



FACTORS INFLUENCING THE USE OF LONG-TERM CONTRACEPTIVE METHODS IN ADULT WOMEN

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ABSTRACT

The world's population has increased many times over the last 200 years, so that the number is now recorded at more than seven billion people. The size of the population is not evenly distributed, therefore it is necessary to have something that can prevent population spikes. Family Planning Policy aims to control population growth through efforts to reduce the birth rate. Many women have difficulty in choosing the type of contraception. This is not only due to the limited availability of methods, but also due to ignorance about the requirements and safety of these contraceptive methods. The purpose of this study was to analyze the factors that influence women to choose the long-term contraceptive method. The design of this study used an analytic observational type with a cross sectional approach. The sampling technique is Consecutive sampling. The number of samples in this study were 60 women of childbearing age who used the long-term contraceptive method and 60 women of childbearing age who used the long-term contraceptive method. Results: The results showed that Age had a P-Value of 0.714, Education had a P-Value of 0.004, Employment had a P-Value of 0.711, Knowledge had a P-Value of 0.015, Number of children had a P-Value of 0.030, Attitudes had a P-Value of 0.037, Role Health Workers have a P-Value of 0.027, Husband's Support has a P-Value of 0.031, Social Culture has a P-Value of 0.032. The conclusion in this study is that there is an influence of Education, Knowledge, Number of Children, Attitudes, Role of Health Workers, Husband's Support and Socio-cultural Affairs on the selection of the long-term contraceptive method, while Age and Occupation have no influence in choosing the long-term contraceptive method.

Keywords: contraception; the long-term contraceptive method; women of childbearing age

INTRODUCTION

Indonesia is the fourth most populous country in the world after the United States (BPS, 2015). Based on the Population Census data from 2010 to 2015, it shows a significant increase in Indonesia's population where in 2010 the population reached 237.641 million and in 2015 it reached 255.182 million. The total population in the world in July 2020 was 7,684,292,383 people and Indonesia was the fourth country with the largest population, reaching 267,026,366 people. It is estimated that in 2025, Indonesia's population will increase rapidly to 273.3 million. Indonesia's population growth rate (LPP) in the 1980-1990 period decreased from 1.97% to 1.45% in the 1990-2000 period. In the 2010-2015 period, the LPP increased to 1.49%, then 1.19% every year in the 2015-2020 period (SUPAS, 2015). According to Law No. 52 of 2009 on Population Development and Family Welfare Development, it is an effort to regulate the birth of children, the distance and age to give birth, regulate pregnancy by conducting promotion, protection, and assistance in accordance with reproductive matters to realize a quality and prosperous family. To control the population that increases every year, the Government of the Republic of Indonesia established the Family Planning Program (KB) (Constitution of the Republic of Indonesia, 2009).

Family Planning is a government program to regulate the rate of population increase in Indonesia. The family planning program has been successfully implemented since 1970 and has become a history in controlling the population to reach 60% of couples of childbearing

age around the world who have used contraceptives (Dini, 2014). Based on data from the World Health Organization (WHO) in 2012, the use of contraceptives in Indonesia was 61.9%, exceeding the ASEAN average of 58.1%, but the data does not match the quantity of Women of Fertile Age (WUS) where Indonesia is the highest in ASEAN at 65 million people (Ministry of Health, 2013). Fertile age couples (PUS) in Indonesia in 2018 were 38,343,931 people and those who were using family planning (active family planning) amounted to 24,258,532 people or 63.27% which was almost the same as the previous year of 63.22% (BAPPENAS, 2015). In the 2015-2019 Medium-Term Development Plan, it is stated that in order to accelerate fertility control through contraceptive use, the national family planning program in Indonesia is more directed towards the use of Long-Term Contraceptive Methods (Prawirohardjo, 2012). Long-term contraceptive methods is the use of contraceptives that can be used for a long period of time, more than two years, effectively and efficiently for the purpose of spacing births for more than three years or terminating pregnancy in couples who do not want more children. The types of methods included in this group are IUD, Implant, Male Operative Method (MOP), and Female Operative Method (MOW) (BKKBN, 2011).

Indonesia has experienced a decline in the number of long-term contraceptive methods users, based on the results of the SDKI in 2007 the average long-term contraceptive methods user was 10.9%, in 2012 it was 10.6%, while according to the BKKBN target in 2017 contained in the RPJMN in 2015-2019 active long-term contraceptive methods users were 21.70%, which means that there are still very low people who use long-term contraceptive methods. Based on data from the 2017 SDKI, the types of contraceptives used nationally tend to use injections 29%, pills 12%, IUD 5.0%, female sterilization 4%, condoms 3%, male sterilization 0.1% (BKKBN, 2017). Based on the results of the Central Statistics Agency (BPS) in 2019, it shows that contraceptive users in couples of childbearing age in Indonesia are 62.54%. Indonesia experienced a decrease compared to 2017 of 64.49% and in 2018 of 64.51%. Meanwhile, there are 4 provinces with the highest level of contraceptive users, namely South Kalimantan (73.48%), Bengkulu (72.57%), South Sumatra (71.45%), and Jambi (70.36%). Lampung Province itself has a fairly high percentage of 69.6%. Based on the Lampung Provincial Statistics Agency in 2019, the proportion of long-term contraceptive methods users in Lampung province in 2018 was Intra Uterine Devices (182,330 people), Implant (280,188 people), MOW (18,615 people), MOP (13,187 people) (BPS, 2019).

The use of long-term contraceptive methods has several factors that influence both in terms of programs related to service availability, related environments, and mass media in providing information as well as from individuals as service users. Cognitive factors, namely knowledge, attitudes, discussions with partners regarding the use of Long-Term Contraceptive Methods, have a relationship with the use of long-term contraceptive method based on the results of various studies that have been obtained. The use of long-term contraceptive methods is strongly influenced by individual factors, because the decision whether or not to use contraceptive methods and types rests with the individual himself (BKKBN, 2013). According to Green, among couples of childbearing age in Indonesia, the use of long-term contraceptive methods is still relatively low due to several aspects, namely, predisposing factors (originating from individuals) such as understanding, actions, age, many children, opinions and demographics. Enabling factors such as supporting facilities, services and capacity of Human Resources (HR). Reinforcing factors such as constructive encouragement from people around.

Research shows that the use of long-term contraceptive methods is influenced by factors such as the age of the mother, working or not, the level of wealth, the number of children, the area of residence, the status of women, knowledge about family planning, the role of the husband,

the role of the closest person, the role of health workers, the availability of contraceptive drugs, service officers, the place of service and cost (Asih, 2009). In Triyanto's research (2018), it was found that there was an age relationship in the interest in using the IUD type of long-term contraceptive methods, it was thought that family planning participants already understood the rules for using rational contraception, namely determining the use of contraception in line with the age level. At the age of > 30 years, acceptors are mostly users of long-term contraceptive methods with the type of IUD than those aged. This study aims to identify the factors influencing the use of long-term contraceptive methods among adult women at Dr. H. Abdul Moeloek Regional General Hospital in Lampung Province.

METODE

This research design uses an analytic observational type to determine the factors associated with the use of long-term contraceptive method. This study used a Cross Sectional approach, which is a type of research that emphasizes the time of measurement/observation of independent and dependent variable data only once at a time. This research was conducted in May-June 2022. The research was conducted at Dr. H. Abdul Moeloek Hospital Lampung Province and Bandar Lampung City. Samples were selected from the population group, namely women of childbearing age who use the type of contraception long-term contraceptive methods at Dr. H. Abdul Moeloek Hospital Lampung Province who have met the research criteria. From the sample calculation obtained $n = 59.36$ which was rounded to 60 samples from each group of contraceptive types. Univariate analysis was performed to describe the characteristics of the research subjects by calculating the distribution and percentage. Bivariate analysis was conducted to determine whether there was a relationship between the two variables using the Chi-Square statistical test and the Fisher Exact Test alternative test.

RESULT

Table 1.

Distribution of Use Long-Term Contraceptive Methods

Long-Term Contraceptive Methods	f	%
Yes	60	120
No	60	120

Table 2.

Age distribution of respondents

Patient Age	f	%
<30 Years	66	55
>30 Years	54	45

Table 3.

Distribution of Respondents' Education

Education	f	%
Elementary, Junior High, Equivalent	27	22.5
High School, College, Equivalent	93	77.5

Table 4.

Occupational Distribution of Respondents

Jobs	Frequency	%
Not Working	f	%
Work	70	58.3

Table 5.
Distribution of Number of Children of Respondents

Number of Children	Frequency	
	f	%
0-2 Child	37	30.8
>2 Children	83	69.2

Table 6.
Distribution of Respondents Knowledge

Knowledge	f	%
Low	34	28.3
High	86	71.7

Table 7.
Distribution of Respondents Attitudes

Attitude	f	%
Negative	23	19.2
Positive	97	80.8

Table 8.
Distribution of the Role of Health Workers

The role of health workers	f	%
Less Good	26	21.7
Good	94	78.3

Table 9.
Distribution of Respondents' Husband Support

Husband Support	f	%
Not Support	21	17.5
Support	99	82.5

Table 10.
Socio-cultural distribution

Social Culture	f	%
Not so good	16	13.3
Good	104	86.7

Table 11.
Age Relationship with the Use of Long-Term Contraceptive Methods

Patient Age	Long-Term Contraceptive Methods				P value
	Yes		No		
	f	%	f	%	
<30 Years	34	28.3	32	26.7	0.714
>30 Years	26	21.7	28	23.3	

Table 12.
Bivariate Analysis of the Relationship between Education with the Use of Long-Term Contraceptive Methods

Education	Long-Term Contraceptive Methods				P value
	Yes		No		
	f	%	f	%	
Elementary, Junior High, Equivalent	7	5.8	20	16.7	0.004
High School, College, Equivalent	53	44.2	40	33.3	

Table 13.
Bivariate Analysis of the Relationship between Work with the Use of Long-Term Contraceptive Methods

Jobs	Long-Term Contraceptive Methods				P value
	Yes		No		
	f	%	f	%	
Not Working	26	21.7	24	20.0	0.711
Work	34	28.3	36	30.0	

Table 14.
Bivariate Analysis of the Relationship between Knowledge with the Use of Long-Term Contraceptive Methods

Knowledge	Long-Term Contraceptive Methods				P value
	Yes		No		
	f	%	f	%	
Low	11	9.2	13	19.2	0.015
High	49	40.8	37	30.8	

Table 15.
Bivariate Analysis of the Relationship between the Number of Children With the Use of Long-Term Contraceptive Methods

Number Of Children	Long-Term Contraceptive Methods				P Value
	Yes		No		
	f	%	f	%	
0-2 Child	13	10.8	24	20	0.030
>2 Child	47	39.2	36	30	

Table 16.
Bivariate Analysis of the Relationship between Attitude with the Use of Long-Term Contraceptive Methods

Attitude	Long-Term Contraceptive Methods				P value
	Yes		No		
	f	%	f	%	
Negative	7	5.8	16	13.3	0.037
Positive	53	44.4	44	36.7	

Table 17.

Bivariate Analysis of the Relationship between the Role of Health Workers With the Use of Long-Term Contraceptive Methods

The role of health workers	Long-Term Contraceptive Methods				P value
	Yes		No		
	f	%	f	%	
Not so good	8	6.7	18	15	0.027
Good	52	43.3	42	35	

Table 18.

Bivariate Analysis of the Relationship between Husband Support with the Use of Long-Term Contraceptive Methods

Husband Support	Long-Term Contraceptive Methods				P value
	Yes		No		
	f	%	f	%	
Not in favor	6	5	15	12.5	0.031
Support	54	45	45	37.5	

Table 19.

Bivariate Analysis of Socio-Cultural Relationships with the Use of Long-Term Contraceptive Methods

Social Culture	Long-Term Contraceptive Methods				P value
	Yes		No		
	f	%	f	%	
Less Good	4	3.3	12	10	0.032
Good	56	46.7	48	40	

PEMBAHASAN

Frequency Distribution of Use of Long-Term Contraceptive Methods

Long-term contraceptive methods is one type of long-term contraception whose use has high effectiveness with a low failure rate. In the research that has been conducted, it was found that there were 60 or 50% of long-term contraceptive methods users and 60 or 50% using non-long-term contraceptive methods .

Age Frequency Distribution

In this study, the age variable is divided into 2 age groups, namely 30 years. From the results of research and analysis that has been done, it is obtained that respondents of women of childbearing age who use long-term contraceptive methods in the age range 30 years are 54 samples or 45%.

Frequency Distribution of Education

Based on the results of this study it is known that in women of childbearing age there are 27 or 22.5% of samples with elementary, junior high and equivalent education and as many as 93 or 77.5% of samples with high school, college and equivalent education.

Job Frequency Distribution

The mother's employment status can describe the level of decision making in the family. The results of research and analysis obtained information that among respondents who worked as many as 70 or 58.3% while respondents who used long-term contraceptive methods but did not work were 50 or 41.7%.

Frequency Distribution of Number of Children

Based on the results of this study it is known that most women of childbearing age have >2 children, namely 83 or 69.2% and only a few women of childbearing age who have 0-2 children, namely 37 or 30.85%.

Frequency Distribution of Knowledge

Based on the results of this study, it can be seen that most women of childbearing age have high knowledge about long-term contraceptive methods, namely 86 samples or 71.7% while respondents who have low knowledge about long-term contraceptive methods are around 34 or 28.3%.

Attitude Frequency Distribution

Based on the results of the study, it was found that the attitude of women of childbearing age regarding long-term contraceptive methods was divided into 2 groups, namely, the group that had a negative attitude amounted to 23 or 19.2% and the group with a positive attitude amounted to 97 or 80.8%.

Frequency Distribution of the Role of Health Workers

Based on the results of interviews conducted, respondents stated that health workers had a good role of 94 or 78.3% and health workers had a less good role of 26 or 21.7%.

Frequency Distribution of Husband Support

In this study, husband's support is the respondent's statement about the existence of support from the husband to use long-term contraceptive methods including advice on using long-term contraceptive methods, the role of the spouse in reminding respondents to use long-term contraceptive methods and the role of the spouse in escorting / accompanying to go to the health facility. The results showed that respondents who received husband support were 99 or 82.5%, and respondents who did not get husband support were 21 or 17.5%.

Socio-cultural Frequency Distribution

Based on the results of this study it is known that in women of childbearing age there are 104 or 86.7% of samples have a good social culture regarding long-term contraceptive methods and as many as 16 or 13.3% of samples have a poor social culture.

Bivariate Analysis of the Relationship between Age and the Use of Long-Term Contraceptive Methods

Based on the results of research and bivariate analysis in this study obtained the results that age in women of childbearing age is not a factor that affects the use of Long-Term Contraceptive Methods with a $p\text{-value} > 0.05$, namely $p = 0.714$. The results of research and analysis showed that the number of women of childbearing age who used long-term contraceptive methods was categorized into 2 categories, namely the first category of age 30 years, namely 26 samples or 21.7%. This can be caused by other factors such as knowledge, services, facilities, health workers, place of service and also costs. From the age variable, the phases of ideal contraceptive use can be determined. Age less than 20 years is the phase of delaying pregnancy needed in women who marry at a young age, age 20-35 years is the phase of spacing pregnancies by arranging a good pregnancy interval of between 2-4 years, and age 35 years or more is the phase of ending pregnancy, namely the phase of not wanting to get pregnant again, needed if the woman no longer wants to have children (Rosidah, 2020).

Bivariate Analysis of the Relationship between Education and the Use of Long-Term Contraceptive Methods

The results of statistical tests show that in this study the results obtained if education is a factor that influences the use of long-term contraceptive methods with a p-value <0.05 , namely $p = 0.004$. the results showed that the respondents received elementary, junior high school, equivalent education as many as 7 samples or 5.8% and high school, college and equivalent as many as 53%. This is also in accordance with what was stated by Kusumaningrum who stated that the level of education has a strong influence on reproductive behavior and the use of contraception. The level of education possessed by these respondents is classified as good and is able to support the ability to understand information from outside which is a source of knowledge about long-term contraceptive methods. This information can be obtained from many sources such as friends, health workers, parents, information media, the internet and others (Widyarni, 2018).

Bivariate Analysis of the Relationship between Occupation and the Use of Long-Term Contraceptive Methods

From the results of the study, it was found that there were women of childbearing age using long-term contraceptive methods who did not work as many as 26 samples or 21.7% and who worked as many as 34 samples or 28.3%. Work is related to the time respondents have to be at home and take care of the family but still does not affect their decision to use contraceptives of the long-term contraceptive methods type. Someone who has a job spends more time on his job than to take care of his family. Therefore it can be concluded, work is not a factor that influences the use of Long-Term Contraceptive Methods with a p-value >0.05 , namely $p = 0.711$. Work is an economic activity of a person in earning a living in order to obtain and also help income for oneself and family. Wife's work can affect contraceptive use. Wives who have jobs will have less time to take care of the household and take care of children when compared to wives who do not work, which is what causes working wives to use more contraceptives than wives who do not work (Bainuan, 2015).

Bivariate Analysis of the Relationship between Knowledge and the Use of Long-Term Contraceptive Methods

Based on the results of the research that has been done, it can be concluded that women of childbearing age who use long-term contraceptive methods have low knowledge about long-term contraceptive methods as many as 11 samples or 9.2% and those who have high knowledge about long-term contraceptive methods are 49 samples or 40.8%. therefore it can also be concluded that knowledge is a factor that influences the use of long-term contraceptive methods with a p-value <0.05 , namely $p = 0.015$. Knowledge is the key that women must have in determining the choice of contraceptive method used. With good knowledge, it will remove the anxiety about the stigma of side effects that will be caused by long-term contraceptive methods. Knowledge can also reduce stress that arises because of fear. Therefore, the better knowledge a person has, the higher the interest in using this contraceptive method and vice versa. Therefore, health facilities that have a role to disseminate knowledge need to be improved in order to increase knowledge about Long-Term Contraceptive Methods. So that the effect is the higher interest in using long-term contraceptive methods (Yelzi, 2017).

Bivariate Analysis of the Relationship between Number of Children and the Use of Long-Term Contraceptive Methods

The results obtained from the study were women of childbearing age who had 0-2 children as many as 13 samples or 10.8% and those who had >2 children amounted to 47 or 39.2%. The number of children affects the willingness of respondents to use a particular type of

contraceptive. This is because the greater the number of children the respondent has, the more his life needs. If the respondent is a less economically established family, this can certainly be a problem if the number of children is not controlled. The results of the analysis also stated that the number of children is a factor that affects the use of Long-Term Contraceptive Methods with a p-value <0.05 , namely $p = 0.030$. Individuals with more than one child should already be family planning acceptors, which is useful for regulating or spacing pregnancies, but currently many family planning users are still difficult in making their choices. The number of living children owned can affect couples of childbearing age when determining which contraceptive method to choose. Couples who have few children usually have a tendency to use contraceptive methods with low effectiveness, then in couples who have a large number of living children there is a tendency to use contraceptives with higher effectiveness. The results showed that respondents who had 1-2 children were more likely to use Non-Contraceptive Methods. The results also show that the number of children has a relationship in the selection of contraceptive methods (Wiknjosastro, 2015).

Bivariate Analysis of the Relationship between Attitude and the Use of Long-Term Contraceptive Methods

From the results of the study, it was found that there were women of childbearing age who had a negative attitude towards long-term contraceptive methods as many as 7 samples or 5.8% and those who had a positive attitude towards long-term contraceptive methods were 53 samples or 44.2%. Attitude shows agreement or disagreement with something or like or dislike something. A positive attitude can be caused by positive beliefs held by respondents. From the results of the study, it was found that most respondents had a positive attitude towards long-term contraceptive methods and the results of the analysis also showed that attitude was a factor influencing the use of long-term contraceptive methods with a p-value <0.05 , namely $p = 0.037$. Attitude is the reaction or response of an individual to a stimulus, either internal or external in nature as its manifestation cannot be directly seen, but can only be interpreted first from the behavior that is closed. Attitude about long-term contraceptive methods is the respondent's reaction to the use of long-term contraceptive methods as an alternative to contraceptive use. The theory states that knowledge, attitudes and behavior in humans have forming factors such as culture, other people who are considered important, mass media, educational institutions or institutions, personal experience and emotional factors from each individual (Widyarni, 2018).

Bivariate Analysis of the Relationship between the Role of Health Workers and the Use of Long-Term Contraceptive Methods

Based on the results of the study, researchers found that health workers have played a role and provided support regarding long-term contraceptive methods well. A total of 8 samples or 6.7% of women of childbearing age stated that the role of health workers was still not good while most women of childbearing age, namely 52 or 43.3% stated that the role of health workers was good. From the results of the analysis it can also be stated if the role of health workers is a factor that affects the use of long-term contraceptive methods with p value <0.05 , namely $p = 0.027$. Good participation from health workers can also be done through promotive activities in the form of counseling. Health workers have a good role if they are able. to provide positive changes in results for the environment, this can be strengthened by supporting data such as records, as well as changes that can be seen directly. However, the final decision to choose the type of family planning remains the authority of the acceptor. Health workers can only be active in promoting and also depend on the local culture which is very behind the success of using long-term contraceptive methods or not (Misrina, 2018).

Bivariate Analysis of the Relationship between Husband Support and the Use of Long-Term Contraceptive Methods

From the results of the study, it was found that as many as 6 samples or 5% of women of childbearing age did not get support from their husbands, while most of the other 54 samples or 45% received support from their husbands. Based on the results of researcher observations, most respondents said that husbands were involved in decision making to use contraceptives, therefore the results showed that husband support was a factor influencing the use of Long-Term Contraceptive Methods with a p value <0.05 , namely $p = 0.031$. Given the importance of husband's support in using contraception for each wife, efforts to improve communication in the household are the most important thing to do so that the ability of married couples to participate in the use of Long-Term Contraceptive Methods can increase. One of them is that joint decision-making can be used as an indicator of better communication between husband and wife. Women who make decisions with their husbands will increase the use of long-term contraceptive methods when compared to women who make decisions unilaterally. Women who make joint decisions with their husbands will be better able to discuss conditions around sexuality, fertility, and contraception (Samari, 2017).

Bivariate Analysis of Socio-Cultural Relationships with the Use of Long-Term Contraceptive Methods

The research that has been conducted shows the results that there are 4 samples or 3.3% who state that they have a poor social culture regarding long-term contraceptive methods and 56 samples or 46.7% others state that they have a good social culture regarding long-term contraceptive methods. From the results of the analysis that has been done, it shows that social culture is a factor that influences the use of long-term contraceptive methods with a p value <0.05 , namely $p = 0.032$. An example of the obstruction of contraceptive use due to cultural factors is what happens in the Malay tribe, they say that children are entrusted by God and are a fortune from the Almighty, so humans do not have the right to prevent it by using contraception, the Malay tribe also says that every child will have a fortune so there is no need to worry about not being able to eat. In addition to cultural factors that have developed in society, religious factors or beliefs are also factors that influence the use of contraception in the community (Wulandari, 2015).

CONCLUSION

Research shows that there is a relationship between the use of Long-Term Contraceptive Methods with educational factors, number of children, knowledge, attitudes, social, the role of health workers, and husband support. Meanwhile, age and occupation did not show a significant relationship

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