

Analysis of Factors Associated with the Choice of Contraception Methods in Fertile Age Couples at Kelurahan Kahuripan, Tasikmalaya City

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Abstract— One of the population problem in Indonesia is a large population with a relatively high population growth rate. Government efforts to control population growth with the Family Planning program have not produced as expectations. The choice of contraception is influenced by various factors. **Objectives:** This study aimed to determine the factors associated with the choice of contraception methods in the Fertile Age Couples in the area of the Kahuripan Health Clinic in Tasikmalaya City. **Method:** The research method used a quantitative correlational design with a cross-sectional approach. The sampling technique was proportional stratified random sampling with sample size of 333 people. **Results and Discussions:** The results showed that there was a relationship between the age of respondents with the choice of contraception methods with $p\text{-value} = 0.042$, there was relationship between the level of education of the respondents with the choice of contraception methods with $p\text{-value} = 0.042$, there was no relationship between the history of the respondents' choice of contraception method and the current choice of contraception methods. with $p\text{-value} = 0.185$, there was relationship between the number of children planned by respondents with the choice of contraception methods with $p\text{-value} = 0.007$, there was relationship between knowledge of the contraception method and the choice of contraception method with $p\text{-value} = 0,000$, there was relationship between husband's support and the choice of contraception method with $p\text{-value} = 0.017$. Factors associated with the choice of contraception methods were age, level of education, number of children planned, level of knowledge and husband's support.

Keywords: *contraception method, fertile age couples*

I. INTRODUCTION

The problem of population in Indonesia is a large population with a relatively high population growth rate, uneven population distribution, young age structure and population quality that still need to be improved. At present the population of Indonesia is approximately 288 million, with a population growth of 1.64% and a Total Fertility Rate (TFR) of 2.6 children per woman. The quantity of the Indonesian population is quite large, but based on the quality of Human Development Index (HDI), Indonesia condition still cause for concern because of 117 countries, Indonesia in position 108. The high rate of growth that is not accompanied by an increase in the population's quality, management efforts

should be made by the family planning program [2]. The Family Planning Program in Indonesia was launched in 1971. Initially it only covered Java and Bali, only in the eighties it covered all provinces. The influence of family planning programs in reducing fertility rates has not been achieved, so that until now the population growth rate is still high. Therefore the government issued a rule No 3 in the National Population and Family Planning Rules in 2017 about the facilities support of Contraception for the program of National Population, Family Planning and Family Development. The government set up means of supporting medical contraception services by using **Long-acting reversible contraceptives (LARCs) method**. The government also prepared first level health facilities namely community health clinic, non-community health clinic and first level referral health facilities. However, to date, the *Contraception Prevalence Rate* (CPR) for long acting reversible method is still low at 6.8% and the public still prefers the **not-LARCs** [11].

The results of Indonesia Demographic and Health Survey (IDHS) in 2012 showed that the highest proportions of family planning participants were contraception injection (85.6%), oral contraception (81.4%), IUD (58.1%), condoms (49.7%), implants (45.8%), tubal ligation (20.3%), vasectomy (11.9%), and the rest are traditional family planning participants, which still used traditional methods such as periodic abstinence and intercourse (BKKBN, 2012). National Population and Family Planning Body stated that in 2016 in the West Java Province the acceptors of LARCS (12.62%) is lower than not-LARCs (72.76%). Based on data from the Tasikmalaya City Health Office in 2017, the injection contraception method is most widely used by active family planning acceptors in Tasikmalaya City. As many as 46,647 people (22.33%) acceptors used injection contraception in 2016 [18].

The coverage area of the Kahuripan Community Health Center consists of two districts, namely Kahuripan and Cikalang, which has fertile age couples per each are 3,326 and 2,044 people. Based on Nurkhodijah's research (2018), in the coverage area of the Kahuripan Community Health Center, it was found that respondents in the third trimester pregnant women who had a history of using not-LARCs as

many as 25 people (83.4%) and they planned to use Short contraception method after giving birth as many as 17 people (60%). The use of the not-LARCs carries a high risk of failure if the acceptor is not disciplined so that an unwanted pregnancy will occur. This is one of the causes of the high population growth in Indonesia. The choice of contraception method is influenced by several things. Factors that influence the choice of contraception methods are knowledge, age, occupation, number of children, availability of contraception methods and contraception services, side effects of using contraception methods, family history, sources of information. In addition to these factors, there are still many other factors that influence the choice of contraception such as education level, level of knowledge, family welfare, religion, and support from husband/wife. So these factors will affect the success of the Family Planning Program.

II. MATERIAL AND METHODS

A. Procedure

Research design was a quantitative correlation with cross-sectional approach. The sampling technique was proportional stratified random sampling with a sample size of 333 people.

B. Data Analysis

The instrument used in this study was the questionnaire. The instrument validity test results showed that all items were valid with r values ranging from 0.742 to 0.864 and the reliability test results showed that the alpha Chronbach 0.921 means that the research instrument was reliable.

Data analysis was univariate which used frequency distribution and percentage and bivariate analysis used chi-square

III. RESULTS

1. Univariate Analysis

a. The selection of contraception method by the fertile age couples at Kelurahan Kahuripan

TABLE 1. THE CHOICE OF CONTRACEPTION METHOD AT KELURAHAN KAHURIPAN

No.	Contraception method	n	%
1	Not-LARCs	162	48,7
2	LARCs	134	40,2
3	Others	37	11,1
Total		333	100

The table above showed that almost half of the respondents used not-LARCs, namely, 162 people (48.2%) and LARCs as many as 134 people (40.2%) and 37 people (11.1%) chose another method.

b. Factors Related to the choice of contraception method

TABLE 2. FACTORS RELATED TO THE CHOICE OF CONTRACEPTION METHOD AT KELURAHAN KAHURIPAN

Related factors	n	%
Age		
< 20 years old	52	15.6
20 – 35 year old	195	58.6
>35 years old	86	25.8
Education level		
Elementary/ Junior high school	52	1.6
Senior high school	195	58.6
College	86	25.8
History of using contraception method		
Not-LARCs	212	63.7
LARCs	24	7.2
Others	97	29.1
Number of children planned		
No planning	52	15.6
1-2 children	198	59.5
≥ 3 children	83	24.9
Knowledge level		
Low	47	14.1
Moderate	176	52.9
High	110	33.0
Husband's support		
Not supportive	268	80.5
Supportive	65	19.5

Age

The table shows that more than half of the respondents 195 people (58.6%) aged between 20 -35 years, a small portion as many as 86 people (25.8%) aged less than 20 years and as many as 52 people (15.6 %) are more than 35 years old.

Level of education

Distribution of respondents based on education level is the majority of respondents 195 people (58.6%) had a high school level education, the other half are 52 people (15.6%) and 86 people (25.8%) had an elementary/junior high school education and college level

History of using contraception method

The result showed that more than half of respondents had a history of using not-LARCs as many as 212 people (53.8%) and others had a history of using LARCs methods as many as 154 people (46.2%).

Number of Children Planned

Result showed that more than half of respondents planned to have 1-2 children as many as 198 people (59.5%) and a small portion of respondents planned to have 3 or more children as many as 83 people (24.9%) and not have a plan as many as 52 people (15.6%).

Knowledge level

Result showed that more than half of the respondents had moderate level of knowledge as many as 176 people (52.9%), almost half respondents as many as 110 (33%) had high level of knowledge and a small portion of respondents as many as 47 people (14.1%) had low level of knowledge.

Husband's Support

Results showed that most respondents did not get support from their husbands as many as 268 people (80.5%) and only a small proportion of respondents received support from their husbands as many as 65 people (19.5%).

2. Bivariate Analysis

TABLE 3. FACTORS RELATED TO THE CHOICE OF CONTRACEPTION METHODS AND THE CHOICE OF CONTRACEPTION METHODS AT KELURAHAN KAHURIPAN

Factors related to the choice of contraception method	The choice of contraception method						Total		P-Value
	Others		Not-LARCs		LARCS		n	%	
	n	%	N	%	n	%			
Age									
< 20 years	6	11,5	34	64,4	12	23,1	52	100	0,042
20 – 35 years	21	10,8	94	48,2	80	41	195	100	
>35 years	10	11,6	34	39,5	42	48,8	86	100	
Total	37	40,2	162	48,6	134	11,1	333	100	
Education level									
Elementary/junior high	6	11,5	34	64,4	12	23,1	52	100	0,042
Senior high	21	10,8	94	48,2	80	41	195	100	
College/university	10	11,6	34	39,5	42	48,8	86	100	
Total	37	40,2	162	48,6	134	11,1	333	100	
History of using contraception method									
Others	10	10,3	40	41,2	47	48,5	97	100	0,185
Not –LARCs	24	11,3	113	53,4	75	35,4	212	100	
LARCs	3	12,5	9	37,5	12	50,0	24	100	
Total	37	11,1	162	48,5	134	40,2	333	100	
Number of children planned									
No planning	6	11,5	34	65,4	12	23,1	52	100	0,007
1 – 2 children	14	16,9	98	49,5	83	47,0	198	100	
≥ 3 children	17	8,6	30	36,1	39	41,9	83	100	
Total	37	11,1	162	48,6	134	40,2	333	100	
Knowledge level									
Low	11	23,4	26	55,3	10	55,3	47	100	0,000
Moderate	16	9,1	80	45,5	80	45,5	176	100	
High	10	9,1	56	50,9	44	40,0	110	100	
Total	37	11,1	162	48,6	134	40,2	333	100	
Husband's support									
No supportive	24	9,0	138	51,5	106	39,6	268	100	0,017
Supportive	13	20,0	24	36,9	28	43,1	65	100	
Total	37	29,0	162	48,6	134	40,2	333	100	

The statistical test result of the relationship between the respondent's age and the choice of contraception methods showed that $p = 0.042$. It can be concluded that there was a relationship between the age and the choice of contraception methods. The statistical test result of the relationship between the level of education with the choice of contraception methods showed that $p = 0.042$. It can be concluded that there was a relationship between the level of education with the choice of contraception methods. The statistical test result of the relationship between the history of using the contraception methods with the choice of contraception methods showed that $p = 0.185$. It can be concluded that there was no relationship between the history of using contraception method and the choice of contraception methods. The statistical test result of the relationship between the number of children planned and the choice of contraception methods showed that $p = 0.007$. It can be concluded that there was a relationship between planning the number of children planned and the choice of contraception methods. Statistical test result of the relationship the level of knowledge and the selection of contraception methods showed that $p = 0.000$. It can be concluded that there was relationship between the level of knowledge and the choice of contraception method. The statistical test result of the relationship between husband's support and the choice of contraception methods showed that $p = 0.017$. It can be concluded that there was a relationship between the husband's support with the choice of contraception methods.

IV. DISCUSSION

The result showed that the factors associated with the choice of contraceptive methods are age, education level, planning the number of children, the level of knowledge and husband support. Age is related to the choice of contraceptive methods. The result is in line with Kusumaningrum's research [4] which showed that there was a significant relationship between maternal age and the choice of contraceptive methods. The results showed that the majority of respondents were aged between 20 - 35 years, namely 195 people (58.6%). Age 20 - 35 years is a relatively safe period to get pregnant. In this period, it is a period of spacing pregnancy, so that between pregnancies are not too close or less than 2 years. So the choice of contraception chosen must be safe, long term (2-4 years), has a high effectiveness and reversible.

Education level is a factor related to the choice of contraceptive methods. This is due to someone who is highly educated will have a wider perspective and easier to analyze the information he receives. The role of education in influencing women's thought patterns to determine contraception that is more appropriate for her.

Another factor related to the choice of contraceptive methods is the planning of the number of children. The decision to have a number of children is a choice, which

choice is strongly influenced by the value that is considered as an expectation of every desire chosen by parents. Family planning programs in addition to efforts to create quality families through promotion, protection, and assistance in realizing reproductive rights also to provide services, arrangements, and support needed to form a family of an ideal marriage age; set the ideal number, distance and age of childbirth [1].

Decision making is carried out through several stages. Those are the stage of knowledge, the stage of persuasion, the stage of decision making, and the stage of confirmation. Thus, knowledge is the initial stage which is the foundation in decision making or receiving something new. The level of knowledge is one of the factors associated with the choice of contraceptive methods. High respondent's knowledge illustrates broader insights so that it makes it easier to accept new innovations and make the right decisions. Thus, respondents who have good knowledge about contraceptive methods will make the right decision in choosing an appropriate and effective contraceptive method to use.

Husband's support is related to the choice of contraceptive methods. The husband is the head of the household, where in almost all cultures in Indonesia a husband is very instrumental in making decision in the household. If the husband agrees to the decision to use one method of contraception, he will also provide support in using the method. Husband support or husband and wife participation in family planning (KB) includes the use of contraceptive methods, where to get services, duration of use, side effects from using contraception, and who should use contraception [14]. Therefore, the husband's support is an important aspect to improve reproductive health.

V. CONCLUSION

- a. There is a relationship between the age and the choice of contraception methods ($p = 0,042$)
- b. There is a relationship between the level of education with the choice of contraception methods ($p = 0,042$)
- c. There is no relationship between the history of using contraception method and the choice of contraception methods ($p = 0,185$)
- d. There is a relationship between the number of children planned and the choice of contraception methods ($p = 0,007$)
- e. There is relationship between the level of knowledge and the choice of contraception method ($p = 0,000$)
- f. There is a relationship between husband's support with the choice of contraception methods ($p = 0,017$)

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