

Determinants of the Participation of Long-Term Contraceptive Method Users on Fertilized Aged Couples at Kampung KB Kelurahan Rengas Pulau Medan Marelan in 2018

Emelia A. Tampubolon^{1*}, Wisnu Hidayat¹, Frida Lina Tarigan²

¹Graduate School of Public Health, Sari Mutiara Indonesia University

²Public Health Study Program, Sari Mutiara Indonesia University

Email: emeliatampubolon@gmail.com

Abstract

The increase in population in Indonesia has caused population problems in which people use Non-MKJP (Non-Long Term Contraceptive Method), compared with MKJP. The negative impact of low coverage of MKJP users is the increase in population which brings about low provision in manpower. The objective of the research was to find out some factors which influenced of MKJP users' participation in PUS (productive-aged couples) at Kampung KB, Kelurahan Rengas Pulau, Medan Marelan, in 2018. The research used observational analytic method with cross sectional design. The population was 365 KB (Family Planning) acceptors at Kampung KB, Kelurahan Rengas Pulau, and 78 of them were used as the samples. The result of multiple logistic regression analysis at p-value=0.25 showed that there was the influence of knowledge (p=0.018, PR=5.987), parity (p=0.001, PR=0.058), husbands' or families' support (p=0.001, PR=21.061), culture (p=0.005, PR=0.041), the distance of health facility (p=0.010, PR=0.089) on MKJP users' participation in PUS. However, there was no influence of health care providers (p=0.054, PR=4.507) on MKJP users' participation in PUS. The variable which had the most dominant influence of husbands' or families' support which had the opportunity of 21.061 time more than that of the other variables in MKJP users' participation in PUS. It is recommended that the health care providers support the use of MKJP so that PUS can understand the benefit of using contraception.

Keywords: Long-Term Contraception Method, Productive-Aged Couples

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Introduction

Indonesia's population experienced a drastic increase. As a developing country, Indonesia has serious population problems that must be overcome immediately. With a growing population every year, the country of Indonesia has not been able to improve the welfare of all its inhabitants. Various impacts on the number of people who have not prospered will result in various problems related to population. (Marmi, 2016)

The population in Indonesia is the fourth largest rank after China, India and the United States. Indonesia's population from the results of the 2010 census reached 237,641,326 people. In 2015 it reached 255,461,700 people. And in 2017 Indonesia's population reached 258,704,900 people (<http://www.bps.go.id>).

Family planning methods in Indonesia are divided into two types, namely the Long Term Contraception Method (MKJP) and Non MKJP. Long-term contraception methods (MKJP) include uterine contraception (IUD / IUD), implants / implants, tubectomy or also called the method of female surgery and a vasectomy, also known as male surgical methods, and non-MKJP include injections, pills, condoms. (BkkBN, 2011).

The advantages of using MKJP are contraception that can be used for a long period of time, the use of more than two years, effective and efficient for the purpose of prohibiting births for more than three years, also to terminate pregnancy in couples who do not want to add more children. (Rino and Achmad, 2015)

The negative impact of low MKJP users is a dense population growth which results in low labor supply, this causes new problems namely unemployment. Even though the Indonesia has abundant natural resources and human resources, but it has not yet appeared on the surface of 100%, there are still many others that have not been extracted, so that the Indonesian state seems to be slow in its development process. (Marni, 2016)

Public health care (Puskesmas) Desa Terjun Medan Marelan is one of the Puskesmas where Kampung KB was established and located at Kampung KB, Kelurahan Rengas Pulau, Medan Marelan. Kampung KB is a naming for the village that received special attention from the government. The establishment of KB villages is felt directly by the community, especially those in poor, densely populated, underdeveloped, remote areas, and fishing areas throughout the country. (BKKBN, 2017)

The number of active family planning participants in the Kampung KB Kelurahan Rengas Pulau was 208 people (56.99%), and those who did not use contraception were 157 people (43.01%). Of all active KB participants who became KB participants, namely Non MKJP of 177 people (85.1%) while MKJP users of 31 people (14.9%). The use of the Long Term Contraception Method (MKJP) in the Kampung KB Kelurahan Rengas Pulau Medan Marelan is low, due to the cultural factors, habits and other traits obtained from members of the surrounding community regarding to the contraception. People are afraid of using MKJP. According to them, it must be operated and their fear of the device

being inserted into the uterus or under the skin, because of fear and misperception about the use of the MKJP, so that the community in Kampung KB Kecamatan Medan Marelan do not use MKJP.

Based on the low coverage of MKJP in Kampung KB Kelurahan Rengas Pulau Marelan Medan, the researchers wanted to find out the determinants of long-term contraceptive method (MKJP) users' participation in reproductive-age couples (PUS) at Kampung KB Kelurahan Rengas Pulau Medan Marelan in 2018.

Methods

This study includes analytical research using a *Cross sectional* approach that was carried out from February to August 2018 at Kampung KB Kelurahan Rengas Pulau Medan Marelan, with *Purposive sampling technique*. The sample of this study was 78 KB acceptors. Data collection techniques are questionnaires in the form of *Multiple Choice* consisting of 38 statements. In this study the dependent variable is the participation of users of the Long Term Contraception Method (MKJP) and the independent variables are knowledge, parity, husband / family support, culture, distance of health care places, and health workers. Data is processed with steps: editing, coding, processing, and cleansing. Data analysis consisted of univariate, bivariate and multivariate analyzes.

Result

Based on the results of research conducted on 78 respondents, obtained the following results:

Table 1. Dependent Variable Frequency Distribution and Independent KB Acceptors

Variable	n	%
Knowledge		
• Sufficient	28	35,9
• Deficient	50	64,1
Parity		
• < 2 children	30	38,5
• ≥ 2 children	48	61,5
Husband / Family Support		
• Support	27	34,6
• Less support	51	65,4
Convention		
• Support	21	26,9
• Less support	57	73,1
Range of Public Health Care		
• Reachable	28	35,9
• Unreachable	50	64,1
Medical officer		
• Support	46	59,0
• Less support	32	41,0
Participated of KB MKJP		
• Join	24	30,8

• Refuse	54	69,2
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Table 2. Determinants Of The Participation Of Long-Term Contraceptive Method Users (MKJP) On Fertiled Aged Couples At Kampung KB Kelurahan Rengas Pulau Medan Marelan In 2018

Variable	Participation of long-term contraceptive method users (MKJP)				p-value
	Join		Refuse		
	n	%	n	%	
Knowledge					
• Sufficient	14	17.9	14	17.9	0,006
• Deficient	10	12.8	40	51,3	
Parity					
• < 2 children	14	17.9	16	20.5	0,016
• ≥ 2 children	10	12.8	38	48.7	
Husband / Family Support					
• Support	13	16,7	14	17.9	0,016
• Less support	11	14,1	40	51.3	
Convention					
• Support	2	2.6	19	24.4	0,014
• Less support	22	28.2	35	44.9	
Range of Public Health Care					
• Reachable	3	3.8	25	32.1	0,004
• Unreachable	21	26.9	29	37.2	
Medical Officer					
• Support	19	24.4	27	34.6	0,016
• Less support	5	6.4	27	34.6	

Table 3. Multiple Logistic Regression Test Results

Research Variable	B	S.E	Sig	PR
Knowledge	1.986	.812	0.014	7.284
Parity (number of children)	-2.847	.964	0.003	0.058
Husband / Family Support	3.043	.990	0.002	20.976
Convention	-3.038	1.151	0.008	0.048
Range of Public Health Care	-2.423	.945	0.010	0.089
Medical Officer	1.506	.780	0.054	4.507

Discussions

Influence of Knowledge with the Participation of MKJP Users in PUS

Knowledge of family planning acceptors with the participation of MKJP users in PUS can be seen in Table 2.

Table 2 shows good acceptor knowledge with the participation of MKJP users in PUS either participated or not. Both categories have same percentage due to the support factor of husbands who do not support their wives to use MKJP, cultural factors that are still closely related to PUS living

norms, the distance from the place of public health service that is far from PUS residence so that husband / wife rarely or never participates in health counseling conducted by health workers. The influence of knowledge with the participation of MKJP users on PUS shows value $p = 0,006$ ($p < 0,05$) which means that there is a significant relationship between knowledge and participation of MKJP users in PUS. This is in line with the research conducted by Putri and Notobroto (2014), showing that there is an influence of respondents' knowledge with low participation in using MKJP with value $p = 0,000 < \alpha = 0,05$.

The Effect of Parity with the Participation of MKJP Users of PUS

The parity (number of children) of KB acceptors with the participation of MKJP users in PUS can be seen in Table 2.

Table 2 shows that the majority of acceptors who have parity ≥ 2 children did not participate in MKJP users in PUS, and showed that the goal of BkkBN was not achieved, this was due to the internal factors namely lack of knowledge of fertile couples, and facilities such as lack of health officers' support, distance health care places that are not reached by the community, and external factors from the support of husband / family, that the husband's support or approval from the husband is very influential on the use of contraceptives used by the wife no matter how many children they have. And in the culture of Indonesian people there are still many people who think that the main decision maker in the family is the husband, the husband will give consent to the wife to use MKJP if the wife has a history of diseases such as hypertension, and others. So that the number of children owned by an PUS to use this type of contraception still influences the factors of knowledge, facilities, husband / family support, and culture. Parity influence with the participation of MKJP users in PUS shows $p = 0.016$ ($p < 0.05$) which means that there is a significant influence between parity and the participation of MKJP users in PUS. This is in line with the results of Putri and Notobroto's research (2014) where the value of $p = 0.005$ is smaller than $\alpha = 0.05$.

The Influence of Husband / Family Support on the Participation of MKJP Users on PUS

Husband / Family Support for KB acceptors with the participation of MKJP users on PUS can be seen in Table 2.

Table 2 shows the majority of acceptors did not get husbands/families support in the participation of MKJP users on PUS because husbands gave their wives the freedom to choose their own contraceptives so that there was no discussion between husbands and wives in the selection of contraceptives, and the absence of husbands' participation to accompany their wives when there is a counseling about family planning from health officers, resulting in a lack of knowledge of couples regarding long-term contraceptive methods (MKJP). The influence of husbands/families support with the participation of MKJP users on PUS shows $p = 0.016$ ($p < 0.05$) which means that there is a

significant influence between husband / family support and the participation of MKJP users in PUS. This is in line with the research of Rino and Achmad (2015), where in the *chi-square* analysis at $\alpha = 0.05$ it was found that $p = 0.001$, which means that there is a relationship between husband's support and the selection of MKJP contraceptive method on PUS.

The Influence of Culture with the Participation of MKJP Users on PUS

The culture of family planning acceptors with the participation of MKJP users in PUS can be seen in Table 2.

Table 2 shows that the majority of acceptors do not get cultural support in the participation of MKJP users on PUS because the acceptors still believe in the customs believed by acceptors where acceptors who do not have boys do not want to use MKJP first, they prefer to use non MKJP contraceptives (acceptor with Batakese tribe), there is a prohibition in acceptor religion that does not allow acceptors to use MKJP so there are acceptors who do not use contraception at all. But there are acceptors who use MKJP because of a history of diseases such as hypertension, and some also consider culture as a perception of the past, because now the cost of education for children, daily needs are expensive. The influence of culture with the participation of MKJP users on PUS shows $p\text{-value} = 0.014$ ($p < 0.05$) which means that there is a significant influence between culture and the participation of MKJP users on PUS. This is in line with the research of Herawati and Purnomo (2015), from the results of *chi-square analysis* of significant cultural variables with $p = 0.031$ ($p < 0.05$) so that the cultural variables are related to participation in the selection of contraceptives.

The Influence of Health Service Spaces with the Participation of MKJP Users in PUS

The distance from the health service providers of KB acceptors to the participation of MKJP users on PUS can be seen in Table 2.

Table 2 shows the distance where health care services are not reached by acceptors because the distance of the health service center is far from the place of residence of acceptors that cannot be reached on foot and requires transportation costs, so that the acceptor rarely comes to the place of health care and results in lack of acceptor knowledge about contraception. The influence of the distance of the health service place with the participation of MKJP users on PUS shows a $p\text{ value} = 0.004$ ($p < 0.05$) which means that there is a significant influence between the distance of the place of health service and the participation of MKJP users in PUS. This is in line with Fienalia's research (2012) in the study of Wulandari, et al (2014) with $p\text{ value} = 0.001$ which means there is a significant relationship between the distance to the place of long-term contraceptive service.

The Influence of Health Officers with the Participation of MKJP Users on PUS

The influence of health workers on acceptors with the participation of MKJP users in PUS can be seen in Table 2.

Table 2 shows that health officers support the use of MKJP in PUS but the majority of acceptors do not participate in the use of MKJP, due to the factors of husband's support and culture that are not supportive, and the inaccessibility of the distance of the health service place. The influence of health officers with the participation of MKJP users on PUS shows $p\text{-value} = 0.0016$ ($p < 0.05$) which means that there is a significant influence between health officers and the participation of MKJP users in PUS. This is not in line in the research of Rino and Achmad (2015), in the results of chi-square analysis obtained $p\text{-value} = 0.417$ ($p > 0.05$) which means there is no relationship between support of health officers with the selection of MKJP in PUS.

Multivariate Analysis

The results of multivariate analysis using multiple logistic regression tests can be seen in Table 3.

Based on the results of the study of six variables, all significant variables were obtained. And the most dominant variables influencing the participation of MKJP users in PUS are husband's support ($p\text{-value} = 0.002$, $PR = 20,976$), it can be seen that the husband's support has a risk of supporting the use of MKJP 20,976 greater than the husband who does not provide support in the use of MKJP.

Conclusion

Based on the frequency distribution, the participation of MKJP users on PUS was 24 respondents, using MKJP (30.8%) and 54 respondents did not use MKJP (69.2%).

Based on the bivariate analysis, it was concluded that there was a significant influence between knowledge, parity, husband / family support, culture, distance of health services and health officers with the participation of MKJP users in PUS.

Based on multivariate analysis, it can be concluded that all research variables are significant. And the most dominant variable influencing the participation of MKJP users on PUS is the support of husband / family, that the greater the support of husband / family to the wife, the more likely the acceptor is to use the MKJP contraceptive method.

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