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ANALYSIS OF FACTORS INFLUENCING CONTRACEPTIVE USE AMONG FERTILE AGE COUPLES (PUS) IN TEBING TINGGI DISTRICT

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ABSTRACT

An increase in the Total Fertility Rate (TFR) leads to a growing population and a decline in family quality within a society. This study aims to identify the factors influencing contraceptive use among couples of reproductive age in Tebing Tinggi District. A cross-sectional design was employed, with multivariate analysis used for prediction models. The sample consisted of couples of reproductive age in Tebing Tinggi District, West Tanjung Jabung Regency, selected through a simple random sampling method. Six variables were found to be significantly associated with contraceptive use: husband's support, knowledge, education, partner's attitude, perception of side effects, and sources of information. Conversely, there was no significant relationship between the ideal number of children, economic status, and cultural factors with contraceptive use. The dominant factor influencing contraceptive use was husband's support, showing a higher likelihood of contraceptive use among couples who received support from their husbands. Health facilities play a crucial role as pioneers in providing education to couples of reproductive age regarding contraceptive use, thus potentially increasing participation in family planning programs among these couples.

Keywords: contraception; couples of reproductive age; husband's support.

INTRODUCTION

Indonesia is a developing country with the 4th largest population in the world. Indonesia also ranks fifth highest out of eleven ASEAN countries for total birth rates. According to data from the Central Statistics Agency (2022), the population of Indonesia in 2020 reached 270,230 people with a growth rate of 1.25% per year. Indonesia's TFR achievement is atposition to 94 Total Fertility Rate (TFR) highest as big as 2.32 child per woman age fertile. If TFR is assuming that Indonesia is an indicator of the success of implementing the family planning program, left behind If compared to with other country (Listyaningsih & Satiti, 2022). Based on the data obtained, the Indonesian government in addressing the problem of high population has created a policy to suppress the population growth rate, namely the Family Planning (KB) program (BKKBN, 2016). Family planning is an effort to regulate child birth, spacing and ideal age of childbirth to create a quality family. Family planning services are basic and primary preventive health service efforts. In carrying out these efforts, one of the Family Planning program strategies used is to reduce the birth rate by using contraceptives (Jurisman et al., 2016)

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Contraception is a tool or drug that is used to prevent pregnancy or not want to add descendants. Contraception Also aims to regulate the maturation of marriage, regulate pregnancy and birth, maintain the health of mothers and children and increase the resilience of family welfare. The way contraception works is by preventing ovulation, thickening cervical mucus and making the uterine cavity unready to receive fertilization and preventing the meeting of egg cells with sperm cells (Kasim & Muchtar, 2019).

According to the World Health Organization or WHO (2019), the use of Non Long-term Contraceptive Methods (MKJP) has increased more than the use of MKJP worldwide from 1990 (54%) to (57.4 %). This increase in the use of non-MKJP contraception MKJP that is inject 35.3 %, pill 30.5%, whereas for use MKJP on contraception Intrauterine Device (IUD) 15.2%. Prevalence of IUD use IUD most throughout the world is currently found in China (30%), Europe (13%), the United States (5%) and other developing countries (6.7%).

Based on the results of the 2021 Indonesian Family Data Collection conducted by agency National Population and Family Planning Agency (BKKBN) show partner age is fertile in Indonesia at the moment. This more people use non-MKJP contraception, including injections at 59.91%, Pill 15.79% And Condom 1.84%. Whereas on use MKJP (22.4 %) (BKKBN, 2021).

The variable of husband's support is very necessary for a wife to be able to use contraception. Husband and wife have a responsibility in using contraception, therefore the contraception chosen reflects the desires and needs of the husband and wife. This support is useful for individuals in behaving healthily. In addition, education can also affect the use of contraception, the higher the education a person has, the better their knowledge of contraception itself. Work will affect the performance of a person's brain capacity. The performance and ability of a person's brain to store (memory) increases or improves when used frequently, this is directly proportional to when a person's work uses the brain more than muscles (Aprillia et al., 2020). Knowledge variables can influence contraceptive use. Knowledge can influence someone in doing something. The higher the level of knowledge of a person about family planning, the higher the number of family planning visits a person will make (Supriadi, 2017).

The partner's attitude is also a benchmark in influencing the use of contraception. Based on the research results obtained a p-value of 0.006 with mark own risk (OR) 5250, which it means attitude Which negative more at risk 5.2 time to not use contraception rather than a positive attitude (Salsabilla et al., 2018). Based on research, the ideal number of children is also a trigger for the use of contraception. From the results obtained, the p-value is 0.001 with mark OR 4487. That it means amount of child ideal is not enough from 2 more 4.4 times risk of not using contraception than the ideal number of children more than 2 (Putri & Adriyani, 2018). Perception of side effects can also affect the use of contraception in particular. Based on the results of the study, it was found that the p-value was 0.005 with OR 3500 so partners who experience side effect at risk 3.5 times experienced drop out or not using contraception (Setiyani, 2020).

The next factor is economic status. From the research results, the value obtained p-value 0.002 with OR 5.574 Which means somebody with low status economic status has a greater chance of not using contraception with a risk of 5.5 times compared to someone with high economic status (Kunang, 2016). A person's cultural customs also affect the use of contraception. Based on the results of the study, a p-value of 0.014 was obtained with an OR of 0.276, which means that someone who has a culture that does not prohibit 0.276 times has a greater chance of choosing contraception (Bernadus et al., 2013). Source information which there is can influence use contraception. Based on the research results, a p-value *of* 0.007 was obtained with an OR of 4.0, which means that respondents who have information have a 4 times greater chance of being interested in using contraception. With level trust 95% believed that the OR value (1.442-11.238) (Dalimawaty, 2021).

Tebing Tinggi District is one of the districts in West Tanjung Jabung Regency that has experienced a decline in the number of contraceptive use. It is proven that based on an initial survey conducted on 70 fertile couples in Tebing Tinggi District who use contraceptives, there are 55 people (78.6%) who use contraceptives, while 15 people (21.5%) do not use contraceptives. Therefore, it is necessary to conduct research on the causes of the decline in family planning participation in Tebing Tinggi District considering the urgency of the increasing "baby boom" problem in the area. The purpose of this study was to determine the factors influencing the use of contraception in fertile couples (PUS) in Tebing Tinggi District.

METHOD

This study uses a quantitative approach with a cross-sectional research design, namely a research design where independent variables and dependent variables are collected at one time. The population of this study was 3,459 Fertile Age Couples (PUS) in all Tebing Tinggi Districts, while the sample of this study was 70 PUS in Tebing Tinggi District selected based on the simple random sampling method. This study uses primary data, namely data obtained directly from the source with data collection techniques using a questionnaire containing questions on the characteristics of respondents and the variables to be studied. This study uses quantitative data analysis with the dependent variable in this study being the use of contraception, while the independent variables are husband's support, knowledge, education, partner's attitude, perception of side effects, sources of information, ideal number of children, economic status and culture. Variable data analysis uses univariate analysis, bivariate analysis and multivariate analysis. Bivariate analysis is carried out using the chi square test method to determine the relationship between the dependent variable and the independent variable with a p-value <0.05. While multivariate analysis uses a prediction model to determine the dominant factor in contraceptive use. The results of the analysis are presented in the form of tables and narratives.

RESULTS AND DISCUSSION

Univariate Analysis

In this univariate analysis, we can see the frequency distribution of the characteristics of the research respondents.

Table 1 Frequency Distribution Based on Respondent Characteristics.

Respondent Characteristics	Total (n=70)	Percentage (%)
Husband Support		
Does not support	17	24.3
Support	53	75.7
Knowledge		
Not enough	21	30
Good	49	70
Education		
Low	22	31.4
Tall	48	68.6
Couple Attitude		
Bad	15	21.4
Good	55	78.6
Perception of Side Effects		
Yes	19	27.1
No	51	72.9
Resources		
No information received	16	22.9
Get Information	54	77.1
Ideal Number of Children		

>2 children	39	55.7
<= 2 children	31	44.3
Economic Status		
Low	29	41.4
Tall	41	58.6
Culture		
Not enough	32	45.7
Good	38	54.3

Source: Primary Data the Study.

Table 1 shows that respondents who received husband support were 53 people (75.7%) while respondents who did not receive husband support were 17 people (24.3%). The table also shows that respondents with good knowledge were 49 people (70%) and less knowledge were 21 people (30%). Respondents with higher education were 48 people (68.6%) and those with low education were 22 people (31.4%). For the variable of good partner attitude, there were 55 people (78.6%) and those with bad attitudes were 15 people (21.4%). In the side effect variable, it shows that respondents who got side effects were 19 people (27.1%) and those who did not get side effects were 51 people (72.9%). Respondents who received information were 54 people (77.1%), while respondents who did not receive information were 16 people (22.9%). Then those who have an ideal number of children were 31 people (44.3%) and those who had >2 children were 39 people (55.7%). For the economic factor variable, it shows that respondents with a high economy were 41 people (58.6%) while respondents with a low economy category were 29 people (41.4%). And in the culture variable, it shows that respondents who have a good culture were 38 people (54.3%), while respondents who have a less culture were 32 people (45.7%).

Bivariate analysis

Bivariate analysis is used to determine the relationship between each independent variable, namely age, education, occupation, knowledge, husband's support and health worker support with the dependent variable, namely the use of contraception. The Chi Square test is a test used in bivariate analysis.

Table 2 Bivariate Analysis of *Chi Square Test* of Factors Causing Contraceptive Use.

Variables	Use of Contraceptives				P-Value	PR	95% CI	
	No	%	Yes	%			Lw	Up
Husband Support								
Does not support	8	47.1	9	52.9	0.015	4,346	1,319	14,315
Support	9	16.9	44	83.1				
Knowledge								
Not enough	9	42.8	12	57.2	0.018	3,844	1,218	12,130
Good	8	16.3	41	83.7				
Education								
Low	9	69.2	13	59.1	0.027	3,462	1,108	10,818
Tall	8	16.6	40	83.4				
Couple Attitude								
Bad	7	46.7	8	53.3	0.023	3,938	1,158	13,392
Good	10	18.2	45	81.8				
Perception of Side Effects								
Yes	8	41.1	11	57.9	0.032	3,394	1,063	10,836
No	9	17.6	42	82.4				
Resources								
No information received	7	43.7	9	56.3	0.042	3,422	1,028	11,396
Get Information	10	18.5	44	81.5				
Ideal Number of Children								

>2 children	10	25.6	29	74.4	0.760	1,182	0.391	3,577
<= 2 children	7	22.6	24	77.4				
Economic Status								
Low	6	20.7	23	79.3	0.582	0.711	0.229	2,210
Tall	11	26.8	30	71.2				
Culture								
Not enough	8	0.25	24	0.75	0.820	1,074	0.359	3,211
Good	9	23.7	29	76.3				

Source: Primary Data of the Study.

Based on Table 2, the results of the bivariate analysis show the results of statistical tests on the husband's support variable, there is a relationship between husband's support for the use of contraception with a p-value of 0.015 <0.05. For the knowledge variable, it is known that respondents who do not use contraception are more likely to have less knowledge, as many as 42.8% (9 out of 21 respondents) compared to respondents with good knowledge of 16.3% (8 out of 41 respondents). The results of the statistical test state that the p-value (0.018) is smaller than alpha (0.05) so that there is a strong relationship between knowledge and the use of contraception in PUS. Then, the education variable shows that low education is more likely to not use contraception, as many as 69.2% (9 out of 22 respondents) compared to respondents with good education, as many as 16.6% (8 out of 48 respondents), the statistical results also show a p-value of 0.027, which means that there is a relationship between education and the use of contraception. The same thing is also shown by the p-value of the partner's attitude variable of 0.023, which means that there is a significant relationship between the partner's attitude towards the use of contraception. The side effect perception variable shows that there is a significant relationship between the good side effect perception variable and the use of contraception with a p-value of 0.034 <alpha 0.05. The same results are also shown in the information source variable, where respondents who received good information used contraception more 81.5% (44 out of 54 respondents) compared to respondents who did not receive information 56.3 (9 out of 16 respondents).

The ideal number of children variable shows that the p-value is 0.760 > alpha 0.05, which means that there is no strong evidence of the relationship between the ideal number of children and the use of contraception. In addition, respondents who have an ideal number of children use contraception more 25.6% (10 of 39 respondents) compared to respondents who have a non-ideal number of children 22.6% (7 of 31 respondents). While the economic variable shows that the same p-value is greater than the alpha value of 0.05 (0.582 > 0.05) which means that there is no strong relationship between economic variables and the use of contraception in fertile couples. The same thing is also shown in the cultural variable where respondents who have a good culture are more likely to not use contraception by 23.7% (9 of 38 respondents) compared to respondents who have a less culture. The p-value of the cultural variable is 0.820 > 0.05, which means that there is no significant relationship between culture and the use of contraception in PUS.

Multivariate Analysis

Multivariate analysis is conducted to determine the relationship between more than one independent variable and one dependent variable, it must be continued by conducting multivariate analysis. The statistical test used is usually multiple regression, to determine the independent variable that is more closely related to the dependent variable (Notoatmodjo, 2012). In this study, the independent and dependent variables are categorical, so the test used is multiple logistic regression prediction model. Multivariate analysis is done with 3 steps, namely bivariate selection, multivariate modeling and final model. For this, researchers have carried out multivariate analysis steps so that the final model of multivariate analysis is obtained, namely:

Table 3 Final Model of Multivariate Analysis.

Variables	*p-value*	PR (95% CI)
Husband Support	0.005	10,546 (2,042 - 25,540)
Knowledge	0.025	5,142 (1,229 - 15,520)
Education	0.025	5,576 (1,243 - 15,007)

Source: Primary Data of the Study.

The results of the analysis of table 3, the OR value for the husband's support variable is 10.546, meaning that fertile couples who do not receive husband support are 10.546 times more at risk of not using contraception compared to fertile couples who receive husband support after being controlled with the variables of side effects, attitudes and sources of information (p-value 0.005; PR = 10.546, 95% CI: 2.042 - 25.540). The PR value for the knowledge variable is 5.142, meaning that fertile couples who have more or less knowledge are 5.142 times more at risk of not using contraception compared to fertile couples who have good knowledge after being controlled with the variables of side effects, attitudes and sources of information (p-value 0.025; PR = 5.142, 95% CI: 1.229 - 15.520). The PR value for the education variable is 5.576, meaning that fertile couples with low education are 5.576 times more at risk of not using contraception compared to fertile couples with high education after being controlled for side effect, attitude and information source variables (p-value 0.025; PR=5.576, 95% CI: 1.243 - 15.007). The results of the multivariate analysis from table 3 also show that the most dominant variable related to contraceptive use is the husband's support variable. This can be seen from the exp value (B) or PR value of the husband's support variable. is the largest, namely 10,546.

DISCUSSION

a. Relationship between Husband's Support and Contraceptive Use

A husband's support is essential for a wife to be able to use contraception. Husband and wife have a responsibility in using contraception, therefore the contraception chosen reflects the desires and needs of the husband and wife. Husband and wife support is very important in the use of contraception because family planning is not just a matter for men and women. A husband's support can be interpreted as an attitude and action of a husband towards the contraceptive tools and methods used by his wife. The husband's advice regarding contraceptive tools and methods is also something that is needed by the wife in determining the use of contraception to be used (Suyati, 2014). Based on research by Cohen and Syme (1984) from the Hasanah (2014), the provision of social support from a husband or wife has a closer relationship. tall from on source support which other. Proximity what is meant here is more emphasis on the quality of the relationship rather than the quantity. Individuals who have a close relationship that can be trusted tend to have good mental health. In addition, according to Pinamangun et al. (2018) in implementing the KB program, Husband's support is very much needed. As is known, in Indonesia, husband's approval is an important guideline for women to use contraception. If the husband does not allow or support it, only a few wives dare to continue installing or using contraception.

b. Relationship between Knowledge and Contraceptive Use

Based on the results of the study conducted (Pembajeng et al., 2020) showed appropriate results that there is a relationship between knowledge and family planning visits (p-value = <0.001). With knowledge, a person will understand and apply it or respond according to their wishes so that interest or willingness (interest aspect) arises (Aprillia et al., 2020). Related to this, knowledge can influence a person in doing something about family planning, so the higher the family planning visits a person makes. With the knowledge and insight that a person has regarding the

importance and benefits of family planning, a person will understand and apply it (Putri et al., 2021).

c. The Relationship between Education and Contraceptive Use

Education is a person's experience that can influence knowledge, attitudes and habits related to individuals and society. The higher a person's education level will greatly affect the way they think, have opinions, and tend to be more independent in making decisions and actions. The education possessed by a woman will have an impact on family planning participation because women are aware of having few children. The education factor also influences the use of IUD contraception. From the results of the study, a p-value of 0.007 with an OR of 4,556 was obtained, which means that fertile couples who have basic education are 4.5 times more at risk of not using IUD contraception (Kunang, 2016). Factors that influence the choice of contraception show a significant relationship between education and the choice of contraceptives. The higher a person's education, the more they receive information so that they have more knowledge. Education is one of the factors that greatly determines a person's knowledge and perception of the importance of something, including the importance of participating in family planning. People with higher education will provide a more rational response than those with lower education, more creative and more open to renewal efforts (Ariani, 2014).

d. Relationship between Partner Attitude and Contraceptive Use

Attitude is a reaction or response that is still closed in a person towards a stimulus or object. Attitude is readiness from somebody to act on a particular thing. A person's attitude is a form of reaction or response that is still closed from a person to a stimulus or object (Notoatmodjo, 2012). Attitude has an influence on the use of contraception. including personal experience with contraception, the influence of people who are considered important, cultural influences and media period. Attitude to use of contraception is wrong one source or reference in responding to the use of contraception. A bad attitude towards the use of contraception will affect the respondent's actions in making decisions to use contraception. Other studies show that the respondent's attitude greatly influences the contraceptive that will be chosen. Respondents who have a good attitude towards something can be caused by the positive beliefs held by the respondent (Setiasih et al., 2016).

e. Relationship between Perception of Side Effects and Contraceptive Use

Side effects are one of the factors that hinder the use of contraception. There are many unpleasant perceptions about side effects. Which will happen. In results study obtained existence effect side effects in the use of contraception. Of course, in the process of installing contraception, side effects are obtained. Possible side effects in the use of contraception are headaches, vomiting, weight gain, and bleeding. However, behind all that, there are drugs that can be used to minimize these side effects (Rowlands, 2014). Side effects are one of the factors that hinder the use of contraception. There are many unpleasant perceptions about side effects. Which will happen. In results study obtained existence effect side effects in the use of contraception. Of course, in the process of installing contraception, side effects are obtained. Possible side effects in the use of contraception are headaches, vomiting, weight gain, and bleeding. However, behind all that, there are drugs that can be used to minimize these side effects (Rowlands, 2014).

f. Relationship between Ideal Number of Children and Contraceptive Use

The ideal number of children is the number of children a family wants to have. Woman and man with parity lots show desire to have children which lots also. On women once marrie and own 1 child. The average ideal number of children is 2.4 people. While women who have been married have 6 children or more average amount of children ideally is 4 people. For married men, the average ideal number of children ranges from 2.5 children so that the number of children is not

related to the use of contraception because fertile couples have determined the number of children they want (BKKBN, 2015).

g. Relationship between Information Sources and Contraceptive Use

Wrong one factor which influences election contraception is the source of donation information. Information Which adequate about various methods of KB will help respondents to determine the choice of contraceptives. Providing adequate information about the side effects of contraceptives, in addition to helping respondents know which device is suitable for their health condition, will also help clients determine the choice of method that suits their condition (Maika & Kuntohadi, 2019).

h. Economic Relationship with Contraceptive Use

Economy greatly influences the choice of contraception. This is because to obtain the necessary contraceptive services, the necessary funds must be provided. The results of the study found a relationship between the economy and the use of birth control. The income level of a family greatly influences participation in implementing the family planning program. Price drug or tool contraception Which affordable determine acceptability contraceptive methods (Syahban & Fauziah, 2018). Economic status is the position of a person or family in society based on monthly income. Economic status can be seen from income adjusted to the price of basic commodities. According to previous research, there was a relationship between economic status and contraceptive choice. This is because they assume that in choosing contraception, they should look at their capacity to buy the contraception. So that the use of contraception is not felt to be burdensome for the user (Soekanto, 2006). However, currently, people can afford contraception at relatively cheap prices from the government. There is even a government program for free MKJP contraception services, making it easier for people to use contraception even though they have low incomes.

i. Cultural Relationship with Contraceptive Use

Culture is knowledge which is a system of ideas or concepts found in the human mind. The manifestation of culture is created by humans as cultured beings, in the form of behavior and objects that are real. Culture is owned by every human being, culture forms human character in actions carried out every day (Notoatmodjo, 2012). However, communication and interaction patterns with close people and neighbors can influence respondents' beliefs and attitudes about effective and appropriate contraceptives that will ultimately influence respondents' decisions in choosing contraceptive methods. So many people believe that they can use contraception even though they initially have a culture that conflicts with it.

CONCLUSION

Based on the results of the analysis that has been done in this study, it shows that there are many factors that influence the decision of fertile couples to use contraception in Tebing Tinggi district, including husband's support, knowledge, education, partner's attitude, perception of side effects, sources of information, ideal number of children, economy and culture. Based on the results of the bivariate analysis, it shows that there is a significant relationship between the variables of husband's support, knowledge, education, attitude, side effects, and sources of information on the use of contraception in fertile couples. There is no relationship between the variables of ideal number of children, economy, and culture on the use of contraception. The results of the multivariate analysis of the prediction model also show that the most dominant variable related to contraceptive use is the husband's support variable. This can be seen from the exp value (B) or PR value of the husband's support variable is the largest. In this study, it can also be a consideration in making decisions and creating a program to increase the use of contraception,

KB is a solution for fertile couples in maintaining reproductive health and determining the number of children desired, in addition KB also has a major impact on the problem of the increasing population in a country so that it can realize an ideal and quality population structure. There are many more factors causing the use of contraception that have not been raised in this study such as facilities and infrastructure in the use of contraception, support from health workers and the government, age, occupation and other variables that can be raised in further research in accordance with the development of science and technology in the field of contraception and reproductive health.

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