



DESCRIPTION OF THE SUITABILITY OF CONTRACEPTION SELECTION BY FP ACCEPTORS AT MANIS JAYA HEALTH CENTER, TANGERANG CITY, 2023

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Abstract

Background : Efforts to create quality families, the main target is to control population growth and increase quality small families as indicated by the increase in rational, effective and efficient contraceptive methods, namely the use of long-term contraceptive methods (MKJP). **Purpose of writing :** To determine the appropriateness of contraceptive selection by family planning acceptors at the Manis Jaya Community Health Center, Tangerang City in 2023. **Research Method :** Primary data was collected using a questionnaire. The research method uses a cross sectional type of research with a quantitative approach. The independent variables are age, family support, number of children and fear of side effects and the role of health workers. The dependent variable is the appropriateness of contraceptive selection. The data analysis used was univariate and bivariate analysis using the chi square test. **Research Results:** Based on the research results, there is a significant relationship between the age of family planning acceptors, family support, number of children and the role of health workers and the appropriateness of contraceptive selection at the Manis Jaya Community Health Center, Tangerang City in 2023. There is no significant relationship between fear and the role of health workers and suitability of contraceptive selection at the Manis Jaya Community Health Center, Tangerang City in 2023. **Conclusions and Suggestions :** It is hoped that all health workers will provide knowledge by providing education about family planning contraception so that prospective family planning acceptors are correct in choosing family planning contraception.

Keywords: Family Planning Acceptors, Family Support, Role of Health Workers

Introduction

The Family Planning (KB) program is one of the health development priorities as an effort to improve maternal and child health, where contraceptive services are one of the pillars in efforts to reduce maternal and infant mortality rates. The use of contraception contributes to spacing pregnancies and preventing unplanned pregnancies. In this way, it is hoped that every mother can undergo pregnancy in a healthy condition

The government's efforts to reduce the growth rate are carried out by controlling births through the National Family Planning program. The National Family Planning Program is strongly encouraged in order to achieve a balanced population growth and quality families. Efforts to create quality families, the main target is to control population growth and increase quality small families, marked by the increase in rational, effective and efficient contraceptive methods, namely the use of long-term contraceptive methods (MKJP) . Long-term contraceptive methods are more rational and have few side effects. The benefits of MKJP are that it is effective in preventing pregnancy by up to 99%,

Longer period of use, affordable cost, does not affect breast milk production, no changes in sexual function, plans pregnancy and future children and prevents the risk of maternal death during childbirth.

Rational contraception is contraception that is used according to age, number of children and the mother's health. When selecting rational contraception there are three options, namely postponing the birth of the first child under 20 years of age, spacing children aged 20-35 years apart and ending fertility, namely over 35 years of age or older. have 2/more children and not to give birth/not get pregnant again Data from the 2019 National Health Profile showed that the results of active family planning participants per contraceptive device were as follows: IUDs totaled 20,93 (43%), Tubectomies totaled 15,391 (32%), Vasectomies totaled 1,100 (3%), Implants totaled 10,703 (22%).), condoms amounted to 19,388 (13%), injections amounted to 107,913 (72%) and pills amounted to 22,527 (15%). The total number of people using MKJP was (24.30%) and non-MKJP was (75.70%). This data shows that short-term contraception is the main choice in society

Research Methods

This research is a type of research that is analytical, observational, cross sectional design with a quantitative approach. This study aims to determine the picture of rational contraceptive choices by family planning acceptors. According to Notoatmodjo (2018), cross sectional research is research to study the correlation between independent and dependent variables through approach, observation or data collection at one time so that the research subject. The dependent variable is the variable namely rational choice of contraception by family planning acceptors, and the independent variables are age, family support, number of children and fear of contraceptive side effects.

Research Result

Table 1. Frequency distribution of age, family support, number of children, fear, role of health workers, choice of contraception

No	Variable	N	Percentage	
1	Age	20-25 years	13	12.9
		26-30 years old	41	40.6
		31-40 years old	47	46.5
2	Family support	No support	36	35.6
		There is support	65	64.4
3	Number of children	Primipara	12	11.9
		Multiparous	50	49.5
		Grande Multipara	39	36.6
4	Fear	No fear	27	26.7
		There is fear	74	73.3
5	Role of Health Workers	Inactive Role	25	24.8
		Active Role	76	75.2
6	Contraceptive Choice	Not Appropriate Choice of Contraception	55	54.5
		According to Contraception Selection	46	45.5

The table above shows that the majority of family planning acceptors are aged 31-40 years, 47 respondents (46.5%), followed by 26-30 year olds, 41 respondents (40.6%) and 20-25 year olds, 13 respondents (12, 9%) . For family support there were 65 respondents (64.4%) and there was no family support as many as 36 respondents (35.6%) , for the number of multipara children there were 50 respondents (49.5%) followed by grande multipara with 39 respondents (36 .6%) and 12 (11.9%) primiparas. For family planning acceptors, 74 respondents (73.3%) experienced fear of contraceptive side effects and 27 (26.7%) had no fear . For the role of health workers in the active role category, 76

respondents (75.2%) and inactive roles were 25 respondents (24.8%) , and for family planning acceptors, 55 (54.5%) were not suitable for choosing contraception and according to choice. contraception as many as 46(45.5%).

Variable	Appropriateness of Contraceptive Choice						Asymp. sign (2 – sided)
	It is not in accordance with		In accordance		Total		
	n	%	n	%	n	%	
Age							
20-25 years	7	53.87	6	46.15	13	100	0,000
26-30 years old	39	95.12	2	4.88	41	100	
31-40 years old	9	19.14	38	80.86	47	100	
Family support							
No support	28	77.78	8	22.22	36	100	0,000
There is Support	27	41.53	38	58.47	65	100	
Number of children							
Primipara	9	75	3	25	12	100	0,000
Multiparous	35	70	15	30	50	100	
Grande Multipara	11	28,21	28	71.79	39	100	
Fear							
No fear	19	70.4	8	29.6	27	100	0.052
There is fear	36	48.64	38	51.36	74	100	
Role of Health Workers							
Not active	25	100	0	0	25	100	0,000
Active	30	39.5	46	60.5	76	100	

The results of the analysis of age , family support, number of children, the role of health workers and the suitability of contraceptive selection by family planning acceptors using Chi-square obtained a significance value of 0.000, because the p-value $< \alpha$ (p-value < 0.05), it can be concluded that There is a relationship between the age of the family planning acceptor and the appropriateness of contraceptive selection , whereas fear does not significance is 0.052 because p-value $> \alpha$ (p-value > 0.05), it can be concluded that there is no relationship between fear of side effects and the suitability of contraceptive selection

Discussion

Age is a period of a person's life journey. As age increases, a person's level of maturity and strength will be more mature in thinking and working. As a person gets older, their maturity in thinking and acting increases, making it easier to accept new information. This is part of experience and mental maturity. Reproductive age is between 20 years and 35 years, which is the age of adulthood that is mature enough to be fertilized and conversely 35 years, so a contraceptive method is needed to prevent pregnancy, so that in both age periods a method is needed that is more effective and valid for a long period of time. the longer one. The health of couples of childbearing age greatly influences the happiness and well-being of the family when giving birth, the number of births, or the number of children they have and the spacing of children between each birth. Therefore, age is one of the factors for a person to become a contraceptive acceptor, because age is related to reproductive potential. A person's age can affect the suitability and accessibility of certain contraceptive methods. The reproductive period is an active period used for sexual needs, so they need effective methods used to delay pregnancy, manage pregnancies, and space them out. Age in relation to family planning use acts as an intrinsic factor. Age is related to organ structure, physiological function, biochemical composition, and hormonal systems in

a certain age period causing differences in the contraception needed. The research results showed that the majority of family planning acceptors were aged 31-40 years, 47 respondents (46.5%), this was not in line with Murti Krismiyati's research. The level of contraceptive choice among family planning acceptors according to age was highest in the 20-30 year age group, 165 acceptors (50 , 62 %). This research is in line with the opinion that age is a factor that influences a person's behavior, including the use of contraceptives. Younger women have a lower chance of using contraceptive methods.

Conclusion

1. There is a significant relationship between the age of the family planning acceptor, family support, number of children and the role of health workers with the appropriateness of contraceptive selection at the Manis Jaya Community Health Center, Tangerang City in 2023.
2. There is no significant relationship between fear and the role of health workers and the appropriateness of contraceptive selection at the Manis Jaya Community Health Center, Tangerang City in 2023.).

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