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Education On The Use Of Long-Term And Permanent Contraception (MKJP) In Watas Marga Village

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Abstract. The low utilization of Long-Term and Permanent Contraceptive Methods (MKJP) is a challenge in rural areas, contributing to high unmet need for family planning and unplanned pregnancies. This community service program aims to increase women's knowledge and acceptance of MKJP through targeted health education in Watas Marga Village. The activity involved 30 women of childbearing age and included counseling, demonstrations of contraceptive models, group discussions, and individual consultations. Results showed an increased understanding of the benefits of MKJP, particularly regarding its effectiveness, safety, and ease of use. Participants also reported reduced fear and misconceptions, and demonstrated a stronger intention to use MKJP. This program demonstrates that community-based education can effectively increase participation in family planning programs and support the achievement of reproductive health goals at the village level.

Keywords: *MKJP, Family Planning, Reproductive Health.*

INTRODUCTION

Long-Acting and Permanent Contraceptive Methods (LMPs) are a crucial component in efforts to reduce unintended pregnancies and improve maternal health. LMPs—including intrauterine devices (IUDs), implants, tubal ligation, and vasectomy—have been proven more effective than short-acting methods, with failure rates of less than 1% (WHO, 2023). Despite their effectiveness, utilization of LMPs in Indonesia remains low, particularly in rural areas, which face challenges such as misinformation, fear of side effects, and limited access to services (BKKBN, 2023).

In Bengkulu Province, contraceptive use patterns show a tendency for people to choose short-acting methods such as pills and injections, as they are more accessible but have lower effectiveness and high discontinuation rates. Many women in rural areas still believe that LMPs can cause infertility, severe pain, or long-term health problems. These misconceptions significantly contribute to the high unmet need for family planning and hinder improvements in reproductive health indicators (Ministry of Health, 2022).

Watas Marga Village is a typical rural community with limited access to accurate and comprehensive family planning information. Informal interviews prior to the intervention revealed that many women had never seen models of IUDs or implants, and contraceptive use decisions were often influenced by peers rather than health professionals. This highlights the need for accessible and culturally appropriate health education to build sound understanding and encourage more conscious and informed contraceptive choices.

Community-based health education has been recognized as an effective approach to addressing reproductive health disparities. Several studies have shown that face-to-face counseling accompanied by demonstrations can increase acceptance of the Long-Term Contraceptive Method (MHT) and improve reproductive decision-making (UNFPA, 2022). Through direct interaction, myths can be dispelled, fears can be reduced, and women can be empowered to choose contraceptive methods that suit their reproductive goals.

Based on these considerations, this community service program was implemented to improve women's knowledge, attitudes, and willingness to adopt MHT in Watas Marga Village through interactive education. By providing accurate information and practical demonstrations, this activity is expected to increase family planning participation and support better reproductive health outcomes in rural Bengkulu.

RESEARCH METHODS

This community service activity used a descriptive qualitative approach to explore and improve women's understanding and acceptance of Long-Term and Permanent Contraceptive Methods (MKJP) in Watas Marga Village. The method was implemented through several interrelated stages, beginning with a preliminary assessment conducted through informal conversations with women of childbearing age, village health workers, and midwives responsible for family planning services. This initial stage aimed to identify prevailing misconceptions, emotional concerns, and sociocultural influences that shape attitudes toward MKJP. Findings revealed persistent myths about infertility, fear of the insertion procedure, and limited exposure to accurate information. The results of this assessment served as the basis for designing the intervention.

The implementation phase involved interactive health education sessions facilitated by lecturers and midwives from the local community health center. Counseling was provided using simple, culturally relevant explanations, supplemented by printed materials and visual media. Demonstrations using anatomical models of IUDs and implants allowed participants to directly observe the insertion process and how MKJPs work inside the body. This method was crucial for transforming abstract fears into concrete understanding. Participants were also encouraged to ask questions, share experiences of using short-term contraception, and express concerns openly, ensuring a dialogue-based learning process responsive to their needs.

Throughout the program, observations were conducted to capture changes in participants' behavior, levels of engagement, and shifts in perception. Informal group discussions provided insights into the social dynamics that influence contraceptive choices, including peer pressure, family expectations, and cultural narratives. These observations enhanced understanding of the barriers and opportunities for increasing the acceptance of long-term contraceptive methods (MHT) in rural contexts. The program was evaluated by comparing participants' responses, confidence, and clarity of understanding before and after the intervention. Rather than using formal tests, the evaluation was conducted through verbal feedback, the depth of questions raised, and participants' intention to visit the community health center for further consultation. This approach provided a more comprehensive picture of the program's effectiveness in addressing cognitive and emotional barriers.

Overall, the methods used in this program emphasized participatory learning, practical demonstrations, and supportive communication to build trust and empower women to make informed reproductive health decisions. This qualitative approach is well-suited to the context of Watas Marga Village, where personal beliefs, myths, and community norms strongly influence family planning behavior.

RESULTS AND DISCUSSION

Activity Implementation Results

This health education activity received strong participation from 30 women of childbearing age in Watas Marga Village. Many participants initially expressed fear and confusion regarding long-term contraceptive methods (MHT), particularly concerns about infertility, severe pain, and long recovery times. These fears reflected long-standing misinformation circulating in the community.

During the session, the facilitator provided clear explanations of the types of MHT, their effectiveness, side effects, and indications, using simple language. Demonstrations of models of IUDs and implants sparked great interest, as many participants had never seen or handled these devices before. This practical approach helped reduce participants' anxiety and allowed them to understand how each method works in the body.

Group discussions revealed that some women had previously relied solely on short-term contraception, believing MHT was “too risky.” After receiving accurate information, many participants began to compare the ease of using MHT with the burden of routine injections or taking daily pills. Several women expressed relief after learning that implants can last up to three years and IUDs up to ten years, without affecting fertility after removal.

Participants also actively asked questions about side effects, the insertion procedure, and eligibility criteria. Healthcare providers patiently answered each question, emphasizing the safety, reversibility, and cost-effectiveness of the LTCM method. By the end of the session, there was a clear shift in attitudes: many participants stated that they felt more confident discussing LTCM with their families and midwives.

Figure 1. MKJP Counseling Session in Dusun II, Watas Marga Village

Figure 2. Demonstration of IUD and Implant Models

Figure 3. Group Discussion and Q&A Session and Distribution of Leaflets or Individual Consultation

Figure 4. Group Photo with Participants and Facilitators

Problem-Solving

This activity demonstrated that the low acceptance of Long-Term Contraceptive Implants (MKJP) in Watas Marga Village is not solely due to a lack of knowledge, but is rooted in deeper structural and cultural barriers. Misconceptions about infertility, excessive fear of pain, and myths passed down through generations create psychological barriers that cannot be resolved simply by providing information. To address these issues, facilitators implemented a multi-layered problem-solving approach that combined fact-clarification, emotional reassurance, and participatory learning.

The first challenge was the persistent influence of myths within the community. Many women believed that IUDs could “move around inside the body” or “cause long-term illness,” while others believed that the implant could interfere with daily activities. To address this, facilitators used concrete demonstrations and anatomical models, allowing participants to see, touch, and understand how MKJPs work firsthand. This practical approach transformed abstract fears into concrete understanding, reducing anxiety and increasing trust.

A second significant issue was the reliance on information from peers, which was often inaccurate. Contraceptive decision-making is more influenced by neighbors, family, and social narratives than by health professionals. To address this, facilitators create a safe discussion space where women can openly express doubts, while midwives provide evidence-based explanations. This dialogic process gradually shifts the authority of information from community myths to professional guidance.

A third challenge is the perception that Long-Term Contraceptive Implants (MKJP) are only suitable for women who no longer want children. This misconception limits the autonomy of young mothers who could benefit from long-term birth spacing. Facilitators clarify eligibility criteria and emphasize the benefits of MKJP for both spacing and birth control purposes. By reframing MKJP as a flexible, reversible, safe, and adaptive method, the program empowers women to make decisions based on their personal reproductive goals, rather than social assumptions.

Finally, emotional barriers emerge as strong barriers: fear of the procedure, concerns about complications, and fear of judgment from partners or society. To address this, facilitators use an empathetic communication style, acknowledging women's concerns while providing

reassuring explanations based on medical facts. Real-life testimonials from women who have successfully used MKJP are also shared to normalize the method within the community. Modeling through the experiences of fellow women has proven effective in building trust and reducing stigma.

Through a multi-layered strategy of demonstration, dialogue, clarification, and emotional support, the program successfully transformed fear into interest, and interest into intention. At the conclusion of the program, several women expressed their readiness to consult with midwives regarding implant or IUD insertion. This change demonstrates that solving the problem of increasing the acceptance of Long-Term Contraceptive Implants (MKJP) requires more than just providing information; it also requires debunking myths, reshaping perceptions, and rebuilding trust in healthcare services.

CONCLUSION

This community-based intervention demonstrated that increasing acceptance of MKJP in Watas Marga Village requires more than just information, but also an approach that addresses psychological, cultural, and social barriers to women's reproductive decisions. Demonstrations, dialogic counseling, and empathetic myth-clarification successfully replaced fear with evidence-based understanding, leading to more positive attitudes toward MKJP among participants. Key barriers, including misconceptions, fears, and community narratives, were demonstrated to be mitigated through interactive education utilizing visual media, anatomical models, and acceptor testimonials. Participants' increased interest in consulting with midwives demonstrates their growing confidence and ability to make informed reproductive decisions.

REFERENCES

Badan Kependudukan dan Keluarga Berencana Nasional. (2023). *Laporan Pelayanan Keluarga Berencana Nasional 2023*. BKKBN RI.

Cahyaningrum, Y., & Indrasari, A. (2022). Knowledge and acceptance of long-acting reversible contraception among women in rural Indonesia. *Journal of Reproductive Health*, 9(2), 145–152.

Haryanti, M., & Putri, R. W. (2023). Counseling intervention to improve acceptance of long-acting contraceptive methods (LARC) in village communities. *Jurnal Kesehatan Reproduksi*, 14(1), 55–62.

Kementerian Kesehatan Republik Indonesia. (2022). *Profil Kesehatan Indonesia 2022*. Jakarta: Kemenkes RI.

Kurniasih, E., & Dewi, S. (2023). Misconceptions and barriers to the use of long-acting contraceptive methods among Indonesian women. *Indonesian Midwifery Journal*, 7(3), 210–219.

Nanlohy, R. A., & Jafar, N. (2021). Determinants of long-acting contraceptive method use among women of reproductive age. *Journal of Family Planning and Reproductive Health*, 5(2), 87–95.

UNFPA. (2022). *Increasing Access to Long-Acting and Permanent Contraceptive Methods: Global Evidence Review*. United Nations Population Fund.

World Health Organization. (2023). *Family Planning: A Global Handbook for Providers*. Geneva: WHO Press.

Yulista, D., & Prabawati, S. (2022). Effectiveness of community-based education in improving contraceptive decision-making. *Jurnal Kebidanan dan Kesehatan*, 13(4), 298–307.