FACTORS RELATED TO THE SELECTION OF INJECTABLE CONTRACEPTION DEVICES IN THE PUS IN PALASARI CIATER VILLAGE, SUBANG REGENCY IN 2022

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Abstract

The Maternal and Child Health Program and Family Planning have a very important role in increasing the Human Development Index. One indicator of the success of the MCH/KB program is the reduction in the Maternal Mortality Rate (MMR) and the Infant Mortality Rate (IMR). Couples of Reproductive Age (PUS) are married couples whose reproductive organs are functioning properly between the ages of 20-45 years. Injectable family planning (KB) is a very effective contraceptive method for preventing pregnancy so that it is in great demand by couples of childbearing age. The aim of the study was to determine the factors associated with the choice of injectable contraceptives for couples of childbearing age (PUS) in the village of Palasari Ciater, Subang. The method used was an analytical survey with a Cross Sectional Study design, the method of taking the sample using Stratified Random Sampling technique obtained a population of 65 people. The results of the study were described based on the education of the respondents, namely 48 people (73.8%) had high school education, based on parity with the multipara category, namely 54 people (78.5%) and based on the economy, most of them had an income of 1,000,000-2,000,000, namely 52 people (80%). From the results of the bivariate test, it can be seen that there is a relationship between education and the choice of injecting contraceptives because it obtains a value of p=0.049, there is a relationship between parity and the choice of contraceptives p=0.002, there is no relationship between the economy and the choice of injecting contraceptives because it obtains a value of p=0.483.

Keywords: Related Factors, Contraceptive Devices in PUS

Introduction

The Maternal and Child Health and Family Planning Program plays a crucial role in advancing the Human Development Index within the scope of health development. One indicator of the success of the KIA/KB program is the decline in the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR).

Family planning refers to initiatives aimed at managing childbirth, including the timing, spacing, and optimal age for having children, as well as overseeing pregnancies through educational efforts, support, and safeguarding reproductive rights to build a well-balanced and high-quality family. Family planning allows couples of childbearing age to anticipate birth, achieve the number of children they want, and regulate the spacing and timing of their births. This can be achieved through the use of contraceptive methods and infertility measures.(Mulyani SN and Rinawati M, 2013)

PartnerFertile Age (FMA) is a married couple whose reproductive organs are functioning well between the ages of 20-45 years. FMA must have the knowledge to choose the right

contraception in order to realize the Family Planning (KB) program and prevent Sexually Transmitted Diseases (STDs) that can infect both FMA men and women.(Devi Pramita, 2015)

The number of couples of childbearing age living in the world in 2019 is 1,1 billion. For the use of contraceptives, currently 842 million people use non-hormonal contraceptive methods, 80 million people use hormonal contraceptive methods, and 190 million people do not use contraceptives. (WHO, 2019).

Meanwhile, based on region, Asia still leads as the region with the largest population. The population of Asia is 4.6 billion people. Africa and Europe follow with 1.3 billion and 747.2 million people respectively. Meanwhile, the countries with the largest populations are China 1.43 billion people, India 1.37 billion people, the United States (US) 329 million people, and Indonesia 270.6 million people. (Jayani, Dwi Hadya; Widowati, 2019)

Indonesia has the fourth most populous population in the world with a population of around 250 million people. About half of Indonesia's population (120 million people) is under 30 years old, this is because the birth rate and fertility rate are both declining rapidly while the working age population is increasing rapidly, while Indonesia's total population is growing slowly. This condition shows that the number of productive age population is very high. Viewed from an economic potential perspective, this condition is very beneficial because it can function as a national economy that will drive the rate of economic growth in Indonesia. However, when viewed from a health potential perspective, this can affect the status or degree of health if the productive age is not controlled properly because it will further increase the rate of population growth in Indonesia (Etik, 2016)

Based on data obtained from the Central Statistics Agency of West Java Province, the number of fertile couples (PUS) in 2017 was recorded as 9,333,302 fertile couples with the use of IUD contraceptives by 93,051 fertile couples, MOW 17,798 fertile couples, MOP 6,654 fertile couples, Condoms 22,884 fertile couples, Implants 79,773 fertile couples, Injections 562,771 fertile couples.fertile and Pill 244,867 couples of childbearing age. (West Java BKKBN)

According to the BKKBN of Subang Regency in 2019, there were 284,955 active KB acceptors. The number of active KB participants according to contraceptive method is: IUD as many as 50,812 KB acceptors (17.83%), MOW as many as 7,979 KB acceptors (2.80%), MOP as many as 2,425 KB acceptors (0.85%), Condoms as many as 5,943 KB acceptors (2.09%), Implants as many as 21,774 KB acceptors (7.64%), Injections as many as 125,015 (43.87%), and Pills as many as 71,007 KB acceptors (24.92%). For Ciater District itself, data shows that fertile age couples (PUS) who are KB participants are 6,941, with details of 1,085 injections and 203 pills and the rest do not use contraception.

Research on Family Planning (KB) injections is one of the most effective contraceptives for preventing pregnancy, so many couples are interested in it.fertile age. Injectable contraception can cause several negative impacts that many users complain about.(Aini, Andriani and Hotna, 2020)

Contraceptive planning with injection method is widely used by fertile couples, because it is more practical. It is easy to obtain in health services compared to other methods.(Yemi, 2022)

With the high acceptors of Injectable KB in Indonesia, West Java and Subang, Factors related to attitudes and use of Injectable KB about more effective KB, are considered to greatly influence the success rate of Injectable KB itself. Factors related to the selection of injectable contraceptives include: education level, parity, economic level, etc.

To find out more about the understanding of injectable contraceptives, the author is interested in conducting research on Factors Related to the Selection of Injectable Contraceptives in Pus in Palasari Ciater Village in 2022.

Method

The method used in this research is analytical survey research with a Cross Sectional Study design.(Notoadmojo, 2018). The independent variables in this study are education, parity and economic level, while the dependent variables are factors related to the choice of contraception used. The population is the entire research subject, the population in this study were all KB acceptor mothers in Palasari Village, Ciater District for the period August-November 2022 totaling 186 people. The sample is a portion or representative of the population being studied, to determine the sample size the Slovin formula is used. From the calculation using the formula, the population in this study was 186 people, the number of samples was 65 people. The sampling technique in this study was Stratified Random Sampling(Notoadmojo, 2018) namely by identifying the general characteristics of the population, then determining the strata or layers of the types of characteristic units. The sample division of each of the four RWs using the Prasetyo and Jannah formula is:

$$Sample\ 1 = \frac{Populasi\ 1}{Total\ Populasi}X65$$

With the following description:

$$RW\ 1 = \frac{43}{186}X65 = 15$$
$$RW\ 2 = \frac{48}{186}X65 = 17$$
$$RW\ 3 = \frac{50}{186}X65 = 17$$
$$RW\ 4 = \frac{48}{186}X59 = 16$$

From the calculation of the formula above, the number of samples for each RW is RW1 = 15 people, RW2 = 17 people, RW 3 = 17 people and RW 4 16 people, a total of 65 people and the samples taken will be selected randomly in each RW according to the division of the number. The research instrument is a questionnaire containing a list of questions about: Name, education, parity, income level and whether the respondent uses contraception or not. This data analysis uses univariate and bivariate analysis. Univariate analysis is used to describe the percentage of KB users in KB acceptors. Frequency distribution formula:

$$P = \frac{a}{b}X100\ \%$$

Bivariate analysis is used to determine the relationship or correlation between independent variables and dependent variables. In this analysis, the Chi Square statistical test is carried out.(Notoadmojo, 2018) so that it is known whether or not there is a statistically significant relationship with the following formula:

$$= \sum \frac{(O-E)^{2}}{E}$$

Results

The results of this study were obtained from data collection through questionnaires distributed to 65 respondents, then the data was presented in the form of a frequency distribution table for each research variable.

Univariate Analysis

This analysis aims to describe the characteristics of each variable studied, namely looking at the selection of injectable contraceptives in PUS. Categorical data associated with frequency and proportion are education, parity and economic level.

Table 1 Frequency Distribution Table of Injectable KB Acceptors

Variables	Frequency	Percentage (%)
Education		
1. SD	2	3.2
2. JUNIOR HIGH SCHOOL	9	13.8
3. High School	48	73.8
4. PT	6	9.2
Parity		
1. Primipara	10	15.4
2. Multipara	54	78.5
3. Grand multipara	4	6.1
Economy		
1. > 2,000,000	10	15.4
2. 1,000,0000 – 2,000,000	52	80
3. < 2,000,000	3	4.6
Total	65	100

From the table above, it can be seen that based on the education factor, most of the respondents, namely 48 people (73.8%) have a high school education, a small number of respondents, namely 2 people (3.2%) have an elementary school education. Based on the parity factor, most of the respondents, namely 54 people (78.5%) are multiparous mothers, and a small number of respondents, namely 4 people (6.1%) are grandemultiparous mothers. Based on the economic factor, most of the respondents, namely 52 people (80%) are middle class with income between 1,000,000 - 2,000,000 per month and a small number of respondents, 3 people (4.6%) are lower class with income less than 1,000,000 per month.

Bivariate Analysis

To see the relationship between the independent variables, namely: education, parity and economic level with the dependent variable of choosing injectable contraceptives, with the following analysis:

Table 2 Education. Relationship between Education Factors and the Selection of Injectable Contraceptives in PUS in Palasari Ciater Village, Subang District in 2022

Education	Selection of INJECTION Contraceptive Devices				Total		P
	YES		No				
	N	%	N	%	N	%	
SD	0	0	2	200	2	100	
JUNIOR HIGH SCHOOL	7	77.8	2	22.2	9	100	
High School	35	72.9	13	27.1	48	100	0.049
PT	6	100	0	0	6	100	
Amount	48	73.8	17	26.2	65	100	

From the table above shows that the analysis of the relationship between education factors and the choice of injectable contraceptives in PUS obtained results from 2 people with elementary school education, all of whom did not choose injectable contraceptives, namely 2 people (100%), and from 48 people with high school education, most of them chose injectable contraceptives, namely 35 people (72.9%). The results of the analysis of the relationship between education factors and the choice of injectable contraceptives obtained a value of p = 0.049 (smaller than α = 0.05) so HO is rejected. This means that there is a relationship between education and the choice of injectable contraceptives.

Table 3 Parity. The Relationship between Parity Factors and the Selection of Injectable Contraceptives in PUS in Palasari Ciater Village, Subang District in 2022

Parity	Selection of INJECTION Contraceptive Devices				Total		p
	YES		No				
	N	%	N	%	N	%	
Primipara	9	90	1	10	10	100	
Multipara	39	76.5	12	23.5	51	100	
Grandmulti	0	0	4	100	4	100	0.002
Amount	48	73.8	17	26.2	65	100	

From the table above shows that the analysis of the relationship between parity factors and the choice of injectable contraceptives in PUS was obtained from 10 people with primiparous parity, most of whom chose injectable contraceptives, namely 9 people (90%) and from 4 people with grandemultiparous parity, all of whom chose injectable contraceptives, namely 4 people (100%). The results of the analysis of the relationship between parity and the choice of injectable contraceptives obtained a value of p = 0.002 (smaller than α = 0.05), so HO was rejected. This means that there is a relationship between parity and the choice of injectable contraceptives.

Table 4 Economy. Relationship between Economic Factors and the Selection of Injectable Contraceptives in PUS in Palasari Ciater Village, Subang District in 2022

Economy	Selection of INJECTION Contraceptive Devices				Total		p
	YES		No				
	N	%	n	%	N	%	
>2,000,000	8	80	2	20	10	100	
1,000,000-2,000,000	37	71.2	15	28.8	52	100	
<1,000,000	3	100	0	0	3	100	0.483
Amount	48	73.8	17	26.2	65	100	

From the table above, it shows that the analysis of the relationship between economic factors and the choice of injectable contraceptives in PUS obtained the results of 10 people with an economic level > 2,000,000, most of them chose injectable contraceptives, namely 8 people (80%), and from 3 people with an economic level <1,000,000 all chose injectable contraceptives, namely 3 people (100%). The results of the analysis of the relationship between the economy and the choice of injectable contraceptives obtained a p value = 0.483 (greater than $\alpha = 0.05$), then HO is accepted. This means that there is no relationship between the economy and the choice of injectable contraceptives.

Discussion

Based on table 1, it can be seen that the majority of respondents have a high school education, as many as 48 people (73.8%), based on parity, the majority of respondents are in the multiparous category, namely 54 people (78.5%), and based on economic sources, the majority of respondents have an income of 1,000,000-2,000,000, as many as 52 people (80%).

Based on the results of the correlation test of education with the choice of injectable contraceptives, it was obtained thatp value = 0.049 (less than $\alpha = 0.05$) then HO is rejected. This means that there is a relationship between education and the choice of injectable contraceptives. Education is a scientific process that occurs in humans. According to the Dictionary of Education, education can be interpreted as a process in which a person develops the ability of attitudes and other forms of behavior in society and culture. In general, the higher a person's education, the better the level of knowledge.

Education also has positive knowledge on the level of knowledge. In relation to the information they receive and with that, every KB acceptor is expected to understand about the contraceptives they use, which are categorized in the highest education are college graduates, secondary education is junior high school and high school and those categorized in low education are elementary school graduates.

Based on the results of the correlation test of parity with the selection of injectable contraceptives, it was obtained thatp value = 0.002 (less than $\alpha = 0.05$), then HO is rejected. This means that there is a relationship between parity and the choice of injectable contraceptives. The results of this study indicate that there is a relationship between parity and the choice of injectable contraceptives. Fertile couples/mothers with primiparous and multiparous parity tend to choose injectable contraceptives, while mothers with grandemultiparous parity tend to choose injectable contraceptives, this is because primiparous and multiparous mothers still have the desire to have children again and they consider injectable contraceptives to be highly effective and more practical than pill contraceptives which if they forget to take them, their effectiveness will decrease, they also consider that if at any time they are pregnant, injectable contraceptives are considered easy to stop.

While in grandemulti mothers, they have children again so they prefer contraceptives that have a longer period of use such as IUDs and Implants so that they do not burden them.

Based on the results of the correlation testEconomic factors in choosing injectable contraceptives are obtainedp value = 0.483 (greater than α = 0.05), then HO is accepted. This means that there is no relationship between the economy and the choice of injectable contraceptives. Adequate family income will support family welfare, because all family needs, both primary and secondary, including health needs, will be met. The results of this study indicate that there is no relationship between economic level and the choice of injectable contraceptives, this is because the price or cost charged when using injectable contraceptives is almost the same as the price of other contraceptives, for example pills, even when viewed from an economic perspective, IUDs or implants will be much more economical than injectable contraceptives. Because the costs are relatively the same, acceptors do not really care about the price but they prioritize the convenience, comfort and effectiveness of the contraceptive.

Conclusion

Based on the results of the research that has been done, it can be concluded that there is a relationship between education and parity with the choice of injectable contraceptives, and there is no relationship between economic status with the choice of injectable contraceptives. From the results of this study, it is expected that the health center and midwives of Palasari village will increase public awareness regarding the use of long-term contraceptive methods.

References

[1] Mulyani S.N dan Rinawati M. *Keluarga Berencana dan Alat Kontrasepsi*. Yogyakarta: Nuha Medika.2013

[2] Devi Pramita, (2015), *Kelangsungan Pemakaian Kontrasepsi.* Jakarta: Badan Koordinasi *Keluarga Berencana*.

[3] Jayani, Hadya, Dwi. *Jumlah Penduduk Dunia Pada 2019.* Databoks. Jakarta.2019

[4] Jayani, Dwi Hadya; Widowati, H. (2019). Jumlah Penduduk Dunia Pada 2019 Capai 7,7 Miliar Jiwa. Databoks, 2050. https://Databoks.Katadata.Co.Id/Datapublish/2019/09/10/Jumlah-Penduduk-Dunia-Pada-2019-Capai-77-Miliar-Jiwa

[5] BKKBN Kabupaten Subang, Laporan jumlah akseptor KB tahun 2019.

[6] BKKBN Jawa Barat Tahun 2017 https://jabar.bps.go.id/statictable/2019/05/31/602/jumlah-pasangan-usia-subur-dan-peserta-kb-aktif-menurut-kabupaten-kota-di-provinsi-jawa-barat-2017.html

[7] BKKBN., 2013., *Laporan umpan balik hasil pelaksanaan sub sistem pencatatan dan pelaporan pelayanan kontrasepsi. Annual Report BKKBN* 2013.Jakarta: BKKBN

[8] Aini, N., Andriani, D. and Hotna, S. (2020) 'Hubungan Penggunaan Kontrasepsi Kb Suntik Dengan Perubahan Siklus Menstruasi Di Desa Berandang Kecamatan Lawe Sumur Kabupaten Aceh Tenggara', *Jurnal Ners Nurul Hasanah*, 8(2), pp. 26–33.

[9] Notoadmojo, S. (2018) *Metodologi Penelitian Kesehatan*. Rineka Cip. Jakarta.

[10] Yemi (2022) 'Analisis Faktor yang Berhubungan Dengan Pemilihan KB Suntik di Puskesmas Tinggi Hari Kabupaten Lahat Tahun 2021', *Jurnal Kesehatan Saelmakers PERDANA*, 5(1), p. 138. Available at: https://doi.org/10.32524/jksp.v5i1.398.