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Determinants Associated with the Selection of Long-Term Contraception (MKJP) at Gandasuli Community Health Center

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Abstract. In addition to being programmatically successful in lowering TFR and slowing population growth rates, the Long-Term Contraceptive technique (MKJP) is an affordable technique of preventing conception. This study's objective was to examine variables associated with long-term contraceptive (MKJP) selection at the Gandasuli Community Health Center. The study design is cross-sectional and the research methodology is quantitative. The investigation was carried out in the workspace of the Gandasuli Community Health Center. 300 women of reproductive age made up the study's population, and a straightforward random selection procedure was used to choose 45 participants. A questionnaire was used to gather the data, which were then subjected to univariate and bivariate analysis using the Chi-Square statistical test. Age and MKJP choice did not correlate, according to the data (p- value = 0.09 > 0.05). The choice of MKJP was correlated with education (p-value = 0.003 < 0.05). The choice of MKJP was correlated with occupation (p-value = 0.003 < 0.05). The choice of MKJP and the husband's support are related, with a p value of 0.004 < 0.05. Parity and MKJP selection are related, with a p value of 0.003 < 0.05. Knowledge and MKJP selection are related, with a p-value of 0.003 < 0.05.

Keywords: Contraception; Husband's Support; Knowledge; MKJP KB; Parity

1. INTRODUCTION

With a population growth rate (PGR) of 1.49%, Indonesia is the fourth most populated nation in the world, and its population is expected to increase by over 3.5 million people per year. Indonesia's population is growing at a rapid rate due to this circumstance (T Tohri, 2021). Nearly every country in the globe is seeing increasing rates of population increase. Indonesia has the fourth-highest population growth rate in the world, after China, India, and the United States, according to data from the Indonesian Central Statistics Agency (BPS) in 2021. There were 280.7 million people living in Indonesia in 2021, with 140.8 million men and 139.9 million women (BPS, 2022).

Indonesia's continuously high population increase is the country's biggest demographic issue. As demonstrated by the rise in the use of sensible, efficient, and effective contraceptive methods, such as the Long-Term Contraceptive Method (MKJP), efforts to achieve quality families are primarily focused on controlling population growth and increasing the number of small, quality families (Misrina & Fidiani, 2018).

The goal of contraception is to either temporarily or permanently prevent, postpone, space out, or end pregnancy and fertility. Modern contraception is classified into two categories: Long-Term Contraceptive Methods (MKJP) and Short-Term Contraceptive Methods (non-MKJP). Subcutaneous contraceptive devices (AKBK) or implants, intrauterine contraceptive devices (IUD), tubectomy or female operative method (MOW), and vasectomy

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or male operative method (MOP) comprise MKJP type contraception. In contrast, non-MKJP techniques include tablets, condoms, and injections (BKKBN, 2021).

According to the 2020–2024 National Population and Family Planning Board (BKKBN) Strategic Plan (Renstra), which expands on the 2020–2024 National Medium-Term Development Plan (RPJMN), the low rate of long-term contraceptive methods (MWJP) use in Indonesia is one of the issues with contraceptive use that needs to be addressed. The goal for MKJP usage in 2024 was 28%, however only 22.6% of people actually used it, while non-MWJP methods of contraception continued to predominate (BKKBN, 2021).

The National Population and Family Planning Board (BKKBN) established the Estimated Demand for Active MKJP Family Planning Participants (PPM-PA MKJP) for 2020–2024 as a provincial performance contract that must be met as a result of the failure to meet the MKJP utilization objective Therefore, the government needs to pay attention to the number of active MKJP family planning participants. The PPMPA MKJP aims to have 8,330,638 participants in 2021 and 8,779,443 people in 2022 (FI Yuliati, 2021).

The National Population and Family Planning Board (BKKBN) created an estimated public demand for Active MKJP Family Planning Participants (PPM-PA MKJP) as a province performance contract in reaction to the inability to meet this goal. The goal for active MKJP members was 8,330,638 in 2021 and 8,779,443 in 2022 (Yuliati, 2021). However, from 56.04% in 2020 to 55.06% in 2021, married women in Indonesia between the ages of 15 and 49 actually used contraceptives less often.

Over 100 million couples of reproductive age use effective contraception, with 20% using long- term methods and 80% using non-long-term ones, according to the World Health Organization (WHO). In 2021, 62.2% of people worldwide used long-term contraceptive methods; by 2022, that number had risen to 65%. 58% of people in Africa do not utilize birth control. 52% of people in Southeast, South, and West Asia utilize contraception. In urban settings, 50% of people utilize contemporary family planning (WHO, 2019).

between Indonesia, the percentage of married women between the ages of 15 and 49 who take contraceptives fell from 56.04% to 55.06% between 2021 and 2022. Meanwhile, in West Sumatra in the last three years from 2019-2022, contraceptive use decreased from 47.64% to 46.37% and decreased again in 2022 to 45.07% with the percentage being injectable contraception (BPS, 2022).

The findings of Serly's (2022) study on factors associated with the use of contraception in PUS in the UPT Puskesmas Kampung Sawah work area revealed a relationship between the use of MKJP in WUS in the UPT Puskesmas Kampung Sawah work area and age, parity,

knowledge, husband support, and health worker support. Each of these factors had a relationship value (P value: 0.05).

The findings of this study revealed a relationship between parity and contraceptive use with a p- value of 0.000, based on research by Suryani (2020) on factors related to contraceptive use among female family planning acceptors in the Lingkar Barat Community Health Center Work Area of Bengkulu City.

According to Lawrence Green's theory in Notoatmodjo (2018), predisposing factors include age, parity, knowledge, education, attitude, and belief; supporting factors include the environment and health facilities or means; and driving factors include the role of health workers and the support of a husband.

Based on these data, this study aims to identify and analyze factors associated with the choice of long-term contraception (LMP) at the Gandasuli Community Health Center . The focus of this study is to analyze the relationship between the variables of age, education, parity (number of children), employment, husband's support, knowledge, and level of trust in the choice of LMP. This study is expected to identify significant factors associated with the decision to choose a contraceptive method and provide recommendations for increasing access to and use of LMP in the community.

2. RESEARCH METHOD

This study employed a cross-sectional method of quantitative research. The Gandasuli Community Health Center's operational area served as the study site. This study used a basic random sampling strategy to choose a sample of 45 individuals from a population of 300. There were two types of data analysis: univariate analysis and bivariate analysis. Frequency distribution was employed in univariate analysis, while Chi-square was used in bivariate analysis.

3. RESULTS AND DISCUSSION

Univariate Analysis

Table 1. Frequency Distribution by Age.

Age	Frequency	Percentage (%)
<20 Years	3	6.7
20 - 35 Years	35	77.8
>35 Years	7	15.6
Total	45	100

Table 1 shows the frequency distribution Age-wise, of the 25 respondents, 35 (77.8%)

were between the ages of 20 and 35, while 7 (15.6%) were older than 35 and 3 (6.7%) were younger than 20.

Table 2. Frequency Distribution Based on Education.

Education	Frequency	Percentage (%)
Elementary School	15	33.3
Junior High School	15	33.3
Senior High School	13	28.9
University	2	4.4
Total	45	100

Table 2 shows the frequency distribution In terms of education, 15 respondents (33.3%) had completed junior high school, 15 had completed elementary school, 13 had completed high school (28.9%), and 1 had completed university.

Table 3. Frequency Distribution by Occupation.

Work	Frequency	Percentage (%)
Work	3	6.7
Doesn't work	42	93.3
Total	45	100

Table 3 shows the distribution of respondent frequency by profession. Of the respondents, 42 (93.3%) were housewives or jobless, while 3 (6.7%) worked in the private sector or as public workers.

Table 4. Frequency Distribution Based on Parity.

Parity	Frequency	Percentage (%)
Primipara	11	24.4
Multipara	34	75.6
Grandemultipara	0	0
Total	45	100

Table 4 shows the frequency distribution According to parity, 34 respondents (75.6%) were multiparas, whereas 11 respondents (24.4%) were primiparas.

Table 5. Frequency Distribution Based on Husband's Support.

Husband's Support	Frequency	Percentage (%)
Yes	29	64.4
No	16	35.6
Total	45	100

Table 5 shows the frequency distribution. Based on respondents' husbands' support, 29 respondents (64.4%) reported having their husbands' support, whereas 16 respondents (35.6%) reported having their husbands' support.

Table 6. Frequency Distribution Based on Knowledge.

Knowledge	Frequency	Percentage (%)
Good	24	53.3
Enough	16	35.6
Not enough	5	11.1
Total	45	100

Table 6 shows the frequency distribution Based on respondents' knowledge, 24 respondents (53.3%) have strong knowledge, 16 respondents (35.6%) have adequate knowledge, and 5 respondents (11.1%) have insufficient information.

Table 7. Frequency Distribution Based on MKJP Selection.

MKJP Election	Frequency	Percentage (%)
Yes	32	71.1
No	13	28.9
Total	45	100

Table 7 shows the frequency distribution According to the MKJP selection, the majority of respondents—32 individuals, or 71.1%—used MKJP, whereas some respondents—13 people, or 28.9%—did not.

Bivariate Analysis

Table 8. Relationship between Age and MKJP Selection.

		MKJP Election			
		yes	No	Total	P-value
age	< 20 Years	3	0	3	
	20-35 Years	23	12	35	
	> 35 Years	6	1	7	
Total		32	13	45	0.009

based on Table 8. There is no correlation between age and MKJP choice, as indicated by the p-value of 0.009 (>0.05).

Table 9. Relationship between Education and MKJP selection.

		MKJP Election			
		yes	No	Total	P-value
Education	ES	10	5	15	
	JHS	10	5	15	
	SHS	10	3	13	
	University	2	0	2	
Total		32	13	45	0.003

based on Table 9. There is a link between education and MKJP selection, as indicated by the p-value of 0.003 (<0.05).

Table 10. Relationship between work and MKJP selection.

		MKJP Election			P-value
		yes	No	Total	
work	Doesn't work	29	13	42	
	Work	3	0	3	
Total		32	13	45	0.003

Table 10 indicates that there is a link between employment and MKJP selection, with a p- value of 0.003 (<0.05).

Table 11. Relationship between parity and MKJP election.

		MKJP Election			P-value
		yes	No	Total	
Parity	Primipara	9	2	11	
	Multipara	23	11	34	
Total		32	13	45	0.003

based on Table 11. There is a link between parity and MKJP selection, as indicated by the p- value of 0.003 (>0.05).

Table 12. Relationship between Husband's Support and MKJP Selection.

		MKJP Election			P-value
		yes	No	Total	
Husband's support	yes	25	4	29	
	No	7	9	16	
Total		32	13	45	0.004

Table 12 indicates that there is a link between the choice of MKJP and the husband's support, with a p-value of 0.004 (<0.05).

Table 13. Relationship between Knowledge and MKJP Selection.

		MKJP Election		
		yes	No	Total
Knowledge	Good	20	4	24
	Enough	10	6	16
	Not enough	2	3	5
Total		32	13	45

based on Table 13. There is a link between knowledge and MKJP selection, as indicated by the p-value of 0.003 (<0.05).

Knowledge, attitudes, beliefs, customs, and other factors influence an individual's or a community's health-related behavior. Additionally, the development of these habits will be strengthened and supported by the facilities, attitudes, and actions of healthcare professionals

about health (Purwoastuti & Walyani, 2015)

Table 8 indicates that there is no correlation between age and MKJP choice, with a p-value of 0.009 (>0.05). Physical and psychological factors will alter as people age. The function of bodily organs, particularly the reproductive organs, will deteriorate with age (Indriani, Efriza, and Suwito, 2022). There was no correlation between age and MKJP preference, according to statistical test findings. The aforementioned findings support research showing that age has no effect (Indriani, Efriza, and Suwito, 2022). This could be caused by other elements including expertise and service quality, facility elements like the availability of medications and contraceptives, medical personnel, service locations, and expenses. The aforementioned findings contradict the study carried out by (Ariyanti and Daryanti, 2024). This is consistent with a study conducted at the Kaloran Temanggung Community Health Center that found a p-value of 0.001 between the choice of implanted and non- implantable contraceptives and age. While younger women may select short-term techniques, older women often select long-term contraceptive treatments like IUDs or implants (Ariyanti and Daryanti, 2024).

Table 9 indicates that there is a link between schooling and MKJP choice, with a p-value of 0.003 (<0.05). The respondents only completed elementary and junior high school, which is a low level of education. This level is brought about by a number of factors, including financial constraints that make it impossible for parents to send their kids to school, geographical limitations due to the lack of high schools in some areas, and cultural norms that dictate that children must marry at the age of 17 in order for them to unavoidably drop out of school. (Efriza, Suwito, and Indriani, 2022).

Table 10 indicates that there is a link between job and MKJP choice, with a p-value of 0.003 (<0.05). The researcher assumes that one of the factors influencing contraception is employment since working moms typically follow the experiences of their coworkers and choose to use long-term safe contraception for their jobs.

Table 11 indicates that there is a link between parity and MKJP choice, with a p-value of 0.003 (>0.05). According to studies (Masyarakat and Hasanuddin, 2023), contraceptive choices are also influenced by parity or the number of children. With a ρ value of 0.020, a research conducted at the Pematang Panggang III Community Health Center discovered a substantial correlation between parity and the usage of IUD contraception. Long-term or permanent contraceptive techniques are typically chosen by women who have multiple children. Furthermore, it may be inferred from study by Oktarida (2019) that parity affects the decision to employ MKJP. The effectiveness and sustainability of MKJP contraceptive usage increase with the mother's parity. Researchers discovered that 55.2% of high parity groups used MKJP

contraceptives. The study's findings demonstrated that respondents with high parity felt they had enough children and did not wish to have more, which has a high degree of quality continuity and efficacy.

based on Table 12. There is a correlation between the choice of MKJP and the husband's support, as indicated by the p-value of 0.004 (<0.05). The findings of this study are in line with those of Arini's (2015) study, which found that 74.4% of mothers got good informational support for using MKJP. Informative support provided by husbands to their wives during family planning is that husbands inform mothers about the various types of MKJP. Emotional support provided by husbands to their wives includes listening to mothers' complaints when side effects occur and helping with housework when mothers are sick due to using KB. However, there is emotional support from husbands that is mostly lacking, namely husbands get angry if the mother's menstruation becomes longer. These results are in line with research (lestari *et al* , 2021) which states that husband's involvement increases wives' confidence in choosing MKJP. Support can be in the form of assistance to health facilities, providing information, or simply giving wives the freedom to choose a contraceptive method. Conversely, lack of support can be a major obstacle in the implementation of MKJP KB. Research (lestari *et al* ., 2021) also found that support from fertile couples (PUS) increased the success of family planning programs. This suggests that involving husbands in family planning education programs can increase the acceptance of long-term contraceptive methods.

Table 13 indicates that there is a link between knowledge and MKJP choice, with a p-value of 0.003 (<0.05). One of the key elements impacting the usage of MKJP contraception has been shown to be having good understanding about it. Compared to respondents with limited knowledge, individuals with high knowledge had a greater propensity to select MKJP. This is consistent with Notoatmodjo's (2018) thesis, which holds that a person's level of knowledge greatly influences their health-related behavior. Knowledge includes an understanding of the benefits, risks, and how contraceptive methods work. In the context of this study, respondents who have adequate information about the effectiveness and safety of MKJP are more confident in using this method. Conversely, a lack of knowledge can lead to fear or misunderstanding of MKJP, such as concerns about side effects. According to (Notoatmodjo, 2019), knowledge consists of several levels, starting from knowing (know), understanding (comprehension), application (application), to evaluation (evaluation). Respondents that advance to the assessment stage often possess a deeper comprehension and are capable of making judgments on their own. Research (Indriani Djusair et al., 2022) demonstrates that having sufficient knowledge about family planning boosts acceptability of long-term contraceptive techniques.

4. CONCLUSION

It may be inferred from the findings of the conducted research and the previously mentioned discussion that there is no relationship between age and the choice of MKJP with p-value = 0.09 > 0.05. There is a relationship between education and the choice of MKJP with p-value = 0.003 < 0.05. There is a relationship between work and the selection of MKJP with p -value = 0.003 < 0.05.

There is a relationship between husband's support and the choice of MKJP with p-value = 0.04 < 0.05. There is a relationship between parity and the selection of MKJP with p-value = 0.003 < 0.05. There is a relationship between knowledge and the choice of MKJP with p -value = 0.003 < 0.05.

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