

Contraceptive Use Among The Early Marriage Couples in Langkat District

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Abstract— *The Langkat District which becomes a study conducted in 2017 were drawn the girls who marry early or girls married before 20 years old were 82 persons (16.01%), married girls among those who were had been using a modern contraceptive use such as injectables and oral pills were 38%. There were 62% pills oral consumers among those who experienced may not always complete in proper use. The purpose of this study was to identify the factors associated with the use of contraception among new married couples. This case-control observational study was used the primary data. The population in this study was a total sampled as many as 82 couples who married at an early age. The proportion of contraception users on the new married couples were 35.5%. The types of contraception used were 20.7% oral pills, 41.4% injectables, and 37.9% condoms use. Results of the multivariate analysis with multiple logistic regression analysis showed that the independent variables directly affected by the contraceptive use by first married couples were education with the Odds Ratio (OR) 4.9, income with OR 8.5, knowledge with OR 6.8, and family planning information from field officer OR 12.5. There was a dominant factor by the field officer by giving the family planning information addressing the related institutions to increase the effective information delivery method of the benefits of family planning.*

Keywords— *early marriage couples, contraceptive use*

I. INTRODUCTION

. Early marriage is the beginning of reproductive health problems because the younger age to get married, the longer reproductive life of a woman whose impact on the number of children born. The use of contraceptive is significant for spacing. moreover, limiting pregnancy [1]. Cases of women married at an early age are still found in Indonesia. Early marriage reflects the low status of women and the social traditions that sustain high levels of fertility. Indonesia is a country that has a high percentage of marriages in the world was ranked 37th while the second highest in Southeast Asia after Cambodia [2]. Based on Riskesdas (2013) which first married at age less than 15 years were 2,6% while married at the age of 15-19 years were 23,9%.

Total Fertility Rate (TFR) is a representation of the number of children born to a woman during her reproductive life. TFR in Indonesia today has stagnated during the period 2002 to 2012 with amount 2,6. That is far from the expected target which set out in the government's 2014 target of RJPM in the amount of 2,36. Moreover,

fertility rates by age group in Indonesia (*Age Specific Fertility RateI*) have increased from 35 per 1000 women years to 4 per 1000 women 15-29 years old. ASFR in Nusa Tenggara Barat Province is higher than the national rate of 75 per 1000 women of 15-19 years old [3,5].

Based on the results of the survey in the village of Pulau Kampai District of Pangkalan Susu Langkat 2017, the incidence of women who married early age or under the age of 20 years as many as 82 people (16.01%), people in the village thought that women who married over 19 years old are unsold and spinster. In terms of the modern contraceptive usage at early marriage in the village, Pulau Kampai was dominated by the injections use and birth control pills by 38%. Women who married at an early age who use birth control pills are the drop out (drop out of contraceptive use) in the amount of 62% by 2015. Various reasons were expressed by the local people to not use contraception because they are not permitted by their husbands to use contraceptives, because he wanted more children. The number of children by married people aged less than 20 years is more than two children.

Based on the description of background, the researcher wanted to find out "Early Marriage Couples who use contraceptives" in the village of Pulau Kampai Village of Pangkalan Susu Sub-District Langkat District.

The goal is to get the factors that influence the use of contraception at first marriage couples and which one is the most dominant factor.

II. METHODS

The study was an observational survey data collection methods and case-control using primary data. Population in this study were all new married couples as much as 82 pairs.

III. RESULT

The proportion of contraceptive users at new marriage couples who marry under the age of 20 years as many as 29 people (35.4%) of the 82 couples who married at an early age. Age at the time of the marriage, 17 years old was 53.4%, 18 years old were 43,9%, and 19 years old were 3.7%. The type of contraception used, in the amount of 20.7% of pills, condoms were 41,4% and injectable 37.9%. The average age of respondents marriage to the research carried out about 3.88 years with a standard deviation of

1.432 years, between the use of contraceptives is now already possessed child was 11 couples (62.1%), three pairs were previously using contraception pills, eight pairs using condoms and seven pairs using an injection.

Characteristics of the independent variables that affect users of contraceptives at the time early marriage education (x_1) are the most respondents with primary education amounted to 65.9%, the revenue (x_2) of respondents was lower by 63.4%, the number of children (x_3) at the time of the study respondents with children ≥ 1 were 61, 0%, knowledge (x_4) of respondents with good knowledge level was 57.3%, with a range of

family planning services in the homes (x_5) of

respondents distance were 72%, the cost of installing a contraceptive based on the ability (x_6) of respondents still affordable at 69.5%,

informed by field officers on the use of family planning contraceptives obtained (x_7) only

37.8% of respondents and get a husband's support for the use of contraception in early marriage couple (x_8) is only 35.4%.

To determine any independent variables that jointly affect early age couples to use contraception when they got married by using multiple logistic regression. The analysis process starts with the determination of independent variables to enter the multivariate analysis. This was done by bivariate Chi-Square test ($\alpha \leq 0,25$), the independent variable included in the multivariate analysis. It turns out this eighth variable entry in the multivariate analysis.

The next process is carried out multiple logistic regression analysis with the Forward Stepwise (Conditional) method. Finally, the logistic regression model obtained is:

$$y_i = -3,694 + 1,597(x_1) + 2,144(x_2) + 1,910(x_3) + 2,526(x_7).$$

This model can explain the real difference between the predicted classification as well as the models created. It is appropriate to explain the influence of the independent variable on the dependent variable (Omnibus test of the model coefficient, $p < 0,05$). Furthermore, Percentage Correct values could explain the influence of the independent variables consisting of education, revenue, knowledge, and information by family planning field workers on the use of contraceptives at an early marriage partner by 79.3%, while the remaining 20.7% is influenced by other factors such as cost installation of contraception.

From a logistic regression model that is formed can be made predictions about the probability of an individual using the formula :

$$p = \frac{1}{1 + e^{-\beta_0 + \beta_1 x_1 + \dots + \beta_n x_n}}$$

For new married couples to use contraceptives at the beginning of their marriage. If an early marriage couples have a value of predictor variables as follows: (1) only primary education, (2) their income is still less, (3) their knowledge are also less, and (4) information by KB field staff is also lacking, then the probability each pair of early marriage couple for not using contraception at the beginning of their marriage amounted to 98.88%, otherwise if the early marriage couple have a value of predictor variables as follows: (1) have a higher education, (2) their income has already high, (3) their knowledge very well and (4) information by KB field staff pretty much then the probability of each early marriage couples for not using contraception at the beginning of their marriage amounted to 2.43%.

IV . DISCUSSION

In a preliminary study that carried out both theoretically and empirically suspected eight factors affect the use of contraceptives at an early marriage couple. The bivariate test results using Chi-Square; it turns out these eight factors influence significance. Furthermore, it can be sorted based on significant risk factor (Odds Ratio): husband support factors (OR = 5.293), information by KB field staff (OR = 5.035), knowledge factor (OR = 4.635), revenue factor (OR = 4.359), education factor (OR = 4.205), the cost factor of the contraceptives installation (OR = 4.102), the number of children factors (OR = 3.691), and the distance of family planning services factors (OR = 2.695).

The test results of multivariate regression which was used double logistic regression explain four independent variables consist of information factors by KB field officers (OR

= 12.503), revenue factors (OR = 8.533), knowledge factor (OR = 8.535) and education factors (OR = 4.937).

The results of the bivariate statistics explain that, the role of a husband supporting his wife to use contraception at the beginning of their marriage 5.2 times stronger than if she is not supported. This support will appear preceded by a discussion and an agreement to postpone expected pregnancy. It is clear that the role of husband support no longer determines if all these four factors multivariate goes together well.

Several studies have been done in the same substance states that there is a significant relationship between husband support and the use of contraceptives in women who married in the early age in the Aikmel Sub-District East Lombok District [3]. One else also states there is a relationship between husband support the use of hormonal contraceptives. Clients are provided with support by the

husband will be using contraceptives continuously while that does not have the support of a husband would be less of contraception users [4]. The same thing showed that there is a relationship between husband support and the contraceptive choice, even husband support is a significant influence on the contraceptive that used by wife, otherwise, if the husband does not agree there is a tendency wife's reluctance to use contraceptives [5].

Findings state there is no relationship between husband support and the selection of the type of contraception used by couples of childbearing age [6]. Likewise, there is research that states that the support of her husband has no connection with the choice of contraception in women acceptor aged 20-39 years [7]. Another one concurred with the results of this study which says that there is a significant correlation between the support of partners when choosing the type of contraception used by low-income families [8].

Bivariate test results explained that the information factors by KB field officer are also the same contribution that is equal to 5 times more potential if the information they obtained than if they did not get it. In a multivariate test result information factors by KB field officer is stronger, which is 12.5 times. It is clear that the information is very decisive to determine if all these four multivariate factors go together well. Several studies have been done at the same substance that states that there was a significant

association relationships between information by KB field officers do not have a significant relationship with the use of contraceptives in early marriage women [3].

[4] describes the same result that there is no relationship between the provision of information by family planning officials with the use of hormonal contraceptive methods. Instead [9] describes the existing relationship between the provision of family planning information officer with the choice of hormonal contraception.

Bivariate test results explained that the knowledge factor contributed 4.6 times more powerful if their knowledge of family planning better than if they lack useful knowledge. In the test results of multivariate knowledge, a factor is stronger, which is by 6.8 times more powerful. It is clear that the knowledge factor is very decisive to determine if all these four multivariate factors go together well. Several studies have been done at the same substance states that there is a significant relationship between knowledge and contraceptive use by couples of childbearing age [10]. Otherwise [3] states that there is no relation between knowledge with the use of contraceptives in women who married at an early age. There is no relationship between the level of knowledge about choosing the type of used contraception in couples of childbearing age [6]. Likewise, another research which says that the level of knowledge has

no relationship with the choice of contraceptive use on low-income families. It is clear that knowledge is still a very decisive factor if all these four multivariate factors go together well. Although there are differences between the results of several other studies [8].

Bivariate test results explained that the revenue factor contributed 4.4 times more powerful if they have a higher income. In the test results of a multivariate factor is even stronger earnings, which amounted to 8.5 times. It is clear that the income factor will determine if all these four multivariate factors go together well. Revenues in a family closely linked to the needs of the family. A person's income is one factor of acceptance and decision-making on innovations.

Based on the results of the research shows that most widely-income respondents still under Minimum Wages will undoubtedly affect the ability of the family to fund the installation of contraceptives. There is a significant correlation between family income with the use of contraceptive methods

[4]. Thus there is a tendency, if the family income in the average of minimum wages, of course, the family's ability to fund the installation of contraceptives will be better.

Bivariate test results explained that the education factor contributed 4.2 times more powerful if their education is higher, more than the primary educational factor. In multivariate test results, the educational factor is also stronger, likely by 4.9 times. It is clear that education is a critical factor if all these four multivariate factors go together well. Several studies have been done at the same substance that there is a significant relationship between the level of education and the use of contraceptives [11]. There is a relation of the level of education with the use of contraceptive methods in couples of childbearing-aged <20 years. Education is a conscious and systematic effort that lasts a lifetime in order to divert the knowledge from one person to another. A person who has received a better education or higher are usually more able to accept new things that would be considered advantageous for him.

[12]. Conversely, if a person's education is low, then he will be more difficult to accept new things than those who are highly educated.

Bivariate test results explained that the cost of installing a contraceptive factor contributed 4.1 times more potential if the cost factor of installing their contraception is cheap. However, the results of the multivariate test installation costs of contraception are not included. It is clear that the cost of contraception installation is relatively unnecessary because there has been free contraception by the government if all four multivariate factors go together well.

Bivariate test results explained that the number of an expected child by the family contributes as much as 3.7

times more potent if the factor of the child expected number by their families only 2, compared with the family who wanted to have children more than two. However, the results of the multivariate analysis of factors the number of expected pregnancy by the family are not included. This explains that the number of expected children by family factors usually about two because for those who have more than two children will be hard to keep them at school if all these four multivariate factors go together well.

Bivariate test results explained that the distance with family planning services factors contributed 2.7 times more potent if the family planning services are easily accessible compared with unreachable. However, the results of the multivariate analysis of factors within family planning services are not included. It is clear that the distance of family planning services factors is not necessary, because it might not be too far from a place to stay if all these four multivariate factors go together well.

V. CONCLUSION

The use of contraception at early marriage couples at the time of the beginning marriage directly affected by information of KB field officers factors as the most dominant factor, followed by the income factor, knowledge factors, and institutional factors. These factors can directly affect the functioning of a family planning programs, because it integrates their position very significantly.

Husband's support factors, protective installation cost factors, the number of expected children factors, and the range of family planning services factors also contributed indirectly to new married couples to those on contraception at new marriage couple at the beginning marriage. These factors can be used to support family planning programs indirectly, partially because their position is also significant

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