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The Effect of Health Center Service and Role of Husband Towars Contraceptive Use in Makassar City, Indonesia

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ABSTRACT

Contraceptive use is one way to reduce population growth rates. This research is aim to measure the effect of health center service and husband role on contraception use in makassar city. This research is done at the Tamalanrea Health Center and Kassi-Kassi Health Center, Makassar Regency. The research design used was a cross sectional study. Research the sample was 178 people who were selected using the startified random sampling technique. Data analyzed using the chi-square test and logistic regression. The result shows that public health center services that are related to use of contraception in makassar city are the choice of contraception (p-value = 0.001), information provided (p-value = 0,000), officer technical ability (p-value = 0,000) and husband-communication wife p-value = 0.007). Information provided is the most influential variable on contraceptive use in the city of makassar with a wald value (42,958)

Keywords: contraception; family planning; health center services; husband's role

INTRODUCTION

Background

Family planning is an attempt to outline or determine the amount and distance of assessment by using contraception, to manifest a small, happy family and prosperous [(1)] so that with family planning programs it is possible for everyone to decide freely the distance between children, the number of children desired and the time of birth through the use of contraception [(2)]. The use of contraception can reduce the risk of maternal death, newborns, the number of unwanted births and abortions and can reduce the poverty chain [(3)]. in 2002 up to 2013 the birth rate in Indonesia was 2.6 children per 1000 women of childbearing age so the target of the birth rate was 2.11 per 1000 women of childbearing age in 2015 [(4)].

Globally, modern contraceptive use increased, from 54% in 1990 to 57.4% in 2015 for Asia, up from 60.9% to 61.8% [(5)]. In 2017 the number of PUS (couples of childbearing age) in Indonesia continues to increase every year and there is a decline in long-term contraceptive use and an increase in injectable contraceptive users from 2015 to 2017 [(6)]. The province of South Sulawesi is one of the provinces that has continued to decline in the use of MKJP from 2016-2017. The number of MKJP users includes 4.51% IUDs and 13.66% implants and there has been a decrease in 2017 covering 3.28% IUD and mplan 9.10% [(6)]. Although continued use of MKJP in Makassar City, the increase has not yet reached the MKJP prevalence target set by the 2015-2019 Strategic Plan, which is 60.9% in 2017[(7)].

One of the factors that determine the use of family planning is the place of contraception service, waiting time, contraception that you want to use and information [(8, 9)]. Husband is someone that participated in the use of the couple contraception through the giving of communications and communications with the partners [(10, 11)].

Based on early survey results in Kassi-Kassi Health Center and Tamalanrea Health Center is a national accredited in Makassar City, but the coverage of contraception use has not reached target resntras that has been set. Based on the profile of the Kassi-Kassi Health Center and the Tamalanrea Health Center, the number of

long-term contraceptive users in the Kassi-Kassi Health Center is 69 acceptors and there has been an increase in longterm contraceptive users from 2017 to 2018 and the Tamalanrea Health Center has decreased long term contraceptive users by 20 acceptors in 2018 [(12)].

Service quality and husband's role are the main factors in contraceptive use. Health workers have the duty to improve the quality of care for women in the use of family planning services while the key factor that contributes to contraceptive use is the role of the husband[(13, 14)].

Purpose

This study aims to look at the influence of health center services and the role of husbands on contraceptive use in the City of Makassar, Indonesia.

METHODS

Study Design and setting

The observational study with Cross-Sectional design was carried out in the work area of the Cassium Health Center and Tamalanrea Health Center, Makassar City, South Sulawesi in April - May 2019.

Population and sample

The population in this study were women of childbearing age (WUS) who used contraceptive services at the Kassi-kassi Health Center and Tamalanrea Health Center. Sample size determination is based on. The study sample consisted of 178 contraceptive acceptors selected using the stratified random sampling technique, so that the number of samples obtained in each public health center was 89 acceptors.

Data collection and variables

Data was collected using a structured questionnaire. The enumerator was first given training related to the procedures to be carried out in this study. Questionnaires were given to the respondent's homes which were selected based on data obtained from the contraception user registration book. Contraceptive use is divided into 2 receptors that use injection contraception and acceptors who use long-term contraception. Health Center services are the role of health workers in terms of contraceptive choices, information provided, interpersonal relationships, technical officers' abilities and follow-up (based on jain theory) while the related roles consist of those who provide assistance to those who receive assistance and communication with their husbands.

Data analysis

Data was taken for suitability and completeness and code and included in Microsoft Excel and SPSS Version 20. Analysis was performed to see the frequency distribution of respondents characteristics. Bivariate and multivariate analysis was performed to see the relationship of each independent variable to the dependent variable. To measure the relationship between independent and dependent variables with a 95% confidence interval. Only socio-demographic variables that have a value of $p < 0.05$ are included in the multivariate regression logistic model. The final model obtained retaliates with the Hosmer and Lemeshow Test.

RESULTS

Characteristics of Respondents

Table 1. shows a total of 178 respondents consisting of acceptors who use contraceptive services at the Kassi-Kassi Health Center and Tamalanrea Health Center. Based on age, the majority of respondents were 31-35 years old, 27 (15.2%) respondents. Based on the latest education, the highest number of respondents was in the last level of education D1-D3 of 51 (28.7%) respondents while the least was in the junior secondary education level of 33 (18.5%) respondents. Based on the age of married respondents, the age of marriage with the oldest age is at the age of 31-35 years as many as 10 (5.6%) respondents and the highest age of marriage at the age of 21-25 years as many as 83 (46.6%) respondents. Based on the reasons for contraceptive use, the most reason for respondents to maintain a pregnancy distance of 99 (55.6%) respondents while respondents with a reason to postpone pregnancy was 79 (44.4%) respondents. Based on the history of previous contraceptive use,

respondents with the most history of contraceptive use were not replacing contraceptives used as many as 141 respondents (79.2%) and the history of not using contraception was 2 respondents (1.1%). Based on the number of children desired, as many as 43 (24.2%) respondents had children who were not ideal and as many as 135 (75.8%) had children with ideal numbers.

Table 1. Description of the respondents' socio-demographic characteristics

Variable	Respondents (n = 178)	%
Age		
• 15-20	4	2,2
• 21-25	27	15,2
• 26-30	44	24,7
• 31-35	35	19.07
• 36-40	39	21,9
• 41-45	24	13,5
• 46-50	5	2,8
Educational level		
• SLTP	33	18,5
• SMA	49	27,5
• D1 – D3	51	28,7
• S1-S2	37	20,8
Married age		
• 15-20	43	24,2
• 21-25	83	46,6
• 26-30	42	23,6
• 31-35	10	5,6
Reasons for using KB		
• Delaying pregnancy	79	21,9
• Maintain pregnancy distance	99	22,5
KB usage history		
• Pill	20	11,2
• Injection	9	5,1
• MKJP	6	3,4
• Do not use contraception	2	1,1
• Haven't changed the method	141	79,2
Number of children desired		
• Not Ideal	43	24,2
• Ideal	135	75,8
Total	178	100

Effect Of Health Center Service And Husband's Role On Contraceptive Use

Table 2 shows the service variables and the role of the husband include contraceptive choices that injection contraceptive users as many as 38 (42.7%) respondents stated that contraceptive choices were not available and 51 (57.3%) respondents stated that contraceptive choices were available, whereas for contraceptive users Long term (MKJP) of 17 (19.1%) respondents stated that contraceptive choices that respondents wanted to use were not available and as many as 72 (80.9%) respondents stated that the choice of contraception respondents wanted to use was always available. In the information provided, injecting contraceptive users as many as 71 (79.8%) respondents stated that the information provided was lacking and 18 (20.2%) respondents stated that the information provided was sufficient, whereas for long-term contraceptive users (MKJP) there were 15 (16.9%) respondents stated that the information provided was less and as many as 74 (83.1%) respondents stated that the information provided was sufficient. In interpersonal relationships, respondents stated that interpersonal relationships were built less and 47 (52.8%) respondents stated that interpersonal relations were built sufficiently, while in long-term contraceptive users (MKJP) 45 (50.6%) respondents stated that interpersonal relations which was built less and as many as 44 (49.4%) respondents stated that the interpersonal relations provided were sufficient. In the technical abilities of the officers,

respondents stated that the technical abilities of officers were bad and 38 (42.7%) respondents stated that the technical abilities of officers were good, whereas in long-term contraceptive users (MKJP) 10 (11.2%) respondents stated that the technical capabilities of officers bad and as many as 79 (88.8%) respondents stated the technical capabilities of the officers were good. In the follow-up of injecting contraceptive users as many as 53 (59.6%) respondents stated that follow-up or advanced service mechanisms were poor technical officers and 36 (40.4%) respondents stated that the technical abilities of officers were good, while those with term contraception length (MKJP) of 44 (49.4%) respondents stated that the technical abilities of officers were poor and as many as 45 (50.6%) respondents stated that the technical abilities of officers were good.

Table 2. Effect of health center services and the role of husbands on contraceptive use

Variable	Contraceptive				p-value
	Injection (89)		MKJP (89)		
	n	%	n	%	
Health center services					
Choice of contraception					
• Available	38	42.7	17	19.1	0.001
• Not available	51	57.3	72	80.9	
Information provided					
• Less	71	79.8	15	16.9	0.000
• Enough	18	20.2	74	83.1	
Interpersonal relations					
• Less	42	47.2	45	50.6	0.764
• Well	47	52.8	44	49.4	
Officer technical capability					
• Bad	51	57.3	10	11.2	0.000
• Well	38	42.7	79	88.8	
Follow-up					
• Bad	53	59.6	44	49.4	0.229
• Well	36	40.4	45	50.6	
Husband's role					
Husband's Agreement					
• Less	31	34.8	32	50.8	1.000
• Full	58	65.2	57	64.0	
Husband and wife communication					
• Bad	49	55.1	30	33.7	0.007
• Well	40	44.9	59	66.3	

Table 2. In the husband's role variables, namely husband's consent, 32 (34.8%) respondents stated that injection of husband to wife was less and 58 (65.2%) respondents stated that the husband's consent was given in full, while for long-term contraceptive users (MKJP) 32 (36.0%) respondents stated that husband's approval was lacking and as many as 57 (64.0%) respondents stated that the husband's consent was given in full. and husband and wife communication variables indicate that, injecting contraceptive users with poor communication as many as 49 (55.1%) respondents and 40 (44.9%) good respondents while 30 MKJP users (33.7%).) respondents showed poor husband and wife communication and as many as 59 (66.3%) respondents showed good husband and wife communication.

Table 3. Multiple logistic regression analysis

Variable	B	*ρ -value*	OR	Wald
Information provided	3.194	0.000	0.041	42.958

The results of bivariate statistical analysis based on the significance of ρ <0.05 indicate the variables that influence contraceptive use, namely contraceptive choice (ρ-value = 0.001), information provided (ρ-value = 0.000), technical ability of the officer (ρ-value = 0.000), conjugal communication (ρ-value = 0.007) while interpersonal relations (ρ-value = 0.764), follow-up (ρ – value = 0.229) and husband's consent (ρ-value = 1.000) do not affect contraceptive use (ρ -Value> 0.05) (Table 2). Multiple logistic regression analysis was used to see the variables that most influenced contraceptive use. The results of logistic regression analysis indicate that the most influencing variable is the information provided with a wald value of 42.958 (Table 3).

DISCUSSION

The concept of a special family planning service standard for infrastructure facilities in the provision of services, the contribution of tools and drugs is very important because there is no contribution of contraceptive tools and drugs so that the implementation of family planning services will not succeed so that the program should offer a method that is sufficient to serve the whole group of people to nest or limit the number of children [(15, 16)] so the government issued a policy on the availability of various types of contraception but in reality these contraceptives were often limited [(17)].

Based on the results of the analysis of the choice of contraceptive use in the City of Makassar, there is an influence between contraceptive choices on contraceptive use and the value of ρ (0.000) > α (0.005). The results of this study are consistent with the statement that the availability of contraception to be used will increase the coverage of users of contraception[(18)]. In this thing client satisfaction affects the contraception provided, if the family planning service is able to provide contraceptives properly, the acceptor will experience satisfaction with the quality of the service provided and can encourage other acceptors to take advantage of family planning services at that place[(19)].

A survey with the theme 'Contraception: "Getting the Right Facts" involving 9 countries, namely China, South Korea, Thailand, Singapore, Indonesia, India, Pakistan, Taiwan and Malaysia with a total of 1,800 male and female respondents aged 20-35 years. the results show that around 30 percent of correspondents in Asia get false and inaccurate information about contraception[(20)].

The results of this study indicate ρ-value (0.000) <α (0.05) so that there is an influence of information provided on contraceptive use in Makassar City. information provided relating to contraceptive use in Ethiopia information about side effects related to information provided by family service providers needed can help individuals and couples to meet their health needs safely and effectively [(21, 22)].

Interpersonal relationships refer to the level of empathy, trust, guarantee of confidentiality and the sensitivity of providers to meet the needs and expectations of clients which has an impact on the creation of positive relationships including the way they are treated by service providers[(23, 24)].

In this study shows that there is no influence between interpersonal relationships on contraceptive use in the city of Makassar with a value of ρ (0.764)> α (0.05). Good interpersonal relationships make it possible to maintain contraceptive use[(25)] so that interpersonal relations is one of the keys to using contraception[(26)].

The technical capacity of family planning service providers is a basic procedure that must be obtained by family planning acceptors in using family planning services. The results of this study indicate the value of ρ-value (0.000) <α (0.05) so that there is an influence between the technical ability of officers to use contraception. In this study, the ability of officers in two health centers to carry out a variety of standard services but some officers have not carried out basic procedures for other acceptors in both long-term contraceptive users and short-term users of contraception.

The quality of services covering (availability of contraception, information provided, ease of service, interpersonal / counseling relationships, mechanism of follow-up and technical abilities of officers) is a determinant of contraceptive use. however, even though the officers have carried out appropriate procedures, they do not affect women of childbearing age in contraceptive use[(27, 28)].

A person's behavior in complying with every recommendation from a health worker is influenced by several factors such as the level of knowledge, level of education, socio-economic, and employment. In addition, health care facilities, attitudes and behavior of health workers also support and strengthen the formation of a person's behavior[(29)]. Follow-up visits (controls) are considered important but not felt as a routine need to be done, control is carried out if there are serious complaints that arise when using contraception. If

there are no complaints, they do not follow the schedule. Thus, the mechanism of follow-up recommended by officers is considered important or not depending on the type of contraception used [30].

Husband's support is verbal or non-verbal information, advice, real assistance or behavior given by an official life partner of a woman (wife)[31]. The results of this study indicate the value of ρ-value (1,000)> α (0.05) so that there is no influence between husband's agreement on contraceptive use in the city of Makassar, H_1 is rejected and H_0 is accepted.

Husbands who do not participate in contraceptive use for partners cause them to be responsible for their use of contraception[32]. Emotional support for wives in family planning can be realized through good communication between husband and wife in reproductive health and participation in using contraception[33].

The results in this study indicate that the p-value (0.007) <α (0.005) indicates that there is an influence between conjugal communication on contraceptive use in Makassar City in 2019.

Increasing knowledge about family planning can be done by counseling or active activities using the game method so that it can be used in contraception [34]. The relationship between a woman and her partner can also be a factor in determining certain contraceptive choices. In many communities, couples do not communicate with each other about family planning, but women often have to get and use contraception if they want to control their fertility[35].

CONCLUSION

Based on the results of the research and discussion with reference to the formulation of the problem and the research hypothesis, it can be concluded that health centers and husbands are a determining factor for someone to use contraception. So that health workers are advised to further enhance their role in terms of service delivery so that acceptors can use contraceptives that are suitable for reproductive purposes to avoid failure rates and prevent maternal deaths from unwanted pregnancies or pregnancies in old age and husbands as the first people to make decisions. contribute well to the choice of contraception that will be used by the wife.

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