

Original Article

Determinant Factors for Selecting the Contraceptive Acceptor Method in the Banjardowo Family Planning Village Semarang

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Abstract

Objective: Indonesia's population is ranked fourth in the world, while central Java is ranked third nationally. Governments are making efforts to control the population through family-planning programs. The family planning program to increase the amount of coverage of long-term contraception methods (MKJP) is still low. The purpose of this study is to know the determinant factor associated with the selection of acceptor contraceptive methods. **Materials and Methods:** This method uses a cross-sectional approach conducted in a banjardowo semarang village with 103 samples. The inclusion criteria of a sample of women of childbearing age, having a husband, using contraception. The sampling technique used is simple random sampling. Data were analyzed with *Chi Square* and *Fisher Exact Test*. **Results and Discussion:** The results of data analysis have a significant relationship between the determinant factors with the choice of contraceptive methods, age ($p = 0,000$; PR = 2,273; CI = 1,184-4,364), the purpose of using contraception ($p = 0.04$; PR = 1.515; CI = 1.065-2.157), Current number of children ($p = 0.02$; PR = 1.767; CI = 1.075-2.904), people suggesting ($p = 0.011$; PR = 1.359; CI = 1.359 (1.083-1.705) and previous experience using contraception ($p = 0,000$; PR = 2, 067; CI = 1,416-3,018) There was no significant relationship on the Education factor ($p = 0.754$; PR = 0.895; CI = 0.673-1.190), employment ($p = 0.274$; PR = 1.148 ; CI = 0.885-1.490), First pregnancy age ($p = 0.753$; PR = 0.953; CI = 0.695-1.305), expected number of children ($p = 0.667$; PR = 1.054; CI = 0.833-1.333). **Conclusions:** determinant factors which shows a significant relationship in determining MKJP or non MKJP contraceptive methods are age, the purpose of using contraception, the number of children desired, the person suggesting and experience using previous contraceptives. mother's education, mother's occupation, age of first pregnancy and the number of children expected to be unrelated to the contraceptive method chosen by the acceptor.

Keywords: Determinant; contraception; MKJP

Bangladesh Journal of Medical Science Vol. 20 No. 02 April'21. Page : 313-317
DOI: <https://doi.org/10.3329/bjms.v20i2.51540>

Introduction

Population growth that is still high is a major problem facing Indonesia in the population sector. Control of population growth to create a quality family, it is necessary to increase the use of rational, effective and efficient contraceptive methods, namely the Long-Term Contraception Method (MKJP) ⁽¹⁾. Based on data for the period 1991 - 2012, the rate

of contraceptive use or *Contraception Prevalence Rate* (CPR) increased from 49 percent to 62 percent. The choice of contraceptive methods in this period underwent a major change with a sharp increase in the proportion of women using injectable contraception, while the use of long-term contraceptive methods such as the IUD (contraception in utero) decreased ². The Family Planning (KB) program to control the rate of growth of Indonesia's population still needs

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attention. Implementation of family planning can reduce the burden of development for the realization of happiness and welfare of the people of Indonesia. However, based on the 2013 Riskesdas data, only 10.2% use long-term contraception. The government encourages MKJP because it is more economical, more effective in the level of side effects, lower complications and failure rates, and more efficient in budget availability than non MKJP. If the choice of family planning methods for the long term becomes a choice, it can prevent a significant population growth rate^{3, 4}. Realization of the service movement of MKJP KB services in 2018 only reached 1,151,419 participants (62.93 percent) of the 1,829,788 target set. The failure to achieve the MKJP KB services was due, among others, to the improvement of regulations in the form of Circular related to the procedure for claims as a follow up to the BPK recommendations in early 2018 which caused several provinces to temporarily suspend the MKJP KB mobilization activities up to trimester 2 and 3 and the need for adjustments in the field. related to the requirements and procedures for claiming mobilization funds based on the Circular of the Head of BKKBN issued. In addition, the lack of stock of the MKJP allocations, especially the implants caused by not conducting auctions and auction failures in several provinces also had an impact on not achieving the target of moving the MKJP KB services. Obstacles to funding KB services, especially MOW intervals in the health insurance program, which causes low MOW KB mobilization⁵.

Materials and methods

This research is an observational analytic study using a cross-sectional approach conducted in Banjardowo Village Semarang in October 2019. The total sample of 103 with the sampling technique used is *simple random sampling*. Criteria for inclusion in the sample are women of childbearing age, having a husband, using contraceptives, having children under five. The exclusion criteria refused to be respondents. The independent variables studied were age, education, occupation, number of children, the purpose of using contraception, people who suggested choosing the contraception used and the dependent variable were the contraceptive methods used. The data obtained is categorized into nominal and ordinal data. Data were analyzed with *Chi Square* and *Fisher Exact Test*.

Ethical Clearance:

From Commission for Bioethics Research Medicine / Health Faculty of Medicine, Sultan Agung Islamic University. Number :814/IX/2019/Komisi Bioetik

Results

Data from the study all the variables studied are shown in Table 1.1

In Table 1.1 we can see that the majority of respondents'

Table 1.1 Research Variables Frequency distribution of the determinants of contraception and contraceptive methods

Variable		Number	Percentage of
Education	Elementary	9	8.7
	Junior High School	25	24.3
	Senior High School	54	52.4
	D3	4	3.9
	S1	11	10.7
Occupation	Midwife	2	1.9
	Teacher	6	5.9
	Housewife	62	60.2
	Employees	31	30.1
	Nurse	1	1.0
Age	Private	1	1.0
	20-35 Years	86	83.5
	> 35 Years	17	16.5
First Age Pregnant	<20 Years	20	19.42%
	≥ 20 Years	83	80.58%
Determinants of Children	Number of Children Now		
	1-2 Children	83	80.6
	> 2 Children	20	19.4
Purpose of Contraception	Number of Children desired		
	1-2 Children	44	42.7%
	> 2 Children	59	57.3%
Contraception Method	Delaying and Spacing	73	70.9%
	Stop	30	29.1%
Contraception Method	Implant	10	9.7%
	IUD	7	6.8%
	MOW	12	11.7%
	Oral Contraceptive	7	6.8%
	injections 1 month	7	6.8%
	injections 3 months	60	58.3%

Table 2.1 Relationship between Determinant Factors of Mother and Child with the Selection of Contraceptive Methods

Variable		Contraception Method		P	PR (CI)
		Non-MKJP	MKJP		
Age	20 -35 Year	69	17	0000 **	2.273 (1.184 to 4.364)
	>35 years	6	11		
Education	Low-Medium	63	25	0.754 **	0.895 (0.673 to 1.190)
	High	12	3		
Occupation	Not Working	49	15	0, 274 *	1,148 (0,885- 1,490)
	Working	26	13		
Purpose	Spacing and Delaying	59	14	0.04 *	1,515 (1,065-2,157)
	Stop having pregnancy	16	14		
Contraceptive Experience	No	59	7	0,000 *	2, 067 (1,416 -3,018)
	Yes	16	21		
First Pregnancy Age	<20 Years	14	6	0.753 *	0,953 (0,695-1,305)
	≥ 20 Years	61	22		
Current Determinants of Children	1-2 Children	66	17	0.02 *	1,767 (1,075-2,904)
	> 2 Children	9	11		
Determinants of Children Expected	1-2 Children	33	11	0.667 *	1.054 (0.833-1,333)workers
	> 2 children	42	17		
people who advise	non health	69	17	0.011 *	1,359 (1 , 083-1,705)
	Health Workers	6	11		

*Chi Square

**Fisher Exact Test

education is high school as much as 52.4% and as much as 60.2% are as mothers Housekeeping / not working. The age of most respondents (83.5%) is in the ideal reproductive age range of 20-35 years. Although based on the history of first pregnancy, there are still as many as 19.42% aged <20 years. There were 19.4% of respondents had children > 2 children and based on the expected number of children wanted by respondents > 2 children was 57.3%. The purpose of contraceptive use is also still dominated to delay or limit 70.9%. The percentage of contraceptive methods chosen by respondents as much as 58.3% are 3-month injections which are classified as Non-long-term contraceptive methods (Non MKJP). The percentage of contraceptive methods for IUDs, Pills and Injections 1 month is the same at 6.8%. When added to the MKJP contraceptive method as much as 28.2%. This figure has exceeded the target of the BKKBN in 2015 at 20.5% (5).

The results of bivariate analysis to analyze the relationship between determinant factors with the selection of contraceptive methods using *Chi Square* and *Fisher Exact Test* can be seen in Table 1.2

Discussion

The results of the analysis *Fisher exact test* the relationship between age and contraceptive methods obtained results ($p = 0,000$; $PR = 2,273$; $CI = 1,184-4,364$), which means showing a meaningful relationship between the age of the respondent and the choice of contraceptive methods. Respondents aged 20-35 years are at risk of choosing non MKJP of 2,273 compared to respondents aged > 35 years. The results of this study are also in line with research in Qatar which shows a significant relationship ($p = 0.003$) between the age of the acceptor and the attitude towards family planning⁶. The results of this study differ from studies conducted in Padang where the test results statistic $\alpha = 0.590$ ($p > 0.05$), there is no significant relationship between age and contraceptive selection. The contraceptive method in this Padang study is contraception IUD and non-IUD contraception⁷. Whereas in this study the contraceptive method in question is MKJP and non MKJP. The results of this study are in line with research conducted in Palembang which shows the highest percentage of contraceptive method selection for Non MKJP is at the age of 26-31 years⁸. At this

age prone a woman wants to spell out or adjust the birth spacing. The age at first birth did not show a significant relationship in this study ($p = 0.753$; PR = 0.953; CI = 0.695-1.305).

Analysis of the relationship between education and the selection of contraceptive methods in this study was obtained ($p = 0.754$; PR = 0.895; CI = 0.673-1.190), which means there is no meaningful relationship. The results of this study are not in accordance with research conducted in Padang which shows the relationship between the level of education with a non-IUD contraceptive method with a meaningful statistical test results obtained $p = 0.007$. The results of the educational relationship with the injection and non-injection contraceptive methods conducted in Makassar also show meaningful results⁹. Research at Banyu Biru Semarang also showed significant results between education and the MKJP contraceptive method ($p = 0.015$; PR 1.493) MKJP¹⁰. This different result could be due to the education of respondents in the study in Banyu Biru the percentage between low and medium education was almost the same while in this study the percentage of respondents' education was dominated by medium education (SLTA). Education is an effort to develop the personality and abilities that can be obtained both formal and non-formal education and this lasts for life. Education contributes to receiving information, the higher the education, the easier it is to receive information¹¹. Research in Ethiopia also shows a significant relationship between education and MKJP contraception selection (AOR = 6.99, 95% CI = 3.7–13.7), respondents who have low education risk choosing MKJP by 6.99 times compared with respondents who cannot write and read¹².

The relationship between maternal work and the selection of contraceptive methods in the results of the analysis of this study showed insignificant results ($p = 0.274$; PR = 1.148; CI (0.885-1.490)). These results are consistent with the results of research in Palembang that maternal work did not show a significant relationship⁸. The research in Palembang all respondents using MKJP contraception. The research in East Java showed significant results $p = 0.04$, with respondents using all MKJP contraceptives and IUD use among which 48.6%¹³.

In these studies the purpose of using the contraception method shows a significant relationship to choice

contraceptive methods showed a significant relationship with the selection of contraceptive methods ($p = 0.04$; PR = 1.515; CI = 1.065-2.157). Respondents aiming to spell out and regulate pregnancy risked choosing non-MKJP by 1,515 compared to respondents aiming to stop pregnancy (stop having pregnancy)

The results of the analysis of the relationship between the experience of using the contraceptive method and the selection of contraceptive methods in the study this shows significant results $p = 0.000$; PR = 2.067; CI = 1.416-3.018). Respondents who did not have previous experience using contraception were 2,067 times using non-MKJP contraception compared with respondents who had previous experience of using contraception. The results of this study are in line with research conducted at the Lawang Health Center in Malang Regency ($p = 0.000$)¹⁴.

In this study, the results of the relationship between the number of children born by respondents have significant correlation with the selection of contraceptive methods ($p = 0.02$; PR = 1.767; CI = 1.075-2.904). Respondents who have 1-2 children with a risk of 1,767 choose the method of non-MKJP contraception compared to respondents who have children > 2 children. The results of this study are in line with the results of research conducted in Gresik, there is a significant relationship with the selection of contraceptive methods ($p = 0.000$)¹⁵. The expected number of children does not show a significant relationship with the choice of contraceptive methods.

The relationship between people who suggested in the selection of contraceptive methods with the selection of significant contraceptive methods was shown in this study with $p = 0.011$; PR = 1.359; CI = 1,359 (1,083-1,705). Respondents who received advice on the choice of contraceptive methods from non-health workers at risk 1,359 chose non-MKJP contraceptive methods compared with respondents who got advice from health workers. The results of this study are in line with studies in Ethiopia which show a significant relationship between discuss with husband and advice of health workers by choosing contraceptive methods (AOR = 2.07, 95% CI 1.2–3.5)

Conclusion :

Determinant factors which shows a significant

relationship in determining MKJP or non MKJP contraceptive methods are age, the purpose of using contraception, the number of children desired, the person suggesting and experience using previous contraceptives. mother's education, mother's occupation, age of first pregnancy and the number of children expected to be unrelated to the contraceptive method chosen by the acceptor

Acknowledgments

The authors thanks to LPPM UNISSULA as funders, all respondents and enumerators of cadres of the Banjardowo Village Health Forum.

Source of Funding (if any) :LPPM UNISSULA

Conflicts of Interests: None

The authors declared no conflicts of interests

Contribution of Authors:

Data gathering and idea owner of this study: R,TS

Study design: R, TS

Data gathering: TS, M

Writing and submission of manuscript: R, TS, M

Editing and approval of final draft: R

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