

## Factors Influencing the Use of Long-Term Contraceptive Methods at the Noemuti Health Center, North Central Timor District

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### Abstract

Examining the factors that influence the utilization of Long-Term Contraceptive Methods (MKJP) at the Noemuti Health Center in the North Central Timor District is the purpose of this research. The principal issue is the inadequate utilization of MKJP, one of the safest and most effective contraceptives. This research employed a quantitative methodology and a cross-sectional design. In 2021, the entire active family planning acceptor population at the Noemuti Health Center in North Central Timor Regency comprised the study population of 1,899 individuals. As indicated by the results, the proportion of the low education variable that utilized MHJP was 36.8%, whereas the high education variable accounted for 33.3%. In relation to the use of MHJP, the employment variable revealed that 43.9% of acceptors who were employed utilized MHJP, whereas the employment variable of those who were unemployed utilized MHJP. The statistical analysis indicated that age, occupation, and level of education did not have a statistically significant impact on the utilization of MHJP. Nevertheless, the hypothesis was validated as the statistical data revealed that mothers with a higher level of education exhibited a greater utilization of contraceptives. This research offers valuable insights that can be utilized to bolster the family planning initiative and promote greater utilization of MHJP in Puskesmas Noemuti, North Central Timor District.

**Keywords:** Family Planning in Indonesia, Long-Term Contraceptive Methods (MKJP) and Non-MKJP, Factors influencing the use of MKJP, Level of education and contraceptive use

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### Introduction

Actions aimed at ensuring that a family avoids unwanted pregnancies, planning pregnancies, spacing children, and determining the number of children in the family is the definition of family planning according to WHO (World Health Organization) (Matahari et al., 2019; Tsui et al., 2020). Indonesia is a country that is transitioning from a developing country to a developed country with a fairly high population increase. The results of the published census (Central Statistics Agency) BPS in 2020 estimated that the population of Indonesia was 269,600,000 people, consisting of 135,600,000 men and 134,270,000 women (Badan Pusat Statistik, 2020). The increasing population does not coincide with an increase in the country's economy. Population growth in Indonesia is apparently faster, compared to the economy in Indonesia which is far behind. If this continues to be ignored and is not immediately addressed, it will lead to bad relations and difficulties in providing economic facilities, health facilities, educational facilities, tourist attractions and so on (Antipova, 2021; Irianto, 2022). To reduce the rate of population growth, the government created a body responsible for controlling population growth in Indonesia, namely the National Family Planning Coordinating Board

(BKKBN) which was inaugurated through Presidential Decree of the Republic of Indonesia Number 8 of 1970. Contraceptive methods in Indonesia are divided into two, namely Non-Methods. Long Term Contraception (Non MKJP) includes the Lactational Amenorrhea Method (MAL), Natural Family Planning Method (KBA), Interrupted Intercourse, Barrier Method, Combination Contraception, Progestin Contraception, Condoms, while the Long Term Contraceptive Method (MKJP) includes Intrauterine Contraceptives (IUD), Implants and Female Surgical Methods (MOW) and Male Surgical Methods (MOP) (Affandi et al., 2012; Gudaynhe et al., 2014; Megasari et al., 2022). The National Family Planning Movement has succeeded in encouraging community participation in creating an independent small family. This success must be taken into account and must even continue to be improved because the achievements are not evenly distributed and the use of Long Term Contraceptive Methods (MKJP) is still low. In 2019, the number of couples of childbearing age (PUS) in Indonesia was 38,343,931, while national family planning participants were 19,953,958 participants. If we look at the contraceptive mix, the percentages are as follows: 1,759,862 IUD participants (7.35%), 660,259 MOW participants (2.76%), 119,314 MOP participants (0.50%), 1,724,796 implant participants (7.20%), 15,261,014 Injection participants (63.71%), 298,218 Condom participants (1.24%), PIL participants 4,139,495 (17.24%).

One way to obtain information on family planning is by conducting counseling. It is hoped that with good knowledge, the tendency to choose contraceptives correctly and appropriately will reduce the failure rate of family planning and prevent unwanted pregnancies. For this reason, professional counselors are needed. They not only have to understand the ins and outs of family planning issues, but also have high dedication to their duties and have a good personality, be patient, full of understanding, and respect clients (Muliana et al., 2020; Rony et al., 2024) To achieve success in counseling requires the counselor's skills in providing information, including interacting and uncovering as many problems as possible hidden by the client. Counseling should achieve the best decision (Tanjung & Ritonga, 2021).

After knowing this background, the author was interested in researching the determinants of the use of MKJP at the Noemuti Community Health Center, North Central Timor Regency in 2021. By conducting a preliminary survey, data on active family planning acceptors was found to be 1,899 people. With details of IUD acceptors 139 acceptors (7.31%), 31 birth control pills acceptors (1.63%), injections 1,714 acceptors (90.25%) and implants 15 acceptors (0.78%) The main aim of the family planning program is to regulate the spacing of pregnancies. By choosing the right contraceptive, it is hoped that a healthy and prosperous family can be formed. Referring to the 2018 Indonesian Health Profile data, it turns out that interest in becoming an MPJP acceptor is very low. There are many factors behind the use of contraception, including age, education, employment, monthly income, number of living children, husband's support, knowledge about family planning and family planning counseling. Looking at the existing data, researchers intend to conduct research on the factors that influence the use of MKJP at the Noemuti Community Health Center, North Central Timor Regency in 2021.

## Methods

This type of research uses a quantitative approach and uses a cross sectional design, namely research to study the dynamics of the correlation between risk factors by approaching, observing or collecting data at the same time (Ibrahim et al., 2023), meaning that each research subject is only observed once and measurements are made of the subject's character status or variables at the time of the examination (Notoatmodjo, 2013).

## Research Population and Sample

### Population

The population in this study is all active family planning acceptors at the Noemuti Community Health Center, North Central Timor Regency in 2021, totaling 1,899 people.

### Sample

The sample in this study was 110 respondents, where the respondents were active family planning acceptors who came to visit the Noemuti Community Health Center, North Central Timor Regency in 2021.

### Sampling technique

Sampling in this research, the sampling technique used was accidental sampling. Where sampling was carried out on all Family Planning (KB) acceptors who made repeat visits at the Noemuti Community Health Center, North Central Timor Regency on 04 May 2021 - 17 May 2021, namely 110 respondents. The acceptor was then given informed consent as a sign of the mother's willingness to act as a research respondent. Attitude measurement in this study uses the Guttman scale, this scale is used for clear (firm) and consistent answers such as sure - not sure, yes - no, true - false, positive - negative, never - never, agree – disagree (Kurniawan et al., 2023).

### Conceptual framework

The conceptual framework is the result of systematic identification and critical analysis of theories related to the research problem raised. Based on the description explained in the literature review, an overview of the Determinants of MKJP has been obtained. Based on the theory obtained, the determinants related to MKJP are age, number of living children, level of education, employment, monthly income and support from husband with dependent variables namely MKJP and Non-MKJP at the Fistha Nanda Cijantung Clinic, East Jakarta 2021.

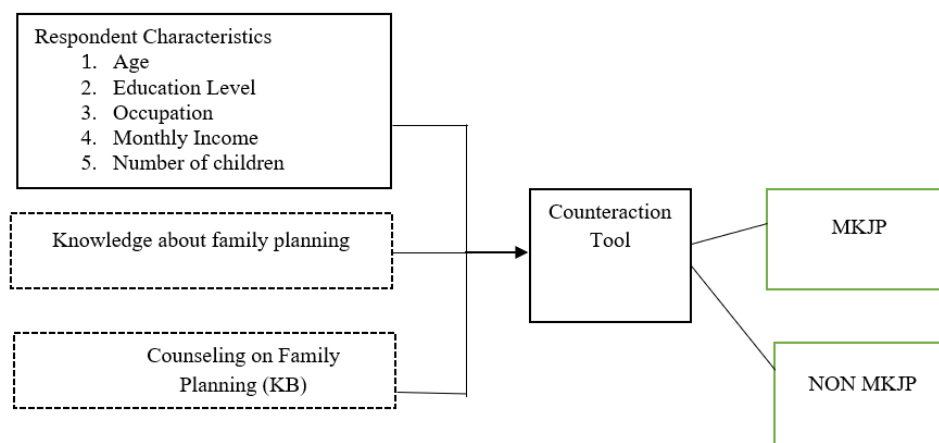


Figure 1. Conceptual Framework

### Hypothesis

1. There is a relationship between age and the use of MKJP in Noemuti Health Center, North Central Timor Regency in 2021.
2. There is a relationship between education and the use of MKJP in Noemuti Health Center, North Central Timor Regency in 2021.

3. There is a relationship between work and the use of MKJP inNoemuti Health Center, North Central Timor Regency in 2021.
4. There is a relationship between monthly income and the use of MKJP inNoemuti Health Center, North Central Timor Regency, Year2021.
5. Analyzing the relationship between the number of living children and the use of MKJP inNoemuti Health Center, North Central Timor Regency in 2021.

### Research Instrument

Research instruments are data collection tools used in research. The instrument in this study used a questionnaire to measure the variable use of the Long Term Conception Method (MKJP), namely family planning knowledge and husband's support. Validity and reliability tests will be carried out at the Santa Elisabeth Kefamenanu Clinic with 30 people because the Santa Elisabeth Kefamenanu Clinic has the same characteristics.

### Results and Discussion

#### Univariate Analysis

The description in this chapter includes a description of visits by MKJP and non-MKJP family planning acceptors, descriptions of age, education, employment, income, number of children, husband's support, knowledge and counseling using univariate analysis. This univariate analysis is used to explain the variables descriptively as they are without making general conclusions or generalizations. Analysis only produces the distribution and percentage of each variable. Below is a univariate analysis based on the dependent variable and independent variables.

#### Visit of MKJP and Non MKJP Family Planning Acceptors at Noemuti Community Health Center in 2021

Table 1. Distribution of Acceptors Based on Visit of MKJP and Non MKJP Family Planning Acceptors at Noemuti Community Health Center in 2021

Acceptor Visit KB	Frequency	Percentage (%)
Non MKJP	72	65.5
MKJP	38	34.5
Amount	110	100.0

Based on table 1, family planning acceptor visits in this study were divided into two categories, namely MKJP and Non-MKJP. Acceptors in the MKJP category were 34.5% and Non MKJP of 65.5%. It can be concluded that most of the acceptors in Noemuti Health Center using Non MKJP.

## Characteristics of Respondents Based on Age at Noemuti Community Health Center in 2021

Table 2. Distribution AkseptorBased on Ageat the Noemuti Community Health Center in 2021

Age	Frequency	Percentage (%)
High risk ( $< 20$ and $\geq 35$ years)	48	43.6
Low Risk (20-35 years)	62	56.4
Amount	110	100.0

Based on table 2, it is known that acceptors with ageHigh Risk ( $< 20$  and  $\geq 35$  years)by 43.6%and acceptors with Low Risk age ( $\geq 20$  and  $< 35$  Years) of 56.4%.It can be concluded that most of the acceptors at the Noemuti Community Health Center are of low risk age.

## Characteristics of Respondents Based on Education at Noemuti Health Center in 2021

Table 3. DistributionAcceptorBased on Educationat the Noemuti Community Health Center in 2021

Education	Frequency	Percentage (%)
Low	38	34.5
Tall	72	65.5
Amount	110	100.0

Based on table 3 it is known thatacceptorwith low education at 34.5%, and high education at 65.5%. It can be concluded that most of the acceptors at Noemuti Community Health Center have higher education.

## Characteristics of Respondents Based on Work at Noemuti Community Health Center in 2021

Table 5.4 DistributionAcceptorBy Jobat the Noemuti Health Center in 2021

Work	Frequency	Percentage (%)
Doesn't work	44	40.0
Work	66	60.0
Amount	110	100.0

Based on table 4 it is known thatacceptorthose who do not work are 40.0% and those who work are 60.0%. It can be concluded that most of the acceptors at the Noemuti Health Center have jobs.

## Characteristics of Respondents Based on Family Income at Noemuti Health Center in 2021

Table 5. DistributionAcceptorBased on Family Income at Noemuti Health Center in 2021

Income Family	Frequency	Percentage (%)
Low	42	38.2
Tall	68	61.8
Amount	110	100.0

Based on table 5.5 it is known that acceptor who have low income of 38.2% and those who have a high income of 61.8%. It can be concluded that most of the acceptors at the Noemuti Health Center have high family incomes.

### Characteristics of Respondents Based on the Number of Living Children at the Noemuti Community Health Center in 2021

Table 6. Distribution Acceptor Based on the number of children still alive at the Noemuti Health Center in 2021

Number of Living Children	Frequency	Percentage (%)
0 – 1	39	35.5
2	37	33.6
≥ 3	34	30.9
Amount	110	100.0

Based on table 6 it is known that acceptor with the number of children 0 – 1 amounting to 35.5%, the number of children 2 amounting to 33.6% and with the number of children ≥ 3 amounting to 30.9%. It can be concluded that most of the acceptors at the Noemuti Health Center have 0 - 1 children.

### Bivariate Analysis

Bivariate analysis aims to determine the relationship between the independent variables, namely age, education, employment, family income, number of living children, husband's support, knowledge and counseling with the dependent variable, namely the choice of MKJP or Non-MKJP alternative. Bivariate analysis using Chi square to prove the hypothesis by testing differences in proportions and determining the magnitude of the relationship between the two independent and dependent variables.

### The relationship between age and the use of MKJP in Noemuti Health Center, North Central Timor Regency in 2021

Table 7. Distribution of The relationship between age and the use of MKJP in Noemuti Health Center, North Central Timor Regency in 2021

Age	Use of Alkon						OR (95% CI)	p value
	Non MKJP		MKJP		Total			
	N	%	N	%	N	%		
High risk	38	79.2	10	20.8	48	100	3,129 1,327-7,377	0.014
Low Risk	34	54.8	28	45.2	62	100		
Amount	72	65.5	38	34.5	110	100		

Based on table 7, it can be concluded that the low risk age variable using MKJP is 45.2% and the high risk age variable is 20.8%. Meanwhile, the high risk age group using Non MKJP was 79.2% and the low risk age group was 54.8%. The results of the Chi square test obtained a p value of 0.014. Because  $0.014 < 0.05$ , which means there is a significant relationship between maternal age and the use of MKJP at the Fitha Nanda Cijantung clinic, East Jakarta 2020, mothers who are at a high risk age are less likely to use MJKP than mothers who are not at a low risk age. Thus, the hypothesis is rejected because statistical data shows that mothers who



are at a high risk age are more likely to use non-MKJP alcohol. OR 95% CI = 3.129 (1.327-7.377) which means that mothers who have a high risk age have a 3 times lower chance of using MKJP alkon compared to mothers who have a low risk age.

### **HThe relationship between education and the use of MKJP inNoemuti Health Center, North Central Timor Regency in 2021**

Table 8. Distribution hthe relationship of education to the use of MKJP inNoemuti Health Center, North Central Timor Regency in 2021

Education	Use of Alkon						OR (95% CI)	P value
	Non MKJP		MKJP		Total			
	N	%	N	%	N	%		
Low education	24	63.2	14	36.8	38	100		0.713
higher education	48	66.7	24	33.3	72	100		
Amount	72	65.5	38	34.5	110	100		

Based on table 8, it can be concluded that the low education variable uses MKJP, which is 36.8%, while those with high education use MKJP, which is 33.3%. Meanwhile, the higher education variable that uses Non MKJP is 66.7%, while those with low education use Non MKJP, namely 63.7%. The results of the Chi square test obtained a p value of 0.0713. Because  $0.713 > 0.05$ , which means there is no significant relationship between maternal education and the use of MKJP at the Fitha Nanda Cijantung Clinic, East Jakarta 2020, mothers who have higher education use MKJP alkon less than mothers who have low education. Thus, the hypothesis is accepted because statistical data shows that mothers who have higher education use more MKJP alkon.

### **HThe relationship between work and the use of MKJP inNoemuti Health Center, North Central Timor Regency in 2021**

Table 9. Distribution of hthe relationship of work to the use of MKJP inNoemuti Health Center, North Central Timor Regency in 2021

Work	Use of Alkon						OR (95% CI)	P value
	Non MKJP		MKJP		Total			
	n	%	n	%	n	%		
Doesn't work	35	79.5	9	20.5	44	100	3,048 1,265- 7,342	0.011
Work	37	56.1	29	43.9	66	100		
Amount	72	65.5	38	34.5	110	100		

Based on table 9, it can be concluded that the job variable for acceptors who have jobs using MKJP is 43.9% and those who don't work is (20.5%). Meanwhile, acceptors who have jobs and use Non MKJP are 56.1% and those who don't work are 56.1%. 79.5%. The results of the Chi square test obtained a p value of 0.011. Because  $0.011 < 0.05$ , which means there is a significant relationship between mothers who work and the use of MKJP at the Fitha Nanda Clinic, Cijantung, East Jakarta 2020, there are more mothers who work use MKJP compared

to mothers who do not work. Thus the hypothesis is accepted because from the statistical data it is found that mothers who have jobs use more MKJP alkon. The results of OR 95%CI = 3.048 (1.265-7.342) which means that family planning acceptors who do not have a job are more likely to 3 times lower to use MKJP alkon compared to mothers who have jobs.

### **Hthe relationship between income and the use of MKJP inNoemuti Health Center, North Central Timor Regency in 2021**

Table 10. Distribution of hthe relationship of income to the use of MKJP inNoemuti Health Center, North Central Timor Regency in 2021

Family Income	Use of Alkon						OR (95% CI)	p value		
	Non MKJP		MKJP		Total					
	N	%	N	%	N	%				
Low	26	61.9	16	38.1	42	100		0.544		
Tall	46	67.6	22	32.4	62	100				
Amount	72	65.5	38	34.5	110	100				

Based on table 10, it can be concluded that the low family income variable using MKJP is 38.1%, while the high family income variable using MKJP is 32.4%. Meanwhile, high family income using Non MKJP is 67.6%, while low family income using Non MKJP is 61.9%. The results of the Chi square test obtained a p value of 0.544. Because  $0.544 > 0.05$ , which means there is no significant relationship between family income and the use of MKJP at the Fistha Nanda Cijantung Clinic, East Jakrta 2020, mothers who have lower incomes use MKJP less than mothers who have high incomes. Thus, the hypothesis is rejected because statistical data shows that mothers with lower incomes use non-MKJP alcohol more often.

### **HThe relationship between the number of living children and the use of MKJP inNoemuti Health Center, North Central Timor Regency in 2021**

Table 11. Distribution of hThe relationship between the number of living children and the use of MKJP inNoemuti Health Center, North Central Timor Regency in 2021

Number of Living Children	Use of Alkon						OR (95% CI)	P value		
	Non MKJP		MKJP		Total					
	N	%	N	%	N	%				
0-1	30	76.9	9	23.1	39	100		0.148		
2	23	62.2	14	37.8	37	100				
≥3	19	55.9	15	44.1	34	100				
Amount	72	65.5	38	34.5	110	100				

Based on table 11, it can be concluded that the variable number of living children  $\geq 3$  using MKJP is 44.1%, the number of living children with 2 children using MKJP is 37.8% and those with 0-1 children using MKJP is 23, 1%. Sadthe number of living children 0-1 using Non MKJP is 76.9%, the number of living children with 2 children using Non MKJP is 62.2% and



those with  $\geq 3$  children using Non MKJP is 19 (65, 5%). The results of the Chi square test obtained a p value of 0.148. Because  $0.148 > 0.05$ , which means there is no significant relationship between the number of living children and the use of MKJP at the Fistha Nanda Cijantung Clinic, East Jakarta 2020, mothers with more or equal to 3 children use MKJP less than mothers who have less than 3 children. 3 people. Thus, the hypothesis is accepted because statistical data shows that mothers who have  $\geq 3$  children use the MKJP alkon more often.

### Use of MKJP

Based on the research results, it was found that acceptors used Non MKJP alkonas much as 65.5% higher than respondents who used MKJP which was only 34.5%. Of course, this is in accordance with the 2017 IDHS report which states that the use of non-MKJP contraception is greater than the use of MKJP contraception.

Respondents who did not use MKJP were due to education, income, number of children and husband's support. The research results showed that there were as many acceptors who were at high risk 56.4%. Most mothers who are of low risk age do not use MKJP alcohol. Mothers aged  $< 20$  are not interested in using MKJP alkon because they participate in family planning because it is to delay pregnancy because they are not physically and mentally ready to become a mother. This is because knowledge about family planning is already good so mothers choose to use Non MKJP alkon with the assumption that if mothers who want to get pregnant do not need to come to a health worker. Meanwhile, for mothers aged  $< 35$  years, mothers do not use MKJP alcons because apart from feeling comfortable using non-MKJP alcons, the work of their husbands, most of whom are TNI, also often work outside the area, making their routine for sexual intercourse also irregular.

Education: The research results showed that there were as many acceptors with higher education 65.5%, it can be concluded that most of the acceptors have low education. Most of the acceptors are wives of TNI AD members so on average they have a high level of education. Jobs, most of the acceptors have jobs that are as many as 60.0%. This can be seen from the number of acceptors who stated that the acceptor had a job that was significant to the family income. Family income, most of the acceptors have a high family income 68.8%. This can be seen from the acceptor's answer which states that the monthly family income exceeds the Regional Minimum Wage.

Number of living children, sMost acceptors have as many as 0 - 1 children 35.5%. It can be seen from the choice of alkon, namely Non MKJP, because of the consideration that you still don't have children or have only had 1 child, so that at any time you want to get pregnant, you don't need to visit a health worker to remove the alkon you are using. Husband's support, the majority of acceptors do not get support from their husbands, namely 53.6%. This can be seen from the number of acceptors who said their husbands did not support their mothers' use of alcohol, and there were 40.0% of acceptors who said they had discussed family planning with their husbands.

Knowledge, most acceptors have high knowledge, namely as much as 50.9%. This can be seen from the acceptors' answers, of which 75% answered the questions correctly. Counseling, most of the acceptors received counseling from health workers, namely as many as 52.7%. This can be seen from the number of people who choose Alkon according to their needs. from the acceptor's answer stated that the health worker provided counseling before the acceptor chose the contraceptive method he wanted to use. There were 47.3% of acceptors who said they did not receive counseling before choosing the contraceptive method they wanted to use.

### **Relationship between Age and Use of ALKON MKJP**

Based on the research results, it is known that 45.2% of mothers at low risk ages chose to use MKJP, while 20.8% of mothers at high risk ages chose to use MKJP. The chi square test results obtained a p value of 0.014. Because  $0.014 < 0.05$ , which means there is a relationship between age and the choice of alcohol to be used. OR result = 3.129 This means that family planning acceptors who have a high risk age have a 3 times lower chance of using MKJP alkon compared to mothers who are at low risk.

The results of this research are in line with research conducted entitled "Factors Associated with the Selection of Injectable Contraceptives", the results of her research obtained p value = 0.008, which means that there is a relationship between age and the use of injectable contraceptive methods.

This research contradicts research conducted entitled "The Relationship between Maternal Characteristics and the Choice of Contraception at the Padang Pasir Padang Community Health Center", the research results obtained p value = 0.590 ( $p > 0.05$ ). Based on these results, it can be concluded that there is no significant relationship between age and contraceptive choice.

Women between 20 and 35 years old use Non MKJP because this is reproductive age so contraception is needed only to regulate pregnancy spacing. At the age of  $> 35$  years, mothers usually choose MKJP which aims to terminate the pregnancy.

According to researchers there is the relationship between age and the use of MKJP alcohol because Mother Under 20 years of age tend to take part in family planning to delay pregnancy because they don't feel ready to have children so they use non-MKJP contraception. Meanwhile, mothers over 35 years of age tend not to use MKJP alkon because they feel comfortable with the previous choice of alkon, namely Non MKJP, the husband's job, most of whom are TNI who often serve outside the area, creates regularity in carrying out sexual relations so that mothers only use Non MKJP alkon if Husband is on leave while carrying out his duties.

### **The Relationship between Education and the Use of ALKON MKJP**

Based on the research results, it is known that those with low education who choose to use the MKJP alkon are 36.8% and those with higher education are 36.8% 33.3%. The chi square test results obtained a p value of 0.713. Because  $0.713 > 0.05$ , which means there is no relationship between education and the use of MKJP alcohol.

These results are strengthened by research conducted entitled "Factors Associated with the Choice of Non-IUD Contraception in Female Family Planning Acceptors Aged 20-39 Years", which states that there is no significant relationship between educational level factors and the choice of non-IUD contraception in women aged 20-39 years.

This is in contrast to research conducted entitled "Factors Associated with Selection of Injectable Contraceptive Methods", which said there was a relationship between education level and the use of injectable contraceptive methods. Based on these three studies, it appears that there is not always a significant relationship between education level and the choice of contraceptive method. This can be related to the different characteristics and number of respondents from each study.

The process of changing and increasing knowledge, knowledge patterns, thought patterns and behavior of society, so that with a continuous knowledge process, society accepts new ideas rationally and responsibly (BKKBN, 2008). According to researchers, there is no relationship

between education and the use of MKJP alkon. Because The mother's educational background has no relationship to the use of MKJP alkon, and the result is that a high level of education is accompanied by a high understanding of the use of MKJP alkon. Mothers already know the indications and contraindications, the purpose of choosing a family planning program so that mothers can make independent decisions about which contraceptive method to use.

### **Employment Relationship with the Use of ALKON MKJP**

Based on the research results, it is known that working mothers who choose to use the MKJP alkon are 43.9% and those that don't work are equal to 0.011%. The chi square test results obtained a p value of 0.011. Because  $0.011 < 0.05$ , which means there is a relationship between work and the use of MKJP alcohol. Result  $OR=3,048$  This means that mothers who don't work are 3 times less likely to use MKJP devices compared to mothers who have jobs.

These results are strengthened by research conducted entitled "Sociodemographic Factors That Influence the Choice of Contraceptive Methods", which states that there is a significant relationship between work influencing the choice of contraceptive method.

The results of this research are not in line with the results of previous research conducted by Yetty et al (2017) "The Relationship Between Knowledge and the Selection of Intrauterine Contraceptive Devices in Couples of Childbearing Age in the Pal v Community Health Center Area, West Pontianak District", with the research results P value = 1,000 which means that there is no relationship between employment and IUD selection among PUS family planning acceptors.

According to researchers, there is a relationship between the work of using the MKJP balcony and the issue of maternal comfort. Because many mothers think that using MKJP alcohol will hinder their activities and productivity at work because if they use MKJP alcohol, the menstrual cycle will become longer and the mother will feel pain in the lower abdomen. If we look at the practicality of using the MKJP alkon, it is more practical, the installation is only carried out once for a long period of time and the acceptor does not have to make a repeat visit in the near future.

### **Relationship between family income and use of ALKON MKJP**

Based on the research results, it is known that low family income using MKJP is 38.1% and high knowledge is 32.4%. The chi square test results obtained a p value of 0.544. Because  $0.544 > 0.05$ , which means there is no relationship between family income and the use of MKJP alcohol.

This research is in line with research conducted "Family Economic Level is Related to the Choice of Contraceptives in Dukuh Manukan Sendangsari Pajangan Bantul", that the results of their research obtained a p value = 0.307, which means there is no relationship between family economic level and choice. contraception

The results of this research are also in line with the results of previous research conducted "The Relationship Between Knowledge and the Selection of Intrauterine Contraceptives in Childbearing Age Couples in the Pal V Community Health Center Area, West Pontianak District". which states that there is no relationship between income and IUD selection among PUS family planning acceptors using the Chi-Square test obtained P value = 1,000 ( $p < 0.05$ ).

According to researchers, there is no relationship between family income and the use of MKJP alkon. Because Apart from income factors, there are considerations such as knowledge, comfort or the husband's job, most of whom are members of the Indonesian Army. Where mothers are

more often left behind on duty so mothers only use short-term medications such as injections, condoms or pills.

### **Relationship between the number of living children and the use of ALKON MKJP**

Based on the research results, it is known that 44.1% of acceptors who have  $\geq 3$  children use MKJP, 37.8% of those who have 2 children and 23.1% of those who have 0-1 children. The chi square test results obtained a p value of 0.148. Because  $0.148 > 0.05$ , which means there is no relationship between the number of living children and the use of MKJP alcohol.

The results of this research are in line with research conducted "Sociodemographic Factors that Influence the Choice of Contraceptive Method", with research results  $p > 0.005$ , which means there is no relationship between parity and the choice of MKJP and Non MKJP alkon. This research is also in line with research conducted "The Relationship between Internal Factors and External Factors on the Selection of Contraceptives in New Family Planning Acceptors in Bogor Regency", the results of the research obtained a value of  $p = 0.06$ , which means there is no relationship which means between parity and the selection of MKJP and Non MKJP alkon. In their book, conclude that the more children they have, the greater the tendency to stop fertility so they are more likely to choose MKJP.

According to researchers, there is no relationship between the number of living children and the use of MKJP alkon related to the mother's purpose of family planning, whether to delay pregnancy, space out pregnancies or stop getting pregnant again. For mothers who have more than two children, the need for family planning will definitely be greater than if they don't have any children or have only had 1-2 children. Disruptions and risks during pregnancy, childbirth and the consequences, as well as the responsibility of raising and educating children are certainly considerations and thoughts for mothers about using family planning. Some parents still take into account the gender of their child, and this is sometimes used as a reason not to immediately use a contraceptive method. Apart from that, the issue of comfort and regularity of a husband and wife in having sexual relations is also a factor that is very related to the choice. the platform to be used.

### **Conclusion**

Based on the research results, the following conclusions can be drawn: 1) Family planning acceptor visits are divided into two categories, namely MKJP and non-MKJP. The number of acceptors in the MKJP category (34.5%) is less than the number of acceptors using Non MKJP (65.5%). 2) The variables that are significantly related to MKJP are Age where mothers who have a low risk use more MKJP alkon and Occupation where mothers who have jobs use more MKJP alkon. 3) Variables that are not significantly related to MKJP are Education, Family Income, and Number of living children. There are research suggestions, namely 1) It is hoped that this research can be an input for the North Central Timor District Health Service, especially the Noemuti Community Health Center, to provide counseling training for health workers, especially midwives, to improve Community participation reaches the expected targets and service coverage can be expanded so as to accelerate the realization of increasing the number of MKJP family planning acceptors so that the birth rate can be reduced to produce a quality generation. 2) For areas where MKJP alkon usage coverage has met the target, it should be maintained and for areas where usage coverage is still lacking, it should be increased. 2) Other researchers can carry out further research related to MKJP in areas that have heterogeneous characteristics so that it is hoped that the data obtained can complement the research previously.

## References

- Affandi, B., Adriaans, G., Gunardi, E. R., & Koesno, H. (2012). *Buku Panduan Praktis Pelayanan Kontrasepsi Edisi 3*.
- Antipova, A. (2021). Analysis of the COVID-19 impacts on employment and unemployment across the multi-dimensional social disadvantaged areas. *Social Sciences & Humanities Open*, 4(1), 100224.
- Gudaynhe, S. W., Zegeye, D. T., Asmamaw, T., & Kibret, G. D. (2014). Factors affecting the use of long-acting reversible contraceptive methods among married women in Debre Markos Town, NorthWest Ethiopia 2013. *Glob J Med Res*, 14(5).
- Ibrahim, M. B., Sari, F. P., Kharisma, L. P. I., Kertati, I., Artawan, P., Sudipa, I. G. I., Simanihuruk, P., Rusmayadi, G., Nursanty, E., & Lolang, E. (2023). *METODE PENELITIAN BERBAGAI BIDANG KEILMUAN (Panduan & Referensi)*. PT. Sonpedia Publishing Indonesia.
- Irianto, K. (2022). *Ilmu kesehatan masyarakat*.
- Kurniawan, H., Hakim, L., Sanulita, H., Maiza, M., Arisanti, I., Rismawan, M., Sudipa, I. G. I., Daryaswanti, P. I., Kharisma, L. P. I., & Haryani, H. (2023). *TEKNIK PENULISAN KARYA ILMIAH: Cara membuat Karya Ilmiah yang baik dan benar*. PT. Sonpedia Publishing Indonesia.
- Matahari, R., KM, S., Utami, F. P., KM, S., & Sugiharti, I. S. (2019). *Buku Ajar Keluarga Berencana Dan Kontrasepsi*. Pustaka Ilmu.
- Megasari, A. L., Suriati, I., Hutomo, C. S., & Argaheni, N. B. (2022). *Pelayanan Kontrasepsi*. Global Eksekutif Teknologi.
- Muliana, M., Suleman, A. R., Arif, N. F., Simatupang, S., Sitepu, C. N. B., Wahyuddin, W., Nurmiati, N., Putra, A. H. P. K., Sherly, S., & Grace, E. (2020). *Pengantar Manajemen*. Yayasan Kita Menulis.
- Notoatmodjo, S. (2013). *Pendidikan dan perilaku kesehatan*.
- Rony, Z. T., Wijaya, I. M. S., Nababan, D., Julyanthry, J., Silalahi, M., Ganiem, L. M., Judijanto, L., Herman, H., & Saputra, N. (2024). Analyzing the Impact of Human Resources Competence and Work Motivation on Employee Performance: A Statistical Perspective. *Naturalspublishing.Com*.
- Tanjung, M. R. H., & Ritonga, N. (2021). Pengaruh Konseling Petugas Kesehatan Terhadap Pemilihan Metode Kontrasepsi Jangka Panjang Di Puskesmas Cikampak Kecamatan Torgamba. *Jurnal Kebidanan Flora*, 14(1), 8–14.
- Tsui, A. O., McDonald-Mosley, R., & Burke, A. E. (2020). Family planning and the burden of unintended pregnancies. *Epidemiologic Reviews*, 32(1), 152–174.