



Volume 1, No 2, Januari (2024)	DOI: https://doi.org/10.59585/jimad	Page: 125– 131
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Tool Use Contraception Implants on Knowledge of Couples of Childbearing Age in the Mamuju Community Health Center Work Area

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ARTICLE INFO

Keywords: Use, Contraceptive Implant, Knowledge, Couples of Childbearing Age

Received : 27 Desember 2023

Revised : 15 Januari 2024

Accepted : 17 Januari 2024

ABSTRACT

The high rate of female deaths due to complications during or after pregnancy and childbirth indicates global inequalities in quality health services. The contraceptive needs of 214 million women of childbearing age in 2017 in developing countries have not been met due to several reasons, including limited access to services, limited choice of methods, side effects, culture, religion and limited information. This research uses an analytical observational study with a cross-sectional study design, which is research to study the dynamics of the correlation between risk factors and effects, using an approach, observational method, or data collection, where the sample is taken using a multistage sampling technique because it is easier to do. This type of multistage sampling is carried out at the regional level in stages. The results of this study show that there is a relationship between the level of knowledge of reproductive age couples and the use of contraceptive implants. From the results of this research, it can be concluded that the level of knowledge influences the attitudes of couples of childbearing age in choosing and determining which contraceptive implants to use currently.

INTRODUCTION

The high rate of female deaths due to complications during or after pregnancy and childbirth shows that there is global inequality in quality health services. The goal that WHO wants to achieve by 2030 is to reduce the maternal mortality ratio to less than 70 deaths per 100,000 live births, the majority of deaths motherhood can be prevented in several ways, one of which is a family planning program. Family planning is a strategy or way to regulate the desired number of



children and to determine the spacing of pregnancies, reducing the rate of unwanted pregnancies by using contraception, (WHO, 2020).

In Indonesia, in 2018 it was recorded that 63.27% were active participants in the family planning program, 18.82% had never used contraception at all and 17.91% had used contraception, the most dominant of which was the 3-month injectable birth control at 42.4%. In North Sumatra, 51.31% of family planning users are active participants in family planning programs, 17.5% have never used contraception at all and 31.19% have used contraceptives, the most dominant of which is 3-month injectable contraception at 42.4% (RI, 2018).

People's behavior in choosing contraception is influenced by several factors, namely those seen from religious, psychological, social, cultural and socio-economic aspects. Religious barriers generally take the form of pronatalist views (agreeing with the number of natural births), (Sulistiyawati, Ari, 2011).

The contraceptive needs of 214 million women of childbearing age in 2017 in developing countries have not been met due to several reasons, including limited access to services, limited choice of methods, side effects, culture, religion and limited information. Currently, WHO is working to promote family planning programs in achieving the Sustainable Development goals set for 2030 to provide widespread service facilities (WHO, 2019).

RESEARCH METHODS

This type of research uses an analytical observational study with a cross-sectional study design. The population in this study were all couples of childbearing age who were in the work area of the Iwoimenda Public Health Couples of Childbearing Age and the sample was all couples of childbearing age who used implantable contraceptives totaling 50 samples. In this study, samples were taken using the Multistage sampling technique because it is easier to do. This type of multistage sampling is carried out at the regional level in stages.

RESULTS AND DISCUSSION

1. Characteristics Based on Age

Table 1 shows the sample characteristics in age groups.

Table 1
Characteristics Based on Age



Age	Amount	Percentage
20 – 25	13	26 %
26 – 30	21	42 %
31 – 35	16	32 %
Total	50	100 %

2. Distribution Respondent by Level Knowledge about Contraception Implant

Table 2
Level of Knowledge Respondent

Knowledge	Frequency	Percentage
Good	18	36 %
Enough	15	30 %
Not enough	17	34 %
Total	50	100 %

Table 2 show level knowledge couples of childbearing age about contraception implants that is, knowledge good as much as 36%, knowledge enough as much 30 % and lacking knowledge as much 34 %.

3. Frequency Distribution Respondent Based on Attitude Towards Tools Contraception Implant

Table 3
Distribution Frequency Respondent Based Attitude
To Use Tool Contraception Implant

Attitude	Frequency	Percentage
On Desire Alone	32	64 %
On Midwife's advice	18	36 %
Total	50	100 %

Table 4



Relationship Knowledge Couples of Childbearing Age to Use Implant

	Level Knowledge			<i>P</i>
	Good	Cukup	Kurang	
Of Your Own Will	2	0	0	0.00
On Midwife's advice	0	1.2	1	

Table 4 shows the result of the relationship between mother's knowledge towards use contraceptive implant use test Chi Square, but Because table results use table 2x3 then the Komologorov-Smirnov test is used. The p value is obtained as 0.00. So the statistical decision is to reject H0 so it can be concluded that there is a relationship between maternal knowledge and the use of contraceptive implants.

CONCLUSION

From the results of this research, it can be concluded that the level of knowledge influences the attitude of PUS (Poupers of Childbearing Age) in choosing and determining which contraceptive implants are currently used.

COMPLIANCE WITH ETHICAL STANDARDS

Acknowledgments

The researcher would like to express his deepest gratitude and respect to all parties who have assisted in this research and especially the head of the community health center who has provided facilities related to the implementation of the research, hopefully it will be useful for the community.

Disclosure of conflict of interest

This research collaboration is a positive thing for all researchers so that conflicts, problems and others are absolutely no problem for all writers.

Statement of informed consent

Every action we take as authors is a mutual agreement or consent.

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