The Difference of Productive Couple Age in Using Long-Term Contraception Method in Family Planning and in Non - Family Planning Village, in Public Health Center of Adan - Adan Kediri Regency

Dwi Ertiana¹,², Yesi Damayanti¹,²

¹ Institute of Health Sciences of Karya Husada, Soekarno Hatta Street Nr. 7, Pare, Kediri, East Java, Indonesia, 64225
² ertiana.dwi@gmail.com*; ² yesidamayanti362@gmail.com

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ABSTRACT

Coverage of active family planning participants in 2014 East Java Province reached 72.80%. Indonesia at 1.49% and total fertility rate (TFR) of 2.6 per fertile woman. Low interest in the use of methods. Productive couple age, the government continues to run through improvements. The purpose of this research is to know the difference of interest of parent in development at village of Adan-Adan Regency Kediri.

The research was conducted on 01 to 04 August 2017 in the family village (Tiru Lor) and not the Family Planning Village (Tiru Kidul) in the Adan-Adan community Health Center. Types of comparative analytic research. The independent variable is the interest of Productive couple age in the use of long term contraception method and dependent variable of family planning village and not family planning. Population 605 respondents family planning village (Tiru Lor) and 558 not family planning (Tiru Kidul) with simple random sampling technique, using questionnaire instrument.

From the sample of 171 respondents, it was found that most of respondents were 51 respondents (59.3%) interest in long term contraception method, almost half of respondents 35 respondents (40.7%) did not interest to use long term contraception method in family planning village (Tiru Lor). it was found that most of respondents were 51 respondents (60.0%) were not interested in the use of long-term contraceptive methods, almost half of respondents were 34 respondents (40.0%) of interest in the use of long-term contraceptive methods in not family planning village (Tiru Kidul). (ρ = 0.012 <(α) = 0.05, meaning that there is significance difference between family planning village and not family planning village in using long term contraception method.

Differences of interest in the use of long-term contraceptive methods in family planning and non-family planning areas occur due to age, number of children and knowledge, so there is a difference of interest in the use of long-term contraceptive methods.

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I. INTRODUCTION

Family Planning Program as one of the government policies in the field of population, has high implications for health development, therefore the family planning program has a strategic position in the effort to control the rate of population growth. However, in reality there are many couples of childbearing age (productive couple age ) who have not become family planning participants (1).

The National Family Planning Movement has been successful in promoting community participation in building small and growing families. This success is an absolute must note even be
improved because the achievement was not evenly distributed, while this is still a lack of family planning activities in the use of Long-Term Contraception Method (2).

Long-term contraceptive methods (long-term contraceptive methods) are the most effective method of contraception. When viewed from the data precisely there is trend pattern of usage of kontrasespi non long-term contraceptive methods, where from 57% Contraceptive Prevalence Rate (CPR) equal to 43.7% use non long-term contraceptive methods and 10.6% using long-term contraceptive methods. The pattern of long-term contraceptive methods usage tended to decline by 18.7% in 1991 to 10.6% in 2012. New non-long-term contraceptive methods acceptors who used non long-term contraceptive methods were 82.48%, and those using long-term contraceptive methods only amounted to 17.52%.

Lowland rate of population growth in Indonesia berdasarkan population survey in 2010-2015 amounted to 1.49% and the total fertility rate or the Total Fertility Rate (TFR) of 2.6 per woman of childbearing. Target National Medium Term Development Plan (RPJMN) 2009-2014 which is to achieve population growth rate (LPP) of 1.1% and a fertility rate of 2.1% per birth in addressing population growth governments implement rational policies contraceptive use, effective and efficiently including the use of Long-Term Contraception Method (2).

The percentage of new family planning participants to fertile couples in Indonesia in 2015 amounted to 13.46%. This figure is lower than the achievement in 2014 which amounted to 16.51%. The three provinces with the highest percentage are North Maluku with 57.85%, DKI Jakarta with 31.14% and Maluku with 25.07%. While the lowest achievement is in Bali Province of 9.45%, East Java of 10.8%, and Banten by 11.21% (2).

In line with the results of Basic Health Research Data (RISKESDAS) shows that in 2013 women aged 15-49 years with marital status of 59.3% productive couple age using modern family planning (Implants, MOW, MOP, IUD, Condom, Injection and pill), and 0.4% using traditional family planning (MAL, Calendar and Couple severed). In addition, as many as 24.7% of productive couple age s have had family planning and 15.5 do not do family planning. The most common contraceptive method used by new family planning participants is injecting 48.56% (3).

Coverage of active family planning participants in 2014 East Java Province reached 72.80%. This number decreased compared to the year 2013 which reached 73.48%. While for New family planning increased from 12.25% in 2013 to 14.70% in 2014. (5).

The coverage of active family planning participants at Adan - Adan Health Center reached 56.7%. As for the new family planning 5.7%. For long term contraception method coverage reached 28.0%. Based on research conducted by Fienalia (2012), knowledge variables have a relationship with the use of long term contraception method. The high-knowledge family planning acceptor has a 2.6 times greater chance of using long term contraception method. Meanwhile, according to research from Asih and Hadriah (2009) states that there is a significant relationship between family planning information exposure with the use of long term contraception method.

In general, the factors causing productive couple age not being FP participants are inadequate family planning services, limitations of contraceptives, counseling and IEC (communication, information and education) have not been properly implemented, cultural barriers, women who do not want but not using contraceptives (unmet need), and hard-core groups of women who do not want to use contraceptives either now or in the future (6).

Policies to increase family planning still need attention, especially in the completion of institutional structures in sub-districts, resources that are still low quality that affects the decreasing quality of communication skills for family planning extension workers in family planning counseling. This phenomenon has implications for the decrease in participation level of current long term contraception method family planning participants.

Matters relating to the increased use of long term contraception method can be policy, attention to the internal factors of individuals is expected to provide a great leverage for the successful increase in the use of long-term contraceptive methods in society so that it can control the rate of population growth and the people of Indonesia can achieve health and welfare conditions are high. Comparison of each individual internal factor is expected to increase the coverage of long-term contraceptive use and achieve the expected targets by considering the magnitude of the factors to be
changed as well as establishing an appropriate strategy for increasing the use of long term contraception method.

II. METHOD

The design in this study is comparative analytic. In this study there are independent variables in this study is the interest of Mothers PUS in the use of long term contraception method and dependent variable family planning village and not family planning village. The sample in this study is 86 respondents family planning village and 85 respondents not family planning village. Samples were taken using simple random sampling technique. Data were analyzed using Mann Whitney U test.

III. RESULTS AND DISCUSSION

1) General data

a) Characteristics of respondents in the family of family planning and non-family planning by age can be seen in the diagram below:

![Diagram 1. Characteristics of respondents in family planning and non-family planning based on age](image)

Based on Diagram 1 above shows that from 171 respondents, D almost half of the respondents is 39 of respondents from family planning village (45.9%) and almost half of respondents ie 41 respondents Non family planning village (48.2%) have ages 20-35 years.

b) The characteristics of respondents in family planning village and Non family planning village based on education can be seen in the diagram below:

![Diagram 2. Characteristics of respondents in family planning village and non-family planning village based on education](image)
Based on the diagram 2 above shows that from 171 respondents almost half of the respondents were 31 respondents from family planning village (36%) educated junior high school and almost half of respondents ie 38 respondents from non family planning village (36%) junior high school.

c) The characteristics of the respondents in the family planning and non-family planning based on work can be seen in the diagram below:

![Diagram 3](image)

Diagram 3. Characteristics of respondents in family planning and non-family planning based on work

Based on Diagram 3 above shows that from 171 respondents almost half of the respondents were 41 respondents from family planning village (47.7%) as farmers and almost half of the respondents were 29 respondents from non family planning village 34.1%) as a farmer.

d) The characteristics of respondents in family planning village and Non family planning village based on the number of children can be seen in the diagram below:

![Diagram 4](image)

Diagram 4. Characteristics of respondents in family planning village and Non family planning village based on number of children

Based on the diagram 4 above shows that from 171 respondents almost half of the respondents ie 41 respondents from family planning village (47.7%) had the number of children 2 and almost half of the respondents ie 34 respondents from non family planning village (40.0%) had the number of children 2.
e) Characteristics of respondents in family planning village and Non Family Planning by Type family planning can be seen in the diagram below:

Based on Diagram 5 above shows that from 171 respondents almost half of the respondents ie 42 respondents from family planning village (48.8%) used family planning pills and most of the respondents were 44 respondents from non family planning village family planning (51.8%) using family planning injection.

f) Characteristics of respondents in family planning village and Non family planning village based on the reasons for using family planning can be seen in the diagram below:

Based on diagram 6 above shows that from 171 respondents almost half of respondents ie 34 respondents from family planning village (39.5%) to enlarge pregnancy and almost half of respondents were 39 respondents from non family planning village (45.9%) to enlarge pregnancy.
g) The characteristics of respondents in family planning village and Non family planning village based on the reasons for using family planning can be seen in the diagram below:

Diagram 7. The characteristics of respondents in family planning village and Non family planning village based on the reasons for using family planning

Based on diagram 7 above shows that from 171 respondents almost all of the respondents are 84 respondents from family planning village (97.7%) husband support and almost all of the respondents are 77 respondents from non family planning village (90.6%) husband support.

h) Characteristics of respondents in the family of family planning and not family planning based on the inner mental routine family planning can be seen in the diagram below:

Diagram 8. Characteristics of respondents in the family of family planning and not family planning based on the inner mental routine family planning

Based on Diagram 4.8 above shows that from 171 respondents almost half of the respondents are 41 respondents from family planning (47.7%) regular livelihood 1 week 1 time and 1 week > 1 time and almost half of respondents ie 57 respondents from non family planning family planning (67.1%) regular livelihood of 1 week> 1 time.
2) Specific Data

a) Interest in Productive Couple age in the Use of Long-Term Contraceptive Methods in family planning in Working Area Health Center Adan Adan Kediri District.

Table 1. Interest in Productive Couple age Use of Long-Term Contraceptive Methods in family planning in Working Area of Adan Adan Health Center Kediri Regency.

<table>
<thead>
<tr>
<th>No</th>
<th>Interest</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Interest</td>
<td>51</td>
<td>59.3 %</td>
</tr>
<tr>
<td>2</td>
<td>Not Interested</td>
<td>35</td>
<td>40.7 %</td>
</tr>
<tr>
<td></td>
<td>amount</td>
<td>86</td>
<td>100 %</td>
</tr>
</tbody>
</table>

Based on table 1 above shows that from the number of 86 respondents who researched most of the respondents were 51 respondents (59.3%) interest in the use of long-term contraceptive methods and almost half of the respondents, 35 respondents (40.7%) were not interested in the use of long-term contraceptive methods.


Table 2. Interest productive couple age in the use of long-term contraceptive methods in non-family places in the working area of adan adan public health center kediri regency.

<table>
<thead>
<tr>
<th>No</th>
<th>Interest</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Interest</td>
<td>34</td>
<td>40.0 %</td>
</tr>
<tr>
<td>2</td>
<td>Not Interested</td>
<td>51</td>
<td>60.0 %</td>
</tr>
<tr>
<td></td>
<td>amount</td>
<td>86</td>
<td>100 %</td>
</tr>
</tbody>
</table>

Based on table 2 above shows that from the number of 85 respondents who researched most of the respondents there are 51 respondents (60.0%) are not interested in the use of long-term contraceptive methods and almost half of respondents ie 34 respondents (40.0%) interest in the use of long-term contraceptive methods.

c) Differences in Productive Couple age Interest in the Use of Long-term contraceptive methods in family planning and Not family planning in the Working Area public Health Center Adan-Adan Kediri.

Table 3. Differences in productive couple age Interest in the Use of Long-term contraceptive methods in Family Places and Non-Family Places in the Working Area of Area public Health Center Adan-Adan Kabupaten Kediri

<table>
<thead>
<tr>
<th>No</th>
<th>Group of Patients</th>
<th>Interest</th>
<th>Not interested</th>
<th>amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>F</td>
<td>%</td>
<td>F</td>
</tr>
<tr>
<td>1</td>
<td>family planning</td>
<td>51</td>
<td>59.3</td>
<td>35</td>
</tr>
<tr>
<td>2</td>
<td>Not family planning</td>
<td>34</td>
<td>40.0</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td>amount</td>
<td>85</td>
<td>49.7</td>
<td>86</td>
</tr>
</tbody>
</table>

\[ \rho \text{ value: 0.012} \quad \alpha < 0.05 \]
Based on Table 3 indicates that there is a difference in interest in the use of MFJP Long-term contraceptive methods in family planning and Non family planning in the work area of Adan Adan Area public Health Center Kediri District. In Productive Couple Age in family planning family planning most of the respondents were 51 respondents (59.3%) interest. While in Productive Couple Age in non family planning most of the respondents are 51 respondents (60.0%) not interest.

IV. DISCUSSION

1. Interest in Productive Couple Age Use of Long-term contraceptive methods in family planning

   Based on table 4.1 above shows that from the number of 86 respondents who researched most of the respondents there are 51 respondents (59.3%) interest in the use of Long-term contraceptive methods and almost half of respondents that is 35 respondents (40.7%) is not interested in the use of Long-term contraceptive methods.

   Family planning area unit at RW level, hamlet or equivalent that has certain criteria where there is integrated program of Population, Family Planning and Family Development as well as related sectors that implemented systematically and systematically. family planning is an innovative strategic program with the aim to implement priority activities of Program and other programs as a whole in the field. (7)

   In this case the implementation of Family Planning, especially in Family Planning, which is the effort program to regulate the birth of children, the ideal age of childbirth, regulate pregnancy, through promotion, protection and assistance in accordance with reproductive rights in realizing a family berkualitas. Forms of health services and family planning village in family planning village in the form of provision of health services (free medication) and family planning services, especially family planning Long-term contraceptive methods program for the community in family planning village location (7)

   The most prominent indicators related to interest in the use of Long-term contraceptive methods in family planning village are attention, hope, convenience, steadiness, willingness, consideration, confidence. The results of this study show that most of respondents interest in the use of Long-term contraceptive methods in family planning village area. The interest is due to the ease of birth control. Interests themselves are strongly influenced by 7 indicators, 7 dimensional elements are contained in the form of questionnaires that have been filled by respondents.

   There were 51 respondents of interest (59.3%) interest in using Long-term contraceptive methods in family planning village (TiruLor) area. The points concerning the respondent's interest in the belief dimension. Confidence productive couple age, in this case the mother feel confident to use family planning Long-term contraceptive methods. Ease dimensions; productive couple age can easily get services and information about the use of Long-term contraceptive methods in family planning village (TiruLor) area. Dimension of consideration: productive couple age also still consider the advantages and disadvantages in the use of Long-term contraceptive methods.

   Dimension of Will; the availability of easily information related productive couple age to family planning. Long-term contraceptive methods. dimensions of stability; the decisions that the productive couple age seeks in choosing to use Long-term contraceptive methods contraception. Dimensions of hope; s expect services that are associated with Long-term contraceptive methods contraceptives to be increased again. productive couple age is more concerned in the use of Long-term contraceptive methods in accordance with his age. Possible dimensions; productive couple age is still afraid of the possibility that happened from side effect of Long-term contraceptive methods usage.

   Almost all of the respondents, 84 respondents from family planning got husband support. This form of support can make individuals who receive help feel loved, cared for and valued. This will make productive couple age fulfilled its needs. Especially the need for contraception. This is as stated by Snehendu B Karr in Notoadmodjo (2010), that social support affects behavior, including behavior in family planning.
2. Interest in productive couple age in the Use of Long-term contraceptive methods in Not family planning village

Based on table 2 above shows that from the number of 85 respondents who researched most of the respondents there are 51 respondents (60.0%) are not interested in the use of Long-term contraceptive methods and almost half of respondents ie 34 respondents (40.0%) interest in the use of Long-term contraceptive methods.

The factor of interest, according to Crow and Crow in Purwanto (2004), consists of 3 factors: internal factors, internal factors of curiosity or impulse to produce something new and different. This encouragement can make a person interested in studying mechanics, doing scientific research, or other challenging activities. The social motive factor is the interest in developing self from science, which may be inspired by the desire to gain the ability to work, or the desire to gain an appreciation from family or friends. Emotional factors are interests related to feelings and emotions. For example, success will lead to satisfaction and increase interest, while failure can eliminate one's interest.

The results showed that most of the respondents there are 51 respondents (60.0%) are not interested in the use of Long-term contraceptive methods. The interest can be known from 7 dimensions of service in the form of questionnaires that have been filled by respondents

Similar studies conducted by Imroni (2009) suggest that factors related to implant use are implant attitudes and the role of husbands regarding implants, while education level variables, implant knowledge, and family planning counseling services are not associated with implant use. In line with research conducted by Ekarini (2008) shows that there is a relationship between the variables of knowledge, attitude, social culture, access to services, and quality of family planning services.

The findings in this study of the family planning program have been going pretty well, the norms prevailing in the area mostly do not hamper / affect the implementation of family planning because some productive couple age in this region have understood the importance of family planning, there is only a presumption that the people who use contraception is so that for the men's family planning is very unpopular. Socialization on family planning program in TIRU Kidul area is done through PKK events / meetings, and other meeting opportunities or meetings.

3. Differences in Pus Interest in the Use of Long-term contraceptive methods in family planning village and Not family planning village in Working Area Health Center Adan Adan Kediri Regency

Based on Table 3 indicates that there is a difference in Pus interest in the use of long-term contraceptive methods in family planning village and not family planning village in the work area of adan adan puskesmas kediri district. in Pus in family planning village most of the respondents were 51 respondents (59.3%) interest, while in pus in openings of family planning village most of the respondents that is 51 respondents (60.0%) is not interest.

In this study, data analysis and statistical test with mann whitney test. the significance of p-value (0,012) at α (0,05) then h1 is accepted which means there is different interest of pus in the use of long-term contraceptive methods in family planning village and not family planning village in work area of Adan Adan Puskesmas Kediri Regency.

This family planning program seeks to realize a quality family of qualities. The participation of various agencies within the village is very important so that the plenary services can be felt directly by the community towards the welfare of the community. Various activities carried out in the village of family planning include optimizing the care and development of children's development since the first day of life, good planning from pre-marriage and during pregnancy, lowering fertility rate through family planning services that are evenly distributed and accessible by all- the whole family and develop the quality of family through Bina Keluarga Balita (BKB). Implementation of family planning village needs to be supported by cross-sectoral because in the implementation of quality improvement of family not only BKKBN but all sectors of society need to move together together including family planning services which includes counseling, installation and check and release / change way tool, Contraception method.

Family planning services in family planning village are an integrated collaboration between Family Planning Officers, local health officials (Village Midwives, Doctors, Cadres) and the provision of health service facilities that are provided by Puskesmas or other health facilities in family planning village. The plot of family planning service with Capitation system is socialized through family planning village and the main community for the less able will get family planning service for free. (7)
Efforts to increase high interest in the respondents is the existence of a continuous socialization, through programs from the government that support the community will be more trust and understanding, explaining that in fact not as bad as the respondents imagined. Given the good response from respondents to using Long-term contraceptive methods as using Long-term contraceptive methods is more effective for preventing pregnancy compared to other contraceptives and has more benefits compared to other contraceptives.

The increasing interest of respondents drastically because through the family planning village program caused the respondents to understand that long-term contraceptive methods has many advantages compared to other contraceptives, in addition to understanding the ease of the installation process encourages the interest of the respondents the better.

Through the programs of the government in this case the socialization provided a process of refreshing knowledge and motivation on the respondents, this has an impact on the emergence of increased interest to use Long-term contraceptive methods. Associated with the provision of motivation / socialization to the respondents to use Long-term contraceptive methods can get more benefits than using other contraceptives. The emphasis on the economic and health benefits made in the research proved to encourage a significant change in the interest of respondents.

V. CONCLUSION

Most of the respondents in the use of family planning village in family planning village (Tiru Lor) in the Working Area of Adan-Adan Puskesmas have interest, that is 51 respondents (59,3%). Nearly half of the respondents in the use of use of long term contraception method in non family planning village (Tiru Kidul) in the Adan-Adan Community Health Center had interest, namely 34 respondents (40.0%). The result of U Mann Whitney's analysis shows that the significance value of 0.012 <0.05 then H 0 is rejected which means that there is a difference of interest of productive couple age in the use of long term contraception method in family planning village and Non family planning village in Working Area of Adan-Adan Health Center Kediri Regency.

VI. REFERENCES


