

CONTRACEPTIVE ACTION; STRATEGIES TO IMPROVE THE QUALITY OF PUBLIC SERVICES KB MOVE DURING THE COVID 19 PANDEMIC

1st Early Wulandari Muis¹, 2nd Rahmaliah Sahupala², 3rd Fithriyani Abu Kasim³
{earlywm_kdi04@yahoo.com¹, rahmaliahsahupala@uho.ac.id², fithri.fadyan01@gmail.com³}

National Research and Innovation Agency¹, Departement of Statistics, Halu Oleo University²,
BKKBN Southeast Sulawesi Province³

Abstract. Quality in family planning services is a strategic responsibility of family planning service providers. The need to take appropriate steps to improve the quality of family planning services is part of health facility policy. Acceptor satisfaction as a family planning service patient will reflect the ability of family planning service providers to meet the needs and expectations of acceptors. This article aims to explain the implementation of Contraceptive Action which is a measuring tool for the intangible aspect of services for the needs of acceptors who use mobile family planning services (Muyan KB) in Southeast Sulawesi. Based on observations, interviews and FGDs with family planning acceptors, the application of contraceptive action influences acceptors' satisfaction and dissatisfaction with Muyan KB services including the empathy and skills of staff, the contraceptive service chosen and the need to better understand acceptors' problems.

Keywords: acceptors, muyan kb, muyan kb officers, southeast sulawesi

INTRODUCTION

Public service satisfaction has become part of the strategic process of government and private agencies which is the measurement and assessment of a person from a certain period of time that reflects their experience. The satisfaction expressed in these two different articles is a general attitude that is formed based on the customer's experience after purchasing a product or consuming a service which is manifested through affective reactions in relation to the difference between what the customer expects and what he receives (Lai & Chen, 2011; Liu, Guo, & Lee, 2011).

In context, the terminology of regional autonomy-based public services in Indonesia has the same meaning as public services or 'social/community services, autonomous regions have the authority to regulate and meet the needs of the people in their regions according to their capabilities (Suwarno, Yogi & Ikhsan 2006). Formally, the concept of public service has been stated in Law Number 25 of 2009 which is the reference for public service providers to provide quality, fast, easy, affordable and measurable services.

Meanwhile, conceptually, satisfaction with quality public services is one of the principles of citizen-driven government in the good governance paradigm that strategies to improve the quality of public services in the context of improving service quality can be carried out by improving service quality management, namely efforts to minimize the gap between service levels provided, provided by the organization with the hopes and desires of the user community (Sellang, Jamaluddin, & Mustanir, 2019).

The health care system in every country has ways of meeting the health care needs of its people. In Indonesia patient satisfaction in healthcare services has long been considered an important element not only for achieving optimal relationships between patients and healthcare professionals/providers but also for capturing whether the services meet acceptable standards and highlighting potential areas for service quality improvement. The abundant literature on research

on the quality of public services in public health attests to a universal interest in uncovering the minds of service providers and recipients for insights related to expectations and perceptions to be developed and implemented as quality improvement tools for health care providers.

The results of various studies conducted (Sudibyo, 2014; Isnaini, Y.N., Setyaningsih, R.D., Wibowo, T.H., 2014; Zulfatunnisa, N., Ainy, Q. 2017; Alim, A., Tangdilambi, N., & Badwi, A., 2019; Panjaitan, R.F., Pratiwi, S.S., Siregar, R., 2020; Aprelia, H., Antoni, A., 2020) regarding the relationship between service quality and patient satisfaction indicates that higher service quality will lead to satisfaction higher. Provider competence, interpersonal skills and facility characteristics (eg physical environment, type and level of facility) are positively related to patient satisfaction. Conversely, patient-related characteristics, such as gender, age, race, socioeconomic status, health status and expectations are predictors of patient satisfaction.

Patient designation acceptor satisfaction for family planning services, reflects acceptors' perceptions and needs for utilization of health services. One of the health service domains that required revision of guidelines during the Covid-19 pandemic was contraception services. The results of research that understand changes in the dynamics of pandemic preparedness in contraceptive services suggest that acceptors do not fully understand the essence of the rules and regulations in force. Acceptors' unmet needs such as brief counseling, unavailability of needed contraceptives, can be a problem because it causes a lack of trust in the health service system and health service providers (Purwanti, S., 2020; Witono., Witono., 2020; Sirait, L.I. , 2021).

BKKBN through accessibility efforts provides a mobile family planning public service known as the Family Planning Service Unit Car (Muyan KB) to address unmet family planning (KB) needs in remote areas and not yet available health facilities and competent medical personnel, Contraceptive services in Muyan Family planning is generally carried out by family planning extension workers together with midwives and other health workers with assistance and monitoring of the District/City Family Planning OPD. Family planning service providers play a key role in a woman of childbearing age's decision to use contraception, as well as the method she chooses and her adherence to the chosen method (BKKBN RI, 2018).

Muyan KB services in Southeast Sulawesi during the Covid-19 pandemic used the concept of contraceptive action. Contraceptive Action is a tool to measure intangible service aspects for acceptors' needs, namely (1) Accessibility of Muyan KB services, (2) Empathic Display of Muyan KB Officers, (3) Contraception Consultation Services and (4) Non-Contraception Consultation Services. To find out the views of acceptors about the experience of getting services at Muyan KB, it is shown further in the research question how the application of contraceptive action as a strategy increases acceptor satisfaction with Muyan KB services.

RESEARCH METHOD

A qualitative approach has a stronger potential to reveal in-depth facts about public service satisfaction. For sensitive areas such as medical history it is not enough to get direct answers but to understand the reasoning behind those answers. This research was conducted in Southeast Sulawesi Province with the locus of research being the Muyan KB service outreach area for 2020-2021, namely Labela Village, Konawe Regency, Basala Village, South Konawe Regency and Abeli Village in Kendari City.

Convenience sampling was used to identify 1 Muyan KB officer and 9 WUS acceptors who had been served at Muyan KB prior to data collection. The 9 acceptors were sorted into: 3 acceptors who were using modern contraception for the first time, 3 acceptors changing modern contraceptive methods and 3 post-partum acceptors. Purposive sampling was guided by Muyan KB officers by ensuring acceptor heterogeneity in each study area. Acceptors were selected from various ages, professional and geographic backgrounds, who might be able to provide comments about the accessibility and quality of Muyan KB services. Acceptors with very diverse backgrounds and views were selected for a qualitative study, the aggregate responses of acceptors can be assumed to be close to the views of the majority of acceptors.

Data collection begins when the acceptor receives information that the Muyan KB service will be carried out. Focus group interviews were used to accommodate interaction patterns between group members. Most of the individual interviews lasted around 60 minutes and were all digitally recorded, partially transcribed and anonymized. Most of the results of these interviews are subjective and based on acceptor perceptions and do not make hypotheses before data collection. The final stage is a summary of data analysis. Starting from reading the transcript completely, making notes of something interesting or relevant, classifying the list of information found, and categorizing each item found.

This research is qualitative in nature and involves small samples which statistically do not represent all acceptors who have been served at Muyan KB. In addition, the limitations of this study are also related to its scope. This study does not have the scope to provide complete evidence, but only to increase knowledge and start a discussion about acceptor satisfaction after using Muyan KB services, which can then be explored by future studies. It can also be said that acceptors' standard understanding of the quality of health facility services is because they do not have much knowledge about their rights and what services they are entitled to receive.

RESULT AND ANALYSIS

Contraceptive Action can be described as a concept developed from a conceptual framework consisting of components of technical quality, functional quality and community outreach to improve the quality of Muyan KB service delivery. Technical quality is the quality of medical care provided (outcome of care) consisting of infrastructure, safety indicators, the role of the "image" of health facilities, social responsibility and trustworthiness of health facilities. Functional quality is the way of providing care (process of care) divided into administrative procedures, clinical care processes and quality of staff (Padma, et al, 2014). Meanwhile, community outreach uses home visits and the support of religious leaders (Kamhawi, et al, 2013).

Development of Conception Action from this conceptual framework shows various findings that influence acceptors' satisfaction and dissatisfaction with Muyan KB services. Related areas of concern include the skills of health care workers, including the need to increase the empathy of service personnel, the need for acceptors for selected contraceptive services and the need to better understand acceptor problems related to the beliefs that are created in their environment.

1.1 Muyan KB Service Accessibility

Administrative procedures for health facilities, which include patient entry, queue management, patient care and discharge, are important in ensuring "hassle-free" service and care for patients. Efficient administration makes patients appreciate the services offered better. In individual and group interviews, acceptors described the convenience of Muyan KB facilities in more detail. Long service hours from 08.00 am to 13.00 pm accommodate the busy schedule of housewives. Several women explained that public facilities often closed before serving everyone:

I came to want noodles for lunch, people were still open for the KB car, I was served by an officer (informant FT Konawe Selatan Regency)

I can go to the family planning car at any time when I finish cooking near the house, the important thing is that it hasn't closed yet.

I just want to ask for an injection. I just walked there for 3 months, didn't pay, then received the injection, and I left... (Informant DS, Konawe Selatan Regency)

It doesn't take up much of my time, I can go do other things.... (Informant ST in Kendari City)

At the Puskesmas health facility, acceptors took a long time to get service. Some acceptors will wait and even give up and go home, or some even feel they don't want to go there because they will leave in the morning. Research findings (Xie & Or; 2017) show that the relationship

between waiting time, perceived service time acceptance, visit duration has an impact on the level of patient satisfaction with treatment at health facilities.

Administrative procedures as an important indicator of the perception of the quality of services in health facilities that refer to managerial functions so that patients can receive services without complications (Amin & Nasharuddin., 2013). Therefore, the proximity to the acceptor's residence, convenience of the opening hours of the facility, the absence of costs incurred to obtain the service, were identified by the acceptor as a factor influencing satisfaction with the accessibility of Muyan KB services.

Qualitative studies of maternal and child health facilities in Ethiopia and Kenya show that the proximity of health facilities to homes increases the perception of service quality (Fisseha, et al; 2017, Escamilla, et al; 2018). With limited mobility and many responsibilities within the household, acceptors who live in rural and suburban areas find that Muyan KB service facilities meet their needs.

1.2 Display of Empathy by the Muyan KB Officer

Greeting and greeting acceptors at the first contact at the point of service delivery will increase the interaction of emotional exchange between providers and acceptors. Emotional service includes the feelings, attitudes and beliefs that patients have towards providers. The findings show that the positive experiences of many acceptors who are greeted with respect and whose confidentiality is guaranteed allow acceptors to form long-term relationships with service providers and direct other acceptors to choose Muyan KB facilities over public facilities. Some acceptors tell their stories:

The officer smiled so that he was wearing a mask but he still looked like he was smiling (CC informant in South Konawe Regency)

Treated politely friendly way of speaking smooth very low voice, low voice, good advice like fellow women (Informant L in Konawe District)

They were asked where they lived, how many children they had, because they were carried away by the atmosphere, they were comfortable, so they didn't tell much, they were asked their names, where they lived, they were asked to sit down, they were asked to relax, they were told to relax first so they wouldn't get tense (CC informant in South Konawe Regency)

He asked why he was so young for birth control, I said I wanted to raise my child first (LA informant in Konawe Regency)

Factors such as privacy, friendliness, frame acceptors' perceptions of interpersonal skills as determinants of the quality of Muyan KB services. These findings indicate acceptors consider these components during their interactions with service providers. Friendly and polite personnel tend to increase acceptors' insights about health facilities. Padma et al. (2010) argued in their research that staff quality is the main dimension influencing patient satisfaction. many researchers (Mahapatra, 2013; Vanniarajan and Arun, 2010; Kondasani and Panda, 2016) consider staff attitudes as an integral dimension for the evaluation of perceived service quality.

The available literature on service quality in health facilities suggests that providing overall service is a necessary but not sufficient condition for patient satisfaction. Gronroos in Padma (Padma, et al; 2010) emphasizes the role of "image" in the conceptualization of service quality as a filter of service quality perception, in addition to the dimensions of technical and functional quality. Ideally, empathy from health care workers plays an indispensable role in articulating emotional and functional services from patients to healthcare providers. Empathy influences patient expectations and it is therefore important to make patients have realistic expectations. So that in health services, the reputation of health facilities must be considered as an element of service quality.

1.3 Contraception Consultation Services

The term "family planning" is familiar to all acceptors in the study area. Most of the participants knew the names of at least three family planning methods and spoke little about them. The methods most frequently mentioned are pills, injections, and implants. However, the majority of acceptors do not know how the method works in their bodies to prevent pregnancy. Likewise, more specific knowledge about the names of various methods and willingness to talk freely about contraceptive options with service providers varied between study areas. Knowledge of at least one contraceptive method is limited to the name of the method and does not include how it works. With this shallow knowledge, several acceptors who were determined to prevent pregnancy simultaneously used two relatively effective methods.

According to observations, acceptors who came to Muyan KB were mostly for postnatal services and only incidentally learned about family planning. This means that the need for family planning knowledge has not yet been established. Family planning information should be disseminated in additional frequently visited places. Officers suggest one or two methods of contraception based on the client's age and parity. However, the standard guidelines for counseling women on family planning do not place any restrictions based on age, parity, or other characteristics of the woman, except for medical eligibility (BKKBN RI; 2018). Provider self-imposed restrictions based on age and female parity are consistent with findings from other studies; family planning programs in India have a particular focus on increasing access to family planning services among young women and women of low parity.

The majority of acceptors who use modern contraceptives are mothers aged between 25 and 35 years and have between two and three children. These mothers have understood the difficulties of modern life with multiple children and decided to do something positive about it. Family planning counseling begins by comparing the benefits of small families with the difficulties of large families. Acceptors are given knowledge about the benefits of small families that are far enough apart, and problems that arise in large families that are close together. Acceptors are counseled on ways to help delay childbearing and space births.

It then describes the various contraceptive methods (names and appearances), followed by information on how the various methods are used and where to get them. Based on this information, the acceptor chooses a contraceptive method. Based on the method chosen, the officer checks the acceptor's health condition to ensure the suitability of the method. If on examination, the method proves to be unsuitable for the client, the officer then advises on the method which may be the most suitable.

He first listened to me talk, he gave me my solution, he let me talk, he let me convey what I wanted to ask, he listened then he gave me reasons for directions, gave me a solution, listen first then I gave him suggestions (DA informant in Kendari City)

He mentioned all the KB, I asked if there was a KB installed here.... I don't know, I asked if I could use it, what are the side effects if I use it, the officer said it was a spiral he explained how to install it, I I was afraid when it was explained, I didn't want to use it, I prefer to use implants (informant D in Konawe Regency)

A group of acceptors who were taught how pills, injections, implants and IUDs work were very enthusiastic, happy and grateful to know how their bodies function and how contraception works. Since patient satisfaction can be enhanced by excellent patient-staff interpersonal relationships, healthcare facility management must ensure that medical staff are well motivated to interact well with patients (Padma et al., 2009). This research also generates the assumption that acceptors who find counseling satisfactory become loyal clients of the facility. Reinforced by previous research, strong interpersonal relationships created through counseling and individual provider-client interaction contribute to service quality (Purwoastuti and Walyani; 2015., Rosdiana; 2017).

However, information about how the method works and its various drawbacks is not adequately discussed to every acceptor who needs Muyan KB services. Some acceptors mentioned the importance of Muyan KB staff providing counseling not only for the best part of contraception

but also negative consequences as a factor that could potentially limit access to further contraceptive services. This includes providing detailed information about how the method works in the body to prevent conception or about any associated side effects. These details are needed to allay fears that acceptors may have about contraception.

I know myself from reading that implants have this benefit, I know more from outside information (JM informant in South Konawe Regency)

He just asked, Mother knows what are the side effects of using implants, so I said I didn't know but people said the menstruation was not smooth so I was afraid to use it, then they said people could make me fat (trainee informant in Konawe Regency)

I was not asked, I was just asked what if I don't have my period and what if I gain weight (Informant DS in South Konawe Regency)

We asked, don't let it be like this, don't let it be like that, he said it's okay. if the implants have irregular menstruation, most of the time we ask ourselves because we want to know a lot (informant JM in South Konawe Regency)

When acceptors actually decide on a contraceptive method, they want officials to help them fully understand the choice of contraceptive method, so they can make the right decision. There have been cases where staff have suggested one method to a client without discussing his reproductive history, intentions or needs. Service personnel should be careful about recommending methods that may have side effects related to a woman's menstrual cycle. This is consistent with previous findings that fear of side effects is the main cause of non-use of contraception in Kenya (Escamilla, et al; 2018). Unfavorable initial counseling about side effects is also a major cause of discontinuation and dissatisfaction with family planning methods (Purwoastuti and Walyani; 2015).

Acceptors' experiences and complaints about using contraceptive methods can negatively affect other women in the community and their desire to seek family planning services. The impact of the lack of staff providing information and side effects about contraceptive methods can lead to acceptor dissatisfaction, even though there is a perception of high quality Muyan KB services. Padma stated that when a health facility fails in this aspect, the patient does not attach importance to other aspects, for example, even though the staff is friendly, the patient may not perceive the health facility's services to be of high quality if the health worker does not have the necessary competence and skills (Padma, et al; 2010).

1.4 Non-Contraceptive Consultation Services

Efforts to build the capacity of Muyan KB officers will work better if coordinated with socio-behavioral interventions to educate couples of childbearing age. The decision to use modern contraceptives should be made jointly by husband and wife. Several acceptors stated that they spoke with their husbands before deciding to get services at Muyan KB;

He asked why you want to use implants Why don't you inject or take pills, I said that I'm afraid I'll forget the pills, if I inject I'm afraid of being stabbed with needles, if I use implants I can just keep on opening them and I'll take a long time to open them.... He asked for approval. husband, do you want me to say that my husband ordered the installation, he is still young so he can work bae-bae (DS informant in South Konawe Regency)

In the context of the decision to use contraception among individuals and social networks, officers convinced couples of childbearing age that small families were beneficial, and necessary to provide space for their children, free from family pressure to have large families. In fact, some acceptors still secretly use contraception as a response to fears of prolonged marital or marital conflict.

Such concerns and family reactions after the onset of side effects will lead to contraceptive discontinuation rates, even among acceptors who express a need for contraception. On the other hand, traditionally the power rests with the husband, the husband is the one who has a say in the

number of children to be born, who plans everything, and can decide to say how many children he wants in the belief that these children can help him in future.

CONCLUSION

Acceptor satisfaction is a very relevant signal of service quality because it reflects the experience perception of the service standard to be achieved. Measuring acceptor satisfaction not only evaluates aspects of service quality at Muyan KB but also shows better prospects for the sustainability of the Family Planning program, especially in terms of recruiting new acceptors and retaining old acceptors, all of which will contribute to a higher CPR.

The limitations of the services and services of officers at Muyan KB during the Covid-19 pandemic focused on perceptions of acceptors' experiences of satisfaction and dissatisfaction. Which means that acceptors' views regarding the standard of care for contraceptive method services during the Covid-19 pandemic provided to Muyan KB at each location visited could vary. In addition, the expressions of acceptor satisfaction and dissatisfaction also reflect their own experiences and expectations of the services and services of Muyan KB officers.

In the traditional health facility service approach, service quality is based on the quality of service facilities and not on the delivery process. Thus, it is assumed that if acceptors receive proper and fast service, they will be satisfied. But now, the process of providing and delivering services to acceptors is as important in building acceptor satisfaction as the technical quality of services.

Thus, using the intervention concept of "contraceptive action" as a measuring tool for strengthening the Muyan KB service system strategy. This concept is useful in community-based activities that encourage women of childbearing age with unmet family planning needs to come to Muyan KB facilities during the Covid-19 pandemic or after the pandemic has ended. Another advantage of this measuring tool is that it shows the correlation of acceptor-staff interaction and helps acceptors in achieving their fertility goals. This includes promoting contraceptive methods and clarifying misconceptions about the use of contraceptive methods among the public. In addition, this contraceptive action also helps the acceptor and her husband to fulfill their reproductive health needs safely and effectively.

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