

Factors Affecting of Used Long Contraception Method to Women Reproductive at Public Health Centre Limau Asri Mimika Regency

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ABSTRACT

Introduction: The planning family is act to helping family to plan the pregnant and natal they want. Method of long contraception in Indonesian is still low, caused of characteristic and husband as a factor with a choice the method contraception.

Target of research: to knowing the factors affecting of used long contraception method to women reproductive at public health centre Limau Asri Mimika regency.

Method Research: Analytic of observational with cross sectional study design. Research executed on May 2018 in Public health centre LIMAU ASRI with population is of acceptor amount of sample counted 92 people by purposive sampling. Data approach used questionnaire and analysed by Chi square test.

Result of research : The factors are not affecting of choice method long contraception to women reproductive is age (*p-value* 0,318; RP = 1,378; CI95% (0,788 – 2,410), studies (*p-value* 0,591; RP = 1,190; CI95% (0,798 – 1,775), ethnic (*p-value* 0,984; RP = 0,959; CI95% (0,669– 1,374), social economic (*p-value* 0,984; RP = 0,959; CI95% (0,669 – 1,374), parity (*p-value* 0,287; RP = 1,325; CI95% (0,834 – 2,103), knowledge (*p-value* 0,541; RP = 1,188; CI95% (0,815 – 1,730) and the sum of child (*p-value* 0,668; RP = 0,889; CI95% (0,614 – 1,287). And then there is affecting of choice method long contraception to women reproductive is husband participate (*p-value* 0,013; RP = 1,622; CI95% (1,150 – 2,287) and sexual frequency (*p-value* 0,000; RP = 0,450; CI95% (0,304 – 0,666).

Keyword: The Choice of Method, Long Contraception

1. INTRODUCTION

Family planning is the act of helping couples to avoid unwanted pregnancies, getting a very desirable birth, arranging intervals between pregnancies, controlling the time of birth in relation to the age of husband and wife and determining the number of children in the family (BKKBN, 2013). Family planning service that aims to achieve quality families through the arrangement of the number of families in a planned manner, so expect acceptance of acceptors in the use of contraception is expected to remain a family planning acceptors (Sulistyawati, 2011). Indonesia's National Medium Term Development Plan (RPJMN) on the acceleration of fertility control through contraceptive use, national family planning in Indonesia is directed more toward the use of the Long Term Contraception Method (MKJP). The use of MKJP in six regions in Indonesia including Java is still much lower than that of Non-MKJP. The use of reversible MKJP (Intrauterine Device and Implant) is preferred over permanent (sterile) MKJP, even to 35 year old acceptors (Sari, 2015). But in reality MKJP such as Male Operation Medical (MOP), Female Operation Medical (MOW) and Intra Uterine Device (IUD) / spiral, Implant is still less interested in family planning acceptors (KB) (BKKBN, 2012).

The World Health Organization (WHO) reports that the most widely used method of long-term contraception is sterilization. Hormonal contraceptives are in third place worldwide (WHO, 2016).

Indonesia Health Profile Data of 2017 reported number of fertile couples as many as 48,536,690 couples, namely new KB participants as many as 6666.156 (13.73%), active KB participants as much as 36,306,662 (74.80%). most EFI couples currently use contraception as much as 59.7%, 24.8% contraceptive breakdown and 15.5% never use contraception. From the data, the use of short-term contraception as much as 74% include condom as much as 3.23% pill as much as 22,81%, injection as much as 47,96% and use of long term contraception as much as 26% cover implant as much 11,20%, IUD counted 10, 61% and female operative methods (MOW) of 3.54% and male operative method (0.64%).

The number of fertile couples in Papua Province in 2016 is 407,502 couples and the method of using short term contraception is 84,81% consist of condom 10,31%, pill as much 16,30%, injection 58,20% length of 15,19% covering and implant as much as 10.15%, IUD 1.91%, MOW 2.96% and MOP 0.17%. Data of profile report of Mimika Regency Health Office in 2017 were 17,089 family planning acceptors, that is 96,6% for short term contraception covering condom as much as 1,4%, injection 80,9%, pill 14,2%. While the use of long-term contraception as much as 3.4% includes 3% implant and IUD 0.4%.

Data obtained from Limika Asri Timika Health Center in 2017 the number of WUS target as many as 1,629 people and as many as 1,506 who follow contraception. The use of long-term contraceptive methods, ie 46 (3.05%) acceptor and the use of short-term contraceptive methods as many as 1460 acceptors (96.05%), 564 acceptor and injection of 896 acceptors. Based on the description of the problem on the background, the authors are interested to conduct research with the title "Factors Affecting Selection of long-term contraceptive methods in women of childbearing age in Limau Asri Health Center Mimika regency".

2. MATERIALS AND METHODS

Analytical observational with cross sectional study design. The research was conducted in May 2018 at Limau Asri Health Center with the population is KB acceptor and the number of samples was 92 people by purposive sampling. Data were obtained using questionnaire and analyzed using chi square test.

3. RESEARCH RESULTS

3.1 Univariate Analysis

Table 1. Distribution of age, education, Ethnicity, Socio-economics, Parity, Knowledge, Husbandry Participation, Frequency of intercourse and Number of children desired

No	Variables	(n)	(%)
1	Age		
	20-35 year	81	81
	≤ 20 and > 35 year	19	19
2	Education		
	Low	19	19
	High	81	81
3	Tribe		
	Papua	61	61
	Non Papua	39	39
4	Social economy		
	Less	61	61
	Enough	39	39
5	Parity		
	≤ 2child	73	73
	< 2 child	27	27
6	Knowledge		
	Less	24	24
	Good	76	76
7	Husband Partisipation		
	Not support	39	39
	Support	61	61
8	Sexual Frekuence		
	High	54	54
	Low	46	46
9	Number child desire		
	≥ 4 child	55	55
	< 4 child	45	45
Number		100	100

Based on Table 1, shows the majority of respondents aged 20-35 years as many as 81 people (81%), highly educated as many as 81 people (81%). Respondents came from the Papu tribe as many as 61 people (61%), had less than 61 people (61%) of the social economy. Respondents mostly had <73 children (73%). Respondents' knowledge is mostly in good category of 76 people (76%) and husband participation of 61 people (61%) did not support. Frequency of 54 (54%) in the high category and desired number of children > 4 children as many as 41 people (41%).

Respondents using MKJP were 45 people (45%).

3.2 Bivariate Analysis

Effect of age by selection of long-term contraceptive methods in women of childbearing age

Table 2. Effect of age with selection of long-term contraceptive method in fertile-age women at Limau Asri Health Center Mimika Regency

No	Age	Contraception method				n	%
		MKJP		Non MKJP			
		n	%	n	%		
1	20-35 year	47	58	34	42	81	100
2	< 20 and > 35 year	18	42,1	11	57,9	19	100
Total		55	55	45	45	100	100
<i>p-value</i> = 0,318; RP = 1,378; CI95% (0,788 – 2,410)							

Table 2 shows that of 81 mothers aged 20-35 years old there were 47 people (58%) who chose MKJP and Non MKJP as many as 34 people (42%). while from 19 mothers aged <20 and > 35 years there were 187 people (42.1%) chose MKJP and Non MKJP as many as 11 people (57.9%). The result of chi square statistic test at significance value 95% (= 0,05) obtained p-value 0,318 or $p > \alpha$ (0,05). This means that there is no influence of maternal age by the choice of long-term contraceptive methods in women of childbearing age. The result value of RP = 1.378; CI95% (0,788 - 2,410) with lower value less than 1, so age is not significant.

Effect of education by the selection of long-term contraceptive methods in women of childbearing age

Table 3. Effect of education by choosing long-term contraceptive method in fertile-age women at Limau Asri Health Center Mimika Regency

No	Education	Contraception method				n	%
		MKJP		Non MKJP			
		n	%	n	%		
1	low	12	63,2	7	36,8	19	100
2	high	43	53,1	38	46,9	81	100
Total		55	55	45	45	100	100
<i>p-value</i> = 0,591; RP = 1,190; CI95% (0,798 – 1,775)							

Table 3 shows that from 19 low educated mothers, there were 12 people (63.2%) who chose MKJP and Non MKJP for 7 people (36.8%). while from 81 high educated mothers there were 43 people (53.1%) chose

MKJP and Non MKJP as many as 38 people (46.9%). The result of chi square statistic test at significance value 95% (= 0,05) obtained p-value 0,591 or $p > \alpha$ (0,05). This means that there is no educational effect with the selection of long-term contraceptive methods in women of childbearing age. The result value of RP = 1.190; CI95% (0,798 - 1,775) with lower value less than 1, so that education is not meaningful.

Influence of tribes with the selection of long-term contraceptive methods in women of childbearing age

Table 4. Influence of tribes with the selection of long-term contraceptive methods in women of childbearing age at Limau Asri Puskesmas Mimika District

No	Tribe	Contraception method				n	%
		MKJP		Non MKJP			
		n	%	n	%		
1	Papua	33	54,1	28	45,9	61	100
2	Non Papua	22	56,4	17	43,6	39	100
Total		55	55	45	45	100	100
<i>p-value</i> = 0,984; RP = 0,959; CI95% (0,669 – 1,374)							

Table 4 shows that out of 61 Papuan mothers, 33 (54.1%) chose MKJP and Non MKJP as many as 28 people (45.9%). whereas from 39 non Papuan mother tribe there are 22 people (56,4%) choose MKJP and Non MKJP counted 17 people (43,6%). The result of chi square statistic test at significance value 95% (= 0,05) obtained p-value 0,984 or $p > \alpha$ (0,05). This means that there is no ethnic influence by the choice of long-term contraceptive methods in women of childbearing age. The result value RP = 0.959; CI95% (0.669 - 1.374) with a lower value less than 1, so the term is not significant.

The socioeconomic effect of selecting long-term contraceptive methods in women of childbearing age

Table 5. Socioeconomic influence with the selection of long-term contraceptive methods in fertile-age women at the Limau Asri Health Center in Mimika Regency

No	Social economy	Contraception method				n	%
		MKJP		Non MKJP			
		n	%	n	%		
1	Less	33	54,1	28	45,9	61	100
2	Enough	22	56,4	17	43,6	39	100
Total		55	55	45	45	100	100
<i>p-value</i> = 0,984; RP = 0,959; CI95% (0,669 – 1,374)							

Table 5 shows that of 61 people with less socioeconomic there were 33 people (54.1%) chose MKJP and Non MKJP as many as 28 people (45.9%). whereas from 39 socio-economic mothers there are enough 22 people (56,4%) choose MKJP and Non MKJP as many as 17 people (43,6%). The result of chi square statistic test at significance value 95% (= 0,05) obtained p-value 0,984 or $p > \alpha$ (0,05). This means that there is no socioeconomic influence by the choice of long-term contraceptive methods in women of childbearing age. The result value $RP = 0.959$; $CI95\%$ (0,669 - 1,374) with lower value less than 1, so that Social Economics is not meaningful.

The effect of parity with the selection of long-term contraceptive methods in women of childbearing age

Table 6. Influence of parity with the selection of long-term contraceptive methods in women of childbearing age at Limau Asri Health Center Mimika District

No	Parity	Contraception method				n	%
		MKJP		Non MKJP			
		n	%	n	%		
1	≤ 2 child	43	58,9	30	41,1	73	100
2	> 2 child	12	44,4	15	55,6	27	100
Total		55	55	45	45	100	100
<i>p-value = 0,287; RP = 1,325; CI95% (0,834 - 2,103)</i>							

Table 6 shows that of 73 people with parity <2 children there were 43 people (58.9%) selected MKJP and Non MKJP as many as 30 people (41.1%). Whereas from 39 people parity > 2 children there are 12 people (44,4%) choose MKJP and Non MKJP counted 15 people (55,6%). The result of chi square statistic test at significance value 95% (= 0,05) obtained p-value 0,287 or $p > \alpha$ (0,05). This means that there is no parity influence with the choice of long-term contraceptive methods in women of childbearing age. The result value $RP = 1,325$; $CI95\%$ (0,834 - 2,103) with a lower value less than 1, so parity is not meaningful.

Effect of knowledge by the selection of long-term contraceptive methods in women of childbearing age

Table 7. Influence of knowledge by the selection of long-term contraceptive method in fertile-age women at Limau Asri Health Center Mimika Regency

No	Knowledge	Contraception method				n	%
		MKJP		Non MKJP			
		n	%	n	%		
1	Less	15	62,5	9	37,5	24	100
2	Good	40	52,6	36	47,4	76	100
Total		55	55	45	45	100	100
<i>p-value = 0,541; RP = 1,188; CI95% (0,815 - 1,730)</i>							

Table 7 shows that out of 24 people with less knowledge there were 15 people (62,5%) chose MKJP and Non MKJP of 9 people (37,5%). Whereas from 76 people good knowledge there are 40 people (52,6%) choose MKJP and Non MKJP counted 36 people (47,4%). The result of chi square statistic test at significance value 95% (= 0,05) obtained p-value 0,541 or $p > \alpha$ (0,05). This means that there is no influence of knowledge with the selection of long-term contraceptive methods in women of childbearing age. The result value of $RP = 1.188$; $CI95\%$ (0.815 - 1.730) with a lower value less than 1, so knowledge is not meaningful.

The influence of husband's participation with the selection of long-term contraceptive methods in women of childbearing age

Table 8. Influence of husband's participation with the selection of long-term contraception method in fertile-age women at Limau Asri Health Center Mimika Regency

No	Husband Participation	Contraception method				n	%
		MKJP		Non MKJP			
		n	%	n	%		
1	Not support	28	71,8	11	28,2	39	100
2	Support	27	44,3	34	55,7	61	100
Total		55	55	45	45	100	100
<i>p-value = 0,013; RP = 1,622; CI95% (1,150 - 2,287)</i>							

Table 8 shows that out of 39 people with husbands' participation did not support 28 people (71.8%) chose MKJP and Non MKJP for 11 people (28.2%). Whereas from 61 people husband participation support there are 27 people (44,3%) choose MKJP and Non MKJP counted 34 people (55,7%). The result of chi square statistic test at significance value 95% (= 0,05) obtained p-value 0,013 or $p < \alpha$ (0,05). This means that there is an influence of husbands' participation with the selection of long-term contraceptive methods in women of

childbearing age. Results of RP value = 1,622; CI95% (1,150-2,287) interpreted that the participation of non-supportive husbands has a choice of non-MKJP methods of contraception 1.622 times higher than supportive husbands.

Effect of sexual intercourse with the selection of long-term contraceptive methods in women of childbearing age

Table 9. Influence of frequency of intercourse with selection of long-term contraception method in fertile-age women at Limau Asri Health Center Mimika Regency

No	Intercourse frequency	Contraception method				n	%
		MKJP		Non MKJP			
		n	%	n	%		
1	High	19	35,2	35	64,8	54	100
2	Low	36	78,3	10	21,7	46	100
Total		55	55	45	45	100	100
<i>p-value</i> = 0,000; RP = 0,450; CI95% (0,304 – 0,666)							

Table 9 shows that of 54 people with high intercourse frequency there were 19 people (35.2%) chose MKJP and Non MKJP of 35 people (64.8%). Whereas from 46 people low intercourse frequency there are 36 people (78,3%) choose MKJP and Non MKJP counted 10 person (21,7%). The result of chi square statistic test at significance value 95% (= 0,05) obtained p-value 0.000 or $p < \alpha$ (0,05). This means that there is an effect of the frequency of intercourse with the selection of long-term contraceptive methods in women of childbearing age. The result value RP = 0.450; CI95% (0.304 - 0.666) is less than 1, so the frequency of intercourse is not significant.

Influence the number of children desired by the selection of long-term contraceptive methods in women of childbearing age

Table 10. Influence of desired number of children with the selection of long-term contraceptive methods in women of childbearing age at Limau Asri Health Center Mimika District

No	Number of child desired	Contraception method				n	%
		MKJP		Non MKJP			
		n	%	n	%		
1	≥ 4 child	21	51,2	20	48,8	41	100
2	< 4 child	34	57,6	25	42,4	59	100
Total		55	55	45	45	100	100
<i>p-value</i> = 0,668; RP = 0,889; CI95% (0,614 – 1,287)							

Table 10 shows that out of 54 people with the desired number of children > out of 4 children there were 12 (51.2%) selected

MKJP and Non MKJP of 20 people (48.8%). Whereas from 59 people the desired number of children <4 children there are 34 people (57,6%) choose MKJP and Non MKJP counted 25 people (42,4%). The result of chi square statistic test at significance value 95% (= 0,05) obtained p-value 0,668 or $p > \alpha$ (0,05). This means that there is no influence on the number of children desired by the selection of long-term contraceptive methods in women of childbearing age. The result value RP = 0.889; CI95% (0.614 - 1.287) is less than 1, so the desired number of children is not significant.

4. DISCUSSION

4.1 Effect of age by selection of long-term contraceptive methods in women of childbearing age

The result showed that there was no significant correlation between age and long-term contraception method in women of reproductive age. The results of this study are in line with the study conducted by Sari (2015), that age is not related to the selection of long-term contraceptive methods.

In this study respondents aged less 20-35 years as much as 58% chose MKJP and while <20 and> 35 years there 42.1% chose MKJP. The proportion of users of the MKJP method is not much different or the same - it has an opportunity to use MKJP contraception. This is because the use of MKJP has an effective time between 3-5 years (Sulityawati, 2011), so that mothers who want to postpone pregnancy in more than 3 years choose MKJP, while the respondents aged > 35 years chose MKJP, because already have children more than two so that the number of children is enough in one family.

4.2 Effect of education by the selection of long-term contraceptive methods in women of childbearing age

The result of this research is that there is no influence of education with the selection of long-term contraception method

in fertile-age women at Limau Asri Health Center Kampung Pigapu Mimika Regency. Respondents who have low education have 63.2% choose MKJP while respondents have high education 53.1% choose MKJP. This shows the proportion that is not much different between the respondents who have low and high berpendidikan. The results of this study are in line with research conducted by Christiani (2015) in Semarang that education is not related to the selection of long-term contraceptive methods.

The level of education greatly affects a person to act and look for the causes and solutions in his life. Highly educated people will usually act more rationally. Therefore, educated people will be more receptive to new ideas (Notoatmodjo, 2011). Highly educated and low-educated respondents tend to have the same opinion in terms of pregnancy outcomes and this does not require special knowledge and prior to contraception, healthcare providers give mothers a choice by explaining the benefits of each method of contraception. With such a high degree of respect, the respondent has a perception of the benefits and benefits it derives by using the preferred long-term method of contraception.

4.3 Influence of tribes with the selection of long-term contraceptive methods in women of childbearing age

The results obtained that no tribal influence with the selection of long-term contraceptive methods in women of childbearing age at Limau Asri Health Center Kampung Pigapu Mimika Regency. Respondents, who felt the tribe of papua 54.1% chose MKJP, while the respondent who came from non-Papuan 56.4%. This suggests that there is no difference between the tribes in choosing a contraceptive method. The selection of long-term contraceptive methods by respondents is based on perceptions of the respondent's respondents who come from the tribes they are dealing with does not differ from the benefits of following long-term

contraception. According to Notoatodjo (2011), various ethnic groups may differ in habits, lifestyles and so on which can lead to differences in morbidity or mortality. However, with adequate health services and the presence of counseling or counseling on contraceptives, it indirectly influences the mother's or family's habits in choosing long-term contraceptive methods regardless of race or ethnicity.

4.4 The socioeconomic effect of selecting long-term contraceptive methods in women of childbearing age

The results obtained that there is no socio-economic influence with the selection of long-term contraceptive methods in women of childbearing age in Limau Asri Puskesmas Health Center Pigapu Village Mimika District. The result of this research is in line with the research conducted by Sari (2015) that socioeconomic has no effect on the use of long-term contraception.

Respondents with socioeconomic less as much as 54,1% chose MKJP, while social economy enough 56,4% choose MKJP. This indicates that each respondent has a different reason but has one goal in pregnancy. In respondents whose socioeconomic condition lacks perceptions of long-lasting benefits of contraceptive methods, it is not necessary to visit for re-contraception which also requires transportation costs. While families with socioeconomic enough more meningkatkan quality of family health enough to meet other needs.

Socio-economic affects the public health level, especially in couples of childbearing age in determining the selection of appropriate contraceptive and safe for use. Improved social economy will contribute to health maintenance where respondents are easily informed and family planning services are available around them. The higher the family income the easier the family gets the information they want so that with the amount of information that can bring the respondent's insight (Zulkarnain, 2013). In this case the respondents said that

even low socio-economic but still can utilize to use the use of contraception for kesehatan self and family health. This means that the social economic layer is different in level or position of each economic class (Zulkarnain, 2013).

4.5 The effect of parity with the selection of long-term contraceptive methods in women of childbearing age

The results obtained that there is no parity influence with the selection of long-term contraceptive methods in women of childbearing age at Limau Asri Health Center Kampung Pigapu Mimika Regency. Respondents with parity <2 children as much as 58.9% chose MKJP and parity > 2 children there were as many as 44.4% chose MKJP. The results of this study indicate that women of childbearing age have the same opportunities in choosing long-term contraceptive methods. The results of this study are in line with research conducted by Fitrianiingsih (2013), that parity has no effect on the selection of long-term contraceptive methods.

The absence of a relationship is due to a parity factor that <2 children can use to inface or regulate the time of pregnancy while in women with parity > 2 children is due to terminate the pregnancy. This is in agreement with BKKBN (2011), that the use of MKJP reveals that many women use contraception irrationally (not in accordance with the mother's age and the number of children desired). Many couples who still use non contraceptive MKJP but already do not want to have more children or want to delay pregnancy for more than 2 years, this phenomenon is inefficient, so it needs to be studied further (BKKBN, 2011).

4.6 Effect of knowledge by the selection of long-term contraceptive methods in women of childbearing age

The result showed that there was no influence of knowledge with the selection of long-term contraception method for women of childbearing age, that is WUS with less knowledge as much as 62,5% chose MKJP

and WUS who was good knowledge as much as 52,6% chose MKJP.

Knowledge is the result of knowing and this happens after people have sensed certain objects. Knowledge generally comes from experience can also be obtained from information submitted by others, obtained from books, newspapers, or mass media, electronic (Notoatmodjo, 2011).

In the absence of knowledge influence before fertile-age women decide to use long-term contraceptive methods, health workers provide guidance and discuss together in appropriate contraceptive selection of acceptors, so that women of childbearing age who have insufficient knowledge can know the contraceptive options they use through information given from health workers

In accordance with Islamic research (2014), that women of childbearing age acquire contraceptive knowledge during reproductive life through their experience of contraception as well as the level of knowledge about family planning can be influenced by the status of education, age and duration of marriage. The longer the marriage age, the more husbands know about family planning than those who are just married.

4.7 The influence of husband's participation with the selection of long-term contraceptive methods in women of childbearing age

The results of this study indicate that there is an influence of husband's participation with the selection of long-term contraceptive methods in women of childbearing age. Women of childbearing age who did not get support from husbands 'participation found 71.8% chose MKJP while husbands' participation in favor of 44.3% chose MKJP. The result of this research is in line with research conducted by Lentaan (2014) at Damau Public Health Center of Talaud Regency revealed that there is a relationship of husband partisipasi to the participation of wife chooses KB. A study conducted by BKKBN (2012) in

Jayawijaya District, where decision making to use one of contraceptives as a method of enlarging children or limiting the number of children recognized by all female and married male respondents, must be approved by the husband. Some husbands also say that after discussing the wife is free to determine what method will be used.

The results of the prevalence ratio test were interpreted that the participation of husbands who did not support the choice of non contraceptive methods of MKJP was 1,622 times higher than the supportive husbands. Paritisipasi husband in the program KB can be directly or indirectly. The parent's participation in the family planning program is to use one of the methods or methods of preventing pregnancy such as using long-term methods of contraception. If it is agreed that the wife who will be family planning, the role of the husband is to support and give freedom to the wife to use contraception or methods / methods used KB. Such support includes the selection of suitable contraceptives.

4.8 Effect of sexual intercourse with the selection of long-term contraceptive methods in women of childbearing age

The results obtained that there is influence the frequency of intercourse with the selection of long-term contraceptive methods in women of childbearing age. Women of childbearing age with a high intercourse frequency of 35.2% chose the method of contraception MKJP, while women of childbearing age with low intercourse frequency of 78.3% chose MKJP. The large selection of contraceptive methods at low intercourse frequency and from the prevalence ratio test results were less than indicated that the frequency of intercourse was not significant with the choice of long-term contraceptive methods. The results of this study are in line with research Fitriani (2014) that the influence of the frequency of intercourse in the selection of contraception. In this study long-term contraceptive methods used in women of childbearing age in the working area of

Limau Asri Public Health Center all use implants. Women's reluctance to choose long-term contraceptive methods such as IUDs is caused by pain during intercourse. In addition, another reason for the reluctance of acceptors to choose or use IUDs is because they want a practical method of contraception.

Selection of long-term method of impetus conception of the type of implant that is 100% selected by the fertile-age age due to discomfort arising during intercourse. In addition, the use of long-term contraceptive methods in women of childbearing age with low frequency of sexual intercourse caused the mother to worry if in sexual intercourse can occur unplanned pregnancy due to forget to follow the re-injection and forget to take birth control pills. Thus, the mother chooses the long-term contraceptive method because the effective time of using the long-term contraception for 3-5 years.

4.9 Influence the number of children desired by the selection of long-term contraceptive methods in women of childbearing age

The results obtained that no effect of the desired number of children with the selection of long-term contraceptive methods in women of childbearing age. Women of childbearing age with the desired number of children > of 4 children there 51.2% chose MKJP, while women of age who wanted the number of children <4 as much as 57.6% chose MKJP. In some areas of Indonesia such as Java, Sumatra, (of course in the rural areas) whose people are still familiar with the culture of "many children's good fortune" and "every child brings his or her own" or "children as dependent parents" is still difficult to accept concept of Family Planning program (Widiawati, 2013).

In terms of cultural attitudes less supportive of family planning programs emerged because the culture of the people of Papua in general are more likely to expect to have children in large quantities. If a family is not gifted with a child, or has not

had a child of a different gender than the one currently owned, then the man has the right to leave his wife or marry another woman (BKKBN, 2012).

The lack of correlation in the selection of long-term contraceptive methods among women of childbearing age who are more than 4 or less than 4 is due to this decision more likely to be decided by the husband, but this is not consistent in planning the number of children. This is due to the husband and wife considering various aspects, including: health and ability to provide education and a decent living for his family.

5. CONCLUSION

Based on the results and discussion can be summarized as follows:

- There is no effect of maternal age with the selection of long-term contraceptive methods in women of childbearing age (p-value 0.318; RP = 1.378; CI95% (0.788 - 2.410)).
- There is no effect of education by the selection of long-term contraceptive methods in women of reproductive age (p-value 0,591; RP = 1.190; CI95% (0.798 - 1.775)).
- There is no ethnic influence with the selection of long-term contraceptive methods in women of childbearing age (p-value 0.984; RP = 0.959; CI95% (0.669 - 1.374)).
- There is no socioeconomic influence by the selection of long-term contraceptive methods in women of childbearing age (p-value 0.984; RP = 0.959; CI95% (0.669 - 1.374)).
- There is no parity influence with the selection of long-term contraceptive methods in women of childbearing age (p-value 0.287; RP = 1,325; CI95% (0.834 - 2.103)).
- There is no influence of knowledge with the selection of long-term contraceptive methods in women of reproductive age (p-value 0.541, RP = 1.188, CI95% (0.815 - 1.730)).

- There is an influence of husbands' participation with the selection of long-term contraceptive methods in women of childbearing age (p-value 0.013; RP = 1.622; CI95% (1,150-2,287)).
- There is an effect of the frequency of intercourse with the selection of long-term contraceptive methods in women of reproductive age (p-value 0,000; RP = 0.450; CI95% (0.304 - 0.666)).
- No effect of the desired number of children with the selection of long-term contraceptive methods in women of childbearing age (p-value 0.668; RP = 0.889; CI95% (0.614 - 1.287)).

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