

The Relation Between Mother's Knowledge Level, Mother's Attitude and Husband's Support and The Selection of Long-Term Contraception Method (MKJP) in The Working Area of Ulak Karang Public Health Center of Padang

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ABSTRACT

Population growth in Indonesia cannot be avoided. The high rate of population growth in Indonesia is a big problem and it requires attention and handling from all parties, both the community and the government. The government needs to anticipate the problems that occur, including the family planning program. In the National Medium-Term Development Plan (RPJMN), the national family planning program in Indonesia is still directed to the use of the Long-Term Contraceptive Method (MKJP). The purpose of this study was to determine the relation between mother's knowledge level, mother's attitude, and husband's support with the selection of long-term contraceptive method (MKJP) in the working area of the Ulak Karang Public Health Center. This study used a cross sectional design. The population in this study were all active family planning participants in the working area of the Ulak Karang Public Health Center, Padang. The sample in this study was 102 respondents. Data were collected by using questionnaires and data were analyzed by using Chi-Square. From the results of statistical tests, it shows that most of the mothers who use the MKJP contraceptive method have a sufficient level of knowledge of 54 (52.9%), mothers who have a positive attitude of 53 (52.0%), mothers whose husbands support of 54 (52.9%) who used the MKJP contraceptive method. There is a relation between mother's knowledge level and the selection of a long-term contraceptive method ($P=0.005$); there is a relation between the mother's attitude and the selection of a long-term contraceptive method ($P=0.029$); there is a relation between husband's support and the selection of a long-term contraceptive method (MKJP) ($p=0,020$). The conclusion of this study is that there is a relation between the mother's knowledge level, mother's attitude, and husband's support and the selection of long-term contraceptive method (MKJP).

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1. Introduction

The high rate of population growth in Indonesia is a big problem. It requires serious attention and handling from all parties, both the community and the government. Based on population census data in 2017, Indonesia had a population of 261,890,872 people (Central Bureau of Statistics, 2017). The current high growth rate is also a big problem in Indonesia. Indonesia is predicted to get a "demographic bonus", which is a bonus enjoyed by a country as a result of the large proportion of the productive population (age range 15-64 years) in its population evolution, which is expected to occur in 2020-2030. The government needs to anticipate problems that may occur, including with the family planning (KB) program (BKKBN, 2019).

In the 2015-2019 National Medium-Term Development Plan (RPJMN), in order to accelerate fertility control through the use of contraception, the national family planning program in Indonesia will continue to be directed towards the use of the Long-Term Contraceptive Method (MKJP) which is same as the previous policy (RPJMN 2009-2014). National Family Planning Coordinating Agency (BKKBN) data in 2017 showed that in Indonesia, the majority of new Family Planning participants are dominated by participants who use Non-Long-Term Contraceptive Method (Non-MKJP) consisting of 79.48% of all new Family Planning participants, while those using Long-Term Contraception Method (MKJP) were only 20.51%. Active family planning participants are dominated by family planning participants who use Non-Long-Term Contraceptive Methods (Non-MKJP) by 74% of all Active Family Planning participants, while only 26% use Long-Term Contraception Method (MKJP) (BKKBN, 2017).

Data from the West Sumatra Provincial Health Office in 2018 showed that out of 22 public health centers in Padang, the highest achievement of contraception in Padang Long-term contraceptive method (MKJP) were in the Public Health Center of Padang by 3529 (42.2%), IUD by 18.69%, implants by 8.60%, MOP by 0%, and MOW by 14.91%. Meanwhile, the lowest achievement

of long-term contraceptive method (MKJP) was at the Ulak Karang Public Health Center by 70 (2.341%), IUD by 1.17%, Implants by 0.97%, MOP by 0.07% and MOW by 0.13% (Profile of the Department of Health West Sumatra Province, 2019).

Long-term contraceptive method (MKJP) is a very effective method of contraception to reduce birth rates. Long-term contraceptive method is contraception that can be used for a long period of time, more than 2 years, is effective and efficient for the purpose of spacing births for more than 3 years or terminating pregnancy in couples who do not want to have more children. (BKKBN, 2016).

The low use of long-term contraceptive (MKJP) is due to low public knowledge about the advantages of the MKJP method and the limited number of trained personnel and existing facilities. Attitude is a readiness to react to objects in a certain environment as an appreciation of the object. With a good mother's attitude, it is hoped that it can change to be more responsive to the use of long-term contraceptive method (MKJP), and husband's support plays an important role in forming a compliance in the mother because with the support, it makes the situation within the mother appear, directed, and maintain behavior to adhere to the use of long-term contraceptive method (MKJP).

The objective of this study was to determine the relation between the mother's knowledge level, mother's attitude, and husband's support and the selection of long-term contraceptive methods (MKJP) in the working area of the Ulak Karang Public Health Center, Padang.

2. Method

This study used a quantitative research method by using a descriptive analytical research design, namely "Cross Sectional". This research was conducted in the working area of the Ulak Karang Public Health Center in October-November 2020. The sample in this study was 102 active family planning participants who met the inclusion and exclusion criteria. The sampling technique was done by simple random sampling.

3. Result and Discussion

3.1 The Relation between Mother's Knowledge Level and the Selection of Long-Term Contraception Method (MKJP) in the Working Area of Ulak Karang Public Health Center

The results of statistical tests using the chi-square test can be seen in table 3.1 below :

Table 1

The Relation between Mother's Knowledge Level and the Selection of Long-Term Contraception Method (MKJP) in the Working Area of Ulak Karang Public Health Center

Mother's Knowledge Level	Contraception Method				Total		p Value
	Non MKJP		MKJP		f	%	
	f	%	f	%	f	%	
Good	12	48,0	13	52,0	25	100,0	0,005
Moderate	37	68,5	17	31,5	54	100,0	
Poor	21	91,3	2	8,7	23	100,0	
Total	70	68,6	32	31,4	102	100,0	

Based on the table above, it is found that there are 13 (52.0%) mothers who have good knowledge level, there are 17 (31.5%) mothers who have sufficient knowledge level and 2 (8.7%) mothers have poor knowledge level in using the MKJP contraceptive method. Statistical test results obtained p value = 0.005 ($p < 0.05$) which means that there is a significant relation between the mother's knowledge level and the selection of long-term contraceptive method (MKJP) in the Working Area of Ulak Karang Public Health Center.

3.2 The Relation between Mother's Attitude and the Selection of Long-Term Contraception Method (MKJP) in the Working Area of Ulak Karang Public Health Center

The results of statistical tests using the chi-square test can be seen in table 2 below:

Table 2

The Relation between Mother's Attitude and the Selection of Long-Term Contraception Method (MKJP) in the Working Area of Ulak Karang Public Health Center

Mother's Attitude	Contraception Method				Total		p Value
	Non MKJP		MKJP		f	%	
	f	%	f	%			
Positive	42	79,2	11	20,8	53	100,0	0,029
Negative	28	33,6	21	42,9	49	100,0	
Total	70	68,8	32	31,4	102	100,0	

Based on the table above, it was found that there were 11 (20.8%) mothers who had positive attitudes and there were 21 (49.2%) mother who had negative attitudes who used the MKJP contraceptive method. The results of statistical tests obtained p value = 0.029 ($p < 0.05$) which means that there is a significant relation between mother's attitude and the selection of long-term contraceptive method (MKJP) in the Working Area of the Ulak Karang Public Health Center.

3.3 The Relation between Husband's Support and the Selection of Long-Term Contraception Method (MKJP) in the Working Area of Ulak Karang Public Health Center

The results of statistical tests using the chi-square test can be seen in table 3 below :

Table 3

The Relation between Husband's Support and the Selection of Long-Term Contraception Method (MKJP) in the Working Area of Ulak Karang Public Health Center

Husband's Support	Contraception Method				Total		p Value
	Non MKJP		MKJP		f	%	
	f	%	f	%			
Supporting	43	79,6	11	20,4	54	100,0	0,020
Not Supporting	27	56,3	21	43,8	48	100,0	
Total	70	68,6	32	31,4	102	100,0	

Based on the table above, it was found that there were 11 (20.4%) mothers whose husbands were supportive and there were 21 (43.8%) mothers whose husbands were not supportive using the MKJP contraceptive method. The results of statistical tests obtained p value = 0.020 ($p < 0.05$) which means that there is a significant relation between husband's support and the selection of long-term contraceptive method (MKJP) in the Working Area of Ulak Karang Public Health Center.

3.4 The Relation between Mother's Knowledge Level and the Selection of Long-Term Contraception Method (MKJP) in the Working Area of Ulak Karang Public Health Center

In this study, it was found that the statistical test results obtained p value = 0.005 ($p < 0.05$), which means that there is a significant relation between the mother's knowledge level and the selection of long-term contraceptive method (MKJP). This study is in line with Mayasari's research (2018) stating that there is a significant relation between knowledge and long-term contraceptive method in Luhu Village, Huamual District, West Seram Regency 2018 with $p = 0.000$. Furthermore, the research conducted by Elizawarda (2017) showed a significant relation between knowledge and the use of contraceptives where $p = 0.001$.

Research by Raidanti (2019) found that there was a relation between knowledge and contraceptive use where $p = 0.021$. The experience or knowledge that a person has is a very important factor in interpreting the stimulus. Knowledge, understanding, and interpretation of contraceptives is extremely important so that a person will be able to determine the selection of contraceptives she will use in order to delay, space, or end her pregnancy and can distinguish indications and contra-indications of using contraceptives.

Knowledge is an important domain in shaping a person's behavior. According to Notoadmodjo (2014), it is stated that knowledge is the result of knowing that occurs after people sense a certain

object and through the five senses of sight, hearing, smell, taste, and touch. The knowledge level is divided into dominant cognitive which has six levels, namely Know, Comprehension, Application, Analysis, Synthesis, Evaluation.

According to the perception found at the time of the research, mother's knowledge is needed in understanding MKJP; the better someone knowledge, the better in accepting new innovation and making decisions about selecting the contraceptive to use. Thus, efforts to increase mother's knowledge can continue to be improved through outreach activities. With counseling, it is hoped that mothers can gain good knowledge about contraception, as well as the activeness of mothers in seeking information about contraception.

3.5 The Relation between Mother's Attitude and the Selection of Long-Term Contraception Method (MKJP) in the Working Area of Ulak Karang Public Health Center

In this study, the results of statistical tests obtained p value = 0.029 ($p < 0.05$) which means that there is a significant relation between the mother's attitude and the selection of long-term contraceptive method (MKJP) in the Working Area of Ulak Karang Public Health Center.

This study is in line with research conducted by Rismawati, et al (2020) where attitudes have a significant role on the selection of MKJP where $p = 0.008$. According to the results of the study, it indicates that attitudes have an influence on the selection of MKJP. Respondents' attitudes about MKJP are influenced by several factors, including personal experience, the influence of people who are considered important, the influence of culture and the mass media. In their lives, respondents certainly experience interaction with the environment, both the family environment and the community environment. This interaction will result in an experience of MKJP both from seeing it directly and from other people's stories. These experiences can be in the form of the definition of MKJP, side effects of MKJP, types of MKJP and can also be in the form of people's attitudes in having MKJP. The experience had by respondents, especially regarding the attitude of using MKJP, is one of the respondents' sources or references in responding to the use of MKJP.

Research conducted by Widyarni (2019) showed that there was a relation between respondents' attitudes about Family Planning MKJP where $p = 0.002$. Based on the results of interviews with respondents at the time of the study, it is stated that in using the Family Planning MKJP, they were given an explanation of the importance of the Family Planning MKJP and the side effects if they used the Family Planning MKJP, but they were indirectly still afraid to use it because they received information based on assumptions from other people. Therefore, it will affect their attitude in using Family Planning MKJP; the better the respondent's attitude about Family Planning MKJP with the use of Family Planning MKJP, the bigger tendency to use KB MKJP. The respondent's attitude about the Family Planning MKJP with the use of the Family Planning MKJP is a first step for respondents in believing or not believing in the use of the Family Planning MKJP. When she agrees or has a good attitude towards the use of the Family Planning MKJP, then she will tend to behave using the Family Planning MKJP. On the other hand, when she does not agree or has a bad attitude towards the use of Family Planning MKJP, she will tend to behave not using Family Planning MKJP.

Furthermore, the research conducted by Yuliarti (2020) showed that there was a relation between attitude and the use of MKJP new family planning acceptors where $p = 0.003$. Where respondents with negative attitudes had a desire to choose the Long-Term Contraceptive Method (MKJP), but there were doubts about the duration of using the method and their lack of understanding of the Long-Term Contraceptive Method (MKJP).

Attitude is a reaction or response of someone who is still closed to a stimulus or object. Manifesting that attitude cannot be directly seen, but can only be interpreted beforehand from closed behavior. Attitude is a readiness to react to objects in a certain environment as an appreciation of the object (Notoadmodjo, 2014)

According to the perception found at the time of the study, the mother's attitude in selecting MKJP is the first step for mothers to believe or not believe in using MKJP, usually mother's attitude can be influenced by personal experience, mass media, one's influence and society. In interacting, mothers will see experiences from others regarding MKJP, either directly or indirectly. For this reason, it is important for health workers to provide an explanation of the importance of the MKJP.

3.6 The Relation between Husband's Support and the Selection of Long-Term Contraception Method (MKJP) in the Working Area of Ulak Karang Public Health Center

In this study, the results of statistical tests obtained p value = 0.020 ($p < 0.05$) which means that there is a significant relation between husband's support and the selection of long-term

contraceptive method (MKJP) in the Working Area of the Ulak Karang Public Health Center.

This result is in line with the research of Dewi, et al (2020) showing that there is a relation between husband's support and the use of MKJP $p = 0.001$. There is a relation between husband's support and the use of MKJP in Lengkong village. This can be because there are still some husbands of acceptors who are not willing to accompany for consultation with health workers regarding contraception to be used (55.6%) and most husbands do not assist in the installation of contraceptives (86.7%). In addition, there is still an assumption that family planning is a woman's business, making husbands not too concerned about the contraceptives used by their wives; this can be due to the absence of counseling targeting husbands from acceptors regarding the importance of the husband's role in the role of family planning.

Research conducted by Siswanto (2015) found that the p value = 0.001 which means that there is a relation between husband's support and the selection of long-term contraceptive method in the working area of Segala Mider Public Health Center. Most respondents received low support from their husbands in choosing MKJP because husbands mostly did not listen to complaints about contraception used by their wives so that wives preferred to explain these complaints to health workers. When the wife feels a complaint about the contraceptive being used, the husband does not deliver to the health service so the wife prefers to go alone or go with other mothers to the health service place to have the complaint checked. Husbands who do not support and do not provide motivation but mothers still choose certain contraceptive even though many husbands think that family planning issues are in the mother's interest and can be taken care of on their own without having the husband interfere in the problem. The researcher argues that the husband's lack of support for his wife in choosing MKJP is caused by other factors, such as the mother's knowledge is quite good so that it is feasible to choose MKJP compared to choosing non MKJP even though her husband does not support her.

Furthermore, Trisanti's research (2016) showed that the p value of 0.001 means that there is a relation between husband's support and the selection of long-term contraception. The results of this study are in accordance with the theory stating that a wife in making the decision to use or not to use contraceptives requires approval from her husband because the husband is seen as the head of the family, the protector of the family, the breadwinner and someone who can make decisions in a family. Adequate knowledge about contraceptives can motivate husbands and encourage their wives to use these contraceptives.

Kuntjoro (2012, in Fitriani 2011) stated that the notion of support is verbal or non-verbal information, advice, assistance, real or behavior given by people who are familiar with the subject in their social environment or in the form of presence and things that can provide emotional benefits or affect the behavior of the recipient or support is the presence, willingness, care of people who are relied on, appreciate and love us.

According to the perception found at the time of the study, husband's support is extremely influential in decision making in deciding the contraceptive method to be used by the wife. In addition to the important role in supporting decision-making, the husband's role in providing information is also tremendously important for the wife. Roles such as wanting to accompany the wife during consultations with health workers regarding contraception to be used, reminding the wife to schedule control and reminding the wife what not to do when using contraceptive.

4. Conclusion

Based on the search results on the relation between the mother's knowledge level, mother's attitude, and husband's support and the selection of long-term contraceptive method (MKJP) in the working area of the Ulak Karang Public Health Center, Padang, significant relation was found.

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