The Correlation Between Healthy Reproductive Age Groups and Contraceptive Choice

(Patients Mentoring of Gebrak Student’s Prodi D3 Kebidanan STIKES Karya Husada Kediri on October 2017 – February 2018)

Dintya Ivantarina\textsuperscript{a,1,*}, Wahyu Wijayati\textsuperscript{a,2}
\textsuperscript{a}STIKES Karya Husada Kediri, Indonesia
\textsuperscript{1}divantabelle25@gmail.com; \textsuperscript{2}wahyujayatikediri@gmail.com
*Corresponding author

Abstract

Maternal mortality and infant mortality efforts to reduce it can be done by family planning in accordance with age of the mother; to be effective. Remember of Maternal and child health are becoming crucial issues, with increasing expectations of the community in health care quality. The efforts of the strategy through participatory community empowerment approaches developed optimally between mentoring program with other patients movement along secure pregnancy and childbirth. The purpose of this research is to correlation between healthy reproductive age groups and contraceptive choice Patients Mentoring of Gebrak Student’s Prodi D3 Kebidanan STIKES Karya Husada Kediri on October 2017 – February 2018.

This study was conducted on January -February 2018, used analitik correlation design. The sample is patients mentoring of Gebrak Student’s Prodi D3 Kebidanan STIKES Karya Husada Kediri on October 2017 – February 2018. Variables in this research are healthy reproductive age groups and contraceptive choice patients mentoring of Gebrak Student's Prodi D3 Midwifery STIKES Karya Husada Kediri on October 2017 - February 2018. Data collection using data recap patients mentoring on Gebrak Student's Prodi D3 Midwifery STIKES Karya Husada Kediri on October 2017 - February 2018 and collection sheet data. The results are then processed and analyzed descriptively for each variable by using formula percentage, then analyzed by using Chi Square Test.

The results were most of the respondents' age categories included healthy reproduction with 68 (76%); most respondents have been contraceptive choice with 46 (52%); and there wasn’t correlation between healthy reproductive age group and contraceptive choice.

The conclusion is there wasn’t correlation between healthy reproductive age group and contraceptive choice; because Contraception choice is the right of patients and family in decisions making family planning; temporary choice can be made with simple contraception (MAL); before deciding to use one of the most effective contraceptives.

I. INTRODUCTION

Maternal and child health are becoming crucial issues, with increasing expectations of the community in health care quality. The efforts of the strategy through participatory community empowerment approaches developed optimally between mentoring program with other patients movement along secure pregnancy and childbirth; in order to decrease maternal mortality and infant mortality. Maternal mortality in Indonesia in the year 2012 has increased into 359 per 100,000 live births while infant mortality amounted to 25.5 per 1,000 live births. Maternal mortality and infant mortality efforts to reduce it can be done by planning in accordance with age of the mother; to be
effective. The purpose of this study is to correlation between healthy reproductive age groups and contraceptive choice.

Patients Mentoring of Gebrak Student’s Prodi D3 Kebidanan STIKES Karya Husada Kediri on October 2017 – February 2018.

II. METHOD

This research was conducted in January-February 2018 at STIKES Karya Husada Kediri. The research design used is correlation analytic. The population in this study is patient mentoring of Gebrak Student's Prodi D3 Midwifery STIKES Karya Husada Kediri on October 2017 - February 2018. Sampling technique used is total sampling. The sample used is 89 patients mentoring of Gebrak Student's Prodi D3 Midwifery STIKES Karya Husada Kediri on October 2017 - February 2018. Variables in this research are healthy reproductive age groups and contraceptive choice. Patients mentoring of Gebrak Student's Prodi D3 Kebidanan STIKES Karya Husada Kediri on October 2017 - February 2018. Data collection using data recap patients mentoring on Gebrak Student's Prodi D3 Midwifery STIKES Karya Husada Kediri on October 2017 - February 2018 and collection sheet data. The results are then processed and analyzed descriptively for each variable by using formula percentage, then analyzed by using Chi Square Test.

III. RESULTS AND DISCUSSION

This research was conducted in January-February 2018 at STIKES Karya Husada Kediri, with the number of samples 89 patients mentoring of Gebrak Student’s Prodi D3 Kebidanan STIKES Karya Husada Kediri on October 2017 – February 2018. The results are then processed and analyzed descriptively by using the formula percentage, then analyzed by using Chi Square Test.

Table 4.1 The Distribution of Age Patients Mentoring of Gebrak Student’s Prodi D3 Kebidanan STIKES Karya Husada Kediri on October 2017 – February 2018

<table>
<thead>
<tr>
<th>No.</th>
<th>Age</th>
<th>F</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Non Healthy Reproductive</td>
<td>21</td>
<td>24</td>
</tr>
<tr>
<td>2.</td>
<td>Healthy Reproductive</td>
<td>68</td>
<td>76</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>89</td>
<td>100</td>
</tr>
</tbody>
</table>

Based on Table 4.1 it is known that the distribution of patients mentoring of Gebrak Student’s Prodi D3 Kebidanan STIKES Karya Husada Kediri from 89 respondents (the most healthy reproductive age with 68 respondents or 76%). This is in accordance with the actual conditions of the age at that time; with Non Healthy Reproductive Age; the risk of pregnancy and delivery process stages is greater, while the healthy reproductive age group has the lowest risk, which means that the best stage of pregnancy and labor occurs between the age of 20-35 years (healthy reproductive age).

Table 4.2 The Distribution of Contraceptive Choice of Patients Mentoring of Gebrak Student’s Prodi D3 Kebidanan STIKES Karya Husada Kediri on October 2017 – February 2018

<table>
<thead>
<tr>
<th>No.</th>
<th>Choice Contraception</th>
<th>F</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Non Contraception</td>
<td>43</td>
<td>48</td>
</tr>
<tr>
<td>2.</td>
<td>Contraception</td>
<td>46</td>
<td>52</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>89</td>
<td>100</td>
</tr>
</tbody>
</table>

Based on Table 4.2 it is known that the distribution of patients mentoring of Gebrak Student’s Prodi D3 Kebidanan STIKES Karya Husada Kediri on October 2017 – February 2018, from 89 respondents (the most of contraception choice with 46 respondents or 52%). Contraception choice is the right of patients and family in making family planning decisions; temporary choice can be made with simple contraception (MAL); before deciding to use one of the most effective contraceptives.
Table 4.3 Cross tabulation between Age Groups and Choice Contraception patients mentoring of Gebrak Student’s Prodi D3 Kebidanan STIKES Karya Husada Kediri on October 2017 – February 2018

<table>
<thead>
<tr>
<th>No</th>
<th>Age Groups</th>
<th>Choice Contraception</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Non Contraception</td>
<td>Contraception</td>
</tr>
<tr>
<td>1.</td>
<td>Non Healthy Reproductive</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(48%)</td>
<td>(52%)</td>
</tr>
<tr>
<td>2.</td>
<td>Healthy Reproductive</td>
<td>33</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(48%)</td>
<td>(52%)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>43</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(48%)</td>
<td>(52%)</td>
</tr>
<tr>
<td></td>
<td>Uji Chi Square</td>
<td>p = 1,000</td>
<td></td>
</tr>
</tbody>
</table>

Based on the result of the research in table 4.3, it was found that there were 35 (52%) respondents of healthy reproductive age group of contraceptive choice; meanwhile, among the women of non healthy reproductive age group, there are 11 (52%) respondents of contraceptive choice. Chi Square Test results obtained p = 1,000 (there is no correlation between healthy reproductive age group and contraceptive choice). This is some contrary to the rational contraceptive choice. For the non healthy reproductive Age (< 20 years) group entering the phase of delaying pregnancy and those age ≥ 35 years entering phase not pregnant again; this is because a woman has been able to conceive as soon as she gets her first menstruation (menarche); a woman’s fertility will continue until menopause; the best pregnancy and childbirth or the lowest risk for mother and baby is between 20-30 years. With contraceptive choice helps reduce maternal mortality and infant mortality.

IV. CONCLUSION

a. The most of the respondents’ age categories included healthy reproduction with 68 (76%).
b. The most respondents have been contraceptive choice with 46 (52%).
c. There is no correlation between healthy reproductive age group and contraceptive choice.

V. REFERENCES


Ikatan Bidan Indonesia


