

## Utilization of the Social Security Administrative Body (Bpjs) for Hormonal Contraception Participation



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**ABSTRACT:** The Social Assurance Organizing Agency (BPJS) makes more easy people provide health provider, such as to increase resilience and welfare of the family planning family planning acceptors of PUS. Banten Province has an unmet need rate (6%) from the national average. For discontinuation of contraceptive use, Banten Province reached below 20%, namely 19.5%. For this reason, it is necessary to motivate health workers to family planning acceptors in the use of BPJS for the participation of hormonal contraception. The goal of this research was analyze the relationship between the benefit of BPJS with the participation of contraceptive pills, injections 1 and 3 months. The research method is descriptive analysis with a questionnaire instrument. The research design used is cross. sectional analysis of the results using chi square. One of the reasons for the high number of unmet needs is the health workforce, namely the lack of counseling and providing information from health workers which causes the client's lack of knowledge in choosing the type of contraception. Suggestions in the future for the participation of midwives in independent practice with BPJS in providing IUD and implant contraceptive services.

**KEYWORDS:** BPJS, participation, contraception, hormones.

### I. INTRODUCTION

One of the efforts to reduce maternal mortality is the Family Planning (KB) program. The achievements of the family planning program in Indonesia have been relatively stagnant. The use of contraception by couples of childbearing age has increased, reaching 64%, but the unmet need for family planning in the last two decades has not changed, namely 11%, and the contraceptive drop-out rate has continued to increase, currently reaching 29%.

The National Health Insurance (JKN) is one of the government's health service efforts that is managed by the Social Security Administration Agency (BPJS) Health and BPJS Employment and the system uses an insurance system<sup>2</sup>.

All Indonesian people have many opportunities to maintain their health so that they are always protected. This can be done by saving a little of the material, so that she too can become a participant and benefit from it, including for prenatal check-ups (antenatal), delivery (normal) and postpartum check-ups and for couples of childbearing age (PUS) who will become KB acceptors<sup>3</sup>.

Government program to provide convenience in obtaining health services performed by health workers, so as to reduce maternal mortality and infant mortality rates. According to the Health Law No. 36 of 2009 that family planning is part of the implementation of health efforts, the government is obliged to guarantee the availability of information facilities and reproductive health services that are safe, of good quality and affordable to the community, including family planning. Health services in family planning are intended to regulate pregnancy for husband and wife aged fertile ground to produce healthy and superior next generations and the state is obliged to provide implementers, places, equipment and medicines to serve the community in family planning that is protected, of good quality and accessible to many people. Inviting cross-sectoral efforts to improve family planning services to prepare for the lives of adolescents, namely fulfilling reproductive rights, increasing PUS acceptors for prosperous families<sup>4</sup>.

The BKKBN revealed that in March 2020 the use of family planning decreased greatly compared to February 2020. Throughout Indonesia there was a decrease in the use of family planning, namely 35% - 47%, which could impact on an increase in the number of unplanned pregnancies by 15% in 2021<sup>5</sup>.

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Banten province has an unmet need rate (6%) of the national average. The dropout rate for contraception in Banten province is below 20%, namely 19.5%. For this reason, counseling is very important for family planning acceptors to take advantage of BPJS for family planning. The purpose of this study was to analyze the relationship between BPJS utilization and participation in hormonal contraception pills, injections for 1 and 3 months.

### II. METHOD

The research design is quantitative with a cross sectional approach. The sample was 81 PUS from 3 Community Health Centers in Lebak Banten District. This research was conducted at the Mandala and Cibadak Health Centers, Lebak Regency, Banten from May to July 2021. Data was collected using a questionnaire, which is in the form of closed questions to respondents about age, religion, education, employment and BPJS utilization. Data were analyzed by chi-square.

### III. RESULTS

**Table 1. Age, Education, Occupation of Respondents and Utilization of BPJS**

Characteristics	n	Percentage	n
Age :			
< 35	55	67.9	81
> 35	26	32.1	
Religion :			
Islamic	81	100.0	81
Education :			
SD	27	33.3	81
SLTP	29	35.8	
SLTA	25	30.9	
Work :			
Yes	6	75.4	81
No	75	92.6	
KB Type :			
Pill	22	27.2	81
Injection 1 month	38	46.9	
Injection 3 months	21	25.9	
Biaya BPJS :			
Yes	72	88.9	81
No	9	11.1	

Based on Table 1, it shows that most of the respondents were <35 years old, all respondents were Muslim, most graduated from junior high school and did not work, the majority used 1 month injection contraception and had BPJS.

**Table 2. Relationship between Respondent Characteristics and Participation in Hormonal Contraception**

Variable	Hormonal Contraception			p value
	Pill n (%)	Injection 1 month n (%)	Injection 3 months n (%)	
Age :				
<35	12 (21.8)	27 (49.1)	26 (29.1)	0.26
>35	10 (38.5)	11 (42.3)	5 (19.2)	
Education :				
SD	9 (33.3)	12 (44.4)	6 (22.2)	0.87
SLTP	7 (24.1)	13 (44.8)	9 (31.0)	
SLTA	6 (24.1)	13 (52.0)	6 (24.0)	
Work :				
Yes	2 (33.3)	2 (33.3)	2 (33.3)	0.78
No	20 (26.7)	36 (48.0)	19 (25.3)	

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Based on table 2, the results of the analysis found that there was no relationship between the characteristics of the respondents based on age, education and work and the participation of hormonal contraception.

**Table 3. The Relationship between Use of Hormonal Contraception and Utilization of BPJS**

KB Type	BPJS Fees		p Value
	No	Yes	
Pill	18 (81.8)	4 (18.2)	0.01
Injection 1 month	34 (89.5)	4 (10.5)	
Injection 3 months	20 (95.2)	1 (4.8)	

Based on table 3, the results of the analysis found that there was a relationship between participation in the contraceptive pill, injecting 1 and 3 months with a P value <0.05

## IV. DISCUSSION

Age is a time of new life sequences and demands. If a person gets older, his knowledge will also increase. Based on research by Anita et al (2014) in Talud District, respondents who were over 30 years of age tended to choose long-term contraceptive methods<sup>6</sup>. These results differ from research conducted by Mahmudah & Fitri (2015) which was conducted in Banyubiru District, Semarang Regency, where there was no significant effect between age and the choice of long-term contraceptive methods<sup>7</sup>.

The education level of the respondents indicated that most users of hormonal contraception had junior high school education. The results of the multivariate analysis found that there was no significant effect between the last educational level of PUS on the low MKJP participation.

This illustrates the dissimilarity with the opinion of Mantra (2012: 167) which states that "the factors that influence the level of fertility are divided into two factors, namely demographic and non-demographic factors. Demographic factors include age structure, marriage structure, age at first marriage, parity. While non-demographic factors include the economic condition of the population, education level, improvement of women's status, urbanization and industrialization. Thus the level of education is one of the non-demographic factors related to the knowledge of PUS about the benefits of birth control which can reduce fertility rates and improve the quality of the population<sup>8</sup>.

The level of education greatly influences a person to act and seek causes and solutions in his life. Educated people are more receptive to new ideas. Education is the process of conveying knowledge materials/tories to people who will be educated to change behavior and goals. According to Oemar Hamalik (2011), learning is the process of changing individual behavior through interaction with the environment<sup>9</sup>. According to Yulizawati (2012) there was no effect between the respondent's education and long-term contraceptive use<sup>10</sup>. Education is an effort to develop personality and abilities inside and outside of school and lasts a lifetime. Education affects the learning process, the higher a person's education the easier it is for that person to receive information<sup>11</sup>.

Government intervention, especially the BKKBN for the empowerment of family planning participants, does not need to differentiate PUS in terms of educational characteristics. Provision of health education about family planning to the public by the government, either through the mass media widely, or personally to groups of couples of childbearing age provides a wide opportunity for them to obtain information about family planning. The ease of information about family planning has an impact on the public's knowledge about family planning which is relatively even in all educational groups, so that their behavior towards family planning in terms of education is relatively even<sup>12</sup>.

Utilization of national health insurance is a determinant of a person's participation in becoming a family planning acceptor. According to Wagstaff, health policies at the macro and micro levels must be implemented through the health system which consists of the health service sector and health financing. The health sector must pay attention to availability, accessibility, price and quality. One of the government policies that affects the availability of married couples to participate in the family planning program is Jampersal, which is a financial guarantee that is used for prenatal care, delivery assistance, postpartum services including postpartum family planning and newborn services<sup>13</sup>.

According to Prabhaswari's research (2012) maternity insurance has an effect on family planning participation after considering the level of knowledge with a p of 0.010. This could be due to the maternity insurance program after giving birth holding advocacy and KIE for family planning services in Jampersal on an ongoing basis so that the respondent's knowledge of family planning increases and the respondent understands the benefits of family planning. In addition, it is very important that a

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person's level of knowledge is a foundation for behavior and actions that follow or not, so that a good level of knowledge about family planning in all its aspects will greatly help the smooth running of efforts to motivate prospective family planning acceptors<sup>14</sup>.

This statement is the same as research by Amalina et al (2015) which found that the level of knowledge of JKN among Contribution Recipient Recipients (PBI) participants was obtained by 74.0 percent of respondents who had less knowledge, while PBI participants who had good knowledge were only 8.0 percent. For non-JKN PBI participants, there were 3 percent of respondents with less knowledge, while 80.0 percent of respondents who had good knowledge. This means that the level of knowledge of the majority of PBI participants is still lacking<sup>15</sup>.

Based on the level of knowledge of the JKN program, the results of research from Sastradimulya et al. (2015) found that as many as 45 people (37.5%) had a level of knowledge in the good category. Furthermore, based on membership status, research results from Sastradimulya et al., (2015) found that 56.7 percent of respondents had participated in the JKN program. This is because respondents at the Majalaya Health Center already know information related to JKN through the Jamkesmas program and socialization by the BPJS at the Majalaya Health Center<sup>16</sup>.

Participation in Community Health Insurance influences the decision making as a family planning acceptor, because on the one hand Jamkesmas finances free births which can cause people's indifference to family planning while on the other hand there is also a free family planning program. However, in practice the two programs have not been implemented comprehensively.

## V. CONCLUSION

Most of the respondents were <35 years old, all respondents were Muslim, most graduated from junior high school and did not work, the majority used 1 month injection contraception and had BPJS. There is a relationship between the use of BPJS and the participation of hormonal contraception at the Lebak Banten Health Center in 2021. BPJS is very helpful in family planning programs, so it is necessary to further study how the use of BPJS for long-term and steady use of contraception.

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