Analysis of Long-Term Contraception in Women of Childbearing Age on Mekarbakti Panongan Village Tangerang Regency in 2022

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Abstract

Background: One of the government's programs in family planning is the improvement of family planning services with long term contraception, but this was still hampered due to the high use of non-longterm contraception in Indonesia. Based on data from the Indonesian Ministry of Health, especially in Banten, it also shows that there is still a high use of non- long term contraception compared to long term contraception. The purpose of the study was to determine the relationship between age, occupation, knowledge, information on family planning services, husband support, culture, and attitudes of FAC women with the use of longterm contraception.

Purpose: This study aims to determine factors related with long-term contraceptive use on Mekarbakti Panongan sub-district, Tangerang Regency, Banten Province, in 2022.

Methods: The method used an analytical survey with a cross-sectional approach. The population in this study was all acceptors recorded in the family planning register located in the working area of Mekarbakti Panongan Village, Tangerang, who use long term contraception and those who do not use long term contraception, which is 1,984 acceptors. Sampling using accidental sampling, where 96 samples were obtained.

Results: Chi-square test results (0.05) for age sig-p value 0.050, work sig-p value 0.892, knowledge sig-p value 0.000, information by health workers sig-p value 0.014, husband support sig-p value 0.038, culture sig-p value 0.005, and attitude sig-p value 0.062.

Conclusion: In this study, there was an influence of age, knowledge, information provided by health workers, husband support, and culture on the selection of long term contraception, while occupational factors and attitudes did not have an influence on the selection of long term contraception.

Keywords: Age, Culture, Husband support, Knowledge, Information by health workers, MKJP, Occupation.

Introduction

Population development, especially in Indonesia, needs to be carried out, which aims to create a balanced population and improve the quality of family life, so that family planning programs can be made. According to Government Regulation No. 87 of 2014 concerning population development, family planning, and family information factors, family planning is an effort to regulate childbirth, the distance and ideal age of childbirth,

and pregnancy through promotion, protection, and assistance in accordance with reproductive rights to realize a quality family.[4]

The total fertility rate, or TFR, is the average number of children who will be born until the end of their reproductive years. According to one article by the Family Planning Coordinating Board, the total birth rate is the average ability of a woman to give birth at the age of 15–49 years, according to her reproductive period.[2]

The Family Planning Program in Indonesia is in Book I of the National Medium-Term Development Plan (RPJMN 2020-2024) to improve family planning services with long-term contraception users to reduce the risk of drop-outs and non long term contraception users by providing information on an ongoing basis. Fostering resilience and family empowerment through family development group activities is necessary to preserve family planning participation.[2]

Long-acting contraception is a contraceptive that has a high effectiveness and continuity rate with a low failure rate. The classification consists of IUD contraception, implants, and steady contraception, namely the male surgical method and the female surgical method.[5]

But the program is a little bit of an obstacle because people are more inclined to use contraceptive pills and injections, where non-long-term contraception users were 61.5% and long-term contraception were 15.5%. Based on these data, long-term contraception is divided into 2 types, namely IUD and Implant, where IUD contraceptive users are 7.23% and Implant contraceptive users were 11.37%. long-term contraception users in Banten for IUDs were 5.09% and Implants were 10.88%; this figure is not comparable to non- long-term contraception users, namely in contraceptive pills, which were 23.17%, and injections were 51.53%.[6]

This problem is what makes the government adopt national policies and strategies, namely managing the desired pregnancy, reducing MMR, increasing access to family planning services, increasing male participation, and promoting exclusive breastfeeding. The government's target in 2017 is the total birth rate per woman (15–49 years), which is 2.33, with the general target of the population program on fertility, namely the achievement of population conditions growing in balance in 2015 and continuing until 2035.[2]

At the time of the initial survey, researchers also found that in Mekarbakti Village, Tangerang Regency, in 2019, the number of fertile age couples (FAC) was 2.900, with

1,939 active family planning participants (66.86%) and 129 long-term contraception users (6.65%). In 2020, the number of FAC was obtained by 2.904 people, with active family planning participants as many as 1.960 (67.49%) and long-term contraception users as many as 127 (6.47%). Furthermore, in 2021, the number of FAC in Mekarbakti Village, Tangerang Regency, was 3,037, with 1.990 active family planning participants (65.52%) and 517 long-term contraception users (25.97%). This shows that long-term contraception users in Mekarbakti Village, Tangerang Regency, are still relatively low considering the number of FAC and active family planning participants, which is very high.

Based on the background above, researchers are interested in conducting a study entitled Factors for Long-Term Contraception Use in Mekarbakti Panongan Village, Tangerang Regency in 2022.

Method

1. Research design

The design of this study is an observational study that is analytical in nature using a cross-sectional design.

2. Setting and samples

The location of the study conducted on Mekarbakti Village, Panongan District, Tangerang Regency, Banten. The research conducted from November 15, 2022 to December 15, 2022. The population taken in this study was all acceptors recorded in the family planning register in the working area of Mekarbakti Panongan Village, Tangerang who use long term contraceptives and those who do not use long term contraseption, which is 1,984 acceptors. Calculation of sample size with Taro Yamane / Slovin formula as much as 96. Sampling method using accidental sampling

a. Inclusion Criteria
   1) Active acceptors in the period October – December 2022
   2) Acceptors willing to become respondents
   3) Mothers who are eligible to use long-term contraception

b. Exclusion Criteria
   1) Mothers who present with complications such as continuous bleeding, continuous severe dizziness.
   2) Birth control acceptors who are not willing to be respondents

3. *Measurement and data collection*

The instrument used in this study was a questionnaire.

4. *Data analysis*

Data analysis using *chi square* with SPSS.

Results
Univariate Analysis

Table 1.

Distribution of Contraceptive Methods Used by Respondents in Mekar Bakti Village, Tangerang Regency in 2022

Contraceptive methods used	f	%
MKJP	20	20,8
Non MKJP	76	79,2
Sum	**96**	**100**

Table 2.

Age Distribution of Respondents in Mekar Bakti Village, Tangerang Regency in 2022

Age	f	%
Ending Phase (>30 Years)	37	38,55
Thinning phase (20-30 years)	59	61,5
Sum	**96**	**100**

Table 3.

Distribution of Respondents' Jobs in Mekar Bakti Village, Tangerang Regency in 2022

Work	f	%
Not Working	30	31,3
Work	66	68,7
Sum	**96**	**100**

Table 4.

Knowledge Based Distribution in Mekar Bakti Village, Tangerang Regency in 2022

Knowledge	f	%
Good	50	52,1
Not Good	46	47,9
Sum	**96**	**100**

Table 5.

Distribution Based on Information by Health Workers in Mekar Bakti Village, Tangerang Regency in 2022

Information ByHealth Professionals	f	%
Good	51	53,1
Not Good	45	46,9
Sum	**96**	**100**

Table 6.

Distribution Based on Husband Support in Mekar Bakti Village, Tangerang Regency in 2022

Husband Support	f	%
Support	45	46,9
Less Support	51	53,1
Sum	**96**	**100**

Table 7.

Distribution Based on Culture in Mekar Bakti Village, Tangerang Regency in 2022

Culture	f	%
Good	43	44,8
Not Good	53	55,2
Sum	**96**	**100**

Table 8.

Distribution Based on Attitudes in Mekar Bakti Village, Tangerang Regency in 2022

Attitude	f	%
Positive	47	49
Negative	49	51
Sum	**96**	**100**

Table 9.

Age Cross-Tabulation with the Use of Long-Term Contraceptive Method in Mekar Bakti Village, Tangerang Regency in 2022

Age	Use of MKJP				Total		Sig-p	OR
	MKJP		NON MKJP					
	f	%	f	%	f	%		
Age >30 years	12	32,4	25	67,6	37	100	0,050	0,327
Age 20-30 years	8	13,6	51	86,4	59	100		
Total	**20**	**20,8**	**76**	**79,2**	**96**	**100**		

Table 10.

Cross-tabulation of Work with the Use of Long-Term Contraceptive Methods in Mekar Bakti Village, Tangerang Regency in 2022

Work	Use of MKJP				Total		Sig-p	OR
	MKJP		NON MKJP					
	f	%	F	%	f	%		
Not Working	7	23,3	23	76,7	30	100	0,892	0,806
Work	13	19,7	53	80,3	66	100		
Total	**20**	**20,8**	**76**	**79,2**	**96**	**100**		

Table 11.

Cross-Tabulation of Knowledge with the Use of Long-Term Contraceptive Methods in Mekar Bakti Village, Tangerang Regency in 2022

Knowledge	Use of MKJP				Total		Sig-p	OR
	MKJP		NON MKJP					
	f	%	f	%	f	%		
Good	19	38	31	62	50	100	0,000	27,581
Not good	1	2,2	45	97,8	46	100		
Total	**20**	**20,8**	**76**	**79,2**	**96**	**100**		

Table 12.

Cross-tabulation of Information by Health Workers with the Use of Long-Term Contraceptive Methods in Mekar Bakti Village, Tangerang Regency in 2022

Information by health professionals	Use of MKJP				Total		*Sig-p*	*OR*
	MKJP		NON MKJP					
	f	%	F	%	f	%		
Good	16	31,4	35	68,6	51	100	0,014	4,686
Not good	4	8,9	41	91,1	45	100		
Total	**20**	**20,8**	**76**	**79,2**	**96**	**100**		

Table 13.

Cross-Tabulation of Husband Support with the Use of Long-Term Contraceptive Methods in Mekar Bakti Village, Tangerang Regency in 2022

Husband Support	Use of MKJP				Total		*Sig-p*	*OR*
	MKJP		NON MKJP					
	f	%	f	%	f	%		
Support	14	31,1	31	68,9	45	100	0,038	3,387
Less supportive	6	11,8	45	88,2	51	100		
Total	**20**	**20,8**	**76**	**79,2**	**96**	**100**		

Table 14.

Cross-Cultural Tabulation with the Use of Long-Term Contraceptive Methods in Mekar Bakti Village, Tangerang Regency in 2022

Culture	Use of MKJP				Total		*Sig-p*	*OR*
	MKJP		NON MKJP					
	f	%	f	%	f	%		
Good	15	34,9	28	65,1	43	100	0,005	5,143
Not Good	5	9,4	48	90,6	53	100		
Total	**20**	**20,8**	**76**	**79,2**	**96**	**100**		

Table 15.

Cross-Tabulation of Attitudes with the Use of Long-Term Contraceptive Methods in Mekar Bakti Village, Tangerang Regency in 2022

Attitude	Use of MKJP				Total		Sig-p	OR
	MKJP		NON MKJP					
	f	%	f	%	f	%		
Positive	14	29,8	33	70,2	47	100	0,062	3.040
Negative	6	12,2	43	87,3	49	100		
Total	**20**	**20,8**	**76**	**79,2**	**96**	**100**		

*MKJP : Long term contraception

Discussion

1. The Effect of Age on Long-Term Use of Contraceptive Methods

Based on the results of the study, it showed that in the analysis of the age relationship to the use of long term contraception, the ending phase (>30 years) with a total of 37 respondents where 12 respondents used ong term contraception (32.4%) and 25 respondents used non-ong term contraceptioncontraceptives (67.6%), with ρ.value of 0.05 the value was equal to α=0.05 so that the initial hypothesis stated that there was a relationship between age with the use of long-term contraception statistically proven, Ha was rejected. The OR value was obtained 0.327, thus respondents with the ending phase age had the opportunity to use ong term contraception by 0.327 times compared to respondents with the rare phase category.

This result is in line with the results of research by Anggraeni, P (2014, 98), where the OR value obtained at 95% CI is 4.565, thus the OR value is concluded that KB acceptors aged more than 30 years have a 4,565 times chance of using ong term contraception compared to KB acceptors aged less than 30 years

Based on the current state of research conducted in Kelurahan Mekar Bakti, respondents with the dehumidification phase and the ending phase predominantly used short-term contraception. Based on the research obtained, the reason respondents prefer short-term contraception is that at the age (20-30 years) consider long-term contraception only used for people who do not want to have more children, while for respondents at the age (>30 years) most respondents are still afraid to use Long-acting contraceptives, such as implanted contraceptives they still don't really understand about the contraception, they

think it will make them not free to work, while their IUD contraception is afraid because the installation is done in the uterus. This increasing age sometimes makes respondents lazy to change methods because they assume their age will be close to menopause. This study tends not to answer the actual situation, where age determines that the higher the age of respondents, the higher the use of ong term contraception.

2. The Effect of Work on the Use of Long-Term Contraception

Based on research data, 30 respondents (31.3%) were found to be unemployed compared to 66 respondents (68.7%). The results of the analysis of the relationship between work and the use of long term contraception obtained the results of respondents who did not work by 30 respondents where 7 respondents used long term contraception (23.3%) and 23 respondents did not use long term contraception (76.7%) with the results of the chi square test found that $\rho = 0.892$ where the results were greater than $\alpha = 0.05$, so that the initial hypothesis that states there is a relationship between work and Long-term contraceptive use is not statistically proven, thus an OR value of 0.806 means that respondents who do not work are 0.806 times more likely to use long term contraception.

This study is in line with Fienalia, R, A (2012) where the results of the chi square test obtained that there was no significant relationship between work and long-term contraceptive use with $\rho=1,000$ where the results were greater than $\alpha=0.05$. Respondents in Mekar Bakti Village are indeed mostly factory workers and self-employed, so it is easier in terms of use using short-term methods such as pills and injections, respondents who work will have a high chance of getting good information from colleagues or from other media. According to Fienalia (2012), working women may be more aware of the uses and benefits of birth control, and more aware of the choice of methods available when compared to women who do not work.[3]

3. The Effect of Knowledge on the Use of long-term contraception

The knowledge variable has a sig-p *value of* 0.000 < 0.05, meaning that knowledge has a significant influence on the selection of long-term contraception in Mekar Bakti Village in 2022. The result of OR (Odds Ratio) on the knowledge variable is 27.581. This means that poor knowledge tends to have 27,581 times the influence on not voting for long term contraception on respondents.

This study is in line with research conducted by Mahmudah in 2015 on Analysis of Factors Associated with the Selection of Long-Term Contraceptive Methods (long term

contraception) in Female Birth Control Acceptors in Banyubiru District, Semarang Regency, showing that the variable related to the selection of long term contraception is knowledge (sig = 0.001*), with the selection of* long term contraception.[7]

The results in this study show that most respondents do not have a good understanding of long-term contraception, so they are still reluctant to choose long term contraception. This is because the fear of respondents such as long-term contraception causes tremendous pain and the use of long-term contraception according to them can cause adverse side effects for women in using long term contraception. This incident made respondents still choose to use long term contraception. Good knowledge of family planning participants about the nature of family planning programs will influence them in choosing contraceptive methods / devices to be used including flexibility or freedom of choice, suitability, effective choice or not, comfort and safety, also in choosing a more suitable place of service because the insight is better, so that their awareness is high to continue to use services

4. The Effect of Information by Health Workers on the Use of long-term contraception

The information variable by health workers has *a sig-p* value of 0.014 < 0.05, meaning that the role of health workers has a significant influence on the election of long-term contraception in Mekar Bakti Village in 2022. The OR result on the information variable by health workers showed an OR value of 4.686. This means that information by good health workers tends to have a 4,686-fold influence on the choice of long-term contraception use in respondents.

This study is in line with research conducted by Ranaswati in 2014 on Factors that Distinguish the Selection of *Intrauterine Devices (IUD)* Contraceptives and Pills in Women of Childbearing Age in the Working Area of Baki District, Sukoharjo Regency, showing that there is a difference between income, knowledge, attitudes, access to health services and health worker support in the selection of IUD and Pill contraceptives in women of childbearing age.

According to the results of the study showed that information by health workers had an influence on the selection of long-term contraception. This is because the efforts made by health workers in inviting FAC women to use long term contraception are quite good. The lack of long-term contraception users is not due to health workers who do not provide good information, but from the reaction of FAC women themselves who still do not want to use

long term contraception. Health workers themselves have a role in providing information related to the use of long-term contraception. Health workers play a role in providing information, counseling and explaining about contraceptives, especially about long-term contraception. Health workers play a lot of roles in providing encouragement and advice, but there are still FAC women who do not care about the information provided by health workers.

5. The Effect of Husband Support on the Use of long-term contraception

The variable husband support has a sig-p *value of 0.038 < 0.05, meaning that husband support has a* significant influence on the election of long-term contraception in Mekar Bakti Village in 2022. The OR result on the husband support variable showed an OR value of 3.387. This means that husbands who are not supportive tend to have 3 times the influence on not voting for long term contraception on respondents

This research is in line with research conducted by Tristanti in 2016 on the Relationship of Husband Support in the Selection of Long-Term Contraceptive Methods (long term contraception), showing that based on statistical tests using the Chi square test, it was found that the p value of 0.001 means that there is a relationship between husband support and the selection of long-term contraceptive methods with a relationship value of 0.542.[10]

According to the results of the study, it shows that the support of the husband has an influence on the election of long-term contraception. Husband support includes obtaining information, choosing contraceptives, delivering to health services and facilitating the installation of contraceptives. The better the support provided by the husband, the decision making in accordance with the wishes of the husband and wife, on the other hand, if the husband's support is less, there will be dissatisfaction with the husband in the use of contraceptives. Husband support has a relationship in making decisions on the use of contraceptives, but husbands have not contributed to the choice of methods or types of contraceptives.

6. Cultural Influence on the Use of long-term contraception

Socio-cultural variables have a *sig-p* value of 0.005 < 0.05, meaning that socio-culture has a significant influence on the election of long-term contraception in Mekar Bakti Village in 2022. The result of OR on socio-cultural variables showed an OR value of 5.143. This means that poor socio-culture tends to have a 5-fold influence on not voting for long term contraception in FAC women.

This study is in line with research conducted by Sumartini in 2016 on Factors Affecting

the Desire of FAC in the Use of Long-Term Contraceptive Methods in the Working Area of Puskesmas Pacar Keling Surabaya, showing that the results obtained are age, socio-culture, behavior, side effects, wanting to have more children, husband and family support affecting the use of long-term contraceptive methods.[9]

According to the results of the study shows that culture has an influence long term contraception she election of long-term contraception. Some respondents admitted that there is a culture around that prohibits using certain types of contraceptives, there are respondents who are required by families to install contraceptives are female officers. There are also some families of respondents who prohibit the use of long-term contraception because it will cause bleeding which results in respondents not being able to perform worship. The use of long-term contraception is closely related to culture, because contraceptives are related to the way of installation and habits of use. In addition, its use is related to the habits of people who live in certain environments. A person will be interested in using the wrong contraceptive if the people around him use the same contraceptive.

7. Influence of Attitude towards the Use of Long-Term Contraception

The attitude variable has a *sig-p* value of $0.062 > 0.05$, meaning that attitude does not have a significant influence on the election of long-term contraception in Mekar Bakti Village in 2022. The OR result on the attitude variable shows an OR value of 3.040. This means that negative attitudes tend to have 3 times no influence on not voting for long term contraception in PUS women.

This research is not in line with research conducted by Widyarni in 2018 on the Relationship of Knowledge and Attitude of Mothers towards the Use of family planning at Paramasan Health Center, Banjar Martapura Regency, showing that there is a relationship between knowledge towards the use of long-term contraception (p-value = 0.001*) and there is a relationship between attitudes towards the use of KB* long term contraception *(*p-value = *0.000).*[11]

According to the results of the study showed that attitude had no influence on the use of long term contraception. Respondents' attitudes about long term contraception are influenced by several factors, including personal experience, the influence of people who are considered important, the influence of culture and mass media. In their lives, respondents certainly experience interaction with the environment, both the family environment and the community environment. This interaction will result in an experience

of long-term contraception both from seeing it directly and from other people's stories. These experiences can be in the form of understanding long term contraception, side effects of long-term contraception, types of long-term contraception and can also be in the form of people's attitudes in having long term contraception. The experience received by respondents, especially about the attitude of using long term contraception, is one of the sources or references of respondents in responding to the use of long-term contraception.

Conclusion

In this study, there was an influence of age, knowledge, information by health workers, husband support, and culture on the selection of long-term contraception, while occupational factors and attitudes did not have an influence on the selection of long-term contraception.

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