

## The Correlation of Characteristics of Contraceptive Acceptors to the Use of Contraceptive Types

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### ABSTRACT

**Background:** The success of family planning programs in Indonesia was influenced by several factors, including socioeconomic, cultural, educational, religious, and women's status. At the South Magelang Health Center in 2022, it can be seen that in the first Quarter of 2022, there are 31 acceptors, active acceptors with types of contraceptive method which is injection 22 acceptors, IUD( Intra Uterine Devices ) 7 acceptors, and Implant 2 acceptors The success of the family planning program is influenced by several factors including socioeconomic, culture, education, religion and status of women, economic level, level of education, so this study aims to determine the relationship between these factors.

**Methods:** the type of quantitative research with survey methods and data collection time with a cross-sectional approach. Independent variables: economic level, age, number of children, education level, level of knowledge, and husband's support. Dependent variable: use of contraception The research instrument used a questionnaire. The population in this study were all contraceptive acceptors, namely 31 PUS in the South Magelang Health Center area, with data analysis using Chi Square with alpha 5%.

**Results:** the results of the univariate analysis are shown: there is no relationship between economic level p-value 0.158, maternal age with p-value 0.131, number of children with p-value 0.887, education level with p-value 0.778, level of knowledge about contraception with p-value 0.642 and family support with p-value 0.776 with the use of contraceptives.

**Conclusion:** extensive and detailed information about various contraceptives is carried out before a person chooses certain types of contraception.

Keywords: characteristic of acceptors; type of contraception.

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**Background.** The family planning program is one of the efforts made by the government to overcome population problems in Indonesia. The family planning program is an integrated part of the national development program. Its aims to create economic, spiritual, and socio-cultural welfare for the Indonesian population so that a good balance can be achieved with the ability of national production (Fauzi Rahman SKM.MPH, 2017).

The primary purpose of implementing family planning is to improve the health and welfare of mothers, children, families, and the nation and reduce the birth rate to raise the standard of living of the people and the government. (POGI et al., 2013) The national family planning movement has succeeded in encouraging community participation in building quality small families. This success must be

considered and improved because the achievements are still uneven. Local to solve the problem (Fauzi Rahman SKM.MPH, 2017).

The success of family planning programs in Indonesia is influenced by several factors, including socio-economic, cultural, educational, religious, and women's status. The progress of family planning programs cannot be separated from the economic level of the community because it is closely related to the ability to buy contraceptives. Several cultural factors can influence clients in choosing a contraceptive method. Education level affects the willingness to use family planning the choice of a method (Fauzi Rahman SKM.MPH, 2017). Research conducted by Abar showed that there was no relationship between the number of children and the use of this type of contraception with a p-value 0.590 (Jurisman et al., 2016) and a study

conducted by Abar showed that there was no relationship between the number of children and the use of contraceptive methods with p-value 0.590 (Jurisman et al., 2016).

The success of the family planning program is influenced by several factors, including socio-economic, culture, education, religion and status of women, economic level, and level of education, so this study aims to determine the relationship between these factors.

Based on a preliminary study conducted at the South Magelang Health Center in 2022, it can be seen that in the first Quarter of 2022, there are 31 acceptors, both new and old acceptors with types of contraceptive method users: injection 22, IUD 7, and Implant 2 acceptors. From these data, the majority do not use long-term contraception, which is the main hope of the government in the coverage of long-term contraceptive use.

**Methods.** This research uses quantitative research with survey methods and data collection time with a cross-sectional approach. The study The population in this study were all contraceptive acceptors, namely 31 PUS in the South Magelang Health Center and the sampling technique: was the total population. Statistical test using Chi-Square test with an error level of 5%.

### Result and Discussion.

#### a. Relationship between the Economic level and the use of contraceptives

Of 18 (72,2%) respondents who were in the category of high economic level, the majority used hormonal contraceptives. Of the 13 ( 53,8 %) respondents who were in the variety of low economic classess, the majority used non-hormonal contraceptives. Based on the Chi-square statistical test, it can be seen that p-value is 0.158. So it can be concluded that there is no relationship between the economic status and the use of contraceptives. In this study, there is no relationship between economic level and contraceptive use; it is possible because the use of contraception is a government program in which the acceptors are not charged for contraceptive devices/drugs because in general, all people already have health financing guarantees that guarantee free services for contraceptive services. This means that the community does not incur costs to get contraceptive services regardless of the costs that must be incurred. Maybe it would be different if there was no guarantee of free contraceptive services

because the community had to allocate funds every time they made a repeat visit to get contraceptive services, especially the type of injectable contraception that had to be done every 1 or 3 months.

#### b. The relationship of Maternal Age and the use of contraceptives

Of 21 (71.4%) respondents who were at the age of setting the interval between pregnancies, the majority used hormonal contraception, in comparison of the 10 (50%) respondents who were at the age of terminating pregnancy, the majority used non-hormonal contraceptives. Based on the Chi-Square statistical test, it can be seen that p-value is 0.131. So it can be concluded that there is no relationship between the maternal age category and the use of contraceptives. Age is divided into three productive age periods; the first is the period of delaying pregnancy for PUS with wives under 20 years of age. It is recommended to postpone their pregnancies; the second is the period of spacing their pregnancies, the period for wives aged 20-29 years is the best period for giving birth to children with a birth spacing of 3-4 years the third is the period of ending birth, namely the age over 35 years after having three or more children (Winarsih Sri, 2017). These results are the same as the research conducted by Abar. The results show no relationship between the number of children and the use of this type of contraception with a p-value of 0.590 (Jurisman et al., 2016). This result is not with the research conducted by Sab'ngatun et al. with the title the relationship between age and education level with the choice of injectable contraception with p-value of 0.033 (Sab'ngatun et al., 2021).

#### c. Relationship between the number of children and the use of contraceptives

Of the two respondents who were poor children, 50% used hormonal contraceptives, and 50% used non-hormonal contraceptives. Meanwhile, of the 29 (62.1%) respondents who were in the number of good children category, the majority used hormonal contraceptives. Based on the Chi-Square statistical test, it can be seen that p-value is 0.887. So it can be concluded that there is no relationship between the number of children and the use of contraceptives. This result is the same as the study conducted by Abar,

which showed no relationship between the number of children and the use of this type of contraception with a p-value 0.590 (Jurisman et al., 2016).

d. The relationship between education level and the use of contraceptives

Of the 2 respondents in the basic education level category 100% use hormonal contraceptives. Meanwhile, of the 25 respondents in the category of secondary education level, the majority use hormonal contraceptives, namely 60%, and of 4 respondents in higher education levels 50% use hormonal contraceptives, and 50% use non-hormonal contraception. Based on the Chi-Square statistical test, it can be seen that p-value is 0.778. So it can be concluded that there is no relationship between the level of education with the use of contraceptives. This result is not the same as the results of Abar et al.'s study, which shows a relationship between education level and contraceptive use with p-value of 0.000 (Jurisman et al., 2016). This result is also by the research conducted by Sab'ngatun et al, with the title of the relationship between age and education level with the choice of injectable contraception with a p-value 0.000 (Sab'ngatun et al., 2021)

e. The relationship between the level of knowledge and the use of contraceptives

Of 1 respondent in the variety of lack of knowledge, 100% use hormonal contraceptives. Meanwhile, of the 9(77.8%) respondents who are in the category of sufficient knowledge, the majority use this type of hormonal contraception. Of 21 respondents who are in high command, the majority is 52.4% use hormonal contraception. Based on the Chi-Square statistical test, it can be seen that p-value 0.642. So it can be concluded that there is no relationship between the level of education with the use of contraceptives. This result is different from the research conducted by Arbaiyah et al, with the title The relationship between the level of knowledge and husband's support with the use of IUD contraception with a p-value 0.01 (Arbaiyah et al., 2021). Reni's research states that most respondents have a good story of knowledge about the benefits of hormonal contraception (Usman et al., 2017). The level of knowledge affects not only the willingness to use family planning and the choice of a method. Good

knowledge the understanding of various types of contraception will have an impact on the choice of contraception. In this study, there is no possible relationship because the use of contraception is a government program where the acceptor does not have the freedom to choose contraception because of certain provisions related to health insurance facilities that are directed only at the use of certain types of contraception. With the increasingly widespread use of various media in delivering of information to the people, including the delivery of information about family planning, it has been widely accepted by the public, both formally and informally, from non-formal, for example, through print and electronic media, advertisements, namely magazines, newspapers, television, and YouTube. However, the information obtained is often superficial, unlike when it is carried out intensely by health workers directly to the community, for example, through family planning counseling conducted to family planning community groups. The implementation of family planning counseling that can disseminate information about contraception in the South Magelang Health Center area is carried out only during Ante Natal Care or less intensive class time for mothers. More in-depth counseling is carried out at the time of installation/service, not before the selection of contraceptives.

f. The relationship between the husband's support and the use of contraceptives

Of 5 respondents who are in the category of husband's support, the majority less than 60% use hormonal contraceptives, in the comparison, out of 13 respondents who are in the husband's support category, the majority use hormonal contraceptives, which is 69.2% and of 13 respondents who are in the husband's support category. The majority, namely 53.8%, also use hormonal contraception. Based on the Chi-Square statistical test, it can be seen that the p-value is 0.776, which is more than 0.05. So it can be concluded that there is no relationship between the husband's support and the use of contraceptives. The results of Lilik's research show that the husband's help in selecting MKJP is in the form of transportation, information and joint discussion (Choiriyah et al., 2020). This result is inversely proportional to the research conducted by Arbaiyah et al,

entitled the relationship of husband's knowledge and support with the use of IUD contraceptives, obtained a p-value 0.02, which means that there is a relationship between the husband's help and the use of IUD contraceptives (Arbaiyah et al., 2021). the role of this behavior does not work in the community because, in general, a family head feels more responsible for earning a living than his involvement in fulfilling his wife's reproductive health. It often happens in the community that contraception is only a woman's business, in this case, the wife, so the husband only supports it in terms of costs compared to other supports, including assisting the husband in visits to health services to get contraceptive services. It is not uncommon to use contraception because this influence can be received from friends, relatives, neighbors, or other family members who have used contraceptive methods.

#### **Conclusion and Suggestions.**

There is no relationship between economic level a p-value of 0.158, maternal age with p-value of 0.131, number of children a p-value 0.887, education level with a p-value of 0.778, level of knowledge about contraception with a p-value of 0.642, and family support a p-value 0.776 with the use of this type of contraception. Because the family planning program is a government program and is free for the community, the community has no difficulty getting access to contraceptive services because they are guaranteed costs from the government.

Suggestion: The community, especially women of childbearing age, should seek more and more in-depth information about various types of contraception.

For Public Health Center: it is necessary to provide health education about different contraceptives to the community intensively and more deeply so that women prospective acceptors have a better understanding of different contraceptives. Provide leaflets about various contraceptives that prospective acceptors can have before determining the type of contraception to be used

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