



Relation of Education, Age, and Parity To The Choice of Long- Acting and Permanent Methods (Lamps) And Non Lamps

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Abstrak

Indonesia merupakan penyumbang jumlah penduduk terbesar keempat di dunia setelah China, India, dan Amerika Serikat. SDKI 2017 menunjukkan angka fertilitas total/Total Fertility Rate (TFR) sebesar 2,4 anak perwanita. Salah satu program untuk menekan angka pertumbuhan penduduk dan TFR yaitu melalui program Keluarga Berencana (KB). Penelitian ini bertujuan untuk mengetahui hubungan pendidikan, usia dan paritas terhadap pemilihan kontrasepsi Metode Kontrasepsi Jangka Panjang (MKJP) dan non MKJP di Desa Tanjung Anom, Kecamatan Salaman, Kabupaten Magelang, Provinsi Jawa Tengah. Penelitian ini bersifat deskriptif analitik dengan metode cross sectional. Waktu pengambilan data pada bulan Oktober 2015. Sampel penelitian adalah wanita usia subur yang menggunakan kontrasepsi baik MKJP maupun MKJP yang berjumlah 46 orang. Instrumen penelitian yang digunakan adalah kuesioner. Analisa data dilakukan secara univariat dan bivariat. Hasil penelitian tidak terdapat hubungan yang bermakna antara pendidikan, usia dan paritas terhadap pemilihan kontrasepsi baik MKJP maupun non MKJP. Pemilihan metode kontrasepsi bukan hanya dipengaruhi pendidikan, usia dan paritas, tetapi juga faktor Sosio-Demografi, faktor Sosio-Psikologi, dan pelayanan kesehatan.

Kata Kunci : Paritas, Keluarga Berencana, Kontrasepsi Jangka Panjang

Abstract

Indonesia is the fourth largest contributor to the population in the world after China, India and the United States. The 2017 Indonesia Basic Health Survey (IBHS) showed the total fertility rate (TFR) was 2.4 children per woman. One program to reduce population growth rates and TFR is through the Family Planning (FP) program. This study aims to determine the relationship of education, age and parity to the choice of contraceptive methods for Long-Acting and Permanent Methods (LAMs) and non LAMs in Tanjung Anom Village, Salaman Subdistrict, Magelang Regency, Central Java Province. This research was conducted with cross sectional method. The data collection was done in October 2015. The study sample was women of childbearing age who used contraception in LAMs and non LAMs as many as 46 people. The research instrument used was a questionnaire. Data was analyzed by univariate and bivariate. The result of the study showed that there was no significant relationship among education, age and parity towards the choice of both LAMs and non LAMs. The selection of contraceptive method is not only influenced by education, age and parity, but also by Socio-Demographic factors, Socio-Psychological factors, and health services.

Keywords : Parity, Family Planning, Long-Acting Contraception

INTRODUCTION

Indonesia is the fourth largest contributor to the population in the world after China, India and the United States. Based on the result of the 2010 population census, Indonesia's population is 237,556,363 people consisting of 119,507,580 men and 118,048,738 women, with a population growth rate (PGR) increasing by 1.49 percent. If it is not addressed, it is estimated that Indonesia's population will reach 321 million by 2025 (1).

The 2017 Indonesia Basic Health Survey (IBHS) shows that the total fertility rate (TFR) is 2.4 children per woman, which means that an average woman in Indonesia gives birth to 2.4 children during her lifetime (2).

One of program to reduce population growth is through the Family Planning Program. The Republic of Indonesia Government Regulation Number 87 of 2014 concerning the Development of Population and Family Development, Family Planning, and Family Information Systems states that Family Planning Program is an effort to regulate the birth of children, ideal rate and age of giving birth, and pregnancy through promotion, protection and assistance in accordance with the reproductive rights to create a quality family (3).

Family planning (FP) is a process that usually involves a discussion between a woman, a man and a trained FP service provider focusing on family health and the desires of the couple to either limit or space their family. There are different methods used for FP. Contraceptive methods used for FP can be grouped into two categories programmatically. These are long-acting and permanent methods (LAMPs), usually intrauterine devices, implants,

sterilization and short-term methods (non LAMPs) usually pills, condoms, spermicides, injectables, other modern methods, and all traditional methods. Long-acting and permanent methods are usually used to limit childbearing, where as short-term methods are better suited for women who want to delay but not forfeit having a child (4).

The Ethiopian National reproductive health strategy set provision of all family planning methods with special emphasis on long term and permanent methods of contraception which are the most effective contraceptives, can substantially reduce the high levels of maternal mortality and morbidity as well as unwanted pregnancies and unsafe abortion. Long acting family planning is used as a key strategy of achieving one of its primary goals of reducing unwanted pregnancies and enabling individuals to achieve their desired family (5).

In Indonesia Current contraceptive usage is dominated by short-term contraception, especially injections (62.77%) and pills (17.24%). Though injections and pills are included in the short-term contraceptive methods (non LAMPs), the effectiveness of injections and pills in controlling pregnancy is lower than that of LAMPs. The level of LAMPs usage, namely IUDs, male surgery methods (MSM/ vasectomy) and the female surgery method (FSM / tubectomy) was only 17.45% and the other 81.23% used family planning of non LAMPs and 1.32% used traditional family planning (3).

In Central Java Province the coverage of active family planning participants was 65.56%, only 20.15% of these active family planning

participants used the LAMPs. Coverage of the use of LAMPs methods in Central Java Province is lower than in Bali (39.14%), Yogyakarta (36.03%) and East Nusa Tenggara (30.49%) (2).

LAMPs is considered effective because it is an ideal long-term contraception in space for pregnancy. (Jurisman, Ariadi, & Kurniati, 2016). This study aims to determine the relationship of education, age and parity to the choice of LAMPs and non-LAMPs in Tanjung Anom Village, Salaman Subdistrict, Magelang Regency, Central Java Province.

MATERIALS AND METHODS

This research based with *cross sectional* method conducted in Tanjung Anom Village, Salaman Subdistrict, Magelang Regency, Central Java Province. The data collection was done in October 2015. The population of this study were married women of childbearing age (MWCA) who were active as family planning acceptors, both LAMPs and non-LAMPs. The study sample was married women of childbearing age who used contraception both LAMPs and non-LAMPs as many as 46 respondents.

The sampling method used in this study was a total sampling taken from four villages namely Rejosari Ist and Madusari Ist, IInd, IIIrd. The research instrument used was a questionnaire. The steps of data processing include checking data (editing), giving code to each data (coding), entering data (entry) and re-checking the possibility of errors (cleaning). The data obtained were analyzed by univariate and bivariate, using Statistical Package for Social Sciences (SPSS) version 17.

RESULT AND DISCUSSION

Univariate Analysis

Based on table 1, it can be seen that of the 46 respondents, 54.3% (25 people) chose the non long-term contraceptive method and the remaining 45.7% (21 people) chose to use the long-term contraceptive method. There were 29

Table 1. Frequency Distribution of the Choice of Contraception Types and Characteristics on Women of Childbearing age

Variable	Number (n)	Percentage (%)
Contraception Types		
LAMPs	21	45.7
Non-LAMPs	25	54.3
Age of childbearing women		
24-35 years	29	63.05
>35 years	17	36.95
Education Level		
Low	33	71.7
Moderate	11	24.0
High	2	4.3
Parity		
≤ 2	33	71.4
>2	13	28.6

respondents (63.05%) who were recorded to have ages between 24-35 years and the remaining 17 respondents (36.95%) were recorded as having > 35 years of age. The education level of respondents was dominated by low education level with the number of 33 respondents (71.7%) followed by moderate education levels as many as 11 respondents (24%) and higher education levels as many as 2 respondents (4.3%). Whereas for parity more dominated by parity ≤ 2 as many as 33 respondents (71.4%) and the remaining 13 respondents (28.6%) had a number of children > 2.

Bivariate Analysis

Table 2. Relationship between Age and the Choice of Contraceptive Method Types on Women of Childbearing Age

Age	The Choice of Contraception Types				P-Value
	LAMPs		Non-LAMPs		
	n	%	N	%	
20-35 years	14	48,3	15	51,7	0,873
>35 years	7	41,2	10	58,8	
Total	21	45,7	25	54,3	

Based on the results of the bivariate analysis in table 2, it is found that the p-value is 0.873 (> α 0.05). This shows that Ho is

Table 3. Relationship between Level of Education and Choice of Contraceptive Method Types on Women of Childbearing Age

Education	The Choice of Contraception Types				P-Value
	LAMPS		Non-LAMPS		
	f	%	F	%	
Low	15	45,5	18	54,5	0,362
Moderate	6	54,5	5	45,5	
High	0	0	2	100	
Total	21	45,7	25	54,3	

accepted, so it can be concluded that there is no significant relationship between age and choice of contraceptive methods on women of childbearing age.

Based on the results of the bivariate analysis in table 3, it is found that the p-value is 0.362 ($> \alpha 0.05$). This shows that H_0 is accepted, so it can be concluded that there is no significant relationship between the level of education and the selection of contraceptive methods on women of childbearing age.

Table 4. Relationship between Parity and the Choice of Contraceptive Method Types on Women of Childbearing Age

Parity	The Choice of Contraception Types				P-Value
	LAMPS		Non LAMPS		
	f	%	F	%	
≤ 2 children	14	42,4	19	57,6	0,710
>2 children	7	53,8	6	46,2	
Total	21	45,7	25	54,3	

Based on the results of bivariate analysis in table 4, founded that p-value is 0.710 ($> \alpha 0.05$). This shows that H_0 is accepted, so it can be concluded that there is no significant relationship between parity and the choice of contraceptive method on Women of Childbearing Age. In this study, the researchers divided the two categories of types of contraceptive methods, namely LAMPS (Long-term Contraceptive Method) and Non-LAMPS (Non-Long-Term Contraceptive Methods). Most women of childbearing age use the non LAMPS method as a contraceptive method which is equal to 54.3% (25 people)

and as many as 45.7% (21 people) choose to use the LAMPS contraceptive method. Study in Northwest Ethiopia showed that, demand for long acting contraceptives methods was 17%. Only 9,2% of the women were using long acting contraceptive methods. About 7,8% of women were using short acting methods while they actually want to use long acting methods (6).

Based on the results of the *Chi Square test*, the relationship between age and the choice of contraceptive method obtained p-value of 0.873, so it means that there is no significant relationship between the respondent ages with the choice of contraceptive method types. The result showed women who using LAMPs as many as 45,7% (21 people). Study acceptance of long acting contraceptive methods and associated factors among women in Mekelle City, Northern Ethiopia increment of women who were using long acting reversible contraceptive methods were found within the age group of 25-29 years as many as 32,1% (18 people) (7).

The research conducted by Syukaisih in 2015 also stated the same thing that there was no significant relationship between the age of women in the selection of contraceptive methods with the p-value of 0.897. In this case age is not the only one that becomes a benchmark in the maturity of decision making, especially in decisions in choosing the type of contraceptive method. Many things lay behind a person in deciding a type of contraceptive method such as access to services, information about contraception, etc (8).

Relationship between Education Level and Choice of Contraceptive Methods obtained p-value of 0.362, which means that there is no significant relationship between the education level of respondents to the choice of the type of contraceptive method. Research conducted in the State of Bangladesh by Haque in 2010 found that women who were at the higher education level had a greater chance of experiencing the

lack of fulfillment of contraceptive services (9). Contraceptive use will be higher in respondents who are in the low education classification. This shows that formal education undertaken by a person does not always influence his/her decision in choosing the type of contraceptive method. Education and knowledge about the types of contraceptive methods are usually obtained through ICE (Information Communication and Education) directly both through health workers and information media (10).

The study in Western involving all associated variables was performed to identify independent predictors of utilization of LAMPs. Women's education showed significant association with use of LAMPs methods. Those respondents who had secondary school education and below AOR=1.72,95%, CI=1,02-(3,05>95% CI=1,02-3,05) (11).

The Relationship between Parity and the Choice of Contraceptive Methods obtained the p-value of 0.710, which means that there is no significant relationship between the parity of respondents to the choice of the type of contraceptive method. This is in line with the research conducted by Dewi in 2017 which states that there is no significant relationship between parity and the selection of contraceptive methods with a p-value of 0.075. The number of children a woman has does not affect her decision in choosing the type of contraception method. This is motivated by a variety of factors because the choice of type of contraception is based on various factors (8). Betrand (1980) states that the factors that influence respondents in the selection of contraceptive methods include the existence of Socio-Demographic factors, Socio-Psychological factors, and factors related to service not only the number of children living (13).

However, this is not in line with the theory claimed by Brham (2006) which said that in general, nulliparous women are recommended

to use other types of contraception, such as hormonal ones. LAMPS was not recommended because of the difficulty installation and higher expulsion rates than women who just given birth and can also interfere future fertility (13).

CONCLUSION AND RECOMMENDATION

Based on the results of the study, it is found that there is no significant relationship of education, age and parity with contraceptive choice both LAMPs and non-LAMPs. There should be improvement of health facility services in providing counseling for contraceptive used, especially long-term contraceptive methods (LAMPS) for family planning acceptors.

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