

Factors Related To The Use Of Contraceptional Equipment In Couples Of Reporting Age In The Village Pematang Biara Kecamatan Pantai Labu, Kabupaten Deli Serdang

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ABSTRACT

Indonesia is the fourth most densely populated Nation after China, India, and United States of America with 259 million people in 2016. Family Planning Program has high implication to health development quantitatively and qualitatively due to its strategic position in controlling the growth rate. The objective of the research was to discover the Factors Related to Contraceptive Use in PUS (Reproductive-Aged Couple) in Pematang Biara Village, Pantai Labu Subdistrict Deli Serdang Regency, in 2017. This is an analytical research with cross-sectional design. The research population was all PUS who domiciled in Pematang Biara Village i.e. 556 PUS and the samples were 100 respondents. The samples were taken by employing simple random sampling technique. It was discovered that 63 respondents (63%) used contraception and the other 37 respondents (37%) did not. The results indicated that there was a correlation of health personnel's role ($p=0.008$) and husband's support ($p=0.000$) with the contraceptive use. Meanwhile, age ($p=0.147$), education (0.223), Parity (0.473), Culture/Belief (0.980), and health service (0.603) were not correlated with contraceptive use. It was concluded that there was a correlation of health personnel's role and husband's support with contraceptive use in pematang biara village, pantai labu sub district, deli serdang regency, in 2017. It was expected that the health personnel create effective counseling strategies to socialize contraceptive use by making husbands to participate in the socialization.

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1. Introduction

Efforts to suppress the rate of population growth is the Family Planning (KB) program. The Family Planning Program has high implications for quantitative and qualitative health development because family planning has a strategic position in controlling the rate of population growth through birth and maturation of the age of marriage, as well as fostering resilience and increasing family welfare (Suratun, 2008). Family planning is one strategy to reduce maternal mortality, especially mothers with 4T conditions, namely too young to give birth (under the age of 20 years), too often giving birth, too close the delivery distance, and too old to give birth (above 35 years). In addition, the family planning program also aims to improve the quality of the family.

The target of implementing the family planning program is Couples of Childbearing Age (PUS). EFA is a married couple who are bound in a legal marriage, whose wife is between the ages of 15 to 49 years. Active family planning participants are couples of childbearing age who are currently using one of the contraceptives. New family planning participants are couples of childbearing age who use contraception for the first time or EFA who return to using contraceptives after giving birth/miscarriage (Kemenkes RI, 2015).

According to the Ministry of Health (2015), from 47,665 couples of childbearing age (PUS) in Indonesia in 2015 who became new family planning participants were 6.41 million or about 13.46% of all EFAs, this figure is lower than the 2014 achievement of 16.51%, while 35 million active family planning participants or about 75.10% of all couples of childbearing age and 5.45 million not using family planning or around 11.45%. New and active family planning participants showed the same pattern in choosing the type of contraceptive. Most of the new and active family planning participants chose injections and pills as contraceptives. The three provinces that have the highest percentage of new family planning are North Maluku at 57.85%, DKI Jakarta at 31.14%, and Maluku at 25.07%. While the lowest achievement was in the province of Bali at 9.45%,

Percentage of new family planning participants in Indonesia by contraceptive method from 6.41 million new family planning participants who chose the condom contraceptive method as much as (3.16%), Pills (26.36%), using injections (49.93%), using IUDs amounting to (6.81%), using Implant (9.63%), Female Operative Method (MOW) (1.64%), and using Male Operative

Method (MOP) (0.16%).

North Sumatra is the fourth most populous province in Indonesia after West Java, East Java and Central Java. Based on BPS data from North Sumatra Province, the population of North Sumatra in 2015 was 13,937,797 people, an increase from 2012 as many as 722,396 (5.1%) of 13,215,401 people. The number of fertile age couples (PUS) in North Sumatra in 2015 was 2,206,808 with 289,741 new family planning participants (13.13%) and 1,528,779 active family planning participants (69.28%) and PUS who did not use as much as 388,288 or about 17.59%. The highest number of active family planning participants according to the type of contraception used was injectable family planning with 470,813 people (30.80%) and followed by pill family planning as many as 457,200 people (29.91%), implants with 197,716 people (12.93%),

The number of fertile age couples (PUS) in Deli Serdang Regency in 2015 was 335.881 with 37.713 new family planning participants (11.23 percent) and 236.061 active family planning participants (70.28%). in the family planning program around 29%. The highest number of active family planning participants according to the type of contraception used was pill KB as many as 74,096 people, and followed by injection KB with a total of 66,801 people, implants as many as 30,777 people, IUD as many as 29,971 people, condoms as many as 22,757 people, MOW as many as 13,164 people and MOP as many as 3,297 people (Provsu Health Office, 2015).

Pematang Monastery Village is one of 17 villages in Pantai Labu District, Deli Serdang Regency. According to data obtained from the results of the Healthy Family Indicator Survey conducted during Field Study Practices by Sari Mutiara University students, including the researchers themselves, the number of fertile age couples (EFA) in Pematang Monastery Village in April 2017 was 556 with a total family planning participant of 443. people (79.67%) of all EFA and 113 did not follow family planning or about 21%. The highest number of active family planning participants according to the type of contraception used was injectable KB with 210 people (47.40%), and followed by Pill KB with 186 people (42%), IUD with 25 people (5.64%), and Implant as many as 22 people (4.96%)

2. Methods

This type of research design isanalytic by using a cross sectional design which aims to determine the factors associated with the use of contraceptives in couples of childbearing age in Pematang Monastery Village, Pantai Labu District. This research was conducted in Pematang Monastery Village, Pantai Labu District, Deli Serdang Regency. This research was conducted in June - July 2017. The population is the entire data source needed in a study (Saryono, 2013). The population in this study were all wives of couples of childbearing age (EFA) in Pematang Monastery Village, totaling 556 PUS. The sample is part of the population that represents the population to be taken (Saryono, 2013). The sample in this study were some of the Wives of Couples of Childbearing Age (PUS) in Pematang Monastery Village.The data collection technique used simple random sampling, by first making numbers on the questionnaire results from the Healthy Indonesia Indicators Survey, then drawing lots of numbers and then selecting the numbers that come out according to the inclusion criteria.

3. Results

Table 1.
Frequency Distribution Based on Characteristics of Respondents in Pematang Biara Village,
Pantai Labu District, Deli Serdang Regency

No	Characteristics of Respondents	n	%
1	Age		
	1. 20-35 Years	58	58
	2. <20 and >35Years	42	42
2	Education		
	1. Low Education	72	72
	2. Higher Education	28	28
3	parity		
	1. 2 Children	44	44
	2. >2 Kids	56	56

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Total	100	100
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Based on table 1 shows that umLarger respondents are aged 20-35 years, namely 58 respondents (58%), the education of the larger respondents is low education, which is 72 respondents (72%) and the parity of the majority of respondents is parity > 2, which is 56 respondents (56 %).

Table 2.

Frequency Distribution of Factors Related to the Use of Contraceptive Devices in Pematang Biara Village, Pantai Labu District Deli Serdang Regency

No	Research variable	n	%
1	Culture/Belief		
	1. Positive	62	62
	2. Negative	38	38
2	Health services		
	1. OK	84	84
	2. Not Good	16	16
3	Role of Health Officer		
	1. OK	57	57
	2. Enough	18	18
	3. Less	25	25
4	Husband Support		
	1. Support	83	83
	2. Not Support	17	17
Total		100	100

From table 2. shows that the distribution of the cultural frequency (belief) of respondents is more positive, as many as 62 respondents (62%). Health services based on the assessment of respondents in the good category were higher, amounting to 84 (84%) and the role of health workers based on the respondents' assessment was mostly good, namely 57 (57%). In the husband's support variable, the majority of respondents are supported by their husbands, amounting to 83 respondents (83%).

Table 3.

Frequency Distribution Based on Contraceptive Use in Pematang Biara Village, Pantai Labu District, Deli Serdang Regency

No	Contraceptive Use	n	%
1.	Use	63	63
2.	Do not use	37	37
Total		100	100

Based on the table above, it can be seen that there are 63 people using contraception (63%) and 37 people (37%).

Table 4.

Cross Tabulation of Age Variables with Contraceptive Use by Couples of Childbearing Agein Pematang Biara Village, Pantai Labu District, Deli Serdang Regency

Age	Contraceptive Use		Amount		p-value	PR 95% CI	
	Use	Do not use	n	%			
20-35 Years	n	%	n	%	n	%	1,836
	40	40.0	18	18.0	58	100	

							0.147	0.845-4.184
<20 and >35 Years	23	23.0	37	37.0	42	100		

From the table above, it can be seen that respondents aged 20-35 years mostly use contraception, as many as 40 people (40%) and those who do not use contraceptives as many as 18 people (18%) while respondents with age >35 years are mostly do not use contraception, as many as 37 people (37%) and who use contraception as many as 23 people (23%). From the results of the chi-square statistical test, the value of $p = 0.147 > = 0.05$, so H_0 is accepted and has no significant relationship. This means that there is no relationship between age and contraceptive use.

Table 5.

Cross Tabulation of Educational Variables with Contraceptive Use by Couples of Childbearing Agein Pematang Biara Village, Pantai Labu District, Deli Serdang Regency in 2017

Education	Contraceptive Use				Amount		p-value	PR 95% CI
	Use	Do not use						
	n	%	n	%	n	%		
Low education	48	48.0	24	24.0	72	100	0.223	1,733 0.712-4,220
higher education	15	15.0	13	13.0	28	100		

From the table above, it can be seen that respondents who have low education mostly use contraceptives, as many as 48 people (48%) and who do not use contraceptives as many as 24 people (24%) while respondents with higher education who use contraception are 15 people (15%) and 13 people who do not use contraception (13%). From the results of the chi-square statistical test, the value of $p = 0.223 > = 0.05$, so H_0 is accepted and has no significant relationship. This means that there is no relationship between education and contraceptive use.

Table 6.

Cross Tabulation of Parity Variables with Contraceptive Use by Couples of Childbearing Agein Pematang Biara Village, Pantai Labu District, Deli Serdang Regency

parity	Contraceptive Use				Amount		p-value	PR 95% CI
	Use	Do not use						
	n	%	n	%	n	%		
2 Children	26	26.0	18	18.0	44	100	0.473	0.742 0.328-1.679
> 2 Kids	37	37.0	19	19.0	56	100		

From the table above, it can be seen that respondents who have parity 2 people who use contraception are 26 respondents (26%) and 18 respondents who do not use contraceptives (18%)

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while respondents with parity > 2 people who use contraception are as many as 37 respondents (37%) and 19 respondents who did not use contraception (19%). From the results of the chi-square statistical test, the value of $p = 0.473 \geq 0.05$ so that H_0 is accepted and has no significant relationship. This means that there is no relationship between parity and contraceptive use.

Table 7.
Variable Cross Tabulation Culture/Belief with Use of Contraceptives by Couples of Childbearing Age in Pematang Biara Village, Pantai Labu District, Deli Serdang Regency

Culture/ Trust	Contraceptive Use				Amount		p-value	PR 95% CI
	Use		Do not use		n	%		
	n	%	n	%				
Positive	39	39.0	23	23.0	62	100	0.989	0.428-2.284
Negative	24	24.0	14	14.0	38	100	0.980	

From the table above, it can be seen that respondents who have a positive culture mostly use contraception, as many as 39 people (39%) and who do not use contraception as many as 23 people (23%) while respondents with negative cultures who use contraception are as many as 24 people (24%) and 14 people who do not use contraception (14%). From the results of the chi-square statistical test, it was found that the value of $p = 0.980 \geq 0.05$ so that H_0 was accepted and had no significant relationship. This means that there is no relationship between culture/belief and contraceptive use.

Table 8.
Cross Tabulation of Health Service Variables with Contraceptive Use by Couples of Childbearing Age in Pematang Biara Village, Pantai Labu District, Deli Serdang Regency

Health services	Contraceptive Use				Amount		p-value	PR 95% CI
	Use		Do not use		n	%		
	n	%	n	%				
Well	52	53.0	32	32.0	84	100	0.603	0.739 0.235-2.322
Not good	11	11.0	5	5.0	16	100		

From the table above, it can be seen that the respondents who used contraception based on good health services were the most, as many as 52 people (52%), while the respondents who used contraception with poor health services were 11 people (11%). From the results of the chi-square statistical test, it was found that the value of $p = 0.603 \geq 0.05$ so that H_0 was accepted and had no significant relationship. This means that there is no relationship between education and contraceptive use.

Table 9.
Cross Tabulation of the Role of Health Workers with Contraceptive Use by Couples of Childbearing Age in Pematang Biara Village, Pantai Labu District, Deli Serdang Regency

Contraceptive Use				Amount	
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Role of Health Officer	Use		Do not use		n	%	p-value	PR 95% CI
	n	%	n	%				
Well	43	43.0	14	14.0	57	100		3,285
Enough	7	7.0	11	11.0	18	100	0.005	1.410-7.657
Not enough	13	13.0	12	12.0	25	100		

From the table above, it can be seen that 43 people (43%). Respondents who used contraception who assessed the role of health workers as sufficient as many as 7 people (7%), and respondents who used contraception who assessed the role of health workers as lacking as many as 13 people (13%). From the results of the chi-square statistical test, it was found that the value of $p = 0.005 < = 0.05$ so that H_0 was rejected and had a significant relationship. This means that there is a relationship between the role of health workers and the use of contraception. Based on the PR value of the relationship between the role of health workers of 3.285 with a CI of 1.410 -7.657, it shows that the role of health workers is a risk factor for the use of contraceptives.

Table 10.

Cross Tabulation of Husband's Support Variables with Contraceptive Use by Couples of Childbearing Age in Pematang Biara Village, Pantai Labu District, Deli Serdang Regency

Husband Support	Contraceptive Use		Amount		n	%	p-value	PR 95% CI
	Use	Do not use	n	%				
Support	61	61.0	22	22.0	83	100	0.000	20.795 4,397-98,354
Does not support	2	2.0	15	15.0	17	100		

From the table above, it can be seen that respondents who use contraception based on husband's support are the most, as many as 61 people (61%), while respondents who use contraception not with partner support are 2 people (2%). From the results of the chi-square statistical test, the value of $p = 0.000 < = 0.05$. This means that there is a relationship between husband's support and the use of contraception. Based on the PR value of the husband's support relationship of 20,795 with a CI of 4,397-98,354 indicating that husband's support is a risk factor for using contraceptives.

4. Conclusion

From the results of research conducted on factors related to the use of contraceptives in couples of childbearing age (PUS) in Pematang Monas Village, Pantai Labu District, Deli Serdang Regency in 2017, there were 100 samples, the following conclusions were obtained.

1. There is no relationship between age factor and the use of contraceptives in couples of childbearing age (PUS) in Pematang Monas Village, Pantai Labu District, Deli Serdang Regency in 2017
2. There is no relationship between educational factors and the use of contraceptives in couples of childbearing age (PUS) in Pematang Monas Village, Pantai Labu District, Deli Serdang Regency in 2017
3. There is no correlation between parity factor and the use of contraceptives in couples of childbearing age (PUS) in Pematang Monastery Village, Pantai Labu District, Deli Serdang Regency in 2017

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4. There is no relationship between cultural/belief factors and the use of contraceptives in couples of childbearing age (PUS) in Pematang Monastery Village, Pantai Labu District, Deli Serdang Regency.
5. There is no relationship between health care factors and the use of contraceptives in couples of childbearing age (PUS) in Pematang Monastery Village, Pantai Labu District, Deli Serdang Regency in 2017
6. There is a relationship between the role of health workers and the use of contraceptives in couples of childbearing age (PUS) in Pematang Monas Village, Pantai Labu District, Deli Serdang Regency in 2017 with PR3.285 with CI 1.410 -7.657
7. There is a relationship between husband's support factors and the use of contraceptives in couples of childbearing age (EFA) in Pematang Monas Village, Pantai Labu District, Deli Serdang Regency in 2017 with PR 20,795 and 95% CI 4,397-98,354

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