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Relationship between Long-Term Contraception Methods and the Knowledge and Motivation Levels of Fertile Age Women

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ABSTRACT

The KB coverage is currently just 25.05 percent, while the MKJP objective is 70%. The low coverage of family planning will be affected by the resident's rapid growth due to high fertilization, which would negatively impact the keluarga's quality of life. The purpose of this study is to understand the relationship between the level of knowledge and motivation of suburgent people and the application of the long term method of analysis. This type of research is an analytical survey using a cross-sectional design. Sampel 43 people. Instrument for data collection using a kuesioner. Chi-square is used in both univariate and bivariate data analysis. Out of 43 respondents, the study's findings indicate that 14 respondents (32,6%) had a mediocre understanding of MKJP, 8 respondents (18,6%) had a strong motivation, and 29 respondents (67.4%) did not use MKJP. The results of the bivariate analysis of the relationship between the level of WUS and the use of MKJP show that there is a relationship between the tingkat of WUS and the use of MKJP (p-value = 0,001), and the results of the relationship between the motivation of WUS and the use of MKJP show that there is a relationship between the motivation and the use of MKJP (p-value = 0.000). It is hoped that the suburgent women would be more active in seeking out information on MKJP through a survey that is in line with health regulations. For the sake of health, more information and research into MKJP should be provided.

Keywords: knowledge, motivation, use of long-term contraceptive methods, women of childbearing age

BACKGROUND

Family planning (KB) is an effort to regulate the birth of children, the ideal birth distance and age, regulate pregnancy, through promotion, protection and assistance in accordance with reproductive rights to create a quality family. It is stated in the Government Regulation of the Republic of Indonesia Number 87 of 2014 concerning Population Development and Family Development, Family Planning and Family Information Systems (Ministry of Health of the Republic of Indonesia, 2018). Family planning is an effort to increase awareness and community participation through increasing the age of marriage, birth control, fostering family resilience, improving the welfare of mothers and children and improving family welfare to create small, happy and prosperous families to control Indonesia's population growth (BKKBN, 2018).

According to the Ministry of Home Affairs, the population of Indonesia as of December 31 2021 was 273,879,750 people. Consisting of 138,303,472 male residents and 135,576,278 female residents. Meanwhile, according to projection figures from the Central Statistics Agency, Indonesia's population in 2021 will be 272,682,515 people, consisting of

137,871,054 men and 134,811,461 women (Ministry of Health of the Republic of Indonesia, 2021). Indonesia is a developing country with various types of problems. The main problem is the population explosion which in recent years has been difficult to control. Rapid population growth is a result of high fertilization, so it will have an impact on the welfare of family life, which will become a source of poverty and hamper economic growth. Efforts to create quality families, the main target is to control population growth and increase quality small families, marked by increased use of rational, effective and efficient contraceptive methods.

The government's current policy on family planning focuses on the use of long-term contraceptive methods (MKJP). The Long Term Contraceptive Method (MKJP) is an effective contraceptive method because it can provide protection from the risk of pregnancy for a period of up to 10 years. The Long Term Contraceptive Method (MKJP), is considered the most cost effective with a success rate of 99%. The use of MKJP in Indonesia it self is still relatively low which is influenced by several factors such as: social, demographic, economic, and facilities factors as well as factors related to the quality of service from MKJP it self (Ministry of Health of the Republic of Indonesia, 2021).

According to the National Population and Family Planning Agency (BKKBN) 2021, the coverage of new Family Planning (KB) participants and active Family Planning (KB) in Indonesia in 2021, 63.7 million KB injection participants, 17 million KB pills, 1.2 million condoms, 7.4 million implants, 7.4 million IUD (Intra Uterine Device) participants, Female Operation Method (MOW) as many as 2.7 million participants, Male Operation Method (MOP) as many as 500,000 thousand participants, this shows that the use of MKJP contraception is less than the use of NON MKJP contraception.

Based on data from the West Papua Provincial Health Service in 2023, data on the use of MKJP in West Papua province, namely implants, was (15.26%), IUD (10.15%), MOW (4%) and the use of the MOP method was (0.62%). The South Manokwari Regency area has the lowest MKJP coverage with 34,668 active family planning participants, with details of the number of acceptors using MKJP, namely 8,685 acceptors (25.05%), and non-MKJP, namely 26,017 acceptors (75.04%), with the number of implant acceptors 4,568 (7.81%), IUD 1,915 (3.27%), MOW 1,911 (3.26%), MOP 291 (0.49%).

METHODS

Long Term Contraceptive Method (MKJP) is a form of contraceptive method used to support family planning programs to create quality families. The family planning program itself aims to help people realize reproductive rights through promotion, protection and provision of services which include setting the ideal age for marriage, number of children, birth spacing and improving family welfare. In general, contraceptive methods are classified into two groups, namely Long-Term Contraceptive Methods (MKJP) and Non-MKJP methods (BKKBN, 2015). Although the Non-MKJP method is more commonly used, MKJP is considered more effective, more cost-effective, and more tolerable by users. MKJP is a contraceptive method that has long-term effectiveness, because its use can last from three years to a lifetime. The types of contraception included in the MKJP include intrauterine devices (IUD), implants, female surgical methods (MOW), and male surgical methods (MOP) (BKKBN, 2017). With its advantages, the use of MKJP is an important strategy in increasing the success of family planning programs and in reducing the number of unplanned pregnancies.

RESULTS

Respondent Characteristics

Table 1. Respondent Characteristics

Respondent Characteristics		Frequency (f)	Percentage (%)
Age	≤ 35 years	11	25,6
	> 35 years	32	74,4
Amount		43	100
Education	Elementary School	3	7
	Junior High School	22	51,1
	Senior High School	17	39,6
	College	1	2,3
Amount		43	100
Number of children	1-4	39	90,7
	≥ 5	4	9,3
Amount		43	100

Based on table 1, the distribution based on respondent characteristics shows that the majority of respondents were aged > 35 years, 32 respondents (74.4%), based on the level of education, the majority were at junior high school level, 22 respondents (51.1%), and based on the number of children, the majority were 39 respondents (90.7%).

Univariate Analysis

Knowledge Level of Women of Childbearing Age

Table 2. Frequency Distribution of Knowledge Levels of Women of Childbearing Age

Knowledge Level	Frequency (f)	Percentage (%)
Good	9	20,9
Enough	20	46,5
Not enough	14	32,6
Amount	**43**	100

Based on table 2, it is known that of the 43 respondents, it was found that almost half of the respondents (32.6%) had a poor level of knowledge.

Motivation of Women of Childbearing Age

The frequency distribution of respondents based on motivation regarding Long-Term Contraceptive Methods is presented in table 3

Table 3. Frequency Distribution of Motivation for Women of Childbearing Age

Motivasi	Frequency (f)	Percentage (%)
Strong	6	14,0
Currently	29	67,4
Weak	8	18,6
Amount	**43**	100

Based on table 3, it is known that of the 43 respondents, very few respondents (14.0%) had good motivation.

Use of MKJP in Women of Childbearing Age

The frequency distribution of respondents based on the use of Long-Term Contraceptive Methods is presented in table 4

Table 4. Frequency Distribution of MKJP Use in Women of Childbearing Age

Use of MKJP	Frequency (f)	Percentage (%)
Yes	29	67,4
No	14	32,6
Amount	**43**	100

Based on table 4, it shows that of the 43 respondents, the majority of respondents (67.4%) did not use MKJP.

Bivariate Analysis

Relationship between Level of Knowledge and Use of Long-Term Contraceptive Methods

Table 5. Relationship between Knowledge Level and Use of Long-Term Contraceptive Methods

Knowledge Level	Use of MKJP				Amount		p-value
	Yes		No				
	F	%	F	%	F	%	
Good	9	20,9	5	11,6	14	32,6	0,001
Enough	5	11,6	15	34,9	20	46,5	
Not enough	0	0	9	20,9	9	20,9	
Amount	14	32,6	29	67,4	43	100	

Based on table 5, it can be seen that of the 14 respondents (32.6%) who had a good level of knowledge, 5 respondents (11.6%) did not use MKJP. Meanwhile, of the 20 respondents (46.5%) who had a sufficient level of knowledge, 15 respondents did not use MKJP, and of the 9 respondents (20.9%) who had insufficient knowledge, all of them did not use MKJP.

From the results of statistical tests using Chi-Square, the p-value = 0.001 ($p < 0.05$), which means that there is a relationship between the level of knowledge and the use of Long-Term Contraceptive Methods.

The Relationship between Motivation and the Use of Long-Term Contraceptive Methods

Table 6. The Relationship between Motivation and the Use of Long-Term Contraceptive Methods

Knowledge Level	Use of MKJP				Amount		p-value
	Yes		No				
	F	%	F	%	F	%	
Good	6	14,0	0	0	6	14,0	0,000
Enough	6	14,0	23	53,5	29	67,4	
Not enough	2	4,7	6	14,0	8	18,6	
Amount	14	32,6	29	67,4	43	100	

Based on table 6, it can be seen that of the 6 respondents (14.0%) who had strong motivation, all respondents used long-term contraceptive methods (MKJP). Meanwhile, more than half of the 29 respondents (67.4%) who had moderate motivation, namely 23 respondents (53.5%) did not use MKJP, and of the 8 respondents who had weak motivation, 2 of them used MKJP.

From the results of statistical tests using Chi-Square, it was found that p-value = 0.000 ($p < 0.05$), which means that there is a relationship between motivation and the use of Long-Term Contraceptive Methods.

DISCUSSION

Level of Knowledge of Women of Childbearing Age

Based on table 4 it can be seen that of the 43 respondents who were the research sample, almost half (46.5%) had a sufficient level of knowledge. This shows that a small proportion of respondents have insufficient knowledge. The results of this study are in line with research conducted by Lusiana (2022). The results showed that most (55%) of respondents had sufficient knowledge about MKJP. Respondents who had good knowledge but did not use MKJP KB were because they were afraid and embarrassed if MKJP KB such as IUDs, implants, and MOW or sterile were installed, then respondents who had sufficient knowledge did not want to use MKJP KB because they did not really understand MKJP KB and some were based on beliefs and even some were prohibited by their husbands, and for respondents who had insufficient knowledge and did not use MKJP KB, it was also because they did not understand MKJP KB and were influenced by other people (Trisnawati, 2022).

The same study was also conducted by Sari (2019) that more than half of the respondents had good knowledge about long-term contraceptive methods. Respondents' knowledge was influenced by the level of education of respondents, as many as 56% of respondents had a high school education (Sari, 2019). Another study conducted by Rindiarti, et al. (2023) stated in their study that respondents with a low level of knowledge about IUD contraception were due to their education low, People with higher education will usually act more rationally. Therefore, educated people will be more receptive to new ideas. Likewise, determining family planning patterns and basic patterns of contraceptive use and improving family welfare (Rindiarti, 2023).

Knowledge or cognitive is a very important domain for the formation of a person's actions including in choosing a contraceptive. The low interest of female KB acceptors in choosing the Long-Term Contraceptive Method (LTM) is inseparable from the low knowledge of the contraceptive. So it is very necessary to have a good understanding of LTM (Notoatmodjo, 2012). The level of knowledge of women of childbearing age about the use of LTM is influenced by several supporting factors of knowledge that exist around women of childbearing age, including education, work and age. Education is an effort to develop personality and abilities and this lasts a lifetime.

Knowledge is closely related to education where it is expected that someone with higher education will have broader knowledge (Wawan & Dewi, 2010). In addition, the lack of information sources can affect the level of knowledge of women of childbearing age. Information can be disseminated through counseling or leaflets such as leaflets or communication media. With information from health workers, the level of knowledge of women of childbearing age is increasing, especially about MKJP.

According to the researcher's assumption, based on the questionnaire distributed to 43 women of childbearing age, the majority of respondents (72.1%) answered correctly.

Question number 1, namely "Implants, IUDs, MOWs are types of MKJP or not?", shows that most women of childbearing age already know what types of MKJP contraception are. While in question number 19, namely "Are there any changes in sexual function from the use of MOW?", most respondents (58.1%) answered incorrectly. Likewise in question number 3, namely "spiral/IUD is a contraceptive under the skin of the arm/not" a small number of respondents (41%) answered incorrectly. Furthermore, in question 5, namely "can women who menstruate have an IUD installed/not?", as many as (44.%) respondents could not answer the question correctly. In question number 8, regarding "IUDs are not recommended because they affect breast milk, true or false?" as many as (44%) respondents could not answer the question correctly. Based on the questionnaire, it can be concluded that women of childbearing age only know what long-term contraceptive methods are and their types, but they do not understand the working mechanism of the MKJP.

Motivation of Women of Childbearing Age

Based on table 5 it can be seen that most respondents have moderate motivation. This shows that very few respondents have weak motivation towards using long-term contraceptive methods. The

results of this study are in line with research conducted by Sumy (2021) which found differences in motivation before and after video media health promotion, this was caused by several things, namely an increase in information for mothers when given health promotion. This study also proves that knowledge is the most influential factor to determine motivation because new knowledge can stimulate someone to think rationally, thereby creating a motivational drive (Sunny, 2021).

Another study in line with this was also conducted by Pradista (2022) that before being given health education, most respondents had moderate motivation, then after being given health education, the level of motivation of respondents in using long-term contraception increased by 95%. Motivation can be said to be a series of efforts to provide certain conditions, so that someone wants and wants to do something, and if they don't like it, they will try to eliminate or avoid that feeling of dislike. So, motivation grows from within a person but motivation can also be stimulated by external factors. Motivation is an urge within a person to try to make better behavioral changes in meeting their needs (Hamzah, 2016).

According to the researcher's assumption, Based on the questionnaire distributed to 43 respondents of fertile women where in statement number 3, namely "The number of children influences the decision to use MKJP" most respondents (69%) answered "Agree", then for statement number 11, namely "many mothers are afraid to use MKJP type MOW because surgery is performed" almost half of the respondents (44.1%) answered "agree", in statement number 20, namely "I choose to use MKJP", almost half of the respondents (41.8%) answered strongly disagree. In this study it is illustrated that the number of children can also influence mothers or WUS to use KB MKJP. In addition, through the questionnaire it was found that respondents did not want to use MOW KB because they were afraid of surgery, and a small number of respondents did not want to use MKJP. According to researchers, respondents who have weak motivation can be because the respondents also have a low level of knowledge, if the level of knowledge of the respondents is good, then from a good understanding of MKJP it will create motivation from within the women of childbearing age to use MKJP, because respondents who have good knowledge of MKJP certainly already understand a lot about the advantages and disadvantages of MKJP.

Use of MKJP in Women of Childbearing Age

Based on table 5 it shows that out of 43 respondents, most respondents (67.4%) did not use MKJP. This shows that most respondents do not use MKJP. The results of this study are in line with research conducted by Maria, et al. (2020) that respondents' knowledge is good but their interest in choosing MKJP contraceptives is still low. This is due to the lack of motivation from within the respondents to use MKJP so that even though the respondents' knowledge is high but from within there is no motivation to use MKJP, the respondents will continue to use non-MKJP because according to the results of the interview, the respondents said that non-MKJP use is simpler than MKJP (Koba, 2020).

According to the researcher's assumptions based on the questionnaire distributed to each respondent, it was found that more respondents used short-term contraceptive methods (non-MKJP) such as injections and birth control pills. When asked the reasons for not wanting to use long-term contraceptives, respondents said they were afraid during installation, some also thought that MKJP was dangerous, and so on. It was apparent that many respondents did not really understand about MKJP.

Relationship between Knowledge Level and Use of Long-Term Contraceptive Methods

The results of the analysis of the relationship between the level of knowledge and the Use of Long-Term Contraceptive Methods obtained a p value = 0.001 ($p < 0.05$). So it can be concluded that there is a significant relationship between the level of knowledge of fertile women acceptors and the use of MKJP. This study is in line with the research of Ari Widyarni (2022) who obtained the same results as the researcher, namely showing that there is a relationship between the level of knowledge of fertile women and the use of MKJP KB with a p-value = 0.001 ($p < 0.05$). WUS who have good knowledge about MKJP will influence the decision to use MKJP because it is

based on good knowledge about MKJP information. Likewise, WUS with poor knowledge about MKJP will cognitively have a poor understanding of MKJP, thus influencing the decision not to use MKJP. Respondents who have good knowledge but do not use MKJP KB are because the respondents are afraid and embarrassed if MKJP KB such as IUD, Implant and MOW or sterile are installed, then respondents who have sufficient knowledge do not want to use MKJP because they do not really understand MKJP and some are based on beliefs and some are even prohibited by their husbands and for respondents who have less knowledge and do not use MKJP KB, it is also because they do not understand MKJP KB and are influenced by other people (Widyarni, 2022).

CONCLUSION

Based on the research findings, it was found that nearly half of the respondents (32.6%) have a low level of knowledge regarding Long-Term Contraceptive Methods (LTCMs). Furthermore, only a small proportion of respondents (14.0%) demonstrated good motivation to use LTCMs. The majority of respondents (67.4%) do not use LTCMs in their family planning practices. These findings indicate a significant relationship between the level of knowledge among women of childbearing age and the use of LTCMs, as well as a relationship between their motivation and the use of such methods. Therefore, improving knowledge and motivation could play an important role in increasing the adoption of long-term contraceptive methods.

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