Analysis Related Factors with Behavior Use Method Contraception Long Term in Active KB Acceptors in the Family Planning Village Program in Sungai Penuh City

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ABSTRACT

Method Contraception Long Term (MKJP) is possible contraception used for a period long time, more than two years, effectively and efficiently For objective space birth is more than three years or end pregnancy in couples age already fertile no want to add child Again. Based on the data obtained found that active KB acceptors that is not 51.7 % used MKJP and only 48.3% used MKJP. Analysis is done in a way univariate, bivariate, and multivariate. Research results obtained that amount children (p-value 0.016), access service health (p-value 0.329), knowledge (p value 0.003), attitude (p value 0.014), support family (p value 0.048), and source information (p value 0.009). Based on the results Multivariate obtained the most dominant factor related to behavior use of MKJP, namely knowledge with the highest OR value was 1.897.

INTRODUCTION

Population The world's population complies World Population Prospects 2022 report published United Nations (UN) in 2022 will reach 8 billion. That figure increased 2.04% compared in 2021 which is 7.84 million resident. The UN also projects amount the world's population will grow to 8.5 billion in 2030. The amount will increase to 9.7 billion in 2050 and 10.4 billion in 2100 (United Nation Fund for Population Activities, 2022).

Based on World Population data on May 25 2023, Indonesia is in position to four with amount residents the most namely 282.1 million after China, India, and the US (World Population, 2023). Amount The population in Jambi Province in 2021 will be 3,585.1 thousand souls, and increase in 2022 ie as many as 3,631.1 thousand souls (Central Statistics Agency Jambi Province, 2022). Full River City I also experienced it myself enhancement Where as many as 96.61 in 2020 to 97.77 people in 2021 (Central Statistics Agency for Sungai Full City, 2022).

His height among residents is a frequent problem found in countries with developing status. If growth Continues to experience enhancement until not under control so Can cause disturbed quality of residents of that country. There is an enhancement amount unemployment, figures for poverty and a decline number hope life (Apriyanto, 2023). The government makes an effort to control the rate of growth resident by pushing the number of fertility through family programs planning (KB). Family programs are planned Not only To push the rate growth resident course, will but For save life mother and baby (Population and Family Agency National Planning, 2021).

KB participants are partner age current fertility (EFA). This currently use one tool contraception without interspersed pregnancy . EFA family planning participants consist of: from modern family planning participants (using contraceptive devices/drugs / methods in the form of sterile woman/method operation female (MOW), sterile man/method operation male (MOP), intrauterine device (IUD)/ tool contraception in the uterus (IUD), implants, injections, pills, condoms and methods amenorrhea lactation (MAL) and traditional family planning participants (using contraceptive devices/drugs / methods in the form of abstinence periodically, intercourse disconnected, and traditional contraceptive methods/drugs / methods others) (Indonesian Ministry of Health, 2021).

Election-type method Modern contraception in 2021 shows that part big acceptors chose to use inject at 59.9%, followed by pills amounting to 15.8%. Every year more family planning acceptors Lots choose To use the method contraception period short compared to with method contraception period long. If seen from effectiveness, the method contraception period short level its effectiveness in controlling pregnancy more lower compared to with method contraception period long (MKJP).

According to the Indonesia Health Profile for 2021 found that user implants 10.0%, IUD/IUD 8.0%, MOW 4.2%, and MOP 0.2%, injections 59.9%, and pills 15.8%. the data Still show that the contraception period short become

choice the most communities (Ministry of Health of the Republic of Indonesia, 2021). The percentage of MKJP users in Indonesia in 2021 only amounted to 22.4%. This matter Not yet achieved the national target in 2024 of 28.39% (Population and Family Agency National Planning, 2020).

According to Jambi Health Profile in 2022, MKJP users in Jambi Province, namely of 13.32%, p This is Still Far from the national target in 2023, namely 27.57%, and in 2024, 28.39%. The proportion of active family planning participants according to type The most contraceptives used in Jambi Province is type non-MKJP contraception, namely inject by 56.71%, pills 25.05, and condoms amounted to 4.17% while type least amount of contraception used is MKJP ie implants 7.74%, IUD 4.92%, MOW 1.33% and MOP 0.12 % (Jambi Provincial Health Service, 2022).

Full River City is one of which cities in Jambi Province amount active family planning participants according to type contraception in 2021 is the highest that is use of injectable contraceptives is 34%, pills are 12%, condoms are 4.92% and contraceptive users are IUDs 29%, implants 20%, MOP 0% and MOW 5%, so that can We Look that injectable contraceptive users Still become choice highest for partner age fertile (Jambi Provincial Health Service, 2022). MKJP users in Sungai Penuh City in 2022 will be 33.16 %, in total This Already achieved the national target in 2024, namely 28.39%. Even though River City has Already achieved national targets, will but amount decreased compared to within 2021, namely 34.99% (Central Statistics Agency for Sungai Penuh City, 2022).

Factor decision partner age fertile For use tool contraception No regardless from factor behavior you have individual, several factors which are reason behavior choose tool contraception that is knowledge, attitudes, and some characteristics individual, for example, age, number child, level education and income as well as source information, access service health, and support family.

LITERATURE REVIEW
Contraception

Contraception originates from the word contra, meaning " to prevent " or " against " and meaning conception meeting cell mature eggs and cells resulting in sperm pregnancy. Contraception is avoiding pregnancy consequences by meeting the cell egg ripe with cell sperm (BKKBN, 2013). Family program planning (KB) is an effort to arrange birth children, distance, and ideal age of giving birth, and regulate pregnancy, through promotion, protection, and assistance by right reproduction To realize a quality family . Contraception is a component important in reproductive health services so can reduce the risk death and pain in pregnancy (BKKBN, 2013).

Contraception is an effort To prevent pregnancy . Efforts made in service contraception cannot be temporary nor nature permanent (Ministry of Health of the Republic of Indonesia, 2015). Service contraception is giving or installing contraception nor other related actions contraception to candidates

and participants of Family Plan to do in-facility family planning services. Maintenance service contraception is done in a way that can be insured answer from in terms of religion, norms culture , ethics, as well facet health (Ministry of Health of the Republic of Indonesia, 2017).

METHODOLOGY

Study This is a type study survey analytic with design cross-sectional study . The research was conducted in 11 KB villages in the city of Sungai Penuh. Population in study This is active family planning acceptor of as many as 2,016 people and samples as many as 355 people. Internal instruments study This uses a questionnaire structure that has been validated. Data analysis was carried out with a chi-square test and multiple logistic regression.

RESEARCH RESULT
Analysis Bivariate

Table 1. Analysis Bivariate

Analisis Bivariat

Variabel	Perilaku penggunaan MKJP				Total		p-value
	Tidak Menggunakan MKJP		Menggunakan MKJP				
	f	%	f	%	f	%	
Jumlah Anak							
1-2	108	59	78	45,6	186	100	0,016
>2	75	41	93	54,4	168	100	
Akses Pelayanan Kesehatan							
Sulit	29	15,8	20	11,7	49	100	0,329
Mudah	154	84,2	151	88,3	305	100	
Pengetahuan							
Kurang	99	54,1	65	38	164	100	0,003
Baik	84	45,9	106	62	190	100	
Sikap							
Negatif	103	56,3	73	42,7	176	100	0,014
Positif	80	43,7	98	57,3	178	100	
Dukungan Keluarga							
Kurang	83	45,4	59	34,5	142	100	0,048
Baik	100	54,6	112	65,5	212	100	
Sumber Informasi							
Kurang	96	52,5	65	38	161	100	0,009
Baik	87	47,5	106	62	193	100	

Analysis test results bivariate that has been done using chi-square is obtained that of the 6 independent variables, only 5 have a connection to behavior use of MKJP with p-value <0.005, variable amount child p value 0.016, knowledge p value 0.003, attitude p value 0.014, support family p value 0.048 and source information p value 0.009, whereas variables that don't relate that is access service health with a p-value of 0.329.

Analysis Multivariate

Analysis Multivariate did use analysis multiple logistic regression. Variables that fulfill condition For enter to in modeling Multivariate that is amount child, knowledge, attitude, support family, and resources information. The result of the modeling is as follows:

Table 2. Analysis Multivariate

Permodelan 1

Variabel	Sig.	Exp (B)	CI (95%)	
			Lower	Upper
Jumlah Anak	0,030	1,832	1,181	2,844
Pengetahuan	0,006	1,781	1,149	2,760
Sikap	0,037	1,678	1,084	2,598
Dukungan Keluarga	0,108	1,443	0,923	2,255
Sumber Informasi	0,011	1,731	1,116	2,685

In modeling First is known that the variable support family p-value > 0.05 so the support family was deleted from modeling because No own connection with the use of MKJP.

Table 3. Analysis Multivariate

Permodelan 2

Variabel	Sig.	Exp (B)	CI (95%)	
			Lower	Upper
Jumlah Anak	0,022	1,664	1,076	2,574
Pengetahuan	0,004	1,897	1,222	2,946
Sikap	0,038	1,588	1,026	2,459
Sumber Informasi	0,010	1,785	1,151	2,766

Based on the table the found of amount children (p=0.022), knowledge (p=0.004), attitudes (p=0.038), and sources of information (p=0.010) are related to behavior use of MKJP. the most dominant variable related to behavior use of MKJP, namely knowledge with the highest OR value namely 1.897 meaning insufficient knowledge own 1,897 times the chance for No using MKJP.

DISCUSSION

Analysis Bivariate

Connection amount child with behavior use of MKJP

Reviewed from a number of maternal deaths child born live 1-2 constitute safe parity for a woman. Individuals who own amount child more of than 2 is at risk tall to health Good for the Mother or child , p This can reduced as well as prevented with a family planning program using MKJP. Research conducted in South Sulawesi found that the more Lots amount child, the higher the more tendency is high For use contraception period long namely 3 times more Lots compared to women who have <2 children (Aziz et al, 2021). Other research conducted in Ethiopia was also found that women who give birth to 3-4 children used MKJP 2 more times Possible compared to with those who give birth to 1-2 children (Desalegn et all, 2019).

Connection access service health with behavior use of MKJP

Access service health in definition as distance traveled For get service contraception . Research conducted in the work area Public health center pundata wedge regency pangkep conclude that No exists connection access service health with election contraception in birth control acceptors, which is where found that access service health respondents more affordable or easy (Bintari et al, 2015). The same results were carried out in Africa Where found that LARC use significantly more big in women who live in cities where access to service health near compared to with Woman yeah living in rural areas (Adedini et al, 2019).

Connection knowledge with behavior use of MKJP

Knowledge in a study is defined as understanding respondents' related type tool MKJP contraception. Knowledge is something the key a must owned by one person's internal family planning acceptor to determine his choice to something method contraception. Knowledge can remove anxiety Mother against stigma effects side effects caused by MKJP (Djusair et al, 2022). Research conducted in Ethiopia found that level of knowledge is one of the factor affecting somebody's use contraception period long. A woman who knows well 5 times more big possibility For use contraception period long in comparison with those who are knowledgeable low. Someone who will use A contraception at least own knowledge about contraception, p This helps somebody To know what, where, and why contraception That used (Desalegn et al., 2019).

Connection attitude with behavior use of MKJP

Attitude to use contraception becomes one factor for emergence willingness partner age fertile For follow get involved and play a role active in family program activities planning (Huda et al, 2016). Research conducted in Ethiopia found that attitude Family planning acceptors are known to also predict the use of MKJP. Acceptor who owns attitudes positively to use MKJP 3 times more Possible use compared to those who have attitude negative (Desalegn et al., 2019). Other research conducted in Ethiopia also confirms this study where is that? women who have an attitude positive against LARC tend to use LARC compared to those who have an attitude negative (Gashaye et al., 2020).

Connection support family with behavior use of MKJP

Family can give information as support based on their level knowledge , and experience and provide source information, where for example ingredients reading about birth control. Also possible to form support social Where support family for example forms encouragement as well as motivation that gives rise to confidence If an individual the feels loved as well as noticed (Salsabella & Feriani, 2020), with exists support family makes somebody fast decision contraceptive will they use (Putri et al, 2020). Study This No in line with research conducted in Jakarta found that No There is a connection between support partners with LARC use. Therefore, the support partner can assume No influence

choice somebody For Keep going use contraception (Harzif et al, 2019). However, another study conducted in Tanzania stated that the importance of the involvement of partners in the family planned specifically to increase the use of contraception. Involvement partner or family helps them make something decision together in using the method recommended contraception. The families involved since beginning in method contraception more the possibility own adequate family planning knowledge compared to families who don't follow and (Kassim & Ndumbaro, 2022).

Connection source information with behavior use of MKJP

Source information is matter important in increasing knowledge and concerns somebody about what's happening around society, p This can influence attitudes and behavior. The more Lots source information obtained somebody so will knowledge and use also increase contraception (Negash et all, 2022). Research conducted in Gowa where found exists connection source information with interest in using MKJP, p This because exposure source information is an indication for Lots at least available knowledge accessed by individuals. The more Lots source information obtained so the more Lots promotion of health obtained (Rismawati & Purnamasari, 2021).

Analysis Multivariate

From the results, Logistic regression is known that the amount of children , knowledge, attitudes, and resources information in a way simultaneously own influence to usage method contraception period long (MKJP) in the KB village area of Sungai Penuh city 2023. In this data obtained that knowledge has the greatest influence to use of MKJP. Research conducted in England state that more use of LARC/MKJP low compared to non LARC/non-MKJP, which means women in England more depend on method and lack of contraception effective. One of the causes lack of interest in somebody using MKJP ie knowledge. A lack of knowledge about MKJP raises obstacles to its use (Davison & Majumder, 2017).

CONCLUSION AND SUGGESTION

Based on the results research and discussion guided by objectives study can be concluded as follows:
1) There is a connection between knowledge, attitudes, and numbers child with behavior use of MKJP in active family planning acceptors in the family planning village program in the city of Sungai Penuh in 2023.
2) There is a connection between source information with behavioral use of MKJP in active family planning acceptors, however No there is a connection between access service health with behavioral use of MKJP in active family planning acceptors in the family planning village program in the city of Sungai Penuh in 2023.

3) There is a connection between supporting families with behavior use of MKJP in active family planning acceptors in the family planning village program in the city of Sungai Penuh in 2023.
4) most dominant factor relates to the behavior use of MKJP in active family planning acceptors in the family planning village program in the city of Sungai Penuh 2023 is knowledge.

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