has implemented various development programs, one of which is the Family Planning program. The use of contraception plays a vital role in delaying, spacing, and limiting population growth. To achieve these goals, one of the measures taken by the government is the use of Long-Acting Contraceptive Methods (Wijayanti, 2023).

The utilization of Long-Acting Contraceptive Methods in Indonesia remains relatively low. Hasibuan dkk. (2021) explains that long-acting contraceptive methods are cost-effective and play a major role in reducing the total fertility rate (TFR). However, their use remains low due to various factors, such as knowledge, spousal support, and the role of health workers. In fact, increasing the use of long-acting contraceptive methods is essential to curb high birth rates, promote family well-being, and achieve the Sustainable Development Goals.

According to (Veri et all., 2023), The use of long-acting contraception is a key strategy that not only reduces the rate of unintended pregnancies but also contributes significantly to lowering maternal and child morbidity and mortality rates. This is because long-acting contraception allows for more ideal birth spacing and consistent use over the long term. However, although long-acting contraception has been proven to be effective and safe, its usage rate remains low in various regions of Indonesia. Many couples of reproductive age still opt for short-term contraceptive methods such as the pill and injections, which carry a higher risk of irregular use and contraceptive failure.

Research studies in Yordania by (Al-Husban et all., 2022) One of the factors contributing to the low use of long-acting reversible contraception (LARC) is women's age, length of marriage, education, parity (number of children), culture, religion, and gender differences, all of which influence the use of long-term contraception—where women still bear the burden of using contraception compared to men, who still rarely use it. One of the factors influencing interest in LARC is knowledge. Knowledge refers to PUS's understanding of the types and methods of long-acting reversible contraception (LARC). The extent of PUS's knowledge will influence the level of interest in using LARC. (Aulia et all., 2023).

According to data from the 2023 Bengkulu City Health Profile, active family planning coverage in Bengkulu City stands at 76,028 based on the Population and Family Planning Survey (PUS). Of these active family planning participants, 4,024 use the IUD, 6,063 use implants, 598 use the MOW method, and 184 use the MOP method. Based on a preliminary survey, the Muara Bangkahulu Community Health Center has the lowest number of active long-acting contraceptive users at 145 participants (60 using IUDs, 55 using implants, 15 using MOW, and 15 using MOP), followed by the Anggut Atas Community Health Center with 256 participants (90 using IUDs, 104 using implants, 62 MOW participants, 0 MOP participants), and the Beringin Raya Community Health Center with 368 participants (114 IUD, 240 implants, 11 MOW, 3 MOP), which are the three community health centers with the lowest number of active MKJP family planning participants in Bengkulu City (Dinas Kesehatan Kota Bengkulu, 2023).

The availability of contraceptive devices and medications is a key requirement for family planning service centers, in accordance with the contraceptive methods to be provided. The success of family planning services depends on several factors, one of which is infrastructure that meets standard service requirements (Khadijah et all., 2023). The necessary facilities and infrastructure for contraceptive services include OB/GYN examination beds, IUD kits, implant removal kits, VTP kits, sterilization equipment, health education kits, informational materials and consumables, and personal protective equipment (PPE) in accordance with the facility's service scope. In addition to the above facilities and infrastructure in the family planning program, the primary resources that are urgently needed are contraceptive devices and medications (Kemenkes RI, 2021).

Access to health care refers to the opportunity or ease with which people can obtain services according to their needs. Broadly speaking, access can be viewed as the intersection of user characteristics (demand) and the characteristics of health care services or providers (supply), where the use of health care services constitutes realized access. Access to health care influences the use of LTCMs; women with unproblematic access to health care are 1.4 times (95% CI = 1.32–1.574) more likely to use LTCMs family planning than women with problematic access to health care (Khadijah et all., 2023).

Other contributing factors, such as the role of healthcare workers, also have a significant impact on participation in the MKJP. This can be seen from the study (Yulizar et all., 2021). The results of the logistic regression analysis showed a p-value of 0.023 ($p < \alpha$) with an OR of 2.932; this indicates that the more positive the role of health workers is in encouraging participation in the LTCMs program, the more likely participants are to choose the LTCMs program—at a rate three times higher than those who do not choose it.

Based on this background, the researchers were interested in conducting a study on the factors associated with the choice of long-acting contraceptive methods in the service area of the Muara Bangkahulu Community Health Center in Bengkulu City.

METHODS

The research method used was a quantitative research method with a descriptive-analytical approach using a cross-sectional design. The population in this study consisted of contraceptive users at the Muara Bangkahulu Community Health Center, totaling 2,419 users from January through December 2023. The Muara Bangkahulu Community Health Center is the health center with the lowest number of active long-acting reversible contraception (LARC) users, namely 145 users (60 IUD users, 55 implant users, 15 MOW users, and 15 MOP users). The sample in this study consisted of contraceptive users in the service area of the Muara Bangkahulu Community Health Center in Bengkulu City.

The sampling method used in this study was accidental sampling, which involves selecting a sample by chance. Samples were selected from individuals who happened to encounter the researchers and were deemed suitable as data sources. (Hariputra et all., 2022). The formula used to determine the sample size and number of participants was the Slovin formula. The sample size for this study was 96 recipients.

RESULTS AND DISCUSSIONS

A. Univariat

1. Choosing a Long-Term Contraceptive Method

Tabel 1. Frequency Distribution of Long-Term Contraceptive Method (LTCM) Selection in the Service Area of the Muara Bangkahulu Community Health Center, Bengkulu City, in 2025.

No	Contraceptive Methods	Frekuensi	Persen (%)
1	Pils	8	8,3
2	Injections	61	63,5
3	Condoms	4	4,2
4	Implants	14	14,6
5	IUD	7	7,3
6	surgical procedures for women	2	2,1
7	surgical procedures for men	0	0
	Total	**96**	**100**

Based on the table showing the results from 96 respondents, the majority of respondents used contraceptives, specifically injections, with 61 users (63.3%), followed by implants with 14 users (14.6%), the pill, used by 8 users (8.3%); the IUD, used by 7 users (7.3%); condoms, used by 4 users (4.2%); and surgical procedures for women, used by 2 users (2.1%).

2. Dukungan Petugas Kesehatan

Tabel 2. Frequency Distribution of Health Workers' Support for the Selection of Long-Term Contraceptive Methods in the Service Area of the Muara Bangkahulu Community Health Center, Bengkulu City, in 2025.

No	Support from Healthcare Workers	MKJP	Non MKJP	Frekuensi	Persen (%)
1	Support	21	34	55	57,3
2	Not Very Supportive	2	39	41	42,7
	Total	**23**	**73**	**96**	**100**

Based on the table, which shows the results from 96 respondents, it can be seen that the majority—55 respondents (57.3%)—said they were in favor, while 41 respondents (42.7%) said they were less in favor.

3. Akses Fasilitas Kesehatan

Tabel 3. Frequency Distribution of Health Facility Access by Choice of Long-Term Contraceptive Method in the Service Area of the Muara Bangkahulu Community Health Center, Bengkulu City, in 2025.

No	Access to Health Care	MKJP	Non MKJP	Frekuensi	Persen (%)
1	Difficult	2	3	5	5,2
2	Easy	21	70	91	94,8
	Total	**23**	**73**	**96**	**100**

4. Analisis Bivariat

a. The Relationship Between Support from Healthcare Providers and the Choice of Long-Term Contraceptive Methods

Tabel 4. The Relationship Between Support from Health Workers and the Choice of Long-Term Contraceptive Methods (LTCMs) in the Service Area of the Muara Bangkahulu Community Health Center, Bengkulu City, in 2025

No	Support from Healthcare Workers	election LTCMs						*p-value*
		MKJP		Non LTCMs		Total		
		F	%	F	%	F	%	
1	Support	21	13,2	34	41,8	55	57,3	
2	Not Very Supportive	2	9,8	39	31,2	41	42,7	0,000
	Total	**23**	**23,0**	**73**	**73,0**	**96**	**100**	

Based on the table, results were obtained from 96 respondents; 21 respondents (13.2%) who selected LTCMs stated that healthcare workers were supportive, and 2 respondents (9.8%) stated that healthcare workers were not very supportive. Meanwhile, among respondents who selected Non- LTCMs, 34 respondents (41.8%) stated that healthcare workers were supportive, and 39 respondents (31.2%) stated that healthcare workers were less supportive of the LTCMs selection.

Based on a bivariate statistical analysis using the Chi-Square test, a p-value of 0.000 ($p < 0.05$) was obtained, indicating a significant association between healthcare workers' support and the choice of .

b. Hubungan Akses Fasilitas Kesehatan Dengan Pemilihan Metode Kontrasepsi Jangka Panjang (MKJP)

Table 5. Relationship Between Access to Health Facilities and the Choice of Long-Term Contraceptive Methods (LTCMs) in the Service Area of the Muara Bangkahulu Community Health Center, Bengkulu City, in 2025.

No	Access to Health Care	Pemilihan MKJP				Total		*p-value*
		LTCMs		Non LTCMs				
		F	%	F	%	F	%	
1	Difficult	2	1,2	3	3,8	5	5,2	0,590
2	Easy	21	21,8	70	69,2	91	94,8	
	Total	**23**	**23,0**	**73**	**73,0**	**96**	**100**	

Based on the table, results were obtained from 96 respondents; 21 respondents (21.8%) who selected LTCMs reported that access to health facilities was easy, and 2 respondents (1.2%) reported that access to health facilities was difficult. Meanwhile, among respondents who selected Non- LTCMs, 70 respondents (69.2%) reported that access to health facilities was easy, and 3 respondents (3.8%) reported that access to health facilities was difficult. Based on a bivariate statistical analysis using the chi-square test, a p-value of 0.590 ($p < 0.05$), indicating that there is no significant association between access to health facilities and the choice of LTCMs.

CONCLUSIONS

The Relationship Between Support from Healthcare Providers and the Choice of Long-Term Contraceptive Methods

Based on a bivariate statistical analysis using the chi-square test, a p-value of 0.000 ($p < 0.05$) was obtained, indicating a significant association between support from health workers and the choice of LTCMs. The results of this study indicate that support from health workers is a significant factor in encouraging the selection of LARC by residents in the service area of the Muara Bangkahulu Community Health Center in Bengkulu City. Therefore, in efforts to increase the coverage of LTCMs use, the active role of health workers is crucial—not only as service providers but also as educators and counselors.

This study is consistent with research (Fauziah U, 2022) These results are based on a chi-square statistical test yielding a p-value of 0.000, where $p > \alpha$ (0.05), and an OR of 2.400 was obtained, meaning that respondents who received support from health workers are 2.400 (2) times more likely to use long-term contraceptive methods compared to respondents who did not receive support from health workers. This study is also consistent with research (Rahayu et all., 2023) Based on the results of the Chi-Square statistical test at a 95% confidence level (0.05), the p-value was 0.004, which is less than 0.05. This indicates that there is a relationship between the support of health workers and the low selection of LTCMs at couples of childbearing age.

In the study (Barofsky et all., 2024), Promotion-based interventions by health workers conducted through (comparison of performance across clinics) showed statistically significant results regarding an increase in the selection of LTCMs among women who had undergone an abortion. The results of the statistical test showed that the intervention group experienced an increase in the selection of LTCMs of 6.6 percentage points, with a p-value < 0.05 and a 95% confidence interval: 0.85–12.3. A p-value less than 0.05 indicates that these results did not occur by chance, but rather that there is a significant association between promotion by health workers and increased use of LTCMs. In practical terms, this means that the promotion strategies implemented by health workers—in this case, through the provision of performance data and active counseling following contribute significantly to encouraging patients to choose LTCMs.

Support from health workers in the form of providing information regarding the use of contraceptive methods, as well as the benefits and effectiveness of those methods, will enhance understanding and address conflicting information regarding contraceptive methods, particularly long-acting reversible contraception (LARC). Healthcare workers play a crucial role in the final stage of contraceptive method use, prospective users who are still hesitant about using contraceptives ultimately decide to use a specific contraceptive method after receiving encouragement or advice from healthcare providers (Fauziah U, 2022).

The level of support provided by family planning service staff influences the decision regarding the rate of participation in IUD use. Therefore, trained personnel are needed to perform the procedures for insertion, removal, and maintenance of IUDs. In addition, the lack of information provided by staff to clients, the counseling skills of health workers, their technical skills, their attitudes, and their experience in providing family planning information also influence LTCMs participation. Health workers play a crucial role in providing information regarding family planning methods to prospective users, particularly pregnant women, women in labor, and postpartum women (Yuliana et all., 2022).

The Relationship Between Access to Health Care Facilities and the Choice of Long-Term Contraceptive Methods

Based on a bivariate statistical analysis using the chi-square test, a p-value of 0.590 was obtained (p > 0.05), which means there is no significant association between access to health facilities and the choice of LTCMs in the service area of the Muara Bangkahulu Community Health Center, Bengkulu City, in 2025. The research results indicate that access to health facilities is not significantly associated with the choice of LTCMs. This suggests that the ease or difficulty of accessing health facilities is not a major factor influencing individuals' decisions regarding contraceptive method choice within the Muara Bangkahulu Community Health Center's service area. People in this area are likely accustomed to adequate access to health services, so the access variable is no longer a major barrier or driver in decision-making regarding contraception.

The geographical conditions of the Muara Bangkahulu Community Health Center's service area, which is located in an urban area, further support these findings. As an area with relatively good infrastructure, smooth transportation, and a variety of health care options, the community has easy access to contraceptive services whenever needed. Therefore, access is not a significant issue, as it might be in remote or rural areas. Decisions regarding

contraceptive choice are more influenced by other factors such as understanding, personal experience, culture, and trust in specific contraceptive methods (Andini et all., 2023).

Furthermore, the lack of a significant association between access and the choice of long-acting reversible contraception (LARC) may serve as a basis for health workers to focus more on educational efforts and interpersonal approaches. Even with good access, if the public does not fully understand the benefits of LTCMs, they will still tend to choose short-acting contraceptive methods. Therefore, efforts to increase LTCMs use should be directed toward improving contraceptive literacy, training community health workers, and providing effective counseling—not merely expanding physical access to health facilities. (Yunita et all., 2024).

The results of this study are consistent with the findings of (Negash et all., 2022) conducted in sub-Saharan Africa. Women who did not perceive distance to health facilities as a major problem had an odds ratio of 1.29 (AOR = 1.29; 95% CI) of having a higher likelihood compared to those who perceived the distance to health facilities as a major problem. The odds of using LTCMs are higher among women who live near health facilities compared to those who live far from health facilities. The reason may be that the closer the health facilities are, the more time they have to interact with staff and receive information about the use of LTCMs, the more likely they are to use LARC methods use LTCMs, the greater the likelihood that they will use these methods LTCMs.

The results of this study are consistent with the findings of (Andini et all., 2023) There was no association between access to health services and the use of contraceptives/IUDs by LTCMs acceptors in South Lampung Regency, with a p-value of 0.703. These findings are also consistent with the results of a study (Desmiati dkk., 2022) With a p-value of 0.880, there is no association between access to health services and the choice of LTCMs. However, the results of this study are not consistent with those of (Anggraeni et all., 2021) Based on the results of the chi-square statistical test, a p-value of 0.005 was obtained, therefore, it can be concluded that in this study, there is a significant relationship between access to facilities/services and the choice of LTCMs.

Access to health care refers to the opportunity or ease with which the public can obtain services according to their needs. Broadly speaking, access can be viewed as the result of the intersection between user characteristics (demand) and the characteristics of the services or healthcare providers (supply), where the use of healthcare services constitutes realized access (realized access) (Violila et all., 2023).

According to the KBBI, distance is the space that indicates the length or extent between one point and another. The utilization of health services is related to geographic access; in this context, this refers to the relationship between the location of the service provider and the location of the client—which can be measured by distance, travel time, or travel costs. Existing health facilities are not yet being used efficiently by the community because the locations of service centers are not located within the community's reach and are mostly concentrated in cities and in locations that are inaccessible in terms of transportation. Access to services is one of the factors influencing the use of contraceptive methods, including long-acting reversible contraception (LARC). (Ikhtiyaruddin, et all., 2022).

AUTHOR CONTRIBUTIONS

DM: conceptor, investigation, methodology, supervision, writing review and editing; CA: methodology, writing original draft; NK : methodology; formal analysis, writing original draft; KD: formal analysis, resources; DM: writing original draft, writing review and editing.

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