

FACTORS INFLUENCING CONTRACEPTION METHODS IN TIAKUR PUBLIC HEALTH CENTERSOUTHWEST MALUKU REGENCY

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Abstract

Long-Term Contraceptive Methods (MKJP) are very effective contraceptives, cover a long duration and work for up to 10 years. The Long Term Contraceptive Method (MKJP) has several types of contraception, namely Implants, IUDs, MOWs, and MOPs. Types of contraception in the Long-Term Contraceptive Method (MKJP) used for women of childbearing age are Implants, IUDs, and MOWs. One of the problems that need attention in the implementation of family planning programs is that there are PUS who discontinue contraceptive methods. This study aims to determine the determinants of the use of long-term contraceptive methods at the Tiakur Community Health Center, Southwest Maluku Regency. This type of research is quantitative research. The research sample is 100 respondents. Samples were taken from all active acceptors at the Tiakur Public Health Center. Sampling was done using a simple random sampling technique. The data analysis used was univariate, bivariate analysis using the Chi-Square formula. The results of the chi-square test showed that there was a relationship between education level ($p=0.004$), income ($p=0.000$), and the use of MKJP at the Tiakur Health Center, Southwest Maluku Regency. Furthermore, there was no relationship between access to service points ($p=0.101$) and the use of MKJP at the Tiakur Health Center, Southwest Maluku Regency. Suggestions for the Puskesmas are increasing counseling, information, and education activities for the

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community through leaflets or audio-visual so that acceptors are more interested in using MKJP.

Keywords: MKJP, Determinants, Family Planning, Puskesmas.

INTRODUCTION

The population problem is a global problem that is of concern to countries around the world. This can be seen from the existence of a global commitment to reduce the rate of population growth in the world by approaching the country's local activities. In countries with high birth and death rates, access to information and family planning services is considered important in efforts to achieve the Sustainable Development Goals (SDGs), especially for the purpose of ensuring access to sexual and reproductive health services, including family planning (KB).), information and education, as well as the integration of reproductive health into national strategies and programs in 2030 (Amartani, 2017).

At present, the population problem is a problem in all countries, not only in developing countries but also in developed countries (Amru et al., 2017). Indonesia currently occupies the 4th position of the country with the largest population in the world after China, India, and the United States, which is 269 million people. In 2050, Indonesia is predicted to face pressure from an increasingly large population which could reach 321 million people (World Population Review, 2019; Hilda et al., 2023; Sali et al., 2023; Napirah et al., 2023; Mallongi et al., 2023 ; Yani et al., 2016).

Contraceptive use is very important for human health and quality of life. Determining the time, spacing, and number of children is a contraception benefit for the lives of couples of childbearing age (PUS) and their families. Increasing contraceptive use is also one step to reduce TFR (Moore et al, 2013). However, the problem is that the participation of couples of childbearing age in family planning programs is not yet complete. One of the problems that need attention in implementing family planning programs is that there are PUS who discontinue contraceptive methods (Kurniawati et al., 2015). To assess the success of family planning (KB) program services can be seen by the percentage level of contraceptive discontinuation. If the contraceptive discontinuation rate increases, it will result in an increase in the population due to many unwanted pregnancies (Christiani K et al., 2020).

Family planning is an effort to regulate the birth of children, the ideal spacing and age of childbirth, and regulate pregnancy, through promotion, protection, and assistance, in accordance with reproductive rights to create quality families. One of the efforts in realizing the family planning program is by using contraceptives. Based

on the duration of use, contraception is divided into long-term contraceptive methods (MKJP) and non-long-term contraceptive methods (non-MKJP) (Weni, 2019).

Globally, the use of modern contraception has not increased significantly from 54% in 1990 to 57.4% in 2014. Regionally, the proportion of couples of childbearing age 15-49 years reporting the use of modern contraceptive methods has increased at least in the last 6 years. In Africa from 23.6% to 27.6%, in Asia, it has increased from 60.9% to 61.6%, while in Latin America and the Caribbean, it has increased slightly from 66.7% to 67.0%. It is estimated that 225 million women in developing countries wish to delay or stop fertility but do not use any contraceptive method for reasons of the limited choice of contraceptive method and experience side effects (WHO, 2017).

The results of a survey of performance indicators for the 2017 KKBPK RPJMN Indonesia program show that the prevalence rate of married women using contraception is 60%, of which 58% use modern methods of contraception. The use of modern family planning has not met the predetermined target of 60.9% in 2017 (BKKBN, 2017).

The percentage of active contraceptive use (CPR) among PUS in 2019 was 62.5%, a decrease from the previous year which was 63.27%. Meanwhile, the RPJMN target to be achieved in 2019 is 66%. The results of the 2017 SDKI also showed a higher rate of active family planning, which was 63.6%, so the strategic goal of the 2015-2019 BKKBN was to reduce the contraceptive drop-out rate to 24.6 (Kemenkes RI, 2019).

Nationally the percentage of women aged 15-49 years according to the contraception used is the Female Operative Method (MOW) 8.83%, the Male Operative Method (MOP) 0.71%, the Intrauterine Contraceptive Device (AKRD/IUD) 16.73%, Implants (AKBK/Susuk) 18.88%, injections 55.26%, pills 19.73%, condoms 0.77%. Whereas in Southwest Maluku the use of contraceptives was MOW 0.49%, MOP 0%, IUD 14.37%, Implants 26.59%, Injections 42.51%, Pills 15.85%, and condoms 0.17% (BPS, 2021). The status of family planning participants in the Tiakur Health Center work area is still dominated by the use of non-MKJP methods including (Injections and Pills). The total number of active family planning participants in 2021 is 2,286 participants and only 585 or around 25.6% use MKJP.

Based on the results of the report on the coverage and acceptance of the family planning program at the Tiakur Community Health Center, Southwest Maluku Regency, in 2020 there were 2,832 family planning users out of a total of 5,934 PUS (couples of childbearing age). contraception has not yet led to MKJP, based on the results of an initial survey the use of Long-Term Contraceptives (MKJP) at the Tiakur Health Center was relatively lower than non-MKJP users due to

people's wrong perception and lack of understanding about the use of MKJP. The community is afraid of installing MKJP contraceptives that must be operated on and devices that are inserted into the uterus or under the skin, because of fear and wrong perceptions about using MKJP, lack of socialization of family planning counseling officers about MKJP KB information, lack of internal and external support adds to reluctance in the use of MKJP is different from non-MKJP users who tend to receive internal and external support.

Based on the research results of Efi and Meily (2012), factors of education, employment, parity, knowledge, distance and husband's support are factors that influence the selection of MKJP. While factors that are not related to the selection of MKJP are age, installation costs and family support. In contrast to other studies in the same year, Rainy (2012) produced factors related to MKJP selection, namely age, parity, distance, completeness of service and knowledge. Factors that were not related to the selection of MKJP were education, employment status, husband's income and support.

Elizarwardana research (2017) said that age, husband's support and knowledge influenced the selection of MKJP. In this study, the age factor is the most significant factor related to the selection of MKJP. Another study by Indah, Budi and Rachmat (2017), produced research that the factors influencing the selection of MKJP were age, work and husband's support. Meanwhile, the factor that did not influence the selection of MKJP was the number of living children (parity).

Based on the background above, the researcher is interested in conducting research with the title "Determinants of Long-Term Contraceptive Methods (MKJP) at the Tiakur Health Center, Southwest Maluku Regency".

MATERIALS AND METHODS

This type of research used is quantitative research. The research location was carried out at the Tiakur Health Center, Southwest Maluku Regency. The research was conducted in October-November 2022. The sample was taken using a simple random sampling technique with a total sample of 100 respondents. Samples were taken from all active acceptors at the Tiakur Public Health Center. The data analysis used was univariate, bivariate analysis using the Chi Square formula.

RESULTS

- A. Univariate analysis
 - 1. Distribution of respondents by education level

Table 1. Distribution of Respondents by Education Level at the Tiakur Health Center, Southwest Maluku Regency

Level of education	Frequency (n)	Percentage (%)
SMP	14	14,0
SMA	53	53,0
D3	16	16,0
S1	17	17,0
Total	100	100,0

Table 1 shows that the education level of the most respondents is SMA as many as 53 respondents (53%) and the least has a junior high school education level as many as 14 respondents (14%).

2. Distribution of respondents by income

Table 2. Distribution of Respondents According to the Amount of Income at the Tiakur Health Center, Southwest Maluku Regency

Big Income	Frequency (n)	Percentage (%)
≤ Rp. 2.000.000,-	58	58,0
> Rp. 2.000.000,-	42	42,0
Total	100	100,0

Table 2 shows that the largest number of respondents' income is ≤ Rp. 2,000,000, - as many as 58 respondents (58%) and the least, namely > Rp. 2,000,000, - as many as 42 respondents (42%).

3. Distribution of respondents according to access to service points

Table 3. Distribution of Respondents According to Access to Service Locations at the Tiakur Health Center, Southwest Maluku Regency

Service Place Access	Frequency (n)	Percentage (%)
Reachable	50	50,0
Hard to reach	50	50,0
Total	100	100,0

Table 3 shows that access to service places for respondents is mostly in the easy to reach and hard to reach categories of 50 respondents (50%).

B. Bivariate analysis

1. The Relationship between Education Level and the Use of MKJP

Table 4. The Relationship between Education Level and the Use of MKJP at the Tiakur Health Center, Southwest Maluku Regency

Level of Education	Contraceptive Method				Total		RP 95% CI	P
	MKJP		Non MKJP					
	n	(%)	n	(%)	n	(%)		
> SMA	15	15,0	21	21,0	36	36,0	3,365	0,004
≤ SMA	9	9,0	55	55,0	64	64,0	(1,659-11,484)	
Total	24	24,0	76	76,0	100	100,0		

Table 4 shows that 15 respondents (15%) used the MKJP method more at the education level > SMA, while the use of the Non-MKJP method was more at the education level ≤ SMA as many as 55 respondents (55.0%).

Table 4 shows that the OR value at the 95% Confidence Interval (CI) is 4.365 (1.659-11.484) thus the OR value is stated to be significant and the p-value = 0.004, then H₀ is rejected and H_a is accepted, so it can be concluded that contraceptive users with a high level of education > SMA as much as 4,365 times using the MKJP method than contraception users with education level ≤ SMA.

2. The Relationship between Income Level and the Use of MKJP

Table 5. The Relationship between Income Level and the Use of MKJP at the Tiakur Health Center, Southwest Maluku Regency

Income level	Contraceptive Method				Total		RP 95% CI	P
	MKJP		Non MKJP					
	N	(%)	n	(%)	N	(%)		
>Rp.2.000.000,-	18	18,0	24	24,0	58	58,0	0,154 (0,054-0,437)	0,000
≤ Rp.2.000.000,-	6	6,0	52	52,0	42	42,0		
Total	24	24,0	76	76,0	100	100,0		

Table 5 shows that the number of respondents using the MKJP method was greater with an income level of > Rp. 2,000,000, namely 18 respondents (18%), while the use of the Non-MKJP method was more in respondents with an income level of ≤ Rp. 2,000.000 as many as 52 respondents (52.0%).

From table 5, the OR value at the 95% Confidence Interval (CI) is 0.154 (0.054-0.437) thus the OR value is stated to be significant and the p-value = 0.000, then H₀ is rejected and H_a is accepted, so it can be concluded that contraceptive users with a high level of income > Rp. 2,000,000 as much as 0.154 times using the MKJP method than contraceptive users with income ≤ Rp. 2,000,000.

3. Relationship between Access to Health Service Places and the Use of MKJP

Table 6. Relationship between Access to Health Service Places and the Use of MKJP at the Tiakur Health Center, Southwest Maluku Regency

Access to Health Service Places	Contraceptive Method				Total		RP 95% CI	P
	MKJP		Non MKJP					
	N	(%)	n	(%)	N	(%)		
Near	16	16,0	34	34,0	50	50,0	2,471 (0,944-6,463)	0,101
Far	8	8,0	42	42,0	50	50,0		
Total	24	24,0	76	76,0	100	100,0		

Table 6 shows that the number of respondents who use the MKJP method is more in the near category of access to health services, with as many as 16 respondents (16%), while the use of the non-MKJP method is more in respondents with access to health services in the far category, as many as 42 respondents (42, 0%).

From table 6, the OR value at the 95% Confidence Interval (CI) is 2.471 (0.944-6.643) with a p-value = 0.101 so the OR value is declared significant.

DISCUSSION

1. The Relationship between Education Level and the Use of MKJP

One factor that can influence knowledge and attitudes toward the choice of contraceptive methods is the level of education. People with higher education will think openly, rationally, and objectively in accepting changes. Education makes a person more broad-minded so that it is easier to accept ideas about new ways of life (BKKBN, 2012).

The results showed that the p-value was 0.004 (<0.05) then H0 was rejected and Ha was accepted. This means that there is a relationship between education level and the use of MKJP. This is in line with Jasa et al's research (2021) which states that education influences WUS in using MKJP. The results of this study indicate that more respondents with higher education use MKJP than 15 respondents compared to respondents with low education.

The higher a person's education level, the more information he will get so that it will open awareness to choose good contraception according to his wishes by considering the health aspect and not harming him. MKJP is a safe contraceptive method because it does not have a systematic effect that circulates throughout the body. Besides that, MKJP only requires one insertion for a long period at a low cost, does not affect milk production, and fertility returns quickly.

2. The Relationship between Income Level and the Use of MKJP

Barnett (2008) states that economic factors influence the family economy. The influence exerted is not limited to the price of contraceptive services but also costs to the place of contraceptive services and in using contraceptives. To get good contraceptive services, a good income is also needed. Income is the acquisition of money received for one month from various sources divided by the number of dependent family members.

Income distribution is usually obtained by combining all individuals using a person's income scale and then dividing the population into different groups based on the measurement or amount of income they receive (Notoadmodjo, 2003).

The results showed that the p-value was 0.000 (<0.05) then H_0 was rejected and H_a was accepted. This means that there is a relationship between income and the use of MKJP. This research is in line with the results of Paslestia's research (2017) which states that there is a relationship between family income and the use of IUDs at Palembang Muhammadiyah Hospital.

Respondents with sufficient income will choose to use MKJP. This is because MKJP has a long usage time when compared to Non-MKJP even though the installation costs are relatively expensive. Therefore, many respondents chose MKJP. While respondents who use Non-MKJP have less income and in terms of work, they also work more as farmers or do not work.

The income of a family is closely related to the various needs of the family. One's income is one of the factors that influence the acceptance and decision-making of innovations. A large number of respondents have used MKJP because it is supported by the type of work of the respondent and the respondent's husband. The husband of the respondent that the type of work that mostly uses the IUD contraceptive method is a civil servant while the type of work that uses non-IUD contraceptive methods is a farmer/fisherman.

3. Relationship between Access to Health Service Places and the Use of MKJP

Access to family planning services is defined as the distance traveled (based on time) and transportation costs incurred by respondents to obtain contraceptive services. The use of health services such as family planning services according to the Ministry of Health (2018) in the 2018 RISKESDAS is measured based on the type of transportation, costs, and time taken by the community to go to health services (Kemenkes RI, 2019).

Pangestika (2018) explains that difficult access to family planning services is one of the reasons respondents prefer to use MKJP. This is because the MKJP installation process is only done once so that

respondents do not need to come to family planning services frequently and feel that it is practical to use contraception that is effective in spacing pregnancies for a long time.

The results showed that the p-value was 0.101 (> 0.05). This means that there is no relationship between knowledge and the use of MKJP. This result is in line with Utami's research (2019) which states that access to health services is related to the use of MKJP. These results are different from other studies which state that access to family planning services is related to the use of MKJP and the use of MKJP is more among WUS who have difficult access (Pangestika, 2018).

The location of Tiakur Community Health Center is in Moa District and has many networks. The puskesmas network helps respondents to get easy access to family planning services so that more WUS have easy access and use MKJP. In addition, the available public transportation is also sufficient and easy to obtain and the cost is relatively affordable to use to get to the place of family planning services.

CONCLUSIONS AND RECOMMENDATIONS

Based on the results of the study it can be concluded that there is a relationship between education level, income, and the use of MKJP at the Tiakur Health Center, Southwest Maluku Regency. Furthermore, there is no relationship between access to places of service and the use of MKJP at the Tiakur Health Center, Southwest Maluku Regency. Suggestions for the Puskesmas are increasing counseling, information, and education activities for the community through leaflets or audio-visual so that acceptors are more interested in using MKJP.

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