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The Factors Affecting to Selection of Long Term Contraception Method in Lush Age Couples in Prafi Health Primary Manokwari District West Papua Province

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ABSTRACT

Background: the use of contraceptives helps couples of childbearing age in the setting of pregnancy and the use of more appropriate contraceptive tools to use short-term versus long-term contraception caused by various factors including age, education, ethnicity, social economy, parity, knowledge, health care facilities and husband's participation .
Objective: To find out the factors that influences the selection of long-term contraceptive methods in couples of childbearing age at the Prafi Health Center in Manokwari Regency.
Research Method: Analytical with cross sectional study design. The population is all acceptors in Prafi Health Center as many as 625 people and a sample of 86 people in September-October 2018 by systematic sampling. Data were obtained using questionnaires and analyzed using chi square and logistic regression.
Results: Factors that influence the selection of long-term contraceptive methods in couples of childbearing age is parity (p-value 0,043; RP = 2,340; CI95% (1,014 – 5,398, knowledge (p-value 0.001 RP = 2.677; CI95% (1,516 - 4,727), health care facilities (p-value 0.006; Rp = 2,279; CI95% (1,369 - 3,796) and husband's participation (p-value 0,000; RP = 3,920; CI95% (1,901 - 8,081). While the factors that did not influence the selection of long-term contraceptive methods for couples of childbearing age were maternal age (p-value 0,228; RP = 1,853; CI95% (0,746 - 4,602), education (p-value 0,221; Rp. 0,490; CI95% (0,171 - 1,399), ethnicity (p-value 1,000 Rp = 0,956; CI95% (0,547 - 1,669), and socio economic (p-value 1,000 RP = 00,956; CI95% (0,547 - 1,669). Factors that predominantly influence the selection of long-term contraceptive methods are husband's participation and knowledge.

Keywords: Long Term Contraception, Lush Age Couples, Health Primary

1. INTRODUCTION

The World Health Organization (WHO) reports that the most widely used long-term contraceptive method is sterilization. Hormone contraception is in third place worldwide (WHO, 2016). Data from the Indonesian Health Profile in 2017 reported that there were 48,536,690 couples in reproductive age, namely 6,663,156 new family planning participants (13.73%), 36,306,662 active participants (74.80%). Most fertile age couples (PUS) currently use contraception as much as 59.7%, dropping contraception by 24.8% and 15.5% never using contraception. From these data, 74% of short-term contraceptive use included condoms as much as 3.23%, 22.81% pills, 47.96% injections and 26% long-term contraceptive use including 11.20% implants, 10 IUDs, 61% and female operative method (MOW) of 3.54% and male operative method (0.64%)

The West Papua Provincial Health Office profile data for 2017 were 87,324 family planning acceptors, namely short-term contraceptive use as much as 86.7% including 3.6% condoms, 22.9% injections, 41% pills. While the use of long-term contraception as much as 12.93% consisted

of 3% IUD, 0.2% MOP, 0.4% MOW and 9.4% implants (West Papua Provincial Health Office, 2017).

The profile data for the 2017 Manokwari District Health Office profile is 18,599 family planning acceptors, with short-term contraceptive use as much as 82.8% including 2.2% condoms, 54.9% injections, 25.7% pills. While long-term contraceptive use as much as 17.92% consisted of IUD as much as 0.3%, MOP as much as 0.7%, MOW as much as 0.6% and implants as much as 15.6% (Provincial Health Office West Papua, 2017).

According to Lawrence Green (1980) in Notoatmodjo (2011), there are three factors that cause a person to behave, namely a predisposing factor, which is age, education, occupation, knowledge, attitudes, religion and number of children, where these factors trigger towards behavior that is the basis or motivation for his actions due to the tradition of habits, beliefs, education level and socio-economic level. Enabling factors are enabling factors for behavior that enable motivation or action to take place. This factor includes the availability of facilities and infrastructure or health facilities. Strengthening factor (reinforcing factor), is a factor that determines whether health measures get support or not. This factor was manifested in the form of family support such as husbands, religious leaders, community leaders including local health workers.

According to Ramdani (2014) who examined the factors that influence the use of contraception in Bantul, Yogyakarta revealed that the factors of age, educational factors, income factors and knowledge factors on the participation of husbands in the use of contraception. Meanwhile, the parity factor or number of children does not affect the husband's participation in the use of contraception. The most dominant variable influencing the use of contraception is the age factor. Research conducted by Zebua (2017) or one of the factors that influence the participation of mothers in long-term contraception is adequate health care facilities and accessibility in accessing family planning services. The National Family Planning Coordinating Board (2013) revealed that women of childbearing age are women aged 15-45 years and the factors that influence acceptors in choosing contraceptive methods include partner factors including age, lifestyle, frequency of intercourse, number of families desired, experience with past contraceptive methods and attitudes of wives and husbands. While health factors include health factors including health status, menstrual history, family history, physical examination, pelvic examination and contraceptive method factors include effectiveness, side effects and costs.

Data obtained from the Prafi Timika Community Health Center in 2017 amounted to 3,703 WUS of targeted WUS with 70,48% of active family planning participants, namely 63,22% using short-term contraceptive methods including 3,22% condoms, 36,9% injections and pills as much as 23.1%. While the use of long-term contraceptive methods was 26.74% including implants as much as 25.33%, IUD as much as 0.34%, MOW as much as 0.27% and MOP as much as 0.8% (Profile of Puskesmas Prafi, 2017).

Based on the description of the problem in the background, the authors are interested in conducting a study entitled "Factors that Affect the Selection of long-term contraceptive methods in couples of childbearing age in the Prafi District of Manokwari District".

2. MATERIALS AND METHODS

A. Type of Research

Research using quantitative methods in this study included in the category of correlation research. The definition of correlation research by Arikunto (2010) is research conducted by researchers to determine the level of relations between two or more variables, without making changes, additions, or manipulations of data that already exists. This study uses a cross sectional study design, namely data

collection is done simultaneously at one time (Swarjana, 2013).

B. Time and Place of Research

This research was carried out by taking the location of the Puseksmas Prafi Manokwari District research site. The time of the study was conducted in September - October 2018.

C. Population

Population is a generalization area consisting of objects / subjects that have certain qualities and characteristics determined by researchers to be studied and then conclusions drawn (Sugiyono, 2013). The population in this study were all women of childbearing age in the Prafi Community Health Center in Manokwari Regency in the last 3 months (June - August 2018) as many as 625 acceptors who made repeat visits.

D. Samples

The sample is part of the number and characteristics possessed by the population (Sugiyono, 2013). The sample is part or representative of the population studied. The sample size is large in this study was 68.

3. RESULTS

Analisa Bivariat

a. Effect of age by choosing a long-term contraceptive method in couples of childbearing age

Table 1. The influence of age by choosing a long-term contraceptive method in couples of childbearing age at the Prafi Community Health Center in Manokwari Regency

No	Age	Contraceptive method				n	%
		Non MKJP		MKJP			
		n	%	n	%		
1	20-35 year	28	41,2	40	58,8	68	100
2	≤ 20 and > 35 year	4	22,2	14	77,8	18	100
Total		32	37,2	54	62,8	86	100
p-value = 0,228; RP = 1,853; CI95% (0,746 – 4,602)							

Table 1 shows that out of 68 mothers aged 20-35 years there were 28 people (41.2%) who chose non MKJP and MKJP as many as 40 people (58.8%). While from 18 mothers aged <20 and> 35 years, there were 4 people (22.2%) who chose non MKJP and MKJP as many as 14 people (77.8%). The results of the chi square statistical test on the significance value of 95% (α = 0.05) obtained p-value 0.228 or p> α (0.05). This means that there is no influence on the age of the mother with the selection of long-term contraceptive methods in couples of childbearing age. The results of the value of RP = 1,853; CI95% (0.746 - 4.602) with a lower value of less than 1, so age is not a significant factor in the selection of long-term contraceptive methods in couples of childbearing age.

b. Influence of education by selecting long-term contraceptive methods in couples of childbearing age

Table 2. The influence of education with the selection of long-term contraceptive methods in couples of childbearing age at the Prafi Health Center in Manokwari Regency

No	Education	Contraceptive method				n	%
		Non MKJP		MKJP			
		n	%	n	%		
1	Low	3	20	12	80	15	100
2	High	29	40,8	42	59,2	71	100
Total		32	37,2	54	62,8	86	100
p-value = 0,221; RP = 0,490; CI95% (0,171 – 1,399)							

Table 2 shows that out of 15 low-educated mothers there were 3 people (20%) who chose non MKJP and MKJP as many as 12 people (80%). Whereas from 71 highly educated mothers there were 29 people (40.8%) choosing 42 non-MKJP and MKJP (59.2%). The results of the chi square statistical test on the significance value of 95% (α = 0.05) obtained p-value 0.221 or p> α (0.05). This means that there is no influence of education with the selection of long-term contraceptive methods in couples of childbearing age. The results of the value of RP = 0.490; CI95% (0.171 - 1.399) with a lower value of less than 1, so education is not a significant factor in the selection of long-term contraceptive methods in couples of childbearing age.

c. Tribal influence with the selection of long-term contraceptive methods in couples of childbearing age

Table 3. Tribal influence with the selection of long-term contraceptive methods in couples of childbearing age at the Prafi Community Health Center in Manokwari Regency

No	Tribe	Contraceptive method				n	%
		Non MKJP		MKJP			
		n	%	n	%		
1	Papua	19	36,5	33	63,5	52	100
2	Non Papua	13	38,2	21	61,8	34	100
Total		32	37,2	54	62,8	86	100
p-value = 1,000; RP = 0,956; CI95% (0,547 – 1,669)							

Table 3 shows that out of 32 mothers of the Papuan tribe there were 19 people (36.5%) who chose Non MKJP and MKJP as many as 33 people (63.5%), while out of 34 non-Papuan tribal mothers there were 13 people (38.2%) selected 21 MKJP and MKJP (61.8%). The results of the chi square statistical test on the significance value of 95% ($\alpha = 0.05$) obtained p-value 1,000 or $p > \alpha$ (0.05). This means that there are no tribal influences with the selection of long-term contraceptive methods in couples of childbearing age. The results of the value of RP = 0.956; CI95% (0.547 - 1.669) with a lower value of less than 1, so that the tribe is not a significant factor in the selection of long-term contraceptive methods in couples of childbearing age.

d. Socio-economic influence with the selection of long-term contraceptive methods in couples of childbearing age

Table 4. Socio-economic influence with the selection of long-term contraceptive methods in couples of childbearing age at the Prafi Community Health Center in Manokwari Regency

No	Social economy	Contraceptive method				n	%
		Non MKJP		MKJP			
		n	%	n	%		
1	Less	19	36,5	33	63,5	52	100
2	Enough	13	38,2	21	61,8	34	100
Total		32	37,2	54	62,8	86	100
p-value = 1,000; RP = 0,956; CI95% (0,547 – 1,669)							

Table 4 shows that out of 52 people with socio-economic there were 19 people (36.5%) who chose Non MKJP and MKJP as many as 33 people (63.5%). Whereas from 34 socio-economic mothers, there were 13 people (38.2%) who chose Non MKJP and MKJP as many as 21 people (61.8%). The results of the chi square statistical test on the significance value of 95% ($\alpha = 0.05$) obtained p-value 1,000 or $p > \alpha$ (0.05). This means that there is no socio-economic influence with the selection of long-term contraceptive methods in couples of childbearing age. The result of the value of RP = 00,956; CI95% (0.547 - 1.669) with a lower value of less than 1, so that socio-economic is not meaningful or is a protective factor with the selection of long-term contraceptive methods in couples of childbearing age.

e. Effects of parity on the selection of long-term contraceptive methods in couples of childbearing age

Table 5. The effect of parity on the selection of long-term contraceptive methods in couples of childbearing age at the Prafi Community Health Center in Manokwari Regency

No	Parity	Contraceptive method				n	%
		Non MKJP		MKJP			
		n	%	n	%		
1	≤ 2 child	27	45	33	55	60	100
2	> 2 child	5	19,2	21	80,8	26	100
Total		32	37,2	54	62,8	86	100
p-value = 0,043; RP = 2,340; CI95% (1,014 – 5,398)							

Table 5 shows that out of 60 people with parity <2 children there were 27 people (45%) who chose Non MKJP and MKJP as many as 33 people (55%). Whereas from 26 parity people >2 children, there were 5 people (19.2%) who chose Non MKJP and MKJP as many as 21 people (80.8%). The results of the chi square statistical test on the significance value of 95% ($\alpha = 0.05$) obtained p-value 0.043 or $p < \alpha$ (0.05). This means that there is an influence of parity with the selection of long-term contraceptive methods in couples of childbearing age. Results of the value of RP = 2,340; CI95% (1,014 - 5,398) interpreted that mothers with parity <2 children did not use long-term contraceptive method 2,340 times compared to respondents with parity >2 children.

f. Effect of knowledge with the selection of long-term contraceptive methods in couples of childbearing age

Table 6. The influence of knowledge with the selection of long-term contraceptive methods in couples of childbearing age at the Prafi Health Center in Manokwari Regency

No	Knowledge	Contraceptive method				n	%
		Non MKJP		MKJP			
		n	%	n	%		
1	Less	20	60,6	13	39,4	33	100
2	Good	12	22,6	41	77,4	53	100
Total		32	37,2	54	62,8	86	100
p-value = 0,001; RP = 2,677; CI95% (1,516 – 4,727)							

Table 6 shows that out of 33 people with less than 20 knowledge (60.6%) chose 13 MKJP and MKJP as many as 13 people (39.4%). Whereas from 53 good knowledge people there were 12 people (22.6%) who chose Non MKJP and MKJP as many as 41 people (77.4%). The results of the chi square statistical test on the significance value of 95% (α = 0.05) obtained p-value 0.001 or p> α (0.05). This means that there is an influence of knowledge with the selection of long-term contraceptive methods in couples of childbearing age. The results of the value of RP = 2.677; CI95% (1,516 - 4,727) interpreted that knowledge of fertile age couples who were less likely to choose long-term contraceptive methods 2,677 times compared to those of fertile age who were well-informed.

g. Influence of health care facilities by selecting long-term contraceptive methods in couples of childbearing age

Table 7. Influence of health care facilities by selecting long-term contraceptive methods in couples of childbearing age at the Prafi Health Center in Manokwari Regency

No	Health care facility	Contraceptive method				n	%
		Non MKJP		MKJP			
		n	%	n	%		
1	Not support	15	62,5	9	37,5	24	100
2	Support	17	27,4	45	72,6	62	100
Total		32	37,2	54	62,8	86	100
p-value = 0,006; RP = 2,279; CI95% (1,369 – 3,796)							

Table 7 shows that out of the 24 health care facilities, there were no more than 15 people (62.5%) who chose Non MKJP and MKJP (37.5%). While from 62 people participating in health service facilities, there were 17 people (27.4%) who chose Non MKJP and MKJP as many as 45 people (72.6%). The results of the chi square statistical test on the significance value of 95% (α = 0.05) obtained p-value 0.006 or p <α (0.05). This means that there is an influence of health care facilities by choosing long-term contraceptive methods in couples of childbearing age. The results of the value of RP = 2,279; CI95% (1,369 - 3,796) interpreted that respondents who stated that health service facilities were not supportive tended not to choose non MKJP contraceptive methods of 2,279 times higher than the responses of respondents who stated that health service facilities supported them.

4. DISCUSSION

4.1. The long term terms and conditions in couples of childbearing age

The results showed that there was no significant age relationship with the selection of long term methods in couples of childbearing age. The results of this study are conducted by Sari (2015) conducted by Sari, that is not related to the selection of long-term contraceptive methods. According to Pinem (2010) the phases - women of childbirth who use contraception at the age of less than 20 years, age 20-35 years, is the best age period for pregnancy and childbirth with 2 children and the distance between births 2-4 years, while less than 35 years prefers more than two or in pregnancy termination phases.

In this study respondents who were less than 20 - 35 years old as many as 41.2% chose non MKJP and while <20 and >35 years there were 22.2% choosing non MKJP. The method for using the MKJP is that they have the opportunity to use MKJP contraception. This is an effective period between 3-5 years (Sulityawati, 2011), so that mothers who want to postpone their pregnancies more than 3 years choose MKJP, while those aged> 35 years choose MKJP, because they already have children more than two so that the number of children feels enough in one family.

4.2. The influence of contraceptive methods in couples of childbearing age

The results showed that there was no effect on the selection of long-term health services at the Prafi Health Center in Manokwari District. Low educated respondents had 20% non-MKJP assignments had 40.8% non MKJP choosing. This is a different version of respondents who are low and high educated. The results of this study are in line with the

research conducted by Christiani (2015) in Semarang that education is not related to the selection of long-term contraceptive methods.

The level of education has great influences and is a way of acting and solutions for life. People who are highly educated will usually act more rationally. Therefore educated people will more easily accept new ideas (Notoatmodjo, 2011).

Respondents who are highly educated and low income tend to have special knowledge and prior knowledge in contraception, health workers. Thus responder education is obtained by using the long-term chosen contraceptive method.

4.3. Tribal influence with the selection of long term methods in couples of childbearing age

The results of this study were that there was no ethnic influence with the selection of the long-term health methods at the Prafi Health Center in Manokwari Regency. Respondents who felt the Papuan tribe 36.5% chose non MKJP, while respondents from non-Papuans 38.2% chose non MKJP. This shows that there is no difference between tribes in choosing contraceptive methods. The selection of long-term contraceptive methods by respondents is different from the benefits of following long-term contrasts. According to Notoatodjo (2011), various ethnic groups can differ in habits, lifestyle and can lead to differences in morbidity or mortality. However, with adequate health services and counseling regarding contraception, it indirectly affects long-term contrast methods regardless of race or ethnicity.

4.4. Socio-economic influence with the selection of long-term

The results showed that there were no socio-economic influences with the selection of long-term health care centers at the Prafi Health Center in Manokwari District. The results of this study are conducted by Sari (2015) in socio-economics has no effect on long-term contraceptive use.

There were 36.5% of the respondents with less socio-economic preferences for non MKJP, while there were enough socio-economic conditions, 38.2% chose non MKJP. This shows that each respondent has different reasons but has one purpose in spacing the pregnancy. In social economics, there is a lack of conceptual benefits of using contraceptive methods, which also require transportation costs. Whereas families with socio-economic conditions are sufficient to improve their family's health needs. Socio-economic influences the degree of health of the community, especially in fertile age couples in determining the right and safe contraception to use. The better social economy will contribute to health care where respondents easily get information and family planning services around them. The higher the family income, the easier it is to get the information they want, so that it can bring insight into the respondents (Zulkarnain, 2013). In this case the respondent said that even though socio-economic was low, they could still use it for their own health and family health. This means that the socio-economic layer varies in degree or position of each economic group.

4.5. The effect of parity on the selection of long term methods in couples of childbearing age

The results showed that there was an effect of parity with the selection of long term health care centers in Manokwari Regency. Respondents with parity <2 children as much as 45% chose non MKJP and parity> 2 children, there were 19.2% choosing non MKJP. The results of this study showed that mothers who had 2 children did not choose the long-term contraceptive method 2,340 times higher than mothers who had >2 children. The results of this study are conducted by Fitrianingsih (2013), that is, parity has no

effect on selection of long-term contraceptive methods.

The child is using a parity factor of <2> children can use to space or regulate their childbirth while in women who have parity >2 children are caused to terminate the pregnancy. This is according to the BKKBN (2011), that the use of MKJP reveals that many women use contraception irrationally (not according to the age of the mother and the number of children desired). Many couples still use non MKJ pregnancy but for more than 2 years, this phenomenon is inefficient, so it needs to be studied further (BKKBN, 2011).

6. The effect of knowledge with the selection of long term methods in couples of childbearing age

The results showed that there was an influence of knowledge with the selection of long-term contraceptive methods in couples of childbearing age, namely couples of childbearing age with less knowledge as much as 60.6% choosing non MKJP and couples of childbearing age who were well-informed 22.6% chose non MKJP.

Knowledge is the result of knowing and this happens after people do sensing certain objects. Knowledge generally comes from experience can also be obtained from information conveyed by other people, obtained from books, newspapers, or mass media, electronics (Notoatmodjo, 2011). The absence of the influence of knowledge is due before women of childbearing age decide to use long-term contrast methods, health workers provide guidance and discuss together in the selection of contraception that is suitable for acceptors, so women of childbearing age who have less knowledge can know the contraceptive choices they use through information given from health workers.

In accordance with Islamic research (2014), that women of childbearing age gain knowledge of contraception during the reproductive period through their experience of contraception and the level of knowledge about family planning can be influenced by educational status, age and length of marriage. The longer the marriage age, the husband knows more about family planning compared to those who have just married.

4.7. Effect of health care facilities by selecting long-term contraceptive methods in couples of childbearing age

The results of the study showed that there were influences of health care facilities by choosing long-term contraceptive methods in couples of childbearing age. Respondents who responded to the health service recommendations did not support there were 62.5% choosing Non MKJP, while respondents responding to health care facilities supported that there were 27.4% choosing Non MKJP. Respondents who stated that health service facilities supported as much as 55% stated that there were information media such as brochures / leaflets on family planning use in health services, so that they knew about long-term contraceptive methods, but 65% stated that the distance to health services was close and 73% said no takes a long time to health services so choosing non MKJP contraceptive methods compared to non MKJP. While respondents who did not support and chose MKJP as much as 45% stated that the distance was far and 35% took a long time so they chose MKJP. This is reinforced from the results of the prevalence ratio test that health service facilities that do not support non-MKJP contraceptive methods are 2,279 times higher than the responses of supporting health service facilities.

According to the Ministry of Health (2010) the utilization of health services relates to the existence of information facilities and easy access to geography, which is meant in this case is a place to facilitate or inhibit this utilization is the relationship between the location of supply and location of clients that can be measured by distance, travel time and travel costs. The research conducted by Efy Research (2013) also stated the same thing which stated that

there was a significant relationship between distances with the use of MKJP in the Jagasatru Health Center in Cirebon. Zebua (2017) Based on the survey found the distance of KB services (in this case especially the installation of MKJP) from the location of the respondent's residence is far and the damaged road agency facilities are damaged.

5. CONCLUSION

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

1. There is no influence on the age of mothers with the selection of long-term contraceptive methods in couples of childbearing age (p-value 0.228; RP = 1.853; CI95% (0.746 - 4.602).
2. There is no influence of education with the selection of long-term contraceptive methods in couples of childbearing age (p-value 0.221; RP = 0.490; CI95% (0.171 - 1.399).
3. There is no ethnic influence with the selection of long-term contraceptive methods in couples of childbearing age (p-value 1,000 Rp = 0.956; CI95% (0.547 - 1,669).
4. There is no socio-economic influence with the selection of long-term contraceptive methods in couples of childbearing age (p-value 1,000 Rp = 00,956; CI95% (0.547 - 1,669).
5. There is the influence of parity with the selection of long-term contraceptive methods in couples of childbearing age (p-value 0.043; RP = 2.340; CI95% (1.014 - 5.398).
6. There is an influence of knowledge with the selection of long-term contraceptive methods in couples of childbearing age p-value 0.001 RP = 2.677; CI95% (1,516 - 4,727).
7. There is the influence of health care facilities by choosing long-term contraceptive methods for couples of childbearing age (p-value 0.006; Rp. 2.297; CI95% (1.369 - 3.796).

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