

An Overview of the Knowledge Level of Family Planning Acceptors About Hormonal and Non-Hormonal Contraception in The Alai Public Health Center Work Area in 2020

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ABSTRACT

Data from the Alai Public Health Center in 2019 were 2.22% injecting family planning acceptors, 2.0% pills, 0.18% implants, 0.10% IUDs, 0.16% condoms, hormonal contraception is in great demand but most of the acceptors do not know side effects that often arise in the use of hormonal contraceptives. The purpose of this study was to describe the level of knowledge of family planning acceptors about hormonal and non-hormonal contraception in the Alai Public Health Center Work Area in 2020. This type of research is a descriptive study with a cross sectional approach. This research was conducted in the Alai Public Health Center Work Area from December 2020 to February 2021 with 91 samples using the Proportional Random Sampling technique. Data was collected using a questionnaire, then the data was processed and analyzed using the computer program. Based on the results of the study, the most knowledge was low, namely 43 people (47.3%) about hormonal contraception and the most knowledge was low, namely 46 people (50.5%) about non-hormonal contraception in the Alai Health Public Center work area in 2020. It is hoped that through the leadership of the Puskesmas, health workers will provide counseling for family planning acceptors regarding the selection of hormonal and non-hormonal family planning, counseling can be done in a virtual way such as using a moving car with loudspeakers and also posting banners with information about family planning selection.

Keywords: Knowledge, Hormonal, Non-Hormonal, Family Planning

1. INTRODUCTION

Family Planning (KB) is one of the most basic and main preventive health services for women, although it is not always recognized as such. Improvement and expansion of family planning services are one of the efforts to reduce maternal morbidity and mortality which is so high due to pregnancy. Most women have to make difficult contraceptive choices. Not only because of the limited number of methods available, but also because certain methods may not be acceptable due to national family planning policies, individual health and women's sexuality, as well as the cost of obtaining contraception [1].

WHO said that in 2014 contraceptive use increased in parts of the world, especially in Asia and Latin America, globally modern contraceptive users have increased, in Asia has increased from 60.9% to 61.6%, and is the 5th country in the world population The highest number is 249 million people, with the fertility rate or total fertility

rate TFR (2.6) for Indonesia, which is still above the average TFR for Asean countries, which is 2.4 [2].

The Indonesian Demographic and Health Survey (IDHS) in West Sumatra Province regarding the use of contraception, found an increase in the percentage of injectable hormonal contraceptive use every year, which is the most widely used contraceptive method, which is around 50% [3].

Based on data obtained from the Padang City Health Office, the number of family planning acceptors in 2019 for the use of injectable contraceptives was 42.89%, 15.91% pill users, 7.26% condom users, 3.00% implant users. Data from the Alai Health Center in 2019 were 2.22% of injecting family planning acceptors, 2.0% of pills, 0.18% of implants, 0.10% of IUDs, 0.16% of condoms [4].

Nasution's research in 2011 states that users of hormonal contraception are women with high school education and the knowledge factor is the dominant factor in making decisions for the selection of contraceptives used. Research conducted by Hendrakusuma in 2014 stated that the knowledge of mothers about contraception was good at 36.4%, sufficient 54.6%, and less than 9%. The choice of contraceptive use that mostly uses

hormonal contraceptive methods are 69% in total, while non-hormonal contraception is 31% [5] [6].

Based on the data above, it shows that hormonal contraception is in great demand but most of the acceptors do not know the side effects that often arise in the use of hormonal contraception. Based on the above background, the authors are interested in conducting research on "Description of Knowledge Levels of Hormonal and Non-Hormonal Family Planning Acceptors in the Alai Health Center Work Area in 2020".

2. METHODS

The type of research used in this research is descriptive. The population in this study were hormonal and non-hormonal family planning acceptors in the working area of the Alai Health Center in 2019. The total sample is 91 respondents with Personal Random Sampling[7].

Data was collected by distributing questionnaires. While still applying the covid 19 health protocol to find out an overview of the knowledge level of hormonal and non-hormonal family planning acceptors in the working area of the Alai Health Center in 2020. Data analysis is done by looking at the number of respondents and the percentage of each respondent's answer. The data analysis technique used is univariate analysis (descriptive analysis) and is presented in a frequency distribution table.

3. RESULT

Based on table 1, more than half (57.1%) of the age range 20-35, more than half (63.7%) of the respondents have a high school education level, more than half of the respondents (68.1%) have a job as a housewife, less than half (40.7%) of respondents' children are 3 years old, more than half (81.3%) of respondents' children are 1-3 people and less than half of (27.5%) respondents use 3-month injections.

| Characteristics | f | Percentage |
|--------------------|----|------------|
| Age | | |
| <20 years | 0 | 0 |
| 20-35 years | 52 | 57.1 |
| >35 years | 39 | 42.9 |
| Total | 91 | 100 |
| Education | | |
| Primary School | 9 | 9.9 |
| Junior High School | 14 | 15.4 |
| Senior High School | 58 | 63.7 |
| 3 years Diploma | 2 | 2.2 |
| Bachelor | 8 | 8.8 |
| Total | 91 | 100 |
| Work | | |
| Housewife | 62 | 68.1 |
| Civil Servants | 9 | 9.9 |
| Private Job | 20 | 22.0 |
| Total | 91 | 100 |
| Child Age | | |
| 1 year | 26 | 28.6 |
| 2 years | 24 | 26.4 |
| 3 years | 37 | 40.7 |

| | | |
|----------------------------|----|------|
| 4 years | 4 | 4.4 |
| Total | 91 | 100 |
| Number of Children | | |
| 1-3 persons | 74 | 81.3 |
| 4-6 persons | 17 | 18.7 |
| Total | 91 | 100 |
| Contraception Used | | |
| Implant | 18 | 19.8 |
| IUD (Intra Uterine Device) | 15 | 16.5 |
| Condom | 12 | 13.2 |
| Pills | 21 | 23.1 |
| 3 Months Injection | 25 | 27.5 |
| Total | 91 | 100 |

Table 1. Respondent characteristics

Based on table 2, it can be seen that less than half (47.3%) have low knowledge of hormonal contraception in the work area of the Alai Health Center in 2020.

| Knowledge | f | Percentage |
|-----------|----|------------|
| Tall | 21 | 23.1 |
| Currently | 27 | 29.7 |
| Low | 43 | 47.3 |
| Total | 91 | 100 |

Table 2. Univariate Analysis Knowledge of Hormonal Contraception

Based on table 3, it can be seen that half (50.5%) have low knowledge of non-hormonal contraception in the Alai Health Center work area in 2020.

| Knowledge | f | Percentage |
|-----------|----|------------|
| Tall | 13 | 14.3 |
| Currently | 32 | 35.2 |
| Low | 46 | 50.5 |
| Total | 91 | 100 |

Table 3. Univariate Analysis Knowledge of Non Hormonal Contraception

II. DISCUSSION

Previous research conducted by Nurlinda, (2016) about the description of the knowledge of hormonal family planning acceptors about the side effects of hormonal contraception at the Gentungan Health Center, Gowa Regency, showed that as many as (50%) of family planning acceptors had less knowledge about the side effects of hormonal contraception [8].

In accordance with the opinion of Wawan and Dewi (2011) Knowledge about contraception can be obtained by couples of childbearing age from health workers, books, and information from the mass media (radio, television, magazines, and newspapers). The lowest level of knowledge starts from knowing (know) which is remembering a material that has been studied or received previously. At a higher level of knowledge, mothers can understand, apply, analyze, synthesize, and at the highest level, mothers are able to evaluate contraceptive methods. So it is expected that couples of childbearing age consciously choose and use contraception that suits them [9].

According to the theory (Notoatmodjo, 2012) that knowledge about hormonal contraception is information about hormonal contraception that is obtained by a person after sensing. Information about hormonal contraception obtained includes understanding, working methods, types, advantages, disadvantages and side effects of hormonal contraception. Good knowledge about hormonal contraception possessed by good knowledge of couples of childbearing age can be obtained from information from health workers, midwives or nurses [10].

The researcher's assumption on the research results is that the knowledge of family planning acceptors is still lacking about hormonal contraception. This can be influenced by educational factors that are also low, such as graduating from elementary school and junior high school. One's knowledge is the result of education where the knowledge is obtained. The higher the level of education, the higher the level of one's knowledge, given that increasing knowledge is not absolutely obtained from formal education, but can be obtained through non-formal. A good respondent's knowledge can influence a person's views, the formation of actions in decision making and considering what to do. Jobs can also affect the level of knowledge of respondents because most work as housewife, because it affects a person's mindset. So that respondents lack information that family planning acceptors get, both information from health workers directly and seek their own information from the internet, acceptors only know that they have to install family planning so they don't get pregnant without knowing that there is a distribution of family planning contraceptives which consists of hormonal contraception.

Previous research conducted by Rofikoh, (2019) regarding the description of the level of knowledge of couples of childbearing age about hormonal and non-hormonal contraception, obtained less than half (41.9%) of family planning acceptors have less knowledge about non-hormonal contraception [11].

There is less information about non-hormonal contraception than hormonal contraception. In addition, there are more users of hormonal contraception than non-hormonal contraception, so information about hormonal contraception is also easier to obtain. Respondents who use non-hormonal contraception are also known to use non-hormonal contraception at the recommendation of the midwife, so that respondents do not take the initiative to seek information on non-hormonal contraception, so that the knowledge gained by respondents is only limited to information from midwives. In accordance with the theory (Notoatmodjo, 2012) a person's knowledge is the result of education where the knowledge gained and based on the experience gained. The higher the level of education, the higher the level of one's knowledge, given that increasing knowledge is not absolutely obtained from formal education, but can be obtained through non-

formal [10].

According to Mubarak (2012), education means guidance given by someone to others in order to understand something. It is undeniable that the higher a person's education, the easier it is for them to receive information, and in the end, most of them have more knowledge. On the other hand, if someone has a low level of education, it will hinder someone's knowledge of receiving information [12].

The researcher's assumption on the research results is that the knowledge of family planning acceptors is still lacking about non-hormonal contraception. This can be influenced by educational factors that are also low, such as graduating from elementary school and junior high school. A good respondent's knowledge can influence a person's views, the formation of actions in decision making and considering what to do. Jobs can also affect the level of knowledge of respondents because most work as housewife, because it affects a person's mindset. And there is still a lack of information from health workers directly or looking for their own information from the internet, acceptors only know that they have to install family planning so they don't get pregnant without knowing that there is a distribution of family planning contraceptives, one of which is non-hormonal contraceptives.

4. CONCLUSIONS & SUGGESTIONS

Less than the knowledge of respondents about hormonal contraception and more than half of the respondents have knowledge of non-hormonal contraception in the Alai Health Center work area in 2020.

It is hoped that health workers will provide counseling for family planning acceptors regarding the selection of hormonal and non-hormonal family planning, counseling can be done in a virtual way such as using a moving car with loudspeakers and also putting up banners with information about family planning selection.

AUTHORS' CONTRIBUTIONS

The author's contributions in this study include preliminary surveys, proposal makers, licensing administrators, conducting research data collection activities, conducting data analysis, making reports, and making research manuscripts for publication.

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