Factor of Choosing a 3-Month Injection KB

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ABSTRACT

Family planning is an effort to regulate the birth of a child, distance, and ideal age of childbirth, arranging pregnancy, through promotion, protection, and assistance according to reproductive rights to realize a quality family. Pregnancy arrangements in the family planning program use contraceptives. Injectable contraception method is the most popular method used by the jellyfish to regulate pregnancy distance. This contraception is most widely used because it is considered practical, acceptors who use implants 4.7%, Injections 1 month 6.1%, IUDs (intra uterine device) 6.6%. PIL 8.5%, 3-month injections 42.4%. The high acceptors using injectable contraceptives 3 months is influenced by factors, namely age, education, work, and parietals. Analytical descriptive research methods with a cross sectional approach, the population of injectable birth control acceptors 3 months (age 20-50 years) in Sleman Regency 100 respondents, using primary data. Analysis with multiple linear regression tests. The result of age factor significantly affects the height of injectable birth control acceptors 3 months' p = 0.000 (p<0.05). R Square of the four factors is 0.266. The most significant age factor conclusion (p<0.05) than education, economics, and parity.

Keywords: Birth Control Injection 3; Contraception, Couples of Childbearing Age; Reproductive Health

1. INTRODUCTION

The high rate of growth that is not accompanied by an increase in the quality of the population will affect the level of life and welfare of the population. To overcome it and for the continuity of the program, the government has launched a planned population and family program as a national program [1]. Family planning is an effort to regulate the birth of a child, distance, and ideal age of childbirth, arranging pregnancy, through promotion, protection, and assistance according to reproductive rights to realize a quality family. The direct target is the fertile age couple which aims to lower the birth rate by means of the use of contraception on an ongoing basis. Pregnancy arrangements in the family planning program use contraceptives. Various methods of family planning both hormonal and non-hormonal to improve the welfare of the community. According to Riskesdas data in 2018 acceptors who use contraceptive implant 4.7%, Injections 1 month 6.1%, IUDs 6.6%. PIL 8.5%, condoms 1.1%, MOW 3.1%, MOP 0.2%, non-contraceptives 27.1% and 3-month injections 42.4% [2]. From the data, the acceptors who use 3-month injection contraceptives are the highest. The high acceptor of birth control in the injection of birth control 3 months certainly cannot be separated from the factors that affect the birth control acceptor choose the method of contraception.

2. METHOD

This type of research is descriptive analytics with a cross sectional approach using primary data i.e., data or information obtained from primary sources, namely information from sources. Data analysis technique with multiple linear regression test analysis, Research conducted in Midwife's self-practice. Acceptor respondents who came for a 3-month injection in the midwife's self-practice, Accidental Sampling Technique. Obtained 3-Month Injectable Birth Control acceptor as many as 100 acceptors for four months. The instrument uses an interview sheet and a data collection format.

3. RESULT AND DISCUSSION

The results of research that has been conducted for four months obtained the number of acceptors as many as 100 injectable contraceptive acceptors 3 months. From the results of the study obtained the characteristics of respondents based on age, characteristics of respondents based on parity, characteristics of respondents based on education, characteristics of respondents based on economic level.

Based on Table 1, Birth control acceptors who use injectable contraceptives 3 months based on the age of < 20 years can get 2 acceptors (2%), who are 20-30 years old, namely 39 acceptors (39%) and > 30 years of age a number of 59 acceptors (59%).

Afterwards, KB acceptors who use injectable contrasts 3 months, a number of 70 acceptors with parity ≤ 2 or (70%). Birth control acceptors who use injectable contraceptives with > 2 amount to 30 acceptors or (30%).

According to Table 3, birth control acceptors who use injectable contraceptives, a number of 13 acceptors with

higher education or (13%), birth control acceptors who use injectable contraceptives with a moderate rate of 47 or (47%)), while for low education levels amount to 40 acceptors or (4 percent). 0%).

Lastly, Table 4 declare birth control acceptors who use injectable contraceptives based on the economic level there are 20 acceptors whose economic level is above the provincial minimum wage or (20%), while birth control acceptors who use injectable contraceptives there are 80 or (80%) acceptors are below the regional minimum wage.

Table 1 Characteristics of Respondent Based on Age Group

No	Age	Frequency	Percentage
1	< 20 years	2	2 %
2	20 - 30 years	39	39%
3	· 30 years	59	59 %
	Total	**100**	**100 %**

Table 2 Characteristics of Respondents Based on Parity

No	Parity	Frequency	Percentage
1	≤ 2	70	70 %
2	>2	30	30 %
	Total	**100**	**100 %**

Table 3 Characteristics of Respondents Based on Education

No	Education	Frequency	Percentage
1	Tall	13	13 %
2	Keep	47	47 %
3	Low	40	40 %
	Total	**100**	**100 %**

Table 4 Characteristics of Respondents Based on Economic Level

No	Economic Level	Frequency	Percentage
1	Above regional minimum wage	20	20%
2	Under regional minimum wage	80	80%
	Total	**100**	**100%**

Table 5 Multivariate Analysis of factors that affect the height of injectable BIRTH CONTROL acceptors 3 months

Variable	P	R^2
Age	0,000	
Education	0,901	0,266
Economics	0,667	
Parietal	0,286	

The results of multiple linear regression analysis with SPSS showed the factor that most influenced the height of injectable birth control acceptors 3 months was the age factor (p = 0.000). The four factors (age, education, economy, parity) together affect the high acceptor of choosing 3-month injectable birth control by 26.6%.

Many factors influence a person in the selection of contraceptive methods. Factors that influence behaviour,

decision factors to use contraceptives are inseparable from the behavioural factors that masing - each individual. Factors that cause the behaviour of choosing to use contraceptives, are predisposing factors are internal factors of the individual themselves, family, group or community that make it easier to determine the contraceptive used. The driving factor is the socioeconomic level or income. Among the predisposing factors include age, education level, parity [3]. The

driving and predisposing factors in the selection of injectable contraceptives are:

3.1. Age

The results of multivariate analysis with multiple linear regression tests showed that the age factor with an analytical value of p = 0.000 (p<0.05), meaning it most affected the height of injectable birth control acceptors 3 months. This is in accordance with Sunarsih research, et al (2014) found that there is a relationship between age and the use of contraceptives. A woman's childbearing age has an important role for pregnancy. The age of fertile women between the ages of 15-49 years although some women experience their first period at the age of 9-10 years. Therefore, to organize and pursue pregnancy, the priority to follow the Family Planning program is Couples of Childbearing Age [4]. Dewi's research also states that age determines a person in choosing contraception. A person aged 20-35 years belongs to the phase of establishing pregnancy by regulating a good pregnancy distance of 2-4 years and is likely to choose a method of contraception. Injections are short-term so there is no need to bother if you want to replace or stop the use of injectable contraceptive methods [5]. Age issues is used as an excuse for birth control acceptors to delay pregnancy, establish / regulate fertility, therefore age factors also determine in the selection of a method of contraception [6].

3.2. Parity

KB acceptors that use injectable contrast, a number of 70 acceptors with ≤ parity of 2 or 70% and > 2 parity amounting to 30 acceptors or 30%, and multiple linear regression analysis values p = 0.286. In this study, parietal did not significantly affect the use of injectable birth control devices 3 months with a value of p >0.05, not that the parity factor is not important in the selection of injectable contraceptives 3 months. This is in line with Akbar's 2008 research that there is no relationship between parity and the use of 3 months of injectable birth control. Parity is the number of pregnancies that produce a living fetes not the number of fetuses born. Foetuses born alive or dead after viability is achieved, do not affect parity [7]. The number of children has a close relationship with family planning programs because by knowing the number of children acceptors can also be known to achieve the target of the family planning program, in addition to also affect the level of continuity of contraceptive use. In general, the greater the number of children who have the continuity of contraceptive use will be higher, this is because the number of children desired has been achieved.

3.3. Level of education

Birth control akceptors who use injectable contraceptives, a number of 13 acceptors with higher education levels or 13%, moderate education rates amounting to 47 or 47%, while for low education levels amounted to 40 acceptors or 40%. In this study it was found that mothers with the most moderate education, namely 47 acceptors. The results of multiple linear regression analysis obtained p 0.901 which means p > 0.05 does not significantly affect the height of injectable BIRTH control acceptors 3 months. Education is an attempt to provide knowledge so that positive behaviour changes occur. However, this is not in accordance with the number of educational influences on the desire of a person and partner to determine the number of children [8]. Based on the theory that formal education has a great influence on one's knowledge, if a person is highly educated it will have high knowledge and vice versa if one has a low education will have low knowledge and will affect in understanding things. However, it should be emphasized that a person who is poorly educated is not absolutely low-knowledgeable nor in the name of knowledge or information can be obtained not only formally but also nonformal [9].

3.4. Economic Level

Family planning acceptors who use injectable contraceptives based on the economic level there are 20 acceptors whose economic level is above the provincial minimum wage or by 20%, while 80 acceptors or 80% are below the provincial minimum wage. The results of multiple linear regression analysis obtained a result of p 0.667, that p > 0.05 which means the economic level does not significantly affect the high acceptor of family planning injections 3 months. For the minimum wage of Sleman Regency in 2020 is Rp 1,846,000.00. This is in accordance with the research of Dyah Intan, et. al that there is no relationship between the economic level of the family and the selection of contraceptives as evidenced by the chi-square value of $\chi2$ of 1.07 [10], but this is different from the results of contraception. Anita research, et al (2014) that there is a relationship between socioeconomic and contraceptive selection [11]. The results of some studies do not always have a relationship between socio-economic and contraceptive selection, because it can be influenced by the characteristics and number of samples. It can be known that 80% of respondents, below the provincial minimum wage with injectable contraceptive methods. According to Tjitoherijanto in Wulandari F.I, the revenue is all receipts both in the form of money and goods both from other parties and from their own results. While household income is the income earned by all working family members [12].

Analysis of multivariate factors that affect the height of injectable acceptors 3 months, the results of multiple linear regression analysis with SPSS showed the factor that most influences the height of injectable birth control acceptors 3 months is the age factor (p = 0.000). The results of the multivariate analysis showed that the age factor significantly influenced the height of injectable birth control acceptors 3 months p = 0.000 (p<0.05), while the education factor p = 0.901, the economy p = 0.667, and parietal p = 0.286 or p > 0.05 which means it does not significantly affect the height of the 3-month injectable birth control acceptor in the Sleman Regency Area. R Square of the four factors is 0.266. Factors of age, education, economy, and parietal together affect the height of injectable birth control acceptors by 26.6%, but significantly affect only the age factor.

4. CONCLUSION

From the results of the study concluded that the factor that most influences the height of injectable acceptors 3 months is the age factor (p = 0.000). The four factors (age, education, economy, parietal) together affect the high acceptor of choosing a 3-month family planning injection method by 26.6%. Recommendations for further research so that all predisposing factors and supporting factors are studied together with a wider range.

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