

Conference Paper

The Relationship between Age, Parity and Husband's Support and the Selection of Long-term Contraception Method (MKJP) By Woman of Childbearing Age

Elsa Windi Kusuma, Hartati Eko Wardani, and Anindya Hapsari

Department of Public Health, Faculty of Sport Science Universitas Negeri Malang, Malang, East Java, Indonesia

ORCID:Hartati Eko Wardani: <https://orcid.org/0000-0002-6748-2556>Anindya Hapsari: <https://orcid.org/0000-0003-2663-8232>**Abstract**

The high birth rate of Indonesia has become a significant problem and requires special attention. As an effort to tackle the rapid population growth, the government has formulated a number of development and family planning programs. For instance, the National Family Planning programmes, which is mainly directed towards the use of the Long-term Contraception Method (MKJP); however, the actual usage rate of the programme is still low. This research aimed to examine the relationship between age, parity and husband's support, and the MKJP selection by women of childbearing age in the working area of Dinoyo Public Health Centre, Malang City. This study was an analytical research with a cross-sectional design. The samples in this research were chosen through the purposive sampling method, with a total sample of 45 women. Data were collected through interviews and questionnaires. Data analysis was carried out using the Chi-Square test, with a significance level of < 0.05 . The results showed that there was no significant relationship between the age and the selection of MKJP (sig. 0.461), between the parity and the selection of MKJP (sig. 0.522), and between the husband's support and the selection of MKJP (sig. 0.460). Therefore, we conclude that there is no significant relationship between the age, parity and husband's support, and the selection of MKJP by women of childbearing age in the working area of Dinoyo Public Health Centre.

Keywords: age, parity, husband's support, long-term contraception methods

Corresponding Author:

Anindya Hapsari

anindya.hapsari.fik@um.ac.id

Published: 25 March 2021

Publishing services provided by
Knowledge E

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Selection and Peer-review under the responsibility of the ISMoPHS 2020 Conference Committee.



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1. Introduction

Reproductive health is a state of overall health, either physical, mental, or social life related to the tools, functions and processes of reproduction in the human body [1]. Family planning (KB) is a component in reproductive health, whose goal is to support the reduction of the birth rate in Indonesia.

Handling the high birth rate in Indonesia is a significant problem and it requires special attention. This is because Indonesia's population in 2017 was 261.8 million with a growth rate of 1.34% [2]. The effort of government attention in tackling rapid population growth is by reducing the birth rate by implementing development programs and family planning. As the part of national development program, family planning program aims to create a balanced Indonesian population, thus, the economic, social, cultural and spiritual welfare of the Indonesian population can be achieved by reducing the total birth rate (TFR) to 2.2 per woman [3].

Based on the effectiveness, contraception method is divided into two which are Non-Long-Term Contraceptive Method (non-MKJP) including injections, pills, and condoms, as well as Long-Term Contraception Method (MKJP) including IUD, implants, Women's Operation Method (MOW), and Male Operation Method (MOP) [4]. Long-term contraceptive methods can be used in the long term within two years or more. They are very effective for the purpose of using spacing of more than three years or ending a pregnancy or not wanting to have more children. The use of MKJP is also more efficient because it can be used for a long time, safer and more effective. According to the failure rate, MKJP's is relatively lower than non-MKJP. MKHP failure rates are reported to be 0 - 2 per 1000 users, while non-MKJP are reported to occur more than 10 per 1000 users [5]. Based on the case, MKJP is more effective than non-MKJP. MKJP also has the advantage of having a high effectiveness in pregnancy, as well as a low dropout rate from participation in MKJP FPs compared to non-MKJP.

The National Population and Family Planning Board (BKKBN) in 2015-2019 on its Strategic Plan set the target for MKJP participants to be 23.5% [6]. This target was still very far from the results in the field based on data from the Indonesian Health Profile in 2018, in which the participants of Fertile Age Couples (PUS) who used the Long-Term Contraception Method (MKJP) were only 17.80%. In East Java, the number of family planning users were 5,965,417 in 2017 with details: IUD by 9.2%, MOW by 3.8%, MOP by 0.4%, implants by 9.4%, condoms by 1.9%, injection by 58. %, and pills by 17.1%. The injection and pill methods still dominate the use of contraception in East Java residents [7].

Some factors which affect the selection of contraception are predisposing factors, supporting factors, and driving factors. Predisposing factors are age, education, income, occupation, gender of the child, and age of the last child, while the supporting factors are the availability of family planning facilities and access to family planning, and the last is the driving factor which is in the form of family support [8].

One of the health facility serving contraception is Public Health Centre. In Malang City, there is one health centre with a coverage rate of KB MKJP that is only 10%, which is Public Health Centre of Dinoyo. It was chosen because the coverage of KB MKJP users is the lowest in Malang City. Based on the background that has been presented, researchers were interested in examining the relationship between age, parity, and husband's support for MKJP selection on women in childbearing age in the working area of Dinoyo Public Health Centre, Malang City.

2. Material and Method

The type of this research was analytic research with cross-sectional research design. The population in this research was all family planning acceptors in the working area of Dinoyo Public Health Centre. The sampling technique in this research was taken by purposive sampling, with a total sample of 45 people conducted in March 2020 in the working area of Dinoyo Public Health Centre, Malang City. This research had obtained ethical clearance from the Health Research Ethics Commission of State Polytechnic of Malang with the certificate number of Reg. No. 847/KEPK-POLKESMA/2020.

The independent variables in this research were age, parity, and husband's support for the selection of long-term contraceptive methods. The dependent variable was the selection of the Long-Term Contraception Method (MKJP). The data collection in this research was carried out by interviewing and questionnaire to obtain the primary data obtained directly from respondents related to the variables studied. After all the data were collected, data analysis was carried out in the form of univariate analysis and bivariate analysis to determine the relationship between age and the selection of the Long-Term Contraception Method (MKJP), knowing the relationship between parity and the choice of the Long-Term Contraception Method (MKJP), and knowing the relationship between husband's support and selection of the Long-Term Contraception Method (MKJP) on women in childbearing age couples in the working area of Dinoyo Public Health Centre.

3. Results

The research was conducted at work unit of Dinoyo Public Health Centre of Malang city toward the family planning acceptor who lived in the working area of Dinoyo Public Health Centre. It consisted of 6 villages those are Dinoyo Village, Ketawang Gede

Village, Merjosari Village, Tlogomas Village, Summersari Village, and Tunggulwulung Village.

3.1. The relationship between age and selection Long-term Contraception Method (MKJP)

TABLE 1: Cross tabulation of age and contraception method.

Age (yr)	Family planning		Total	P-value
	MKJP	Non-MKJP		
≤30	9 42.9%	12 57.1%	21 100%	0,461
>30	14 58.3%	10 41.7%	24 100%	
Total	23 51.1%	22 48.9%	45 100%	

Source: Author’s own work, 2020.

Based on table 1, it shows that 9 respondents (42.9%) were less than 30 years old, and 12 (57.1%) used non-MKJP. Meanwhile, for respondents over 30 years old who used MKJP were 14 people (58.3%), and 10 people used MKJP (41.7%) with a sig value of 0.461. Based on this value, since the sig. <0.05, it can be concluded that there is no correlation between the age and the selection of the Long-Term Contraception Method (MKJP) for married women in childbearing age in the working area of Dinoyo Public Health Centre.

The results of this research were in line with the research conducted by Susanti and Kumalaswandari (2019) showing that there was no relationship between the age and the selection of the Long-Term Contraception Method (MKJP)[9]. Age affects the structure of organs, biochemical composition, and hormonal systems in the age period causing differences in contraception used. Women with a period of more than 30 years old are advised to terminate the pregnancy after having two children with the main selection of contraception is the long-term contraceptive method because this contraceptive method can be used for a long term and does not add to existing abnormalities [10]. The choice of long-term contraceptive method will lead to greater effectiveness as long as the individual gets older.

In the demography perspective, the range of age for an individual to reproduce is about 15-49 years old. After passing that age, there will be a gradual decrease physiologically in organ function until old age. Women who are less than 20 years old are advised to postpone pregnancy by using short-term contraceptive methods

such as pills and injections. Age of 20-30 is the safest ideal age for pregnancy and childbirth. At this stage, it is recommended that couples of reproductive age who have one children to use effective method both hormonal and non-hormonal, and those over 30 years old have a higher risk of pregnancy and childbirth compared to the young reproductive period. Thus, it is advisable to use effective contraceptives, which are long-term contraceptive methods that include steady contraception, implants, and IUD [11].

In determining the contraceptive method used, age does not always affect a person's decision. Many other factors can affect, including the individual, the individual's environment, and the individual's lack of knowledge about contraception, as well as individual experiences related to advice and health workers [12]. Age is an important variable in determining pregnancy risk and fertility calculations because age can be a marker of a woman's biological maturity, especially in terms of fertility. Individual maturity can be seen directly and objectively by looking at the age, knowledge, process experience, independence, and fibre skills which are all associated with the increased age of individual [13]. The benefits of using contraception are as a reduction in maternal morbidity and mortality and as a prevention of unwanted pregnancy. Family planning makes it possible to space pregnancies, delay pregnancy on young girls who are at high risk of health problems and death from early childbirth, and prevent pregnancy later in life. Contraceptive use in older women should be the most effective contraceptive method maximally to reduce the medical risk of unwanted pregnancy.

3.2. The relationship between parity and selection of Long-term Contraception Method (MKJP)

TABLE 2: Cross tabulating of parity and contraception method.

Parity	Family planning		Total	P-value
	MKJP	Non-MKJP		
0-2	17	18	35	0.522
	48.6%	51.4%	100%	
≥3	6	4	10	
	60.0%	40.0%	100%	
Total	23	22	45	
	51.1%	48.9%	100%	

Source: Author's own work, 2020.

Based on table 2, it shows that respondents with parity of 0-2 using MKJP were 17 people (48.6%), and 18 people used non-MKJP (51.4%). Meanwhile, there were

6 respondents (60.0%) with parity more than 3 and 4 (40.0%) who were non-MKJP respondents with a sig value of 0.522. Based on this value, since the sig. <0.05 , it can be concluded that there is no relationship between parity and the selection of the Long-Term Contraception Method (MKJP) for women in childbearing age in the working area of Dinoyo Public Health Centre.

The results of this research are in accordance with the research conducted by Nuryati and Fitria (2014) showing that there was no relationship between parity and the selection of the Long-Term Contraception Method (MKJP)[14]. Parity is the number of living children that family planning acceptors have. The number of children is closely related to the Family Planning (KB) program. One of the basic factors that affects the behaviour of reproductive age couples in using contraception is the number of children. An individual will start thinking about using contraception when they feel that the number of children alive is sufficient for the number of children they want [15].

Women having risk parity or not still need correct information about MKJP or non-MKJP. With the right information and explanation, both active and new family planning acceptors with risky and non-risk parity can easily determine the type of contraception to be used [16]. The use of MKJP can reduce and prevent the risk of maternal death, especially in mothers who have more than three children. Couples who have many children are more likely to start using contraception than those who have few children.

The use of MKJP can reduce and prevent the risk of maternal death, especially in mothers who have more than three children. Mothers who already have at least two children are advised to use long-term contraception. Thus, the percentage of having another pregnancy is quite low. In addition, in general, families whose wives are more than 35 years old should not become pregnant again because it allows complications during pregnancy [15]. Long-term use of contraceptives also alleviates the increase of disorders in the old age such as heart disease and hypertension. Therefore, it is best not to add to these disorders [10].

3.3. The relationship between husband's support and selection of Long-term Contraception (MKJP)

Based on table 3, it shows that respondents with husband's support with the use of MJP (long-term method) were 17 people (56.7%), and those using non-MKJP were 13 people (43.3%). Meanwhile, respondents with husband who were less supportive of using MKJP were 6 people (40.0%), and those using non-MKJP were 9 people (60.0%) with a sig value 0.460. Based on this value, since the sig. <0.05 , it can be concluded

TABLE 3: Cross tabulation of husband's support and contraception method.

Husband's Support	Family planning		Total	P-value
	MKJP	Non-MKJP		
Supportive	17 56.7%	13 43.3%	30 100%	0.460
Less supportive	6 40.0%	9 60.0%	15 100%	
Total	23 51.1%	22 48.9%	45 100%	

Source: Author's own work, 2020.

that there is no relation between husband's support and the selection of the Long-Term Contraception Method (MKJP) for women in childbearing age in the working area of Dinoyo Public Health Centre.

The results of the research are also in accordance with the research conducted by Canda, et al. (2018) in which there is no relation between husband's support and selection choice of the Long-Term Contraception Method (MKJP) [17]. Husband's support is the support provided by the husband in the form of verbal and non-verbal as well as real advice and assistance in the form of behaviour or presence which can provide emotional benefits and affect the wife's behaviour [18]. One of the external factors in choosing a contraceptive is husband's support, in which it becomes a reinforcement to affect a wife to use contraceptives. Conversations between husbands and wives regarding family planning are not always a prerequisite for family planning acceptance, yet the absence of such discussion can create obstacles in the use of contraceptives [13].

A husband is the closest person that can be trusted. Support from the husband is very important in choosing the contraceptive method to use. Women will have more confidence in using contraception when they are supported by their husbands [19]. Support from the husband can also be seen while attending the family planning counselling, by following the husband's family planning counselling that has a positive impact on the wife. The role of the husband is very helpful and makes him aware that reproductive health problems are not only for wives but also for husbands who are involved in it. The involvement of a husband in terms of reproduction, especially in terms of decision making and selection of contraceptives is very necessary. The absence of husband involvement often results in a husband's lack of information regarding reproductive health, especially contraceptives. In a study, it was found that husbands who prohibited the use of long-term contraceptive methods such as the IUD as the

wife's choice of contraception believed that using the IUD could reduce the pleasure of sexual intercourse.

Husbands who are less supportive and less motivating whose wife still choose certain contraceptives, think that the problem of using contraceptives is in the interests of their wives and can be taken care of themselves without intervention from their husbands [20]. The lack of husband's support for his wife is also caused by other factors, such as the wife's fairly good knowledge of MKJP so she is able to choose MKJP compared to non-MKJP even though her husband is less supportive.

4. Discussion

4.1. The relationship between age and selection of Long-term Contraception Method (MKJP)

The results of this research were in line with the research conducted by Susanti and Kumalaswandari (2019) showing that there was no relationship between age and the choice of the Long-Term Contraception Method (MKJP) [9]. Age affects the structure of organs, biochemical composition, and hormonal systems in the age period causing differences in contraception used. Women with a period of more than 30 years old are advised to terminate the pregnancy after having two children with the main choice of contraception is the long-term contraceptive method because this contraceptive method can be used for a long term and does not add the existing abnormalities [10]. The selection of long-term contraceptive method will lead to greater effectiveness as long as the individual gets older.

In the demography perspective, the range of age for an individual to reproduce is about 15-49. After passing that age, there will be a gradual decline physiologically in organ function until old age. Women who are less than 20 years old are advised to postpone pregnancy by using short-term contraceptive methods such as pills and injections. Age of 20-30 is the safest ideal age for pregnancy and childbirth. At this stage, it is recommended that couples of reproductive age who have one children to use effective methods both hormonal and non-hormonal, and those over 30 years old have a higher risk of pregnancy and childbirth compared to the young reproductive period. Thus, it is advisable to use effective contraceptives, namely long-term contraceptive method that include steady contraception, implants, and IUD [11].

In determining the contraceptive method used, age does not always affect a person's decision. Many other factors can affect, including the individual, the individual's

environment, and the individual's lack of knowledge about contraception, as well as individual experiences related to advice and health workers [12]. Age is an important variable in determining pregnancy risk and fertility calculations because age can be a marker of a woman's biological maturity, especially in terms of fertility. Individual maturity can be seen directly and objectively by looking at age, knowledge, process experience, independence, and fibre skills which are all associated with increasing individual age [13]. The benefits of using contraception are as a reduction in maternal morbidity and mortality and as a prevention of unwanted pregnancy. Family planning makes it possible to space pregnancies, delay pregnancy on young girls who are at high risk of health problems and death from early childbirth, and prevent pregnancy later in life. Contraceptive use in older women should be the most effective contraceptive method maximally to reduce the medical risk of unwanted pregnancy.

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The results of this research are in accordance with the research conducted by Nuryati and Fitria (2014) showing that there was no relationship between parity and the selection of the Long-Term Contraception Method (MKJP) [14]. Parity is the number of living children that family planning acceptors have. The number of children is closely related to the Family Planning (KB) program. One of the basic factors that affects the behaviour of reproductive age couples in using contraception is the number of children. An individual will start thinking about using contraception when they feel that the number of children alive is sufficient for the number of children they want [15].

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4.3. The relationship between husband's support and selection of Long-term Contraception (MKJP)

The results of the research are also in accordance with the research conducted by Canda, et al. (2018) in which there is no relation between husband's support and the choice of the Long-Term Contraception Method (MKJP) [17]. Husband's support is the support provided by the husband in the form of verbal and non-verbal as well as real advice and assistance in the form of behaviour or presence which can provide emotional benefits and affect the wife's behaviour [18]. One of the external factors in choosing a contraceptive is husband's support, in which it becomes a reinforcement to affect a wife to use contraceptives. Conversations between husbands and wives regarding family planning are not always a prerequisite for family planning acceptance, yet the absence of such discussion can create obstacles in the use of contraceptives [13].

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Husbands who are less supportive and less motivating but the wife still choose certain contraceptives, think that the problem of using contraceptives is in the interests of their wives and can be taken care of themselves without intervention from their husbands [20]. The lack of husband's support for his wife is also caused by other factors, such as the wife's fairly good knowledge of MKJP so she is able to choose MKJP compared to non-MKJP even though her husband is less supportive.

5. Conclusion

From the results of the research that has been conducted, it shows that age, parity, and husband's support do not affect women in childbearing age in choosing the Long-Term Contraception Method (MKJP). This result is supported by the sig value. <0.05 of the three variables studied. The age variable obtains the sig. 0.461, the parity variable obtains a sig. 0.522, while the husband's support variable obtains a sig. 0.460. The conclusion of this research reveals that there is no significant relationship between age and the selection of MKJP. There is no significant relationship between parity and the choice of MKJP, and there is no significant relationship between husband's supports for the choice of Long-Term Contraception Method (MKJP) on women in childbearing age in the working area of Dinoyo Public Health Centre.

Acknowledgement

None

Conflict of Interest

The authors declare that there is no conflict of interest.

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