

Factors Affecting Women of Age Fertile in Choosing Injectable Contraceptives in the Village of Bangun Rejo Kec. Tanjung Morawa Deli Serdang Regency In 2022

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ABSTRACT

The factors that influence women of childbearing age to choose injectable contraceptives are: Knowledge, education, socioeconomic, age and family support factors. Knowledge is a result of curiosity through sensory processes, especially in the eyes and ears towards certain objects. Knowledge is an important domain in the formation of open behavior. Family planning (KB) is a way to prevent pregnancy through hormonal injections. The advantages of injection contraception are very effective, long-term pregnancy prevention, does not affect husband and wife relationships, does not contain estrogen so that it does not have a serious impact on heart disease and blood clotting disorders, does not have an effect on exclusive breastfeeding (ASI), and has few side effects. While the side effects of using injection contraceptive are menstrual cycle disorders, vaginal discharge, acne, increased body weight, nausea, vomiting, dizziness and hair loss. The research method used in this study was descriptive analytic with a cross sectional approach. The main informant in this study was the injection family planning acceptor. This research was conducted at in The Village Of Bangun Rejo Kec. Tanjung Morawa Deli Serdang Regency In 2022 from April to June 2022. The results showed that there was a significant relationship between Knowledge, Education, Socio-economic, Age and Family Support on the choice of injection contraceptives. For further researchers, it is necessary to do further on the variables of ethnicity and occupation using analytical methods and qualitative research methods.

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INTRODUCTION

Contraception comes from the word "contra" which means to prevent / hinder and "conception" which means fertilization or meeting between the egg and the sperm. So contraception can be interpreted as a way to prevent pregnancy as a result of a meeting between the egg and the sperm. Contraception can use a variety of methods, either by using hormones, tools, or through surgical procedures. The degree of effectiveness of contraceptives depending on the age, frequency of sexual

intercourse and especially whether to use the contraceptive correctly. Many contraceptive methods provide 99% effectiveness, if used appropriately (Indonesian Family Planning Association, 2017).

According to the World Health Organization (WHO, 2016) the use of contraceptives has increased in many parts of the world, especially in Asia and Latin America and the lowest in sub-Saharan Africa. Globally, contraceptive users modern has increased insignificantly from 54%. Regionally, the proportion of couples of childbearing age 20-49 years reported the use of modern contraceptive methods has increased by at least the last 6 years. In Africa from 23.6% to 27.6%, in Asia it has increased at least from 60.9% to 61.6%, while Latin America and the Caribbean rose slightly from 66.7% to 67.0%. An estimated 225 million women in developing countries want to delay or stop fertility but do not use any contraceptive methods for the following reasons : limited choice of contraceptive methods and experience side effects. The unmet need for contraception is still too high, injustice is driven by population growth.

The factors that influence women of childbearing age to choose injectable contraceptives are: Knowledge, education, socioeconomic, age and family support factors. Knowledge is a result of curiosity through sensory processes, especially in the eyes and ears towards certain objects. Knowledge is an important domain in the formation of open behavior *donsu* (2017).

In Indonesia, injectable contraception is the most widely used hormonal contraceptive method, this can be seen based on the number of active birth control participants in Indonesia in 2017 amounting to 63.22 people. Active Birth Control participants chose injections and pills as contraceptives and were even very dominant (more than 80%) compared to other methods; injections (62.77%) and pills (17.24%). In fact, injections and pills are included in short-term contraceptive methods so that the effectiveness of injections and pills in pregnancy control is lower than other types of contraceptives. This can be an indicator that injectable birth control is the main choice of birth control participants to prevent pregnancy and regulate fertility (North Sumatra Health Profile, 2017).

Based on data from BKKBN North Sumatra, the number of new kb participants until 2017 was 371,398 people from existing PUS or 15.44%, an increase compared to 2016 (as many as 530,481 people or 14.83%). Meanwhile, the percentage of contraceptives used by active birth control participants in North Sumatra Province in 2017 was 13.05% injections, 11.22% pills, 4.97% implants, 3.97% condoms, 1.52% IUD, 1.04% MOW, 0.11% MOP (North Sumatra Health Profile, 2017).

Based on the initial survey that has been conducted in Bangun Rejo Village, Tanjung Morawa District, Deli Serdang Regency, the number of kb participants in March-September 2021 is as many as 202 existing PUS people or (3.36%). The most dominant active birth control participants were injectable contraceptives (12.5%) followed by pills (0.18%), and others such as implants. IUD, MOP, MOW (0%). Active KB participants predominantly chose cylofem injectable KB acceptors compared to depots. The acceptor of cyclophemous birth control was 147 people or (7.9%), while depoprovera was 63 people or (3.67%). From the injectable kb acceptors, there were complaints which were side effects of injectable birth control as many as 143 acceptors, including 97 (67.83%) aseptors experiencing menstrual disorders, weight increased by 42 (29.37%) aseptors.

RESEARCH METHOD

This type of research uses an analytical research design with a cross sectional *srtudi* approach (cross sectional), which is a type of research whose measurement of all variables is carried out only once, this study was carried out 1 month, namely in June 2022. The study population was the entirety of women of childbearing age who chose to use injectable contraceptives totaling 80 people. The sample technique is carried out with Accidental Sampling, which is a sampling technique by chance.

RESULTS AND DISCUSSION

Table 1. Distribution of Respondent Characteristics in Bangun Rejo Village, Tanjung Morawa District, Deli Serdang Regency in 2022

No	Identity	Grup	
		N	%
1	Knowledge		
	Less Good	39	58,2%
	Good	28	41,8
	Total	67	100
2	Education		
	Low (SD-SMP)	45	67,2
	High (SMA-PT)	22	32,8
	Total	67	100%
3	Socioeconomics		
	High (>Rp 1.500.000 - Rp 3.500.000)	31	46,3
	Low (<Rp 1.500.000)	36	53,7
	Total	67	100
4	Age		
	Not at risk (26-35) year	45	67,2
	Risky (36-45) year	22	32,8
	Total	67	100%
5	Family support		
	Less Good	45	67,2
	Good	22	32,8
	Total	67	100
6	Injectable	Contraceptives	
	1 month	44	65,7
	3 months	23	34,3
	Total	67	100

The characteristics of respondents based on knowledge showed that most of the respondents had poor knowledge, namely 39 people (58.2%), a small part of good knowledge as many as 28 people (41.8%). Respondents have poor knowledge, which means they do not understand about injectable birth control which can include the meaning of injectable birth control, how injectable birth control works, the effectiveness of injectable birth control, the advantages and contraindications of injectable birth control, the advantages of injectable birth control, the limitations of injectable birth control and the impact of injectable birth control Injectable birth.

The characteristics of respondents' education based on education showed that most of the respondents were low-educated (SD-SMP) as many as 45 people (67.2%), and a small part of them were highly educated (SMA-PT) as many as 22 people (32.8%). Therefore an educated person will be more receptive to new ideas. Eventually the more knowledge he has, on the contrary, if a person has a low level of education, it will hinder the development of one's attitude towards acceptance, information and newly introduced values.

The characteristics of respondents based on socioeconomics showed that most of the respondents were low socioeconomic, namely 36 people (53.7), and a small part of high socioeconomics (> Rp. 1,500,000 - Rp. 3,500,000) which was 31 people (46.3%). These results show that respondents who have a high economic level tend to choose more effective contraceptives, because income is enough to motivate a person to choose a better contraceptive as well.

The age characteristics of respondents based on age mean that most of the respondents aged 26-35 years were 45 people (67.2%), and a small part was 36-45 years old, namely 22 people (32.8%). The age of a person determines the experience that a person has. A person with an older age has gone through various phenomena in life, so it has more experience when compared to respondents who

have a younger age. The characteristics of respondents based on family support showed that most respondents received poor family support, namely 45 people (67.2%), and a small part of being kind, namely 22 people (32.8%). Friedman (2010) explained that family support is the ability of family members to provide reinforcement to each other as well as the ability to create an atmosphere of belonging to each other.

The characteristics of respondents based on the injectable contraceptives used were 44 people (65.7%) using injectable contraceptives for 1 month and a small percentage of mothers who used 3-month injectable contraceptives as many as 17 people (34.3%). Respondents who used the selected type of effective contraceptives were due to the success rate of the tool. But also in respondents who chose non-effective contraceptives because of the compatibility of the contraceptive itself and its ease of use that does not require medical measures and deep examinations

Table 2. Frequency Distribution Based on Knowledge Affecting Women of Childbearing Age in Choosing Injectable Contraceptives in Bangun Rejo Village, Tanjung Morawa District Deli Serdang Regency in 2022.

Know ledge	Injectable Contraceptives				Total		p-value	OR (95 % CI)
	1 Month		3 Month		n	%		
	N	%	n	%				
Less	31	79,5	8	20,5	39	100	0,005	1,526-13.101
Good	13	46,4	15	53,6	28	100		
Total	44	65,7	23	34,3	67	100		

Table 2: shows that of the 44 respondents (65.7%) of 1-month injectable contraceptives in the category of poor knowledge, there were 31 (79.5%) people who injected contraceptives for 1 month and good knowledge there were 13 (46.4%) people who injected contraceptives for 1 month. Meanwhile, of the 23 (34.3%) respondents of 3-month injectable contraceptives who are classified as poor knowledge categories, there are 8 (20.5%) people who injected contraceptives 3 months and good knowledge there were 15 (53.6%) people who injected contraceptives 3 months.

From the results of statistical tests using Chi-Square, it shows that $p = 0.005$ which means H_0 is accepted (p value < 0.05), so it can be concluded that there is a meaningful relationship between the category of knowledge and choosing injectable contraceptives.

Table 3. Frequency Distribution Based on Education Affecting Women of Childbearing Age in Choosing Injectable Contraceptives in Bangun Rejo Village, Tanjung Morawa District Deli Serdang Regency in 2022.

Education	Injectable Contraceptives				Total		p-value	OR (95 % CI)
	1 Month		3 Month		n	%		
	N	%	N	%				
Low (SD-SMP)	36	80,0	9	20,0	45	100	0,000	2.250-21.777
High (SMA-PT)	8	36,4	14	63,6	22	100		
Total	44	65,7	23	34,3	67	100		

Table 3: shows that of the 44 respondents (65.7%) of 1-month injectable contraceptives in the low education category, there were 36 (80.0%) people who injected 1 month of contraception and 8 (36.4%) people who injected 1 month of contraception. Meanwhile, of the 23 (34.3%) respondents of 3-month injectable contraceptives who belonged to the low education category, there were 9 (20.0%) people who were 3 months injectable contraceptives and higher education there were 14 (63.6%) people who injected contraceptives 3 months.

From the results of statistical tests using Chi-Square, it shows that $p = 0.000$ which means H_0 is accepted (p value < 0.05), so it can be concluded that there is a meaningful relationship between the educational category and choosing injectable contraceptives.

Table 4. Frequency Distribution Based on Socioeconomics Affecting Women of Childbearing Age in Choosing Injectable Contraceptives in Bangun Rejo Village, Tanjung

Socioeconomics	Injectable Contraceptives				Total		p-value	OR (95 % CI)
	1 Mouth		3 Mouth		n	%		
	N	%	n	%				
High (> Rp. 1.500.000 - Rp. 3.500.000)	28	90,3	3	9,7	31	100	0,000	2.994-45.460
Low (< Rp. 1.500.000)	16	44,4	20	55,6	36	100		

Table 4: shows that of the 44 respondents (65.7%) of 1-month injectable contraceptives in the high socioeconomic category (> Rp. 1,500,000 - Rp. 3,500,000) there were 28 (90.3%) people who injected contraceptives for 1 month and low socioeconomics (< Rp. 1,500,000) there were 16 (44.4%) people who injected contraceptives for 1 month. Meanwhile, of the 23 (34.3%) injectable contraceptive respondents, 3 months that are classified as high socioeconomic categories (> Rp. 1,500,000 - Rp. 3,500,000) there are 3 (9.7%) people who have injected contraceptives for 3 months and low socioeconomics (< Rp. 1,500,000) there are 20 (55.6%) people who are injectable contraceptives for 3 months.

From the results of statistical tests using Chi-Square, it shows that $p = 0.000$ which means H_0 is accepted (p value < 0.05), so it can be concluded that there is a meaningful relationship between the socioeconomic category and choosing injectable contraceptives.

Table 5. Frequency Distribution by Age Affecting Women of Childbearing Age in Choosing Injectable Contraceptives in Bangun Rejo Village, Tanjung Morawa District Deli Serdang Regency in 2022

Age	Injectable Contraceptives				Total		p-value	OR (95 % CI)
	1 Mouth		3 Mouth		n	%		
	N	%	n	%				
Not at risk (26-35) Year	36	80,0	9	20,0	45	100	0,000	2.250-21.777
Risky (36-45) Year	8	36,4	14	63,6	22	100		
Total	44	65,7	23	34,3	67	100		

Table 5: shows that of the 44 respondents (65.7%) of 1-month injectable contraceptives in the age category of 26-35 years, there were 36 (80.0%) people who injected 1 month of contraception and 36-45 years of age there were 8 (36.4%) people who injected 1 month of contraception. Meanwhile, of the 23 (34.3%) respondents of 3-month injectable contraceptives who are classified as aged 26-35 years, there are 9 (20.0%) people who are injected contraceptives for 3 months and age 36-45 there were 14 (63.6%) people who injected contraceptives 3 months. From the results of statistical tests using Chi-Square, it shows that $p = 0.000$ which means H_0 is accepted (p value < 0.05), so it can be concluded that there is a meaningful relationship between the age category and choosing injectable contraceptives.

Table 5. Frequency Distribution Based on Family Support Affecting Women of Childbearing Age In Choosing Injectable Contraceptives in Bangun Rejo Village, Tanjung Morawa District Deli Serdang Regency in 2022

Family support	Injectable Contraceptives				Total		p-value	OR (95 % CI)
	1 Bulan		3 Bulan		n	%		
	n	%	n	%				
Less Good	36	80,0	9	20,0	45	100	0,000	2.250-21.777
Good	8	36,4	14	63,6	22	100		
Total	44	65,7	23	34,3	67	100		

Table 6: shows that of the 44 respondents (65.7%) of 1-month injectable contraceptives in the category of poor family support, there were 36 (80.0%) people who injected 1 month of contraception and good family support there were 8 (36.4%) people who injected 1 month of contraception. Meanwhile, of the 23 (34.3%) respondents of 3-month injectable contraceptives who were classified as poor family support categories, there were 9 (20.0%) people who injected contraceptives 3 months and good family support there were 14 (63.6%) people who injected contraceptives 3 months. From the results of statistical tests using Chi-Square, it shows that $p = 0.000$ which means H_0 is accepted (p value < 0.05), so it can be concluded that there is a meaningful relationship between the family support category and choosing injectable contraceptives.

CONCLUSION

Based on the research that has been done, it can be concluded From the statistical results of knowledge variables, it shows that most of the respondents are poorly knowledgeable, namely as many as 39 people (58.2%), a small part of good knowledge as many as 28 people (41.8%). From the statistical results of educational variables, it shows that most of the respondents were poorly educated (SD-SMP) as many as 45 people (67.2%), and a small part of them were highly educated (SMA-PT) as many as 22 people (32.8%). From the statistical results of socioeconomic variables, it shows that most of the respondents were low socioeconomic, namely 36 people (53.7), and a small part of socioeconomic high ($> \text{Rp. } 1,500,000 - \text{Rp. } 3,500,000$) which was 31 people (46.3%). From the statistical results of age variables, it shows that most of the respondents aged 26-35 years are 45 people (67.2%), and a small part is 36-45 years old, namely 22 people (32.8%). From the statistical results of family support variables, it shows that most respondents received poor family support, namely 45 people (67.2%), and a small part of being kind, namely 22 people (32.8%).

References

- Amaliyah A M. (2016). Faktor-Faktor Yang Berhubungan Dengan Penggunaan Kb Suntik Pada Ibu Usia Kurang Dari 20 Tahun Di Puskesmas Sewon I Bantul. Assiyah Yogyakarta
- Anggio. (2012). Faktor-Faktor yang Mempengaruhi Pemilihan Kontrasepsi. [diakses 2020 04- 05]; dari www.journal.stikestelogorejo.ac.id.
- Ari Sulistyawati.(2014). Pelayanan Keluarga Berencana. Salemba medika. BKKBN. Keluarga Berencana Dan Kesehatan Reproduksi. Jakarta: BKKBN. 2017
- Darmawati, D. (2011). Faktor-Faktor Yang Mempengaruhi Wanita Usia Subur Memilih Kontrasepsi Suntik. Idea Nursing Journal, 2(3)
- Dewi Astuti & Holidi Ilyas. (2015). Faktor-Faktor Yang Berhubungan Dengan Pemilihan Alat Kontrasepsi Suntik. Jurnal Keperawatan, Volume XI, No. 2, Oktober 2015.
- Diyah Intan Pradini Yhona Paratmanitya, Dedi Mawardi Pamungkas. (2013). Tingkat Ekonomi Keluarga Berhubungan dengan Pemilihan Alat Kontrasepsi di Dukuh
- Manukan Sendangsari Pajangan Bantul. Jurnal Ners dan Kebidanan Indonesia : Vol. 1, No. 2, Tahun 2013, 55-60
- Farid, M., & Anggreani, F. (2017). Faktor-Faktor Yang Mempengaruhi Pemilihan Metode Kontrasepsi Pada Wanita Usia Subur (WUS) Di Desa Salassae Kecamatan Bulukumpa Kabupaten Bulukumpa Provinsi

- Sulawesi Selatan. JST Kesehatan (online), 7(4).
- Gadi Rusnanti, F. FKM UI .(2009). Faktor-faktor yang berhubungan praktek keluarga Berencana (KB) wanita usia subur (WUS) di Kecamatan Tanah Abang Jakarta pusat.
- Harnawati, (2008). KB Suntik. Diakses <http://www.keluarga-berencana-kbsuntik-.htm>. Pada tanggal 12 Maret 2011.
- Janet Medforth.(2011). KEBIDANAN OXFORD.EGC. Jakarta.
- Kemntrian Kesehatan Republik Indonesia.(2017). Profil Kesehatan Indonesia (p.118-122).Jakarta : Depkes.go.id
- Lenianawaty, (2009). Kebidanan & Kandungan: Keluarga Berencana (KB). Diakses <http://www.keluarga-berencana-kb-.htm>. Pada tanggal 15 Maret 2011.
- Mega, dkk.(2017). Asuhan Kebidanan Berencana. Jakarta: TIM (Trans Info Media).
- Mato, R., & Rasyid, H. (2014).Faktor-faktor yang Mempengaruhi Efek Samping Pada Pemakaian Alat Kontrasepsi Suntik Depo Provera Di Puskesmas Sudiang Makassar.Jurnal Ilmiah Kesehatan Diagnosis, 5(2), 129-135.
- Nasution, U. P. Kementrian Kesehatan Republik Indonesia (2017).Profil Kesehatan Sumut (p.57). Medan: Depkes.go.id
- Nintyasari, D., & Kumalasari, N. (2014). Faktor-Faktor Yang Mempengaruhi Wanita Usia Subur (Wus) Dalam Pemilihan Kontrasepsi Hormonal Di Desa Batusari Kecamatan Mranggen Kabupaten Demak. Jurnal Kebidanan, 3(1), 8-13.
- Putriningrum, R. (2012). Faktor-faktor yang mempengaruhi ibu dalam pemilihan kontrasepsi kb suntik di bps. Ruvina surakarta. Jurnal Kesmadaska, 3(1).
- Rosita, S. D. (2016). Faktor-Faktor yang Mempengaruhi Pemilihan Kontrasepsi Suntik Depo Medroksi Progesteron Asetat (DMPA) Di Rumah Bersalin Sehat Gentungan Ngargoyoso Karanganyar. Maternal, 7(07).
- Rafidah, I., & Wibowo, A. (2012).Pengaruh dukungan suami terhadap kepatuhan akseptor melakukan kb suntik.Jurnal Biometrika dan Kependudukan, 1(1), 72-78.
- Rizali, M. I., Ikhsan, M., & Salmah, A. U. (2016).Faktor yang Berhubungan Dengan Pemilihan Metode Kontrasepsi Suntik di Kelurahan Mattoangin Kecamatan