



ANALYSIS OF ECONOMIC STATUS WITH SELECTION OF INJECTIVE CONTRACEPTION IN BPM MOGITA TLANAKAN PAMEKASAN

Nova Purmahardini¹, Nur Jayanti²

^{1,2}Akademi Kebidanan Aifa Husada, Pamekasan, Indonesia

ARTICLE INFORMATION

Received: July, 16, 2019
Revised: June, 15, 2020
Available online: August, 2020

KEYWORDS

Environmental sanitation, student, personal hygiene, scabies, Islamic boarding house

CORRESPONDENCE

E-mail: novanafil@gmail.com

A B S T R A C T

Introduction: Indonesia is a developing country that has a population. In Indonesia the most widely used contraceptive device is 3 months injection contraception because it is effective, its use is practical, the price is relatively cheap and safe, as many as 49 respondents 2018. One of the factors affecting contraception is economic status. The purpose of this study was to determine the economic status by selecting injection contraception. **Method:** The research design used was analytic with cross sectional approach. This research was conducted at BPM Mogita Tlanakan Pamekasan from July 1, 2018 until August 31, 2018. The population was all family planning acceptors and sampling was done using probability sampling using simple random sampling with a large sample of 49 respondents. **Result:** The results showed that of the 49 respondents 10 respondents who had high economic status were using 3 people KB injections and those who did not use 7 people KB while 14 respondents who had economic status were using 11 people KB injections and who were not using 3 people KB injections respondents who have low economic status use 23 people who have injections and those who do not use 2 people. By using the Mann Whitney statistical test with a significance level of 0.05 obtained $p > \alpha$, H_0 is applied which means there is a difference in economic status with the selection of contraception for injections and non-injections in BPM Mogita Tlanakan Pamekasan. **Conclusion:** The results of this study indicate that there is a relationship between economic status and injection contraceptive choice at BPM Mogita Tlanakan Pamekasan.

INTRODUCTION

The issue of population today is an important issue that receives serious attention and discussion from interested people and population experts throughout the world and in Indonesia (Rustam, 2012). As one of the developing countries, Indonesia is also not free from population problems, the problems faced by Indonesia are large population with a relatively high population growth rate, uneven population distribution, young age structure and population quality that still needs to be improved (Sarwono, 2016). The population in 2003 was estimated to be around 216 million with a population growth rate of 1.6% TFR 2873 or 2.7 women per year so it is necessary to reduce the population growth rate in Indonesia (Hanafi, 2003). In an effort to reduce the rate of population growth, the government implements a Family Planning program organized by government agencies working in the area of Population and Welfare, namely the BKKBN. The program aims to establish "Quality Families in 2015" through a reduction in birth rates that is

largely determined by the increased use of contraceptives, keeping in mind community participation and responsibilities in a variety of family planning activities (BKKBN, 2003).

According to East Java Health Department data for 2004, injected E4B acceptors of 2,400,204 people (44.02%), pills 1,192,84 (21.51%), IUD 1,040,980 (0.35%), coded 22,112 (0.41%). From these data the number of injectable birth control acceptors is first and the second is pill acceptors (Dinkes Surabaya, 2004).

Based on preliminary research conducted at BPS BPM MOGITA in May 2018 it was found that there were 56 acceptors with 49 injectors (87.5%) in pill injections (8.93%), IUD 2 people (3.57%) Inadequate implants (0%), no condoms (0%). Meanwhile, the cost of the use of contraception is three months and one month for contraception, Rp. 25,000

The impact of the economic crisis has affected the people's purchasing power that tends to decrease compared to the period before the crisis so that it affects the ability to meet the needs of people's lives as reflected in the increasing number of people and or families who fall into poverty (Erikasman, 2001). Increasing poverty levels, this is evidenced by the number of unemployed. Therefore, people consider that injection contraception is cheaper than other contraception because they only incur a small fee for one injection. So that hormonal contraception types of family planning injections are increasingly used because it is very effective, practical use, the price is relatively cheap and safe and balanced with the ability and purchasing power of the people (Rustam, 2012). Where the current public economy is unstable, progress in the economy has a very good influence on the choice of contraception. The factors that influence the choice of contraception among them are education, age, economic status, employment parity, knowledge, place of residence, decisions in the household, culture.

In this connection, prospective family planning acceptors can choose the type of contraception especially injectable birth control that is best suited to their health and socioeconomic conditions. The economic level of a person can influence acceptors in choosing injection contraception, therefore health providers as clinic health workers are very important to stabilize and encourage the awareness of injecting family planning acceptors towards their own needs in realizing a quality family according to their social conditions. Of limiting the problem mentioned above, the problem can be formulated as follows "Is the economic status more dominant in the choice of injection contraception in BPM Mogita Tlanakan Pamekasan. Study the various factors that play a role in the choice of injection contraception in BPM Mogita Tlanakan Pamekasan. Special

purpose 1) Identify the economic status of family planning acceptors at BPM Mogita Tlanakan Pamekasan. 2) Identifying the selection of contraception in BPM Mogita Tlanakan Pamekasan. 3) Analyzing the economic status by selecting injection contraception in BPM Mogita Tlanakan Pamekasan.

METHOD

The research design used is correlational using a cross sectional approach because the measurement and collection of variables is done for a moment. The population in this study were all non-injectable family planning acceptors at BPM Mogita Tlanakan Pamekasan. In this case the researcher took a probability sampling technique. Where every subject has an opportunity to be selected or not selected as a sample. The technique used is random sampling. The sample used in this study was injecting and non-injection KB acceptors at BPM Mogita Tlanakan Pamekasan who were willing to be examined. In this case the researchers used primary and secondary data. Primary data through interviews with questionnaires, secondary data were obtained from BPM Mogita Tlanakan Pamekasan. use documentation study. Obtained from the register and visit card of injecting and non-injection family planning acceptors at BPM Mogita Tlanakan Pamekasan. The instrument in this study used a questionnaire and a checklist. In analyzing the data in this study, the hypothesis test was used to test two independent samples if the data were in the form of ordinal. This test is the best test using the Mann Whitney U-Test statistical test, the formulation of which is: hypothesis testing criteria

RESULT

Research on economic status at BPS Sayang Ibu Surabaya was conducted to find out the extent to which economic status affected mothers in making the decision to choose injectable contraception as a family planning tool, the following discussion will be elaborated.

Table 1 Distribution of respondents according to economic status in BPM Mogita Tlanakan on July 1, 2018 until July 31, 2018

No	Economic Status	Frequency	Percentage
1	High	10	20,41
2	Medium	14	28,57
3	Low	25	51,02
	Total	49	100

From these data it is known that in the Mogita BPM region, most of them have low economic status. This is because the average family income is only enough to meet daily needs so that sometimes it cannot set aside other needs. Therefore respondents are more looking for contraceptives that match their abilities and desires.

Table 2 Distribution of respondents according to maternal contraception selection at BPS Sayang Ibu Surabaya on July 1, 2018 until July 31, 2018

No	Selection	Frequency	Percentage
1	Syringe	37	75,51
2	Non Injection	12	24,49
Total		49	100

From the above table it can be seen that of 49 respondents there were 37 respondents (75.51%) choosing injection contraception and 12 respondents (24.49%) did not choose injection contraception.

Table 3 Economic status according to the choice of injection contraception in BPM Mogita Tlanakan Pamekasan.

Status ekonomi	contraceptive selection				Total	
	Injection Σ	Non injection %	Σ	%	Σ	%
Height	3	30	7	70	10	100
Medium	11	78,57	3	21,43	14	100
Low	23	92	2	8	25	100
Total	37	75,51	12	24,49	49	100

DISCUSSION

Economic status is a condition of income or income obtained by someone or a family, where one's income is different between those of high, moderate, and low according to Latipun's opinion (2001) that the economic level is very influential on the behavior of an individual from a family those with good economic status may have a more positive attitude toward themselves and their future compared to those from low economic status families.

It is understandable that a person's economic level is related to various health problems (Notoatmodho, 1995) the better the economic level, the better his ability to maintain his health. Levels of income in different communities, on the contrary the high income they have a high purchasing power as well. This shows that economic status has a relationship to people's purchasing power.

There are many injection acceptors because they think that injectable birth control has many advantages because the price is relatively cheap, does not interfere with sexual intercourse, does not carry out deep checks, is high in effectiveness, and is easy to use compared to other contraceptives, for example birth control pills have many acceptors that accept pulmonary contraception has a weakness that is easy to forget when drinking it, while the IUD and implant KB that is the acceptor feel afraid when installation. Therefore, injectable contraception is the best way to spite in the present.

Factors that also influence the choice of injection contraception that increase the use of injection contraception at all ages, increase confidence in injection contraception, increase acceptance and procurement facilities, increase effectiveness and decrease side effects (Mochtar, 2012).

The mechanism of action of injection contraception is to suppress ovulation making cervical linders thick so that penetration is interrupted, changes in the endometrium (atrophy) so that implantation is disrupted hindering gamete transport by the fallopian tubes.

The table above presents data that out of 10 respondents (100%) who have high economic status toward 3 respondents (30%) who choose injection contraception and who do not choose injection contraception as many as seven respondents (70%) someone who has a good status will have a more favorable attitude positive towards him. With high income, one's purchasing power is high.

Whereas out of 14 respondents (100%) who are of medium economic status there are 11 respondents (78.57%) who choose injection contraception, and those who do not choose contraception are three respondents (21.43%). Someone who has a moderate economic status will have a more ordinary attitude towards himself with an income that is not causing a person's high purchasing power.

While from 25 respondents (100%) who have low economic status there are 23 respondents (92%) who have injection contraception and who do not choose injection contraception there are two respondents (8%). This is due to the low economic status where someone who comes from a low economic status is more difficult to be positive towards himself. With a low income, a person's purchasing power is lacking. So someone who has a low economic status tends to prefer injection contraception because the price is relatively cheap and in accordance with his economic status. Of the costs incurred in the use of three-month and one-month injection contraceptives in

the amount of Rp. 25,000 therefore many acceptors with low economic status prefer injecting birth control to other birth control programs.

From the Mann Whitney test results obtained $\rho \leq \alpha$ then H_0 is rejected so it can be concluded that there are differences in economic status between the choice of injection and non-injection contraception in BPM Mogita Tlanakan Pamekasan.

This is supported by the fact that economic status can influence a person's attitude in choosing contraception. Other factors that influence contraception selection are education, age, occupation and parity (BKKBN, 1999). Thus it is hoped that services in the field of family planning can be improved with the aim of spacing pregnancy and even to stop pregnancy

CONCLUSION

The economic status of 49 respondents including 20.41% has a high economic status and 28.57% has a medium economic status and 51.02% has a low economic status. Percentage of contraceptive use in BPM Mogita Tlanakan from 49 respondents showed 75.51% used injection KB and 24.49% did not use injection KB. In the analysis of the Mann Whitney test $\rho \text{ count} \leq \alpha$, then H_0 is rejected, meaning there is a difference in economic status with the choice of injection and non-injection contraception in BPM Mogita Tlanakan Pamekasan.

REFERENCE

- Dinkes Surabaya, 2004. <http://dinkes.surabaya.go.id/portal/berita/survei-akseptor-kb-sebagai-acuan-evaluasi-kepuasan-publik/>
- Felina, M. M. (2016). Hubungan Lama Penggunaan KB Suntik 3 Bulan dengan Siklus Menstruasi pada Akseptor KB Suntik di Jorong Batu Limbak Nagari Simawang Kecamatan Rambatan Kabupaten Tanah Datar. *Jurnal Kesehatan*, 3(1).
- Gofar Erikasman (2001). *Pelajaran Ekonomi Jakarta* : Yudistira.
- Hartanto, Hanafi (2003). *Keluarga Berencana dan Kontrasepsi*. Jakarta : Pustakan Sinar Harapan
- Latipun (2000). *Psikologi Konseling*, Malang : Universitas Muhammadiyah
- Pратиwi, D., Syahredi, S., & Erkadius, E. (2014). Hubungan antara penggunaan kontrasepsi hormonal suntik DMPA dengan peningkatan berat badan di Puskesmas Lapai Kota Padang. *Jurnal Kesehatan Andalas*, 3(3).
- Prawirohardjo, Sarwono 2016. *ilmu kebidanan*. Jakarta : PT Bina Pustaka Sarwono Prawirohardjo
- Rachma, A., & Widatiningsih, S. (2016). Perbedaan Penambahan Berat Badan Pada Akseptor Kontrasepsi Suntik 3 Bulan Dengan 1 Bulan Di Kelurahan Karang Kidul Kecamatan

Magelang Selatan Kota Magelang. *Jurnal Kebidanan*, 5(10), 38-46. BKKBN (2003). *Buku Panduan Praktis Pelayanan Kontrasepsi*, Jakarta : Yayasan Bina Pustaka

Rustam, Mochtar 2012 *Sinopsis Obstetri*. Jakarta : EGC

Septianingrum, Y., Wardani, E. M., & Kartini, Y. (2018). Faktor-Faktor yang Mempengaruhi Tingginya Akseptor KB Suntik 3 Bulan. *Jurnal Ners dan Kebidanan (Journal of Ners and Midwifery)*, 5(1), 015-019.

Rubbin P. Stephen (2000). *Perilaku Organisasi*. Jakarta : PT> Glero Aksara Pratama