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Use of "Klik KB" Application on Satisfaction Rate of Contraceptive Acceptors of Depo Medroxyprogesterone Acetate (DMPA)

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Abstract

In 2022, Malang City experienced a significant number of contraceptive dropouts, particularly in Blimbing, where there were 545 and 457 cases reported. It has been observed that acceptors who are dissatisfied with the services tend to discontinue their use of contraception.

Objective: The purpose of the research was to determine the difference in satisfaction levels between Depo Medroxyprogesteron Acetate (DMPA) family planning acceptors using the Klik KB application and the family planning Decision Making Help Tool ABPK.

Study design: The study employed a quantitative experimental quota design utilizing a Pretest-Posttest Control Group Design approach to establish a causal and consequential relationship. There were two subjects namely the treatment group using the Klik KB application and the control group using Decision Making Help Tool ABPK

Place and Duration of Study: The research was conducted at two practical locations focused on enhancing midwife self-reliance in underserved urban areas**.** Data collection took place in March-April 2024.

Methodology: Measurement using KB acceptor satisfaction questionnaire. Samples with random sampling of 18 experimental group acceptors using Klik KB and 18 control group acceptors using ABPK.

Results: The study's findings pointed to this after using the application Klik KB and Family Planning Decision Making Tool (ABPK) obtained a significant p-value of 0,000 (<0,05) which means there is an influence of the use of the application click KB on the satisfaction rate of the family planning acceptor.

Scientific Novelty: This study introduces the use of the Klik KB application to increase the satisfaction of acceptors with Family Planning services.

Conclusion & Suggestion: The utilisation of the Klik KB application impacts the satisfaction levels of DMPA family planning acceptors. Consequently, contraceptive users are encouraged to leverage the Klik KB application to enhance the quality of Family Planning services.

Keywords: Klik KB Application, satisfaction level, birth control acceptor, Depo Medroxyprogesterone Acetate (DMPA).

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Introduction

Satisfaction in a healthcare context can be defined as a subjective emotional state that occurs when a patient assesses the performance of a medical treatment or healthcare service and juxtaposes this evaluation with their pre-existing expectations. Empirical research suggests that a patient is likely to report satisfaction when the perceived quality and outcomes of the healthcare service meet or surpass their anticipated standards. Conversely, a disparity between the patient's expectations and the actual service received can lead to negative emotional responses, such as dissatisfaction or disappointment. This phenomenon can be examined through frameworks such as the Expectation-Disconfirmation Theory, which posits that satisfaction is contingent upon the alignment—or misalignment—between expectations and perceived performance in the healthcare delivery process. Client satisfaction with family planning services is influenced by characteristics such as women's educational, waiting times, and privacy. Thus, it is highly recommended that healthcare practitioners take into account women's educational attainment while offering family planning services, minimising waiting periods during service delivery, and upholding client confidentiality [1]. The waiting time has been identified as a crucial component that significantly impacts client satisfaction in the context of health services. Women who wait more than 4 hours to receive treatment experience a dissatisfaction level that is 20 times greater than clients who wait less than 2 hours. However, there is no significant correlation between waiting for 2-4 hours and feelings of dissatisfaction, suggesting that 4 hours marks the threshold where patience and satisfaction start to wane. Implementing a novel strategy to decrease waiting time is highly desirable and strongly advised in this context [2-3]. Education status is a prediction of service satisfaction. One possible reason for this is that higher education status raises expectations because satisfaction can be influenced by expectations. Therefore, respondents who follow secondary education have higher service satisfaction [4]. Privacy is culturally important and they regard it as a provider that respects their dignity, which increases their satisfaction [5]. Furthermore, service satisfaction percentages were better when respondents were given the chance to inquire and resolve any uncertainties. This demonstrates the significance of these characteristics and the extent to which they can influence the overall perception of the service rendered. Similarly, this research revealed that participants who were provided with a comprehensive understanding of the potential adverse effects of contraception had a greater degree of contentment with the family planning services, in comparison to those who were not provided with such information. Information about side effects played a significant role in improving satisfaction with treatment delivery, and it also indirectly affected the quality of services and their scope of coverage [6]. The given research indicates that when privacy is ensured and service providers utilise visual aids during interactions with clients, satisfaction rates with family planning services among respondents are greater [7][8]. Client satisfaction with services for family planning is an essential indicator that gauges the level of satisfaction a client has with the services provided by a medical professional. Thus, it signifies the disparity between the planned services and the actual service encounter, as seen by the client [9]. Client happiness is a crucial aspect of the projected quality improvement resulting from improved adherence to the service. Additionally, a contented client will stimulate demand within the community and facilitate the acquisition of new clients who can benefit from the service. The evaluation of the quality of health services acknowledges customer happiness as a crucial factor. Client satisfaction with health services is a determining factor in the intake of family planning and other reproductive health care. Client satisfaction plays a crucial role in the uptake and sustainability of services. When clients are more satisfied, they are more likely to return for services, spread positive word-of-mouth, and continue using certain family planning programs and approaches [10][11][6]. Additionally, it focuses other aspects of service excellence, such as structural concerns and the procedures involved in implementing high-quality family planning services. This pertains to the way healthcare consumers perceive the quality of service in the current healthcare system [12][13].

Research Problem

According to the data of the health profile of East Java Indonesia, the dropout rate in 2022 reached 600.764 family planning acceptors [14]. The number of drop out contraceptives incidents in Malang City in 2022 is high: Blimbing incidence 545 drop out, Sukun incidence 457, Kedungkandang incidence 333, Lowokwaru incidence 90 and Klojen incidence 44 drop out [15]. The number of drop-outs has led to a decrease in the number of family planning participants, according to data from the Central Statistical Agency of Malang City, which indicates that the achievement of active family planning participants in the poor city in 2020 until 2022 has declined. The number of participants in 2020 was 92,567, in 2021 it was 89,728 and in 2022 it was 63,633. The use of contraceptives among women in the disadvantaged city who actively participate in family planning is as high as 100,650. In addition, data from the poor city's health profile shows more than 50% of the total number of acceptant using injectable contraceptives [15]. The results of the research carried out by Princess Dkk. in 2019 indicated that the incidence of unwanted drug reactions is more frequent in injectable contraceptive receptors of progestin or Depo Medroxyprogesterone Acetate (DMPA) than in combination contraceptives or Estradiol Cypionate [16][17]. Significant comparisons of unwanted drug reactions incidence occurred in menstrual disorders, irritability, and lack of sexual excitement [18][19]. Family planning decision making assistance tool (ABPK) is an interactive tool for service providers (doctors or midwives) in helping clients (spouse and spouse) choose and use family planning methods

that best suit the needs and health of clients, provide information needed in quality family planning services, as well as offer advice or guidance on how to build communication and counselling [20][21][22].

Research Focus

There is a lack of service in dealing with the side effects perceived by the acceptor can affect the perception of the acceptor about the quality of family planning service, the poor perception will tend to stop using contraceptives compared to the acceptors' perception about the good quality of family planning service [23][24]. Based on this, the National Population and Family Planning Agency has made a breakthrough in ensuring that contraceptive services continue to work well and the number of contraceptives is increasing [25]. One of the initiatives undertaken is leveraging advancements in information technology through the launch of the "Klik KB" application. The app “Klik KB” is one of the efforts of National Population and Family Planning Agency to reach women to access information, then get contraceptive services and keep their participation. This application will connect directly between the family planning acceptor and the widow and enable the acceptor to obtain information interactively or counselling in this application. That includes an effort to improve the quality of service in the use of contraception. According to departments of health Republic of Indonesia, quality of service is a level of perfection of health care that satisfies customers and is given the standards and ethics of the profession. The quality of service is directly related to customer satisfaction as it serves as a motivating factor for clients to develop a strong rapport with healthcare facilities[26][27].

Research Aim and Research Questions

The purpose of the Klik KB application is to improve clients satisfaction through the use of Klik KB app which is an attempt to improve the quality of service by providing efficient service time, safeguarding privacy and consulting that can be done at any time online, so that the issue of high drop-out incidents can be addressed. Based on the provided background information, the goal was to assess the satisfaction levels of family acceptors planning to use DMPA, specifically comparing those utilising the Klik KB application with those using ABPK. In this study, the objective was to determine whether the use of the Klik KB application was more effective than ABPK use in women using Depo Medroxyprogesterone Acetate (DMPA) contraceptives. So, the hypothesis in this study is that there is a difference in the level of satisfaction of the planned DMPA family recipients between those who use the Klik KB applications and ABPK.

Research Methodology

General Background

A quantitative experimental design with the Pretest-Posttest Control Group Design approach to reveal a causal and consequential relationship was used in the study. In this review the division of research subjects into treatment groups and non-treatment control groups is not randomly divided but based on random clusters. In the treatment group, the Klik KB application was utilised on its server, while the control group employed the Family Planning Decision Making Tool (ABPK) for its services.

Sample / Participants / Group

The population in this study consisted of women who are actively seeking to become family acceptors and plan to use DMPA at the Midwives Independent Practice Place during March-April 2024. The researchers established specific inclusion and exclusion criteria to select the samples. The inclusion criteria in this study were: New acceptant family planned DMPA (0-12 months), aged 20-35 years, and last high school education. The exclusion criteria in this study were: individuals who cannot be followed up during the study period. The sampling was conducted randomly by utilising available lists or comprehensive lists of all population units, along with accessible cell phone numbers for the entire population. Data was organised and analysed using Microsoft Excel. This study had 70 samples; of the data 70 samplings were re-confirmed according to the cell phone number listed, so that 18 acceptors were obtained in the experimental group and 18 acceptors in the control group. The determination for the division of experimental groups and control groups was not done at random, in accordance with the readiness of the researcher and the place of the research because both the research sites have the same characteristics. The research was conducted at two Bidan Independent Practice Places in the Poor City. Data collection took place in March-April 2024.

Instrument and Procedures

This research utilised primary data collected through a questionnaire. The instrument employed in this study was a satisfaction measurement questionnaire adapted from Ilham's (2016) research, with modifications made to suit the specific context of this study. Modified questionnaires adapted this study, conducted the validity and reliability tests. The validity test results showed that all items on the satisfaction questionnaire were valid. This can be seen from the Pearson Correlation value of the entire statement on the questionnaire over r-count (0, 5760) with a significant value

less than 0.05. The reliability test results showed that all items on the satisfaction questionnaire have been reliable. This can be seen from Cronbach's total alpha value of the statement of 0.980 over 0.6. Therefore, such research instruments can be used to examine the same data in relatively similar conditions, with reliable probability of the results of the study. This satisfaction questionnaire had 25 statements with a score of 25-125. The statement led to five dimensions of service, namely: tangible, reliability, responsiveness, assurance, empathy.

Data Analysis

This study used univariate and bivariate analysis. Univariated analysis in this study used a frequency distribution or a table of frequencies that has been classified according to a particular class or category. This study involved two sets of paired data for analysis. The first set comprised pre-test and post-test scores from the treatment group using the Klik KB method. The second set consisted of pre-test and post-test scores from the control group, which utilised the Family Planning Decision Making Tool (ABPK). The data was measured using Paired Simple T-test, which is a statistical test comparing two pairs of samples with variables of the interval scale using a degree of fertility ρ<0,05. If the analysis of the study obtains a value ρ <0, 05, If the experiment's hypothesis is accepted, it implies that there is a discernible distinction between the outcomes of the pre-test and the post-test following the administration of the treatment. Subsequently, a test was carried out between the data of the treatment group post-test (Klik KB) and the control group post-test (ABPK) namely the Independent Sample T-test to find out if there is a difference in the average of two non-pairing samples using a degree of fertility ρ<0,05. If the analysis of the study showed a significance level (α) of less than 0.05, then the study hypothesis was accepted, indicating a statistically significant difference between the experimental and control groups.

Research Result

General Characteristics

The characteristics of respondents based on age are shown through the frequency distribution table as follows:

Table 1. Frequency Distribution of Common Characteristics of Respondents

Characteristic	N	%	$\bar{x}$	S
Age				
20-25 years old	17	47	1,8	0,8
26-30 years old	11	31	1,8	0,8
31-35 years old	8	22	1,8	0,8
Education				
Vocational/Senior High School	31	86	1,1	0,4
College	5	14	1,1	0,4
Work				
Not Working	10	28	1,7	0,5
Work	26	72	1,7	0,5

Note: N = total number of subjects, %= proportion of subjects based on criterias, $\bar{x}$ = average, s = standar deviation

Table 1 indicates that nearly half of the respondents aged 20-25 years comprise 17 individuals (47%), while a smaller group of respondents, aged 31-35 years, totals 8 individuals (22%). The research data showed that the average value on the age characteristics is 1.8 and the standard deviation is 0.8 which means the vulnerability to variation of the research age data is close to the average. The characteristics of respondents based on education showed that almost all of the respondents' last education was high school as many as 31 people (86%) and a small part, namely S1 as many as 5 people (14%). In terms of educational characteristics, the respondents showed an average educational value of 1.1 and a standard deviation of 0.4, which means that it is vulnerable to variations in educational data close to the average. The characteristics of respondents based on occupation showed that most of the respondents did not work, namely 26 people (72%) and almost half of the respondents worked, namely as many as 10 people (28%). In terms of job characteristics, respondents showed an average job value of 1.7 and a standard deviation of 0.5, which means that it is vulnerable to variations in job data close to the average.

Satisfaction Level of DMPA Acceptors before and After Using the Klik KB Application

The independent variable in this study is the level of satisfaction of DMPA family planning acceptors which are grouped into several categories, namely very dissatisfied, dissatisfied, neutral, satisfied, and very satisfied. It can be found in table 1.2 as follows:

Table 2. Distribution of DMPA Family Planning Acceptor Satisfaction Levels Before and After Using the Klik KB Application

Satisfaction Level	Pre-test		Post-test	
	N	%	N	%
Neutral (66-85)	1	6	0	0
Satisfied (86-105)	17	94	8	44
Very satisfied (106-125)	0	0	10	56
Total	18	100	18	100

Note: N = total number of subjects, %= proportion of subjects based on criterias

Table 2 illustrates that in the pre-test results—before the respondents utilised the Klik KB application for education on contraception and consulting services—nearly all respondents, comprising 17 individuals (94%), expressed satisfaction. Meanwhile, the post-test result after respondents after using the click KB app in family services planned, the majority of respondents felt very satisfied as 10 people (56%).

Satisfaction Level of DMPA Acceptors Before and After Using Family Planning Decision Making Tool (ABPK)

The level of satisfaction of acceptors before and after using ABPK can be seen in table 1.3, as follows:

Table 3. Distribution of Satisfaction Levels of DMPA Family Planning Acceptors Before and After Using ABPK

Satisfaction Level	**Pre-test**		**Post-test**	
	N	**%**	**N**	**%**
Neutral (66-85)	2	11	1	6
Satisfied (86-105)	16	89	17	94
Very satisfied (106-125)	0	0	0	0
Total	18	100	18	100

Note: N = total number of subjects, %= proportion of subjects based on criteria

Table 3 indicated that the results of the respondents' pre-test prior to utilizing ABPK in counselling services revealed that nearly all respondents, specifically 16 individuals (89%), expressed satisfaction. Meanwhile, from the results of the post-test after using ABPK, almost all respondents were satisfied as many as 17 people (94%).

Differences in DMPA Acceptor Satisfaction Levels Before and After Using the Klik KB Applications and Family Planning Decision Making Tool (ABPK)

Provided the preparatory tests, including the normalcy test and the homogeneity test, have been completed, the hypothesis test can be conducted in the following manner:

Table 4. Analysis of Differences in Satisfaction Levels of DMPA Acceptors Before and After Using the Klik KB Applications Family Planning Decision Making Tool (ABPK)

Group	Value (Minimum-Maximum)	$\bar{x}$	s	Difference	*p*-value
Klik KB	Pre-Test (84-95)	Pre-Test (90,72)	8,059	16.333	0,000
	Post-Test (98-118)	Post-Test (107,05)			
ABPK	Pre-Test (82-100)	Pre-Test (90,83)	3,058	1,944	0,015
	Post-Test (85-102)	Post-Test (92,78)			

Note: $\bar{x}$ = average, s = standar deviation

Table 4 showed that the average indigo before treatment in the Klik Kb group was 90.72 and the ABPK group was 90.83, while after being given the average value treatment in the Klik Kb group was 107.05 and the ABPK

group was 92.78. Table 4.4 also shows significant values in the experimental group of 0.000 (<0.05) and in the control group of 0.015 (<0.05). Based on the analysis of the data, it can be said that there is a significant difference in the level of satisfaction of DMPA KB acceptors between before and after using the Klik KB applications and ABPK.

Difference in Satisfaction Level between DMPA KB Acceptors Who Use Klik KB Application and ABPK

In this study, to find out the difference in the use of Klik KB and ABPK applications on the satisfaction level of DMPA KB acceptors, it can be seen in table 1.5, as follows:

Table 5. Analysis of the Difference in Satisfaction Level between DMPA Family Planning Acceptors After Using the Klik KB Applications and ABPK

Group	Value (Minimum-Maximum)	$\bar{x}$	S	Difference Group	*p*-value
Klik KB	*Post-Test* (98-118)	*Post-Test* (107,05)	6,178		
				14,35	0,000
ABPK	*Post-Test* (85-102)	*Post-Test* (92,78)	4,894		

Note: $\bar{x}$ = average, s = standar deviation

Table 5 showed that the minimum and maximum values after being treated in the Klik KB group are (98-118) and the ABPK group is (85-102), and show the standard deviation value of Klik KB group which is 6.178 and the ABPK group which is 4.894. The results of data analysis using the Independent Simple T-Test test were obtained with a sig. (2 tailed) by 0.000 <0.05. As a result, it could be inferred that there exists a notable disparity in the amount of satisfaction of DMPA KB acceptors who use the Klik KB applications and ABPK.

Discussion

Depo Medroxyprogesterone Acetate (DMPA) Family Planning Acceptor Satisfaction Level Before and After Use Application Klik KB

This study showed all respondents in the age category 20-35 years with the majority at age 27 years. Cross tabulation results between age characteristics and satisfaction rate showed that after using the application Klik KB half of respondents with age 20-25 years in the category are very satisfied 4 people (50%). In age category 26-30 half the respondent in the highly satisfied category is 3 (50%); whereas in age category 31-35 almost all respondents in the very satisfactory category are 3 people (75%). From the result of the cross tabulation shows that women aged 20-35 have good satisfaction rates. According to a study by Aini, women aged 20 to 35 experience higher satisfaction with contraceptive services. This is likely due to peak fertility occurring within this age range, which corresponds to optimal functioning of the female reproductive system [23][28]. The cross tabulation of educational characteristics with satisfaction levels showed that after using the application Klik KB respondents who have had their last high school education mostly had satisfaction rates in the very satisfied category of nine (56.2%) and almost half in the satisfying category of seven (43.8%). Among respondents whose last college education was half had a satisfaction rate in the satisfaction category of one (50%) and the other half was in the highly satisfied one (50%). In this study shows that education can affect a person's satisfaction, according to the survey of Fajar (2013), the relationship between education and mental patterns, perceptions and behaviour of the community is very significant, in the sense that the higher the level of education one is more rational in making various decisions with better education, then information from officers about contraception can be better understood. So accelerate the dissemination of information about family planning [10][29]. Educational status is one of the predictors of service satisfaction, the reason why this happens is because higher education will increase his expectations.[5][30]. Healthcare providers need education to enhance their knowledge in communication efforts in counselling, so that they will get into good two-way communication.

The result of a cross tabulation between job characteristics and satisfaction levels showed that after using the application Klik KB the respondents who were working mostly had satisfaction rates in the highly satisfied category of 4 people (66.7%) and almost half had a satisfaction rate of 2 people (33.3%). The researchers argued that work influenced the respondent's level of satisfaction because generally in the work environment it could provide experience and information through social interaction and behaviour. According to a study conducted by Unggul that states that employment also affects one's economic status [31]. A person who earns above average is likely to raise awareness of health status, satisfaction with services received and the consequences of using health services [32].

Table 4.2 shows the results of family planning acceptor satisfaction levels before using the DMPA Klik KB application almost entirely in the satisfaction category of 17 people (94%) and a small portion in the neutral category of 1 person (6%). Whereas the result of satisfaction rates of contradictory DMPA acceptors after using the application Klik KB, most in the category of very satisfied as many as 10 people (56%) and almost half in the satisfied category of 8 people (44%). In this study from the results of the hypothesis test according to table 4.4 obtained a significant p-value of 0,000 (<0,05) which means there is a difference in the satisfaction level of the family planning acceptor between before and after using the application Klik KB.

The results of the weekly observation in this study showed that respondents who used the Klik KB application were more active in advising and reading material about the contraceptive tool available on the click KB application. The Klik KB application, developed following advancements in technology, offers numerous advantages in providing family planning services based on various quality dimensions. This online platform makes family planning services accessible, free, and user-friendly. Additionally, Klik KB serves as a resource for sharing information about family planning programs, which can enhance the quality of the tangible aspects of service delivery. The centralised and interconnected record-keeping within the Klik KB application improves the accuracy of contraception usage information, thereby boosting the reliability of the service.

Moreover, the Klik KB application features reminders for follow-up visits for clients, which are displayed in the system for upcoming or overdue appointments. This functionality allows clients to easily follow up via phone or SMS, thereby enhancing the assurance dimension of service quality [33], and the most important application Klik KB in the full feature of online consultation can be done to meet its information needs that can improve the quality of the service dimension responsiveness and empathy. The use of the app Klik KB is an attempt to increase the satisfaction of respondents in the service Family Planning (KB).

According to a study conducted by Sulaiman & Anggriani (2019) which stated that the more attractive the media used, the higher the satisfaction of health participants, otherwise if the medium used is not attractive, then the less satisfactory the health participants will be [34]. In addition, the use of the Klik KB application can enhance acceptance knowledge about contraception. A person's degree of satisfaction is influenced by their knowledge, and more education tends to increase their knowledge about the health condition and repercussions of using health services [35]. This is in line with a study conducted by Ratnanengsih (2022), which showed results that there was a difference in mother's knowledge before and after using the Klik KB application versus acceptor knowledge in the use of contraceptive tools with p value (0,001). Using online contraceptive selection services is more effective in overcoming individual disadvantages to the choice and use of contraceptives examples of factors that contribute to the issue include a deficiency in knowledge, concerns, and misunderstandings [36][37]. As well, online counselling has more advantages and more hours of service that clients can get [38][39][40]. Information through online media can influence the client in decision-making [41]. Further need for information about contraceptive methods can affect the client's expectations and perceptions [42]. According to the researchers, the use of the Klik KB application has an influence in efforts to improve the satisfaction of DMPA contraceptive users because it has an attractive design, is easily accessible at all times and makes it easier for the acceptor to conduct counselling and study material about the KB. Furthermore, privacy in the service makes the client feel comfortable. Improved quality of service with the five-dimensional principle of service through the features available in the Klik KB app makes more customer needs satisfied so they feel satisfied.

Acceptor Satisfaction Level Family Planning Medroxyprogesterone Acetate (DMPA) Deposit Before and After Use of Family Planning Decision Making Tool (ABPK)

The result of cross tabulation between age characteristics and satisfaction rate shows that after using the application Klik KB all respondents with age 20-25 years in the satisfaction category are 8 people (100%). In the age category 26-30 the total respondents in the satisfying category is 5 (100%) while in the age group 31-35 the total responders in the content category are 4 people (100%). The researchers argue that the use of ABPK is less appropriate for the current era. According to a study conducted by Nationalita & Nugroho (2020), which stated that technically younger generations master digital technology while being flexible when building communication relationships in virtual space [43]. [35]. The use of these ABPKs suggests that the lack of new service components can cause client dissatisfaction because of the insufficient adaptation to the needs of young people [44]. Furthermore, according to research conducted by Sukatin which states that ABPK only serves as a Communication, Information and Education (KIE) medium to help decision-making of contraception method and help solving problems in family planning [45].

Table 4.3 shows that before using ABPK, almost all respondents felt satisfied with 16 people (89%) and a small proportion in the neutral category of 2 people (11%). In addition, in table 4.4 the use of ABPK obtained a significant p-value of 0,015 (<0, 05) which means there is a difference in the level of satisfaction of KB DMPA acceptors after using ABPK. However, the difference in satisfaction in the use ABPK is not significant in the usage of Klik KB KB. Research conducted by Nurcahyani et al. (2020) indicates that difficulties in usage lead to uncertainties in delivering KB counseling. This inefficiency results in longer service times, complicates the handling process, and creates confusion for both staff and clients, ultimately impacting the quality of services rendered [46]. This is in line with a

study conducted by Anfal in 2020 that states that the better the quality of the service, the more satisfied the client will be with the health care. Besides, the use of reading materials or interesting methods can enhance knowledge about family planning [47].

The results of observations over a week showed that the use of ABPK was less effective in conveying respondent complaints. During counselling respondents are more passive and less communicate complaints to the midwifery. The researchers argue that the respondent is ashamed to ask directly to the midwifery and respondents think of the cost to come to the Self-exercise place of virginity to meet the midwifery because to use this ABPK must come to Self-exercise place of virginity and explained directly by the midwifery. Moreover, with the frequency of consulting directly at Self-exercise place of virginity makes the cost of production more than that of online consulting, so respondents prefer to keep their own complaint. While counselling is identified as an important area of intervention in health care [35]. This is in line with a study conducted by Unggul which states that price plays an important role in determining customer satisfaction, because clients tend to have the expectation that the more expensive the cost of health care, the higher the quality of the service provided [48]. Service forms also have to be competent and pay attention to the needs of the client and value the client [31][49][50]. According to the researchers, the use of ABPK is less satisfactory because of its inefficient and unusable use over time, as well as less attractive designs and less adapted to current needs that follow technological developments.

Difference in Satisfaction Level of Family Planning Depo Medroxyprogesterone Acetate (DMPA) Acceptor between those using the Klik KB application and Family Planning Decision Making Tool ABPK

The results of the Independent Simple T-test showed a significant p-value of 0,000 (<0, 05) which means that there was a difference between the satisfaction rate of KB acceptors using the Klik KB application and ABPK. The Post-Test results showed that after using the click KB application most respondents in the category were very satisfied (56%), whereas in the use of ABPK almost all respondents were satisfied (94%). These differences in the level of satisfaction are evident in the quality of the physical proof service dimensions, reliability, resilience and empathy.

In this study after giving treatment was found that in users of the application Klik KB almost all respondents were satisfied (72.2%) and almost half of respondents felt very satisfied (27.8%) with the easy-to-understand and efficient use of media which is the quality dimension of physical proof service tangible. This aligns with Suparta Haryono's study (2018), which suggests a correlation between the quality of physical evidence in service and customer satisfaction. As consumers recognise the value of the physical evidence offered by the healthcare facility, their overall satisfaction increases [51][52].

The results of this study showed that after the treatment was given it was obtained that in users of the Klik KB application most respondents were satisfied (61.2%), almost half of respondents felt very satisfied (33.3%), and a small proportion of respondents felt neutral (5.5%) with information about accurate and understandable contraception which is a quality dimension of reliability service. According to Cynthia, Mandagi & Kolibu (2028) research, the reliability dimension is very satisfactory because most of the clients who come for medication are satisfied with the health care service that always gives an explanation of the treatment done starting from what should be followed in the treatment [53][54].

This study also showed that after giving treatment it was found that in users of the Klik KB KB application most respondents were satisfied (55.6%), almost half of the respondents felt very satisfied (38.9%), and a small proportion of respondents feel neutral (5,5%) with the response of each respondent's complaint which is the quality of the service dimension of responsiveness. In comparison with the use of ABPK the majority respondents obtained in the satisfaction rate of the neutral category (61.1%) and almost half the respondent felt satisfied (38.9%). This aligns with a study by Suparta (2018), which states that an officer's or nurse's ability to deliver services efficiently, respond swiftly to client complaints, communicate clearly about medical actions, attentively address every customer's needs, and provide well-defined service flows is linked to levels of customer satisfaction [51][55][52].

Furthermore, research shows that after giving treatment it was found that in users of the Klik KB application most respondents were satisfied (61.1%), almost half of respondents felt very satisfied (33.3%) and small proportion respondents in the neutral category (5.6%) with the service time obtained which is the quality dimension of service is empathy. The findings of this investigation match up with the research carried out by Sulaiman & Anggriani (2019) which states that the quality of service of the empathy dimension has a significant influence on customer satisfaction [34]. Two-way communication when counselling with attentive listening and quick action in responding to the client's problems can meet the customer's needs so they feel satisfied [56][57].

This is in line with the results of the study carried out by Alifa (2021) which showed the results that the quality of service in terms of physical form, reliability, responsiveness, assurance, empathy, safety, and overall quality is excellent and the respondents are very satisfied with the service provided [58]. Research conducted by Ali (2024) shows that online-based health services are better and more accessible to diverse communities across the country [59]. The ease in accessing information when using mobile phones and safeguarding privacy makes clients feel more comfortable [60]. As statistical test results show the relationship between the quality of contraceptive services and the satisfaction rate of the acceptor family planning. As well, reinforced by the Cynthia, Mandagi & Kolibu (2018) study that showed that respondents who chose client satisfaction with quality of health care were more than clients

who chose customer satisfaction and quality of the health care less good [53]. The use of the Klik KB app will facilitate family planning services with features that keep up with technological developments, so that contraceptive users feel satisfied and comfortable. As we know the use of ABPK is less attractive and less consistent with the developments of the times, thus reducing the interest of contraceptive users in family planning counselling services. Health services must be able to keep up with and adapt to increasingly advanced technological developments.

Conclusions and Implications

The study revealed that the way individuals utilise the Klik KB application significantly influences their satisfaction levels with DMPA family planning methods. Based on the formula problem can be concluded is the level of satisfaction of the DMPA KB acceptor before using the application Klik KB that is almost all respondents feel satisfied and a small part of the replies feel neutral, the satisfaction level of the family planning DMPA acceptor prior to using ABPK, that is, almost all the respondents felt satisfied, and the small part responded to the feeling of neutral family planning DMPA acceptor and satisfaction rate after using the KB click application, i.e. the majority of replies felt very satisfied. These variations in satisfaction levels are reflected in the quality of the physical proof service dimensions: reliability, resilience, and empathy. The post-test results indicated that following their experience with the Klik KB application, the majority of respondents fell into the "very satisfied" category. In contrast, when using the ABPK application, almost all respondents reported being "satisfied."

The use of the Klik KB application in family planning services is mainly in the provision of communication, information and education. The advantage of the Klik KB application is that it has service features that can improve the satisfaction of contraceptive users and make the perception of the service to be good. Thus, it raises an interest in the sustainability of contraception and prevents the occurrence of drop out use contraception. In addition, the use of the Klik KB app makes it easier for Indonesia government programs to monitor and evaluate family planning services.

Suggestions for Future Research

This assessment underlines efforts to improve family planning services to improve client satisfaction through the use of the Klik KB app. The level of satisfaction on family planning service affects the sustainability of contraceptive use. There are many factors that affect customer satisfaction: age, education, employment and quality of service. The quality of service that influences customer satisfaction includes factors such as waiting time, client privacy during service provision, and the quality of advice received for addressing health concerns or issues related to contraception use. Effective and satisfying counselling can enhance clients' expectations regarding family planning services, subsequently leading to increased sustainability in contraceptive usage. Therefore, the acceptor is expected to use the Klik KB application created by the National Population and Family Planning Authority as a reading material to add knowledge about the use of contraceptive tools and diligently conduct online counselling available on the Klik KB application when having a complaint perceived. Furthermore, it is expected that further researchers will be able to pay attention to other factors such as the price of services that can influence the satisfaction rate variable. In addition, with increasingly advanced technological developments, researchers can further use the Family Planning Wheel as a comparator other than ABPK to better the quality of services related to family planning.

Declaration

Author's Contribution

Conceptualisation Silvia; methodologies, Silvia. Swito. and Ika; software, Silvia.; validation, Swito. and Ika.; formal analysis, silvia; writing–preparing the original draft, Silvia.; writing–reviewing and editing, Silvia; visualizations, Silvia; supervision, Swito, and Ika; project administration, Silvia; acquisition of funding, Silvia. All authors have gone through and given their approval to the final version of the manuscript.

Data Availability Statement

The data provided in this study can be obtained upon request from the author. The data is inaccessible to the public due to the confidentiality of the clients involved in the study.

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Statement of the Institutional Review Board

The Health Research Ethics Commission of the Politeknik Kesehatan Kemenkes Malang has officially deemed this research to be ethical, as stated in document No. DP. 04. 03/F.XXI.31/0130/2024.

Informed Consent Statement

This research already has the informed consent of all research subjects.

Conflict of Interest

The authors affirms that there is no conflict of interest in relation to the publication of this script. Furthermore, the authors have diligently adhered to ethical considerations such as plagiarism, informed consent, errors, data falsification and/or forgery, duplicate publication and/or delivery, and redundancy.

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