Determinants of the Use Long-Term Contraception Method in Banten Province (Secondary Data Analysis Of PMA NFPCB In 2019)

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ARTICLE INFO

A B S T R A C T

The province of Banten population growth rate is higher than the rate of population growth in Indonesia (BPS, 2020) to suppress the growth of population can be controlled with the family planning program, using the method of Long-term contraception. Coverage MKJP Banten Province is still low (17%), compared to the scope of MKJP in (24,6%). The purpose of research to determine the factors associated with the use of the method of long-term contraception. The type of research used is quantitative analytical cross-sectional approach. The population is all of WUS in the Province of Banten, while the sample WUS that be acceptors totaled 827 people. Data collection using secondary data. The results showed that the factor associated with the use of MKJP is the age and number of children (P value <0.05). The number of children who owned PUS be the factor most dominant associated with the use of MKJP evidenced by the results of logistic regression double value (OR= 1,980) after the controlled variables age, number of children and maternal Education. The number of children that are owned by couples of childbearing ages is something of value which is very important for the decision to wear a Long-term contraception.

Determinants Of Use Of Mkjp Di Provinsi Banten (Secondary Data Analysis Skap Bkkbn 2019)

A B S T R A K

Di Provinsi Banten laju pertumbuhan penduduk lebih tinggi dari laju pertumbuhan penduduk di Indonesia BPS 2020) untuk menekan pertumbuhan penduduk dapat dikendalikan dengan program KB, menggunakan metode kontrasepsi jangka Panjang. Cakupan MKJP Provinsi Banten masih rendah (17%), dibandingkan cakupan MKJP secara (24,6%). Tujuan penelitian untuk mengetahui faktor yang berhubungan dengan penggunaan metode kontrasepsi jangka panjang. Jenis penelitian yang digunakan adalah analitik kuantitatif dengan pendekatan cross-sectional. Populasinya adalah seluruh WUS di Provinsi Banten, sedangkan sampelnya WUS yang menjadi akseptor KB berjumlah 827 orang. Pengumpulan data menggunakan data sekunder. Hasil penelitian menunjukan bahwa faktor yang berhubungan dengan penggunaan MKJP adalah umur dan jumlah anak (P value <0,05). Jumlah anak yang dimiliki PUS menjadi faktor yang paling dominan berhubungan dengan pemakaian MKJP dibuktikan dengan hasil uji regresi logistic ganda dengan nilai (OR= 1,980) setelah dikontrol dengan variable umur, jumlah anak dan Pendidikan ibu. Jumlah anak yang dimiliki oleh pasangan usia subur merupakan sesuatu nilai yang sangat penting bagi pengambilan keputusan untuk memakai kontrasepsi jangka Panjang

INTRODUCTION

The population problem facing Indonesia is the high population based on data from the Central Statistics Agency (CSA), the population of Indonesia continues to increase in 2010, the population of Indonesia was 237,641.3 people and becomes 268,074.6 people in 2019, while the population growth rate in Indonesia it was 1.31% lower than the population growth rate in Banten province as many as 2.14%. (Central Statistics Agency, 2020)

One of the ways that the government does in order to reduce the population is the family planning program for all eligible couples. In addition, to decrease the birth rates, the family planning program can also provide access to reproductive health for all eligible couple in 2015, as in MDGs of 2015, one of the 5b indicators is increasing the use of modern contraceptives and the Contraceptive Prevalence Rate (CPR) to 65% and for reducing the percentage of mothers who do not use family planning (Unmet Need) to 5% in 2015. The targetsfor Medium-Term National Development Plan (RPJMN) in 2010-2014 include increasing the achievement of CPR to 65%, including increasing the achievement of active participants in the Long-Term Contraception (LTC) Method by 25.9% and the achievement of new LTC Method participants by 12.9. %, with this matters, NFPCB increase the participation of family planning participants is prioritized using the long-term type of family planning (NFPCB, 2011). LTC Method was a contraceptive method that has a very high level of effective ness and was very efficient in reducing expenses for patients because it was cheap and affects the health goals of a country by providing contraceptive security for a long time (BKKBN, 2017)

A review of contraceptive services provision must be carried out in order to assess whether the target of active family planning participants is achieved or not. Because of the increasing number of active family planning participants has a big role in reducing the number of births, using long-term contraception will reduce the birth rate. The emphasis was put on the government through the NFPCB (National Family PlanningCoordinatingBoard) for the spouse in eligible period to regulate pregnancy and birth (NFPCB, 2016)

Based on the data obtained from the National Family Planning Coordinating Board (NFPCB), 59% of eligible women who are married aged 15-49 years use contraception, namely 55% using modern methods and only 4% using traditional methods. For 3 months injection was the most popular contraception by eligible women (25%), pill (11%). The use of LTC Method contraception was 14% (for implants 5% and IUD contraception 5%) while for tubectomy and vasectomy contraception, the users were 4% and less than 1% (NFPCB, 2019) so it can be categorized that the use of LTC Method was still very low.

The low use of long-term contraceptive LTC Method can lead to new problems, namely the increasing percentage of women's failure rates for spacing pregnancies or reducing the number of children. So, it will be able to increase population growth. (NFPCB, 2012)

Based on PMA data in 2019 for the national LTC Method indicator target, it was achieved 24.6% of the 23.5% target, but if looked back in Banten province, the LTC Method achievement was only 17.0%, and was in the 6th position of the lowest LTC Method achievement. Contraception used by eligible women in Banten Province was more dominated by non-LTC Method contraceptives with the description of contraceptive use used were non-MKJP contraceptives (1-month injection 8.1%, 3-month injection 57.7%, pill 14.2%) and LTC Method (IUD 6.5%, Implant 5.9%, Tubectomy 4.7%, Vasectomy 0%) (NFPCB, 2019). Based on the condition above, it is necessary to carry out further analysis of the determinants of the use of the Long-Term Contraception Method for family planning acceptors in Banten Province in 2019.

METHOD

Characteristics of participants and research design

Participants in this research were all eligible women who used contraception in Banten Province in 2019. The design of this research was a cross-sectional study using secondary data from the KKBPK of Performance Monitoring and Accountability (PMA) survey in 2019, which is a large-scale survey in national representative designed for 34 provinces throughout Indonesia so, it can provide an overview of parameter estimates at the national and provincial levels.

The dependent variable in this research the use of long-term contraception, while the independent variables are age, the number of children, education, occupation, information sources and place of residence.

Sampling procedure

Based on the PMA in 2019, the sample selection in this survey is based on a ratio using stratification and multistage random sampling.

The sample in the research were all eligible women who had complete data and used contraception when the survey was conducted, amounting to 827 people. The sampling method is as follows;
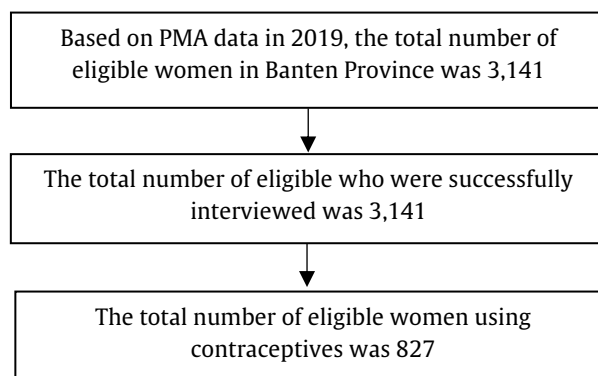
Based on PMA data in 2019, the total number of eligible women in Banten Province was 3,141

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The total number of eligible who were successfully interviewed was 3,141

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The total number of eligible women using contraceptives was 827

Figure: The sampling procedure

Sample size, power and precision

The formula for the sample size in this research used the Lameshow formula (1990) as follows

$$n = \frac{N.Z^2{}_{1-a/2}.p \cdot q}{d^2(N-1) + Z^2{}_{1-a/2} \cdot p \cdot q}$$

n : the number of samples required
$Z^2{}_{1-a/2}$: statistic Z (Z=1,96 for α=0,05)
P   :approximate proportion (0,2)
q.   ; 1-P
d   :absoluteproportion (10%)
N   :Population Size

From the formula calculation obtained n = 112 respondents. This result is multiplied by 10% to anticipate missing data, so the number of samples needed is 123 respondents. The PMA data in 2019 showed that the available data and meets the criteria are 827 respondents, so it can be concluded that the available sample is more than enough because this research used secondary data and all 827 samples were examined.

PMA data were collected by using the Women's questionnaire while the questions used in this research were the use of LTC Method variable, which was the dependent variable made from a combination of the contraceptive type variables in the women questionnaire code FQ23 and FQ22, the age variable was obtained from the questionnaire code FQ1 and FQ3, the number of children variable with code FQ8, the residence variable with code FQ1, the Education variable code Hq3a, the job variable code Hq3b

Measurements and covariates

This research used secondary data so, the researcher cannot control the data quality, namely how to collect and measure data directly. Measurement of research variables was adjusted to the data available in the results of KKBPK Program (PMA) in 2019

Data Analysis

The data analysis in this research was in the form of univariate analysis to obtain a descriptive analysis by using frequency distribution and descriptive statistical tables of each independent variable (age, number of children, education, occupation, information sources and place of residence as well as the dependent variable using the long-term contraception method.

Bivariate analysis was carried out by using Chi-square analysis to determine the relationship between the independent variable and the dependent variable with a significance limit of 95% α = 0.05 or 5% so, if the value of P ≤ 0.05 then it is called statistically significant or there is a relationship if the value is P> 0.05, the result was not significant and there was no relationship.

Multivariate analysis was carried out to determine the relationship between the various independent variables and the dependent variable as well as the magnitude and depth of influence between the independent variables on the dependent variable. This analysis used multiple logistic regression test. Multiple logistic regression analysis is a mathematical model approach used to analyze the relationship of one or more independent variables with a dichotomous/binary categorical dependent variable.

RESULT AND DISCUSSION

Based on the research results, the data distribution of the use contraceptive method in Banten province were obtained as shown in Table 1.

Table 1
Frequency Distribution of the Use LTC Method in Eligible Women (N=827)

Types of contraceptives	Total	Presentase (%)
Use LTC Method	**145**	**17,4**
Sterilization (Tubectomy)	36	4,35
Sterilization (Vasectomy)	0	0
Implant	51	6,16
IUD	58	7,013
Don't use LTC Method	**682**	**82,6**
1-month injection	61	7,36
3-month injection	435	52,62
Pill	108	13.05
Male Condom	22	2,66
Lactational amenorrhea method	1	0,12
Periodic abstinence	18	2,17
Coitus Interruptus	37	4,47

From table 1 it can be seen that as many as 82.6% were non-LTC method users and 17.4% used LTC Method. From the non-LTC method users, the largest proportion was occupied by injection contraceptives (59.9%) and for LTC Method users the largest proportion was the contraceptive method with the IUD (7.0%). This was in line with the PMA's data in 2019 that the use of contraception in Indonesia many as married women aged 15-49 years use contraception, 59% are still dominated by non-LTC Method namely 55% using modern methods and 4% using traditional methods. The 3-month injection method was the most widely used method of contraception (25%), followed by the pill (11%). The use of the LTC method included 14% implants and IUDs (5% each), Tubectomy 4% and Vasectomy less than 1%. (PMA, 2019).

Based on table 2. Most eligible women who use contraception were ≥35 years of age (51.9%), on average eligible women have children <3 (67.6%), most eligible women have high education (65.9%), the average mother was unemployment (79.1%), almost all eligible women get informationsources (91.78%) and the residence of eligible women were dominated by urban areas (69.5%).

Based on table 2, it was found that respondents with an age <35 years old use LTC Method as much as 5.2% and respondents with an age ≥35 years use LTC Method as much as 12.3%, so it can be concluded that the older the respondents are, the more they use LTC Method. From the results of statistical tests, it was obtained that the value of P = 0.000 means that p <α (0.005), it can be concluded that Ho is accepted, thus there was a significant relationship between maternal age and the use of the LTC Method and the value of OR = 2.75 means that the maternal age> 35 years has a chance of 2 times greater use of long-term contraceptive methods compared with age <35 years.

Table 2
Respondents Descriptions According to Respondent Characteristics namely Age, Number of Living Children, Educational Status, Job Status, Information Sources and Area of Residence

Characteristic	F	%
Respondents Age		
<35 years	398	48,1
≥35 years	429	51,9
The number of children		
<3 children	559	67,6
≥3 children	268	23,4
Education		
Low	282	34,1
High	545	65,9
Job Status		
Unemployment	654	79,1
Working	173	20,9
InformationSources		
Do not get	68	8,22
Do get	759	91,78
Residence Area		
Urban	575	69,5
Rural	252	30,5

The results of data analysis showed that respondents choose LTC Method with a greater proportion of mothers who have children ≥ 3, the results of data analysis showed that the value of p = 0.000 means that p <α (0.005) so, it can be concluded that Ho is accepted, this proved that there was a significant relationship between the number of children with the use of LTC Method with a value of OR = 2.65, it means that mothers who have a number of children ≥3 years have a 2 times greater chance of using a long-term contraceptive method compared to mothers who have children <3.

Table 3.
Relationship between Age, number of children with The Use of LTC Method (N=682)

	Selection Long-term Contraceptive (LTC) Method				Sig	OR
	Non LTC Method		LTC Method			
	Jumlah	%	Jumlah	%		
Age (years)						
< 35 years	355	42,9	43	5,2	0,000	2,75
≥35 years	327	39,5	102	12,3		(1.749-3.791)
The number of Children						
< 3	488	59	43	8,6	0,000	2,65
≥3	194	23,5	102	8,9		1.819-3.779

The results of data analysis showed that the proportion of respondents who use the LTC Method was higher in mothers with low education. After doing the Chi-Square test, it was obtained a P value> 0.05 (0.441), thus it could be concluded that there was no significant relationship between maternal education and the use of LTC Method.

The results of data analysis showed that the proportion of unemployed mothers used LTC Method as many as 79.3%, the Chi-Square test results obtained that the P-value = 1,000 means p <α (0.05) so, it can be concluded that Ho is rejected. This proved that there was no significant relationship between maternal job status and the use of the LTC Method, it indicated that the respondent's job status was not necessarily a risk factor that allows someone to use LTC Method.

The results of data analysis showed that more Eligible Women in Banten province live in urban areas than in rural areas. The results of the Chi-Square test showed that the value of P = 0.553 means p <α (0.05), so, it can be concluded that Ho is rejected. This proved that there was no significant relationship between the mother's place of residence and the use of LTC Method with a value of OR = 0.880 1,00.

After doing the Chi-Square test, it was obtained that the value of P = 0.869 means p <α (0.05), thus it can be concluded that there was no significant relationship between information sources and the use of the LTC Method. The results in this study indicate that there are differences in the sources of information obtained by respondents in determining the choice of contraceptive methods. This showed that the information sources obtained by respondents are not one of the risk factors that allow someone to use LTC Method.

Based on table 9, the results of the bivariate selection, the variables with a P-value <0.25 were included in the multivariate model, namely age, number of children and mother's education. For job variables, the residence area and information sources were not included in the multivariate candidate because the P-value is> 0.25. The next stage in the multivariate analysis is to do complete modelling by entering all the candidate variables that include the bivariate selection for analysis. The multivariate analysis aimed to find the best model in determining what factors support the use of LTC Method in Eligible Women. In this case, all candidate variables are tried together, the best model will consider two

assessments, namely the significant value of the Ratio (P <0.05). The model assessment was done by entering all the independent variables that have passed the bivariate modelling into the model, then the insignificant P-value variables were excluded starting from the largest P-value.

Table 4.
Cross-Tabulation of Education, Job Status and residence area with Selection of LTC Method (N=682)

	Selection Long-term Contraceptive (LTC) Method				Sig
	Non- LTC Method		LTC Method		
	Total	%	Total	%	
Education					
Low	237	28,7	45	16	0,441
High	445	53,8	100	12,1	
Job status					
Unemloyment	539	65,2	115	13.9	1,000
Working	143	17,3	30	3,6	
Residence Area					
Urban	471	57	104	12,6	0,553
Rural	211	25,5	41	5	
Information Sources					
Don′tget	57	6,9	11	1,3	0,869
Do get	625	1,3	134	16,2	

The logistic regression test was carried out with the bivariate test stage (table 3-8) with a limit of p <0.25, which was then tested together with a limit of p = 0.05. The results of the multivariate analysis showed that the number of children variable was the most dominant variable related to the use of the LTC Method in family planning acceptors in Banten Province (P-value 0,000 and OR 1,980) means that the mothers who had ≥3 children had a tendency to use the long-term contraceptive method, it was 1,980 greater than the total number of <3 children.

Table 9
Bivariate Selection Results

Variable	p-Value
Age	0,002
The number of children	0,000
Education	0,085
Job Status	0,714
Residence Area	0,708
InformationSources	0,653

Relationship Between Age and The Use of LTC Method

Based on the results of the bivariate analysis, it was found that p-Value = 0.000 with a value of α = 0.05, p <α means that there was a relationship between mother's age and the use of LTC Method with an OR = 2.75 means that the mother's age> 35 years has a 2 times greater chance of using the long-term contraceptive method than with age <35 years with a confidence level (95% CI) = (1,749-3,791).

The result of this study was not in line with research conducted by Nur Dewiyanti (2020) which stated that results of the bivariate analysis between the respondents' age and the use of the contraceptive method with a p-value = 0.074. This showed that there was no relationship between the respondents' age and the use of the contraceptive method (Dewiyanti, 2020).

One of the factors that play a role for eligible women to use contraceptives was the mothers' age. Age was an important component for eligible women in deciding what type of contraception to use. (P. H. C. Dewi&Notobroto, 2014). The women age has an important effect in determining the type of contraception used because age will affect the number of children she wants. As getting older, the knowledge level and experience increases and this can provide a great opportunity to use long-term contraceptive methods such as the IUD. (Ethnic et al., 2018)

According to Suryanti (2019), age affected a person's behavior in using contraceptives, older mothers have a smaller chance of using contraceptive methods than younger mothers. (Suryanti, 2019). Maternal age less than 30 years prefers short-term methods and over 35 years prefers LTC Method, this is often supported by reasons for using Family Planning such as because of the number of children (Christiani et al., 2013)

The author concluded that a woman's age will affect her desire to have the number of children, young women tend to have more children than old age, thus preferring the Non-LTC method.

Relationship Between the Number of Children and The Use of LTC Method

Based on the results of the bivariate analysis, it was found that p-Value = 0.000 with a value of α = 0.05, p <α means that there was a relationship between the number of children and the use of LTC Method with an OR = 2.65 which means that the mothers who had children ≥3 years of age have a 2 times greater chance of using long-term

contraceptive methods were compared with mothers who had children <3 with confidence level (95% CI) = (1,819-3,779). The number of children was the most dominant associated factor with the use of LTC Method.

The results of this study indicate that the number of children owned by the respondents in the research location has an effect on the use of long-term contraceptive methods. This was not in accordance with the research conducted by Ghandis (2019) whichstatedthatthe results of the research show that there was no significant relationship between the number of children and the use of the LTC Method with a P-value of 0.106. The number of living children owned by the respondent was not necessarily the reason why the respondent used LTC Method (G. N. T. Dewi et al., 2020).

According to Laksmini (2018), there was a significant relationship between the number of children and the use of the LTC Method, it was possible that there is a view of the large number of children resulting in the large cost of living (Laksmini, 2018). The number of living children possessed by a woman can provide experience and knowledge, so thewomen can make appropriate decisions about the type or means of contraception to be used (Fienalia, 2012).

With the increase in the number of living children, it will automatically attract more attention for parents. Economic reasons, health, education costs influence parents' decision making to determine the number of children to have. In addition, basic needs such as clothing, food and shelter must be fulfilled so, the more children have, the greater the interest in using LTC Method (Weni et al., 2019).

Table10.
The final model of Multivariate Analysis

Variable	B	Wald	p-Value	OR	95% CI	
					Lower	Upper
Age	0,683	9,568	0,002	1,980	1,284	3,053
The number of children	0,730	12.197	0,000	2,076	1,378	3,128
Education	0,382	2,962	0,085	1,465	0,948	2.263

The relationship between education and the use of LTC Method

Based on the results of the bivariate analysis, it was found that p-value = 1,000 with a value of α = 0.05, p> α means that there was no relationship between education and the use of LTC Method.

The results of this study did not have a relationship between maternal education and the use of the LTC Method. This was not in line with research conducted by Handayani (2016) which stated that there was a relationship between maternal education and the choice of contraceptives with a P-value of 0.021. (Handayani & Rahmawati, 2016)

According to Simanungkalit (2017), someone's high education was not necessarily a guarantee of a person's high knowledge or not. The education that a person has cannot determine the type of contraceptive a woman will use. (Simanungkalit, 2017). However, the selection of the type of contraception to be used was not only decided by the acceptors, but there are also other parties such as husbands, family, close friends and other figures such as cadres and health workers around the mother who are considered influential by the mother in using contraception. (Pertiwi, 2016)

A person's higher education level should be easier to absorb information and motivation to decide on contraceptive choices. However, someone's knowledge was not related to their education but can be obtained from messages of various sources such as the media and other people, therefore this greatly influences the respondent's decision to use contraception. (Indahwati et al., 2017). According to Fatimah (2013) stated that education can affect someone to participate in family planning programs, the higher the education of the respondents, it was expected that their knowledge and awareness will be higher in using family planning. (Fatimah, 2013)

Analysis of the research on women with high levels of education cannot be ascertained that their knowledge was better about family planning because in general education about family planning has not been included in the national curriculum, so it cannot confirm the information related to family planning that was obtained by theresponbdents.

The relationship between Job and the use of LTC Method

Based on the results of the bivariate analysis, it was found that p-value = 1,000 with a value of α = 0.05, p> α means that there was no relationship between work and the use of the LTC Method. In this study, it was found that there as many as 69% unemployed women.

This study was not in line with research conducted by (Tripertiwi et al., 2019) which stated that there was a significant relationship between Job status and the use of IUD contraceptives, working mothers prefer long-term contraception types of IUDs because mothers want to regulate their pregnancies to work optimally, not pregnant and having children in accordance with the prescribed plan. (Tripertiwi et al., 2019)

According to Wulandari (2015), the job that was owned by the mother did not affect the mother to choose the type of contraception, there may be many other factors such as parity, age of marriage, incompatibility, etc., which cause the mother not to use contraception. (Wulandari1 et al., 2015)

Working mothers will more socialize with many people, and get information from various kinds of media, they can automatically increase their knowledge, including knowledge about family planning. Besides, working mothers have more activities and so, they feel more effective in using types of contraception that had long-term effectiveness. . (Ningrum et al., 2018).

According to the researcher, there was no relationship between a job with the use of LTC Method Family Panning in this study because most of the respondents who took part in this study were mothers who did not work so, the relationship could not be seen. The acceptors, most of whom were housewives, had more time at home, it made the acceptors not really think about the number of children.

Relationship Between Residence Area and The Use of LTC Method

From the results of the bivariate analysis obtained P-value = 0.553 with a value of α = 0.05, p> α means there was no relationship between residence area and the use of LTC Method. In this research, the respondents who live in urban

areas use LTC Method contraceptives by 12.6% greater than those living in rural areas by 5%.

The result of this study was not in line with research conducted by Triyanto (2018) which stated that there was a significant relationship between residence area and the use of MKJPLTC Method with a P-value of 0.016. The Respondents who live in urban areas have a greater chance of using the LTC Method with the type of IUD. This was because health facilities in cities were more complete than health service facilities in villages. (Triyanto&Indriani, 2018)

Women who live in rural areas were more likely to use hormonal contraceptives than women who live in cities. This was because women in villages prefer simple contraceptives and do not have to return to get contraceptive services (Herowati&Sugiharto, 2019). In general, mothers who live in rural areas have limited access to information about health, adding to their low knowledge that mothers will feel safe and become less active with information, therefore counseling on contraception needs to be increased, especially for mothers in rural areas. (Paskaria, 2015).

Relationship Between Information Sources and The Use of LTC Method

Based on the results of the bivariate analysis, p-value = 0.869 with a value of α = 0.05, p> α means that there was no relationship between information sources and the use of the LTC Method. In this research, it was found that the mothers who got information sources tended to use LTC Method by 16.2% and those who did not get information were 1.3% who used LTC Method.

This was not in line with research conducted by Santikasari (2019) which stated that there was a significant relationship between the information sources obtained by respondents and the use of contraception with a P-value = 0.012. (Santikasari&Laksmini, 2019). The existence of information sources about long-term contraceptive methods has a big effect on the decision to use or not and what kind of contraception to use. Apart from that, the availability of clear and complete information about the LTC Method, the adequate information influences a person's decision to use the type of LTC Method. (Farahdilla, 2016)

The absence of a relationship between the information sources and the use of the LTC Method could be due to the fact that family planning information circulating in the community has not led to long-term contraception and is more about contraception in general. (Alifah, 2015). Someone's exposure to information about health will automatically motivate a person to develop healthy behavior, knowledge and attitudes of a person were influenced by information sources obtained from other individuals as well as from media related to groups of people, thus giving the possibility of being influenced by others. Information sources can be used to upload "Awareness" or public awareness of a change in expectations until a change in individual behavior (Yuanti, 2017).

RESEARCH LIMITATION

In order for this research to be more focused, the researcher viewed that the research problems that need to be developed need variables. Therefore, the authors' research limitations relate only to associated factors to the use of long-term contraceptive methods in Banten province in the period of 2019. Considering that this used secondary data from PMA in 2019 and the data was already available, the researchers only take variables that have shown the results in the PMA.

CONCLUSION AND SUGGESTION

Based on the research results conducted on 827 respondents. It can be concluded that the Eligible Women in Banten Province who used the LTC Method were only 17.4%. There was a relationship between the use of the LTC Method and the mother's age (P-Value =0,000), number of children (P-Value = 0,000), education (P-Value = 0.441), employment (P Value = 1,000), information sources (P Value = 0, 869), residence area (P value = 0.563), and the most dominant factor affecting the use of the LTC Method in Eligible Women was the number of children factor which had an Exp value of 1.980 (P-value 0.001: 95% CI 1.323-2.965).

It is recommended for family planning service officers to increase the efforts of the IEC Family Planning program on LTC Method as effective contraception that can be used by all age groups because the use of the LTC Method is very flexible for the purpose of delay, thinning and birth restriction

Increase the capacity of family planning service officers in providing family planning counseling by using decision-making tools in the public and private service sectors as well as involving couples in providing family planning counseling.

Cooperating with related parties regarding the social marketing of the LTC Method through advertisements on television to educate the public so that they are affected through the messages conveyed and strengthen their self-confidence in accepting the idea of using LTC Method Family Planning.

There is an approach with community leaders because they are important elements in pioneering the Eligible couple to participate in family planning programs..

Funding Statement

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