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Analysis of Factors Associated with the Use of Long-Term Contraceptive Metode (MKJP)

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ABSTRACT

The population problem faced by Indonesia is the high Population Growth Rate (LPP) and Total Fertility Rate (TFR). The use of MKJP is very appropriate to be applied to the condition of Indonesia which is experiencing population growth problems. The low use of MKJP in Indonesia is caused by many factors. In TPMB"S" Bogor, West Java in 2022, it was recorded from the register book that only 30% used MKJP. This study aims to Analyze Factors Related to the Use of MKJP. This type of research is correlation analytics with *Cross Sectional approaches.* The sample was 110 respondents, with random sampling. using questionnaire sheets on KB participants in TPMB "S". The results showed that respondents who had good knowledge (41.9%) using MKJP, had husband support (44.5%), despite receiving good support from health workers, had a sense of anxiety (64.6%). The test results showed that there was a relationship of knowledge to the use of MKJP itself p-value 0.044, there was a relationship between husband support and the use of MKJP p-value 0.024, there was no relationship between health workers' support and the use of MKJP p-value 0.095. and there is a relationship between anxiety and the use of MKJP *p-value* 0.014%. There is a significant association between knowledge, spousal support, and anxiety. And there is no significant relationship between the support of health workers and the use of MKJP in TPMB "S"

Keywords: Contraception, knowledge, spaciousness,support

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INTRODUCTION

Contraception comes from the word contra, meaning "to prevent" or "against" and conception meaning the confluence of a mature egg and a sperm cell resulting in pregnancy. Contraception is to avoid pregnancy due to the meeting of a mature egg with sperm cell [1]

Based on the pattern in the selection of types of contraceptives, most birth control participants actively chose injections and pills as contraceptives and even very dominant (more than 80%) compared to other methods, namely the Long-Term Contraceptive Method (MKJP) such as Implants, IUD, MOW and MOP. Whereas injections and pills are included in the short-term contraceptive method so that the effectiveness rate of injections and pills in pregnancy control is lower compared to MKJP 2 contraceptives

From data from the Central Statistics Agency of West Java in 2019, data on active kb participants using non-MKJP was 590,655 people while those who used MKJP were 197,276 people. In Bogor Regency, the participants of Active Family Planning using Non-MKJP are 75,520 people while those who use MKJP are 6,698 people. From this data, it can be seen that the use of MKJP in West Java and Bogor Regency is still very low[3]

The low use of MKJP in Indonesia is caused by many factors, including individual factors (sociodemographic characteristics), environmental factors (family, community, officers) and program factors related to service quality. According to BKKBN, other factors that cause the lack of acceptors for MKJP users, including the reduction in the number of KB Planning field officers, causing the development of KB participation to be limited, the range of KB services is uneven, and the quality of KB[4] services is not optimal.

The use of MKJP is influenced by several factors including knowledge, husband support, support for health workers and anxiety felt by mothers.

Knowledge (cognitive) is a very important domain for the formation of one's actions (*overt behavior*). Behavior that is based on knowledge will be more lasting than behavior that is not based on knowledge. With good knowledge, it will motivate someone touse MKJP. On the contrary, the low level of knowledge has an impact on the abilityto use MKJP. [5]

The level of education influences a person to do Family Planning and will also choose a long-term method to delay pregnancy, namely by choosing MKJP

Support is something that participates in activities. Conversations between husbands and wives about Family Planning are not always a prerequisite in accepting birth control, but the absence of such discussions can be an obstacle to the use of family planning. Face-to-face communication between

husband and wife is a bridge in the acceptance process and in particular in the continuation of contraceptive use. The absence of discussion between husband and wife may be a reflection of a lack of personal interest in rejecting an issue, or a taboo attitude in talking about matters related to the sexual aspect. If a married couple has a positive attitude towards birth control. Especially the use of KB with MKJP[6].

Health workers have a role as counselors. A counselor is a person who counsels women or couples of childbearing age or PUS, so that the behavior of women who are of childbearing age or PUS can change women couples of childbearing age must know about birth control and use contraceptives. [7]

Anxiety can arise influenced by several factors, namely environmental factors, depressed emotions, physical causes as an interaction between mind and body, and hereditary factors. Anxiety has both physical symptoms as well as psychological symptoms, in the use of IUD contraceptives these symptoms often appear common aggravation such as nervousness, irritation, tension and panic, feeling suddenly headaches, trembling, sweating, flushed face, dry mouth indigestion (diarrhea) and frequent urination [8]. The purpose of this study is to analyze factors related to the use of MKJP in TPMB "S" West Java in 2022.

METHOD

This study is a *cross-sectional* analytic type quasi study where independent variables and dependent variables are studied simultaneously [2]. The design of this study aims to find factors related tothe use of MKJP. Dampel research as many as 110 active kb participants who visited TPMB "S" West Java in April-July 2022

The data collected/used in this study is primary data obtained by providing questionnaires to 11 0 active kb participants in TPMB"S" Bogor, West Java. All subjects of the study as a sample of respondents have agreed and signed *inform consent*. Data analysis techniques use univariate and bivariate analysis through *the Chi-Square* test.

RESULT

Table 1
Frequency Distribution of Research Variables

Variable	n	%
Use of MKJP		
Not Using	30	30,00
Use	80	80,00
Knowledge		
Less	64	64,00
Good	46	46,00
Husband Support		
Does Not Support	61	61,00
Support	49	49,00
Health Workers Support		
Does Not Support	18	18,00
Support	92	57,00
Anxiety		
Heavy	71	71,00
Light	39	39,00

Table 1 shows the results of a univariate analysis of factors related to the use of MKJP showing that the majority of respondents not using MKJP (30%) have less knowledge (64.00%) in the absence of husband support (61.00%). However, having health workers support (92%) to use MKJP, even though there is health workers support, there is still anxiety (71.00%) about the use of MKJP

Table 2
The Relationship of Knowledge to the Use of MKJP

Knowledge	Use of MKJP						P-Value	OR
	Using MKJP		Not Using MKJP		Total			
	f	%	f	%	N	%		
Good	26	57,8	20	30,8	46	41,9	0.044	0.364
Less	19	42,2	45	69,2	64	58,1		
Total	**45**	**100.0**	**65**	**100.0**	**110**	**100.0**		

Table 2 shows that the knowledge level with the use of MKJPin TPMB "S" obtained results that out of 46 respondents with good knowledge as many as 26 (57.8%) used MKJP, as many as 20 people (30.8%) respondents did not use MKJP. A total of 64 samples of respondents with insufficient knowledge obtained results as many as 19 (42.2%) used MKJP and 45 people (69.2%) did not use MKJP. p-value of 0.044. The value of sig or p *Value* obtained is 0.044. $p < \alpha$ 0.05. With an OR value of 0.364, which means that respondents with good knowledge have a 0.364 chance of using MKJP compared to respondents with less knowledge.

Table 3
The Relationship of Husband Support with the Use of MKJP

Husband Support	Use of MKJP						p-Value	OR
	Using MKJP		Not Using MKJP		Total			
	F	%	F	%	N	%		
Support	36	65,4	13	23,6	49	44,6	0.024	3.130
Does Not Support	19	34,6	42	76,3	61	55,4		
Total	**55**	**100.0**	**55**	**100.0**	**110**	**100.0**		

Table 3 shows the results of the analysis of the relationship factor between husband support and the use of MKJP in TPMB "S" obtained results that out of 49 respondents with husband support as many as 36 (65.4%) used MKJP, as many as 13 people (23.6%) respondents did not use MKJP. A total of 61 respondents with husbands did not support the results of 19 (34.6%) using MKJP and 42 people (76.3%) not using MKJP.

Maka H_0 is rejected or H a is accepted, meaning that there is a significant relationship between the husband's support and the use of MKJP. With an OR value of 3,130 which means that respondents get support s a umi has a chance of 3,130 being able to use MKJP compared to respondents with less supportan.

Table 4
The Relationship between Health Workers Support and the Use of MKJP

Health Workers Support	Use of MKJP						p-Value
	Using MKJP		Not Using MKJP		Total		
	f	%	F	%	N	%	
Support	95	93,1	3	37,5	98	89.0	0.095
Does Not Support	7	6,9	5	62,5	12	11.0	
Total	**102**	**100.0**	**8**	**100.0**	**110**	**100.0**	

Table 4 shows the results of the analysis of the relationship factor between health workers' information and the use of MKJP in TPMB "S" obtained results that out of 98 respondents received health workers support as many as 95 (93.1%) using MKJP, as many as 3 people (37.5%) respondents does not use MKJP. A total of 12 respondents did not get support, resulting in 7 people (6.9%) using MKJP and 5 people (62.5%) not using MKJP.

Based on the results of the *Chi Square* Test, a sig or p-value 0.095. The value of sig or p *Value* obtained is 0.095. $p > \alpha$ 0.05 then H_0 is accepted or H_a is rejected, meaning that there is no significant relationship between the support of health workers and the use of MKJP. With an OR value of 0.413, which means that respondents who get the support of health workers have an opportunity of 0.413 to use MKJP compared to respondents who do not have the support of health worker.

Table 5
Relationship of Anxiety with the use of MKJP

Anxiety	Use of MKJP						P-Value	OR
	Using MKJP		Not Using MKJP		Total			
	f	%	F	%	N	%		
Heavy	-	-	71	76,3	71	64,6	0.014	3.130
Light	17	100	22	23,4	39	34,4		
Total	**17**	**100.0**	**93**	**100.0**	**110**	**100.0**		

Table 5 shows the results of the analysis of the relationship between anxiety and the use of MKJP in TPMB "S" obtained results that out of 71 respondents of severe anxiety as many as 71 (76.3%) did not use MKJP. A total of 39 respondents with mild anxiety obtained results as many as 17 (100%) used MKJP and 22 people (23.4%) did not use MKJP.

Based on the results of *the Chi Square* test, it shows that a sig or p-value of 0.014 was obtained. The value of sig or p *Value* obtained is 0.014. $p < \alpha$ 0.05 then H_0 is rejected or H a is accepted, meaning that there is a significant association between anxiety and the use of MKJP. With an OR value of 3,130, which means that respondents who do not experience anxiety have a 3,130 chance of using MKJP compared to respondents who experience anxiety.

DISCUSSION

Based on the results of the frequency distribution, it is known that out of 110 respondents, 64 people (58.1%) have less knowledge, 45 people (69.2%) do not use MKJP, it can be concluded that there is a significant relationship between knowledge and the use of MKJP. With an OR value of 0.364, which means that respondents with good knowledge have a 0.364 chance of using MKJP compared to respondents with less knowledge.

Knowledge is influenced by several things including the environment. The environment is everything that is around the individual, the environment has an effect on the influx of knowledge into the individual whois in that environment. This happens because of the existence of reciprocal interactions or not, which will be responded to as knowledge of each individual[9]

In husband support, it can be seen that out of 110 respondents as many as 61 (55.4%) husbands are not supportive so that 42 people (76.3%) do not use MKJP, it can be concluded that there is a significant relationship between husband support and the use of MKJP. With an OR value of 3,130 which means that respondents get support su a mi have a 3,130 chance of using MKJP compared to respondents with less support.

Support from the husband in the use of contraception is very necessary because without the support of the husband a sense of comfort to use contraception will not be obtained, the contraceptive

method cannot be forced by the married couple to jointly choose the best contraceptive method, cooperate with each other in use, finance contraceptive expenditure, and pay attention to signs and dangers. [10]

In the health workers support variable As many as 12 respondents did not get the support of health workers, with 5 people (62.5%) not using MKJP. It can be concluded that there is no significant relationship between the support of health workers and the use of MKJP.

Health workers have a role as counselors. A counselor is a person who counsels women or couples of childbearing age or PUS, so that the behavior of women who are of childbearing age or PUS can change women couples of childbearing age must know about birth control and use contraceptives.[11]

In the anxiety variable, it was found that out of 110 respondents, 71 people (64.6%) had severe anxiety with 71 (76.3 %) not using MKJP concluded that there was a significant relationship between anxiety and the use of MKJP. With an OR value of 3,130 which means that respondents who experience severe anxiety/worry have a risk of not wanting to use MKJP of 3,130 compared to respondents who do not experience anxiety/worry.

Anxiety can arise influenced by several factors, namely environmental factors, depressed emotions, physical causes as an interaction between mind and body, and hereditary factors. Anxiety has both physical symptoms as well as psychological symptoms, in the use of IUD contraceptives these symptoms often appear general aggravation such as nervousness, irritation, tension and panic, feeling suddenly headaches, trembling, sweating, flushed face, dry mouth indigestion (diarrhea) and frequent urination[8].

CONCLUSION

There are significant factors in knowledge, husband support, health workers' support, and anxiety about the use of MKJP in TPMB "S". The most dominant variable in this study is the knowledge variable It is expected that with the increasing knowledge possessed by respondents about MKJP birth control, the respondent's attitude in the use of MKJP birth control contraceptives is expected to be better. And will affect the increasing number of KB MKJP usage.

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