

Factors Related to the Use of the Long Term Contraception Method In Community Health Center of Langsung Pekanbaru

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Abstract— The Long-Term Contraception Method is the best contraceptive method. It can be used for a long period of time, more than 2 years. In addition, it is effective and efficient for the purpose of using spacing more than 3 years of birth or terminating a pregnancy in a couple who do not want to have more children. The types of methods included in this group are steady contraception (male and female), implant, and IUD. The research respondents are women who have little knowledge about the Long-Term Contraception Method of 71 people (53.8%), low education of 69 people (52.3%), are <20 or> 35 years old as many as 90 people (68.2 %), low economic status of 83 people (62.9%). Furthermore, the role of the majority of health workers was less, 87 people (65.9%), and 102 people (77.3%) for the husbands who did not support. All 8 variables are significantly related, namely knowledge (p value = 0.005), education (p value = 0.0001), age (p value = 0.005), economic status (p value = 0.0001), the role of health workers (p value = 0.010), and husband's support (p value = 0.007). The final modeling of variables that are significantly related to the use of MKJP are education (p value = 0.03), age (p value = 0.03), economic status (p value = 0.04), education of the role of health workers (p value = 0.0006).

Keywords— MKJP Factors, Community Health Center of Langsung

I. INTRODUCTION

The Long-Term Contraception Method (MKJP) is a contraception that can be used for a long period of time, more than 2 years. It is effective and efficient for the purpose of using spacing more than 3 years of birth or ending a pregnancy in a couple who do not want to have more children. The types of methods included in this group are the method of steady contraception (male and female), implants, and IUD (Novianti, 2011).

The use of MKJP has many advantages, both in terms of the program and in terms of the client (user). In addition to accelerating the reduction in the Total

Fertility Rate (TFR), the use of MKJP contraception is also more efficient because it can be used for a long time. According to Indonesian Demographic Survey in 2013, new Family Planning (KB) participants (PB) reached 210,480 acceptors (112.77%) with injectable contraception mix (103,651) or 49.24%, PIL 67,988 Acceptors (32.30%), IMPLANT 14,268 Acceptors (6.78%), CONDOM Acceptors (6.72%), IUD 7208 Acceptors (3.42%), MOW Acceptors (6.78%), and MOP of 269 Acceptors (0.12%).

According to data from the Pekanbaru City Health Office in 2016, the highest number of fertile age couples (PUS) in the Sidomulyo Community Health Center was 21,240 pairs, while the lowest was in Community Health Center of Langsung, 411 pairs.

There are many factors that influence a behavior. The following are the factors that influence a person in the choice of contraceptive methods, namely demographic factors (age, number of children, child sex). In addition, there are social structure factors (level of education, knowledge, religion, socioeconomic status, role models) as well as health resource factors (access to information, distance from health facilities, health workers) (Indriyani, 2014).

II. METHOD

This research is a quantitative analytic-observational study with a type of case control study design. The population in this study was all PUS active KB acceptors in 2018 at the Community Health Center of Langsung. The sample in this study was 66 people (66 cases and 66 controls).

III. RESULTS

This study involved 108 research samples who were willing to take part in a research on KB Long Term Contraception Method in LangsatCommunity Health Center. The following results are obtained:

A. Univariate Analysis

Univariate analysis is in data presented infrequency distribution table as follows:

TABLE 1
UNIVARIATE ANALYSIS

Variable	Frequency		Percentage	
	n		%	
Knowledge				
Less	71		53,8	
Good	61		46,2	
Total	132		100	
Education				
Low	69		52,3	
High	63		47,7	
Total	132		100	
Age				
<20 or ≥ 35 years	90		68,2	
20-35 years	42		31,8	
Total	132		100	
Economic Status				
Low	83		62,9	
High	49		37,1	
Total	132		100	
Role of Health Workers				
None	87		65,9	
Any	45		34,1	
Total	132		100	
Husband Support				
None	102		77,3	
Any	30		22,7	
Total	132		100	

In the univariate analysis, it was found that the majority of mothers had low knowledge of 71 people (53.8%). The education of the majority of respondents was of 69 people (52.3%), the age of the majority of respondents <20 or> 35 years was 90 people (68.2%), the majority with low economic status were 83 people (62.9%), the role of the majority of health workers is less than 87 people (65.9%), and the majority of husbands who do not support as many as 102 people (77.3%).

B. Bivariate Analysis

TABLE 2
BIVARIATE ANALYSIS

Variable	MKJP Users						(P Value)	OR/ (CI 95%)
	Cases		Control					
	n	%	n	%	n	%		
Knowledge							2,89	
Less	44	66,7	27	40,9	71	53,8	0,005 (1,42-5,87)	
Good	22	33,3	39	59,1	61	46,2		
Total	66	100	66	100	132	100		
Education							3,75	
Low	45	68,2	24	36,4	69	52,3	0,0001 (1,82-	

High	21	31,8	42	63,6	63	47,7		7,71)
Total	66	100	66	100	132	100		
Age								3,19
<20 or ≥ 35 years	53	80,3	37	56,1	90	68,2	0,005	(1,47-6,95)
20-35 years	13	19,7	29	43,9	42	31,8		
Total	66	100	66	100	132	100		
Economic status								4,19
Low	52	78,8	31	47	83	62,9	0,0001	(1,96-8,99)
High	14	21,2	35	53	49	37,1		
Total	66	100	66	100	132	100		
Role of health workers								2,83
None	51	77,3	36	54,5	87	65,9	0,010	(1,34-6,01)
Any	15	22,7	30	45,5	45	34,1		
Total	66	100	66	100	132	100		
Husband support								3,63
None	58	87,9	44	66,7	102	77,3	0,007	(1,48-8,91)
Any	8	12,1	22	33,3	30	22,7		
Total	66	100	66	100	132	100		

The results of bivariate analysis show that all variables totaling 8 variables were significantly related, namely knowledge (p value = 0.005), education (p value = 0.0001), age (p value = 0.005), economic status (p value = 0.0001), the role of health workers (p value = 0.010), and husband's support (p value = 0.007).

C. Multivariate Analysis

TABLE 3
FINAL MULTIVARIATE MODELING

Variable	P value	OR	95% CI. For EXP (B)	
			Lower	Upper
Knowledge	0,35	1,55	0,62	3,89
Education	0,03	3,49	1,09	11,12
Age	0,03	3,40	1,14	10,12
Economic status	0,04	3,03	1,08	8,53
Role of health workers	0,006	6,23	2,18	17,79
Husband support	0,68	0,76	0,21	2,78

In this study, the results show that the final modeling of variables is significantly related to the use of MKJP, which are education (pvalue = 0.03), age (pvalue = 0.03), economic status (pvalue = 0.04), the role of health workers (pvalue = 0,0006). The husband's knowledge and support variable reentered into the model because it experienced a change in OR> 10% so that counfounding. The knowledge variable is counfounding with husband's education and support while the husband support variable is counfounding with age.

IV. DISCUSSION

A. Education

This study reveals that respondents with low education had a 3 times risk of not using MKJP compared to respondents with high education. This is in line with Pitriani's study (2015) that mothers with low levels of education are 23 times less likely to use an IUD than those with a high level of education. However, in this study the variable education is confounding with knowledge. This is due to the fact that a person despite having a high education but if not getting enough information will have low knowledge about MKJP contraception. This is in accordance with the results of Mahmudah and Indrawati's (2015) research that the lack of knowledge and communication with other acceptors and family planning officials makes acceptors less informed about the MKJP.

B. Age

The study results show that respondents aged <20 or> 35 years had a 3 times risk of not using MKJP compared to respondents aged 20-35 years. This result is in line with the results of a study conducted by Fitrianiingsih and Melaniani (2016) that age influences the selection of contraceptives in Health Center of Gading Tambaksari District in Surabaya. However, in this research, the age variable is confounding with husband support. This is due to the side effect of MKJP that makes husband uncomfortable in using the contraceptive method even though the respondent has age > 35 years. This is in line with research conducted by Setiasih, Widjanarko and Istiarti (2016) in which complaints in the use of MKJP are dealing with the condition when intercourse. The husband feels that his penis seems to be pricked by a needle and like hitting a wall. According to Wiknojosastro (2005) in Hartanto (2010), there are still many husbands who forbid their wives from using MKJP, especially the IUD because they think that the IUD reduces sexual pleasure. Contraception is not used by wives without the cooperation of husbands and mutual trust.

C. Economic Status

The results in this study demonstrate that respondents with low economic status had a 3 times risk of not using MKJP compared to respondents with high economic status. This study is in line with research conducted by Mahmudah and Indrawati (2015) that acceptors in poor family groups have the opportunity to choose non-MKJP contraceptive methods by 1.474 times greater than acceptors in non-poor groups. According to Istiawan (2013) in Mahmudah and Indrawati (2015), the high and low social status and economic conditions of the population in Indonesia will affect the development and number of family planning programs in Indonesia. The progress of the family planning program cannot be separated from the economic level of the community, because it is closely related to the ability to buy contraceptives used.

D. Role of Health Workers

This study also reveals that the low role of health workers had a risk of 6 times not to use the MKJP compared to the high role of health workers. This study is in line with Pitriani's (2015) study that mothers who lack the role of health workers are 8 times more at risk of not using an IUD than mothers who get the role of health workers. One of the roles of health workers in realizing family planning programs in the community is acting as a counselor. As counselors, the health workers are expected to guide women of reproductive age couples to find out about birth control and help women of reproductive age couples to decide which contraception to be used.

SUGGESTION

1. It is necessary to spread information on family planning services, especially MKJP contraceptives, both through health workers and cadres as an extension of health workers in the work area of the Langsat Health Center.
2. It is necessary to socialize MKJP contraception with the target of Fertile Age Couples, so that the MKJP is not burdensome to women but the information can also be obtained by the husband.

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