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The Relationship Between Cadre Participation with The Use of Long-Term Contraception Methods in Adulthood in The Banjeng Maguwoharjo Posyandu Area Sleman Yogyakarta

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Abstract

Background: Long-term contraceptive methods are effective methods for delaying and spacing pregnancies, as well as stopping fertility. Therefore, the government is trying to increase the use of long-term contraceptives, but the use of non-long-term contraceptives is more than the use of long-term contraceptives. Objective: The study aimed to determine the relationship between the participation of health cadres in providing information regarding long-term contraceptive methods on the use of long-term contraceptives by WUS in the Banjeng Maguwoharjo Posyandu area, Depok, Sleman, Yogyakarta. Method: This research method is descriptive correlative using a cross-sectional design. The population and sample are WUS in Banjeng Hamlet, consisting of 25 people. The variables studied were the role of cadres and the use of long-term contraceptive methods. Univariate and bivariate data were analyzed using the chi-square test. The research data is primary data and secondary data with a questionnaire research instrument. Primary data was collected by distributing questionnaires and in-depth interviews to WUS. Result: The results showed that there was no relationship between the participation of cadres and the use of long-term contraceptive methods. This is evidenced by the p-value of 0.08. Conclusion: There is no relationship between the participation of cadres and the use of long-term contraceptive methods.

Keywords: role; cadres; LTCM; WUS; posyandu

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Introduction

Based on data from Statistics Indonesia, Indonesia's population is projected to be 275.77 million in 2022. This number has increased by 1.13% compared to 2021, which amounted to 272.68 million people. Moreover, Indonesia is the fourth most populous country in the world (BPS, 2022). One of the efforts to control the number and rate of population growth in the 2005-2025 National Long-Term Development Plan (RPJPN) is through Family Planning (BKKBN). The main targets in creating quality families have controlled population growth and an increase in quality small families, as indicated by the increasing use of long-term contraceptive methods (LTCM).

The national family planning program in Indonesia is more directed towards the use of the LTCM, which is contraception that can be used for a certain period, long more than two years, and is effective and efficient for using spacing births of more than three years or terminating pregnancies in couples who do not want to have more children. The types of methods included in this group are stable contraceptive methods (MOP and MOW), implants, and IUDs (Asih, 2009).

The choice of contraceptives is related to the respondent's knowledge. The study shows that the majority of respondents use short-term contraceptives, namely injections and pills (54.9%), and have less knowledge about LTCM (68.5%) (Rosmadewi, 2015). A study from 11 countries reported that women with medium knowledge levels were more likely to use LTCM than their counterparts with low knowledge levels (Adde, 2022). Similar studies also note that education and information are variables associated with using MKJP (Pasundani, 2020).

A study of Ohio women who had never used LTCM (74%) revealed that one of the most common reasons for never using LTCM was wanting to avoid adverse side effects and not being familiar with LTCM (Chakraborty, 2022). Counseling to reduce misconceptions and fears over the side effects of LARC should be a crucial part of targeted reproductive health programmes (Kungu, 2020).

Previous research has recommended strategies to increase the use of LTCM, including an increasing public understanding

of LTCM and increasing health workers' skill capacity (Laksono AD, 2022). The role of cadres as health workers is also essential because they are one of the spearheads of success in improving maternal and child health. Cadre as an extension of health workers who can reach a wider community and are considered a link between the health center and the community Angraini (2020).

Previous studies have reported that the knowledge and role of health workers are essential in choosing a contraceptive method. However, limited studies highlight the relationship between the role of cadres and the utilization of MKJP. Therefore, this study aims to determine the relationship between the role of health cadres and the use of MKJP in PUS at Posyandu Banjeng Maguwoharjo Depok Sleman Yogyakarta.

Method

This research is a correlative descriptive study with a cross-sectional approach. This research will be carried out in June 2018 in the Banjeng Maguwoharjo Posyandu area, Depok, Sleman, Yogyakarta. The population and sample in this study were all women of reproductive age in the Banjeng Maguwoharjo Posyandu area, Depok, Sleman, Yogyakarta, totaling 25 WUS. The data used in this study are primary data and secondary data. Primary data includes the identity of the respondent (WUS), information on the role of cadres, and the use of LTCM. Secondary data in this study is the number of WUS. Univariate and bivariate data analysis using chi-square.

Result and Discussion

Table 1. Characteristics of respondents

Characteristics of Respondents	Information	N	(%)
Age (years)	20-35	19	76
	>35	6	24
Education	Base	1	4
	Intermediate	17	68
	High	7	28
Profession	Working	19	76
	Doesn't work	6	24
Number of children	1 child	19	76
	2-3 children	6	24

From the table above it can be concluded that the characteristics of the respondents based on the age of some respondents aged 21-35 years, namely as many as 19 people (76%). Characteristics of respondents based on education, some respondents had secondary education, namely 17 people (68%). Characteristics of respondents based on the work of some respondents did not work, namely as many as 6 people (24%). Characteristics of

respondents based on the number of .children, namely 6 people (24%). children, some respondents had 2-3

Table 2. Characteristics of respondents in the use of LTCM

Characteristics of Respondents	Use of LTCM				Total	
	Yes	(%)	No	(%)	N	%
Age						
20-35 years	10	40	9	36	19	76
>35 years	3	12	3	12	6	24
Total	13	52	12	48	25	100
Education						
Base	0	0	1	4	1	4
Intermediate	10	40	7	28	17	68
High	3	12	4	16	7	28
Total	13	52	12	48	25	100
Profession						
Working	8	32	11	44	19	76
Doesn't work	5	20	1	4	6	24
Total	13	52	12	48	25	100
Number of children						
1 child	10	40	9	36	19	76
2-3 children	3	12	3	12	6	24
Total	13	52	12	48	25	100

Table 3. The relationship between the participation of cadres and the use of contraceptives

Participation of Cadres	The use of contraceptives				*Total*		*p-value*
	Yes		No				
	N	%	N	%	N	%	
Unsufficent	0	0	0	0	0	0	0,08
Sufficent	13	52	12	48	25	100	
Total	13	52	12	48	25	100	

Discussion

Characteristics of respondents

The study results found that most of the respondents who used LTCM were 20-35 years old. This is because at that age couples of childbearing age must think about the number of children they want and arrange the spacing of pregnancies.

The age aspect is related to the fertile period to giving birth. The odds of using LTCM increased with age. The results of another study show that as women age, they perceive long-term methods to be more protective, safe, and reliable than short-term methods of contraception (Adde, 2022). Apart from age, the husband's participation is also associated with the choice of contraception (Suryanti, 2019). The Harvey study found that several relationship qualities and dynamics partner-specific qualities contributed to contraceptive method use (Harvey, 2018).

This study found that more highly educated women of reproductive age used LTCM. Studies in Southeast Asia report that women's low education is one of the barriers to using LTCM (Laksono AD, 2022). Similar studies also note that one of the main limitations of providing LTCM is the lack of education and accurate knowledge (Secura, 2010). Women with better education levels better understand their needs, also better understand the risk factors for any action or decision they take, including a better understanding of LTCM (Richards, 2020).

This study shows that working mothers tend to use MKJP. Because LTCM is more practical and highly effective in preventing unwanted pregnancies and has low dependency on user compliance, working women prefer LTCM (Bahamondes, 2020). A study from 11 countries reported that working women had a higher propensity to use short-term contraceptive methods. In contrast, women with high decision-making capacity had a lower probability of using long-term methods (Adde, 2022). The choice of contraceptive is determined by patient preferences and tolerance for failure. Patients may value other attributes of a method more highly than effectiveness and may prefer a slightly higher risk of an unplanned pregnancy to avoid further adverse effects (Teal, 2021).

The relationship between the participation of cadres and the use of contraceptives

Based on the study's results, it was found that the participation of cadres in the use of contraceptive methods by some WUS said that it was sufficient, namely 13 people (52%). However, data analysis shows that there was no relationship between the participation of cadres and the use of long-

term contraceptive methods (p-value = 0.08). In contrast, previous studies found that the role of health workers tended to increase respondents' interest in using long-term contraception (Koba, 2019).

It is possible that the information from cadres was incomplete and inaccurate so they could not motivate women of reproductive age to use LTCM. Studies have proven that the results of FGDs show that people's knowledge is low due to incomplete information received from health workers. The more negative the attitude of health workers in providing family planning counseling, the less the use of contraceptives (Pastuty, 2022).

The results of Angraini's study (2020) reported that the majority (63,33%) of posyandu cadres did not understand the type of contraception, so they provided "SHASIBU" (mother sharing) training for health cadres in carrying out communication, information, and education activities for women of reproductive age which can increase the coverage of LTCM.

LTCM is the most effective contraceptive method (99% effective) if used correctly in the first year, and thus reduces the risk of unwanted pregnancy by half. The study has shown that more than 60% of adolescents and young women would readily utilize LTCM if given comprehensive counseling by health providers (Winner, 2012). Contraceptive services will work well if people are familiar with the various types of contraception available. In this case, health workers need to provide correct and detailed information about the types of contraceptives and their advantages and disadvantages so that acceptors and their partners can choose contraceptives according to their wishes (Rosmadewi, 2015).

However, Shoupe revealed many challenges to increasing the use of LARC, including reducing costs, ensuring easy access to training, increasing patient knowledge, and encouraging patient interest (Shoupe, 2016).

Conclusion

There is no relationship between the participation of cadres and the use of long-term contraceptive methods.

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