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*Article*

# Factors Associated with Compliance with Repeat Visits in 1-Month Birth Control Acceptors at PMB G

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**Abstract:** Family planning is an effort to regulate the birth of children, the ideal birth distance and age, regulate pregnancy, protection and assistance in accordance with reproductive rights to create a quality family. Acceptor compliance with injectable contraceptive visits is very important so that the goal of contraceptive use can be achieved, preventing unwanted pregnancies. Decreasing birth control visits or family planning participation will result in a high risk of pregnancy. Objective: To find out the factors related to compliance with repeat visits in 1-month contraceptive injection acceptors at PMB G. This research is a quantitative study with a cross-sectional design method. The population is 90 people receiving 1-month injectable contraceptives and a sample of 30 people using total sampling technique. The majority of respondents had good knowledge, 15 people (50%), 18 people (60%) who were supported by their husbands, and 19 people (63%) who complied with the 1-month injection re-visit. There is a relationship between knowledge and compliance with 1-month injection return visits with a p-value of 0.01, and there is a relationship between husband's support and compliance with 1-month injection return visits with a p-value of 0.01. There is a relationship between factors, which is knowledge and the husband's support for compliance with the 1-month KB injection visit at PMB G. It is hoped that this can help as input for health workers to pay more attention and remind acceptors to make timely return visits.

**Keywords:** Knowledge, Husband's Support, Compliance, Monthly Contraceptive Injection

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## 1. Introduction

Family planning is an effort to regulate the birth of children, the distance and ideal age of childbirth, regulate pregnancy, through promotion, protection and assistance in accordance with reproductive rights to realize a quality family. Family planning is one of the strategies to support the acceleration of maternal mortality rate reduction. KB participants are PUS (Couples of Fertile Age) who are currently using a contraceptive without interspersed pregnancy [1].

Contraception is a way to prevent and space pregnancies and plan the number of children to improve family welfare so that they can provide maximum attention and education to children. Each type of contraception used has advantages and disadvantages. The choice of contraception must be adjusted to the woman's health status, side effects, consequences of unwanted pregnancy, partner cooperation and cultural norms regarding the ability to have children. The side effects of a contraceptive method need to be considered in determining decisions on the continuity of contraceptive use so that side effect protection needs to be sought [2].

Hormonal contraception type of birth control injections 1 month in Indonesia is often used because the period is quite long, the work is effective, the use is also practical, and the price is relatively cheap and safe, and can protect from infection with sexually transmitted diseases. This 1-month injectable contraceptive has high effectiveness if done regularly or scheduled. If it is more than 4 weeks since the last injection and the acceptor has coitus without protection, there is a high probability of pregnancy. This can happen because the family planning acceptor forgets about the re-injections schedule and is also influenced by the acceptor's lack of knowledge and attitude towards adherence to the re-injections schedule.

Acceptor compliance with injectable contraceptive visits is very important so that the effectiveness of contraception is high so that the goal of contraceptive use can be achieved, namely preventing unwanted pregnancies, but people are often non-compliant in using injectable contraceptives triggered by several factors, for example, acceptor knowledge about contraception itself, sufficient knowledge allows acceptors to be compliant in making repeat injection visits [3].

Based on the theory of Lawrence Green (1980) in Notoadmojo (2014), there are 3 main factors that influence behavior in a public health, namely predisposing factors, enabling factors and reinforcing factors. The mother's knowledge factor (KB acceptor) and the husband's support factor have a considerable influence in influencing the mother's compliance to make a re-visit [4].

## 2. Materials and Methods

The research method used in this study is Analytical Observational method with *Cross Sectional* design. This research was conducted at PMB Hj. Gunawati, Bdn, S.T Martapura. The population used in this study was all 1-month injectable birth control acceptors with a total of 34 people. The sample used in this study was 30 respondents, this sampling used the *total sampling* technique.

The data collection instruments used in this study were *informed consent* and questionnaires to determine the factors associated with revisit compliance in 1-month injectable birth control acceptors and can be known by measuring the answers of respondents. Factors associated with revisit compliance in 1-month injectable birth control acceptors can be seen from the results of univariate analysis and bivariate analysis using the *chi-square* test which is valid if the results of the *p-value* <0.05 and invalid if the results of the p-value> 0.05.

## 3. Results

**Frequency Distribution of Respondents**

**Table 1**. Frequency Distribution Based on Age Characteristics of Respondents at PMB G

| Respondent Characteristics | Number (n) | Percentage(%) |
|---|---|---|
| Age | | |
| < 20 years | 0 | 0% |
| 20- 35 years old | 21 | 70% |
| > 35 years | 9 | 30% |
| Total | 30 | 100% |

Based on table 1, we can see that based on the frequency distribution of respondents' age, the majority of respondents (70%) were aged 20-35 years (21 people), and acceptors with an age range of >35 years were 9 people (30%).

**Table 2**. Frequency distribution based on the characteristics of the number of children of respondents at PMB G

| Respondent Characteristics | Number (n) | Percentage(%) |
|---|---|---|
| Number of Children | | |
| ≤ 2 people | 21 | 70% |
| > 2 people | 9 | 30% |
| Total | 30 | 100% |

Based on table 2, we can see that based on the frequency distribution of the number of children of respondents, the majority of respondents with ≤ 2 children with a total of 21 people (70%).

**Univariate Analysis**

**Table 3**. Respondents' Knowledge of 1-month injectable family planning acceptors at PMB G

| Knowledge | Number (n) | Percentage(%) |
|---|---|---|
| Less | 10 | 33% |
| Simply | 5 | 17% |
| Good | 15 | 50% |
| Total | 30 | 100% |

Based on table 3, we can see that based on the frequency distribution of respondents' knowledge, the majority of respondents with a total of 50% with good knowledge. Then it is known that respondents with less knowledge are the second largest at 33%. And respondents with sufficient knowledge as much as 17%.

**Table 4**. Husband's support for 1-month injectable family planning acceptors at PMB G

| Husband Support | Number (n) | Percentage(%) |
|---|---|---|
| Support | 18 | 60% |
| Not in favor | 12 | 40% |
| Total | 30 | 100% |

Based on table 4, we can see that based on the frequency distribution of respondents' husband's support, it is known that the majority of respondents with husbands who do not support are 67%, with a frequency of 20 people, and respondents with husbands who support are 33% with a frequency of 10%.

**Table 5**. Husband's support for 1-month injectable family planning acceptors at PMB G

| Compliance | Number (n) | Percentage(%) |
|---|---|---|
| Compliant | 19 | 63% |
| Non-compliant | 11 | 37% |
| Total | 30 | 100% |

Based on table 5, we can see that based on the frequency distribution of respondent compliance, it is known that the majority of respondents have compliance with routine injectable family planning with a percentage of 63% (19 people). While the other 37% were not obedient to do routine injectable birth control (11 people).

**Bivariate Analysis**

This bivariate analysis is to determine the relationship between knowledge and husband support with re-visit compliance in 1-month injectable family planning acceptors at PMB G. The statistical test used is the *Chi-Square test.*

**Table 6**. Relationship between Knowledge and Repeat Visit Adherence in 1-Month Injectable Family Planning Acceptors at PMB G

| | Compliance | | | | | | |
|---|---|---|---|---|---|---|---|
| | Compliant | | Non-compliant | | Total | | *p-value* |
| Knowledge | f | % | f | % | f | % | 0,01 |
| Good | 15 | 50 | 0 | 0 | 15 | 50 | |
| Simply | 4 | 13 | 1 | 3 | 5 | 16 | |
| Less | 0 | 0 | 10 | 34 | 10 | 34 | |
| | 19 | 63 | 11 | 37 | 30 | 100% | |

In the table above, it can be seen that the *p-value* in the *Chi-square* test is <0.01. From these results it can be concluded that "There is a relationship between knowledge and compliance of 1-month injectable birth control acceptors to make repeat visits at PMB G".

**Table 7**. Relationship between Husband Support and Repeat Visit Adherence in 1-Month Injectable Family Planning Acceptors at PMB G

| | Compliance | | | | | | |
|---|---|---|---|---|---|---|---|
| | Compliant | | Non-compliant | | Total | | *p-value* |
| Husband Support | f | % | f | % | f | % | 0,01 |
| Support | 17 | 57 | 1 | 3 | 18 | 60 | |
| Not in favor | 2 | 7 | 10 | 33 | 2 | 40 | |
| | 19 | 64 | 11 | 36 | 30 | 100% | |

In the table above, it can be seen that the *p-value* in the *Chi-square* test is <0.01. From these results it can be concluded that "There is a relationship between husband support and compliance of 1-month injectable birth control acceptors to make repeat visits at PMB G".

## 4. Discussion

**Relationship between Knowledge and Repeat Visit Adherence in 1-Month Injectable Family Planning Acceptors at PMB G**

Based on table 6, we can see the relationship between the knowledge variable and the compliance variable. The majority of respondents who were not compliant had poor knowledge, namely 10 people (34%). While the majority of respondents who had good knowledge and were compliant were 15 people (50%), then there were respondents who had sufficient knowledge, there were 4 respondents who were compliant with re-injections (13%) and 1 person who was not compliant (3%). In the table above, it can be seen that the *p-value* in the *Chi-square* test is <0.01, it can be concluded that H0 is rejected and H1 is accepted. From these results it can be concluded that there is a relationship between knowledge and compliance of 1-month injectable birth control acceptors to make revisits at PMB G. From the results of the study, many respondents who were not compliant were respondents who had less knowledge, this can be known by researchers after analyzing

the results of the questionnaire by respondents because respondents did not know or understand the mechanism of action of 1-month injectable birth control and the protection period provided by the injectable birth control.

According to (Notoatmodjo, 2018) there are several factors that influence knowledge, namely internal factors (age, experience, education, occupation, and gender) and external factors (information, environment and socio-culture) [4]. Because the majority of respondents are in the age range> 20-35 years, this is in accordance with the theory according to Hurlock in the study. (Cintya Ganes et al., 2020) which states that mothers who are in the age range> 20-35 years are those who are in the phase of spacing pregnancies or maintaining birth spacing. So that awareness and knowledge to revisit 1-month injections of birth control are also higher. The results of this study are in line with research by Mardani (2021) that the higher the level of knowledge of respondents about injectable contraceptives, the more obedient respondents are to use injectable contraceptives.

Thus, the results of the study can be concluded that there is a relationship between knowledge and compliance with repeat visits for 1-month injectable contraceptives because the higher the level of knowledge of acceptors about the 1-month injectable contraceptives used, the more obedient they are to re-inject according to a predetermined schedule. According to the researcher's assumption, the factors mentioned above certainly affect the knowledge of 1-month injectable birth control acceptors to adhere to repeat visits. The majority of respondents with an age range of 20-35 years as many as 21 people (70%) are at a good reproductive age so that of course they will be more *aware of* themselves and their families in planning and spacing pregnancies, so they have better knowledge and understanding of family planning, this is what underlies revisit compliance in 1-month injectable birth control acceptors.

**The Relationship between Husband Support and Adherence to Re-visits in 1-Month Injectable Birth Control Acceptors**

Based on table 7, the characteristics of 1-month injectable birth control acceptors who adhered to repeat visits based on husband support in this study were 18 people. Whereas from 12 people whose husbands were less supportive, the majority of these respondents were not compliant with making repeat visits. In accordance with the table above, it can be seen that the *p-value* in the *Chi-square* test is <0.01. Because this value is <0.05, it can be concluded that H0 is rejected and H1 is accepted. From these results it can be concluded that there is a relationship between husband support and compliance of 1-month injectable birth control acceptors to make repeat visits at PMB G". From the results of the study, it is known that the majority of respondents who are not compliant are respondents who do not get support from their husbands, this is known by researchers through the results of questionnaires that have been distributed. From these results it can be seen that non-compliant respondents are respondents whose husbands do not want to participate in the family planning program, husbands who do not want to listen to counseling, or guide respondents in making decisions about contraception to be used.

Based on the results of this study, it was found that there were injectable birth control acceptors with an age of> 35 years as many as 9 people (30%), of course, they would get more support to comply with 1-month injections because according to the theory by Hurlock in Ganes (2020) they were already in the phase to stop pregnancy, which is usually due to medical reasons and others so that mothers are not recommended to get pregnant or have more children [5]. Likewise, with the number of children of 1-month injectable kb receptors, in this study mothers with more than 2 children as many as 9 people (30%) will also certainly be supported by their husbands because they feel they have enough children. According to (Ode, 2017) Husband support can be seen from husbands who provide motivation to use family planning, remind when the wife's injection schedule is, as well as knowledge and attention to the wife's condition regarding side effects that occur. Husband's support will cause family planning acceptors to use contraceptives continuously

and vice versa if they do not get husband's support, only a few wives dare to use family planning [6].

The results of this study are in line with research by (Adriani et al., 2022) that there is a relationship between husband support and compliance with re-visiting injectable birth control acceptors with a *p value of 0.008*. In this study, it was found that husband's support was related to acceptor compliance with re-visiting injectable birth control, this is because the family (husband) is one of the supporting elements in compliance behavior. If the husband has provided support to the wife to take birth control, the wife will tend to comply with this different if the wife does not get the support of the husband, then usually the wife also obeys not to take birth control [7].

According to the researcher's assumption, husband support is of course very influential in contraceptive decision making, this must also be based on other factors such as age, knowledge, and number of children. Husbands who have knowledge about contraception used by their wives will definitely support and want to guide to make decisions about contraception used by their wives, and wives will also obey the advice of their husbands. As for the influence of the respondent's age and number of parities on husband's support to maintain birth spacing between one child and another to provide optimal care for children, in addition to preventing the occurrence of pregnancy risk factors that will occur due to the close proximity of children.

## 5. Conclusion

There is a relationship between factors, which is knowledge and the husband's support for compliance with the 1-month KB injection visit at PMB G. It is hoped that this can help as input for health workers to pay more attention and remind acceptors to make timely return visits.

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## REFERENCES

[1] Ministry of Health, *Indonesia Health Profile 2021*, 2022.

[2] H. Hartanto, *Family Planning & Contraception*, Sinar Harapan Library, 2015.

[3] K. D. Oktaviana, M. Anas, N. D. Ariningtyas, U. Marlina, Faculty of Medicine, University of Muhammadiyah Surabaya, and D. Oktaviana, "Relationship of Internal and External Factors on the Compliance of Injectable Contraception Acceptors," vol. 5, no. 1, 2022.

[4] S. Notoatmodjo, *Health Research Methods*, Rineka Cipta, 2018.

[5] C. Ganes, W. B. B., M. D. B., N. N. D., M. Wahyuddin, A. H. R., and I. Ketut Budastra, "Early Marriage in Kebon Ayu Village: Causes and Solutions," *JWD*, vol. 2, no. 1, 2020. [Online]. Available: www.jwd.unram.ac.id

[6] W. Ode, "Related Factor to the Use of Hormonal Contraceptive Methods in Family Planning Acceptor in Pasarwajo Village Pasarwajo District Buton Region," 2017.

[7] Adriani, J. Darmawati, and L. Fransisca, "Analysis of Factors Affecting Compliance of Injectable Family Planning Acceptors Making Revisits," *Journal of Midwifery: Journal of Medical Science Health Sciences Akademi Kebidanan Budi Mulia Palembang*, vol. 12, no. 1, pp. 14-25, 2022. [Online]. Available: https://doi.org/10.35325/kebidanan.v12i1.291

[8] M. H. Tabaghdehi, "Prevalence and Factors Affecting the Negative Childbirth Experiences: A Systematic Review," *Journal of Maternal-Fetal and Neonatal Medicine*, vol. 33, no. 22, pp. 3849-3856, 2020. https://doi.org/10.1080/14767058.2019.1583740

[9] Z. T. Tessema, "Prevalence of Low Birth Weight and Its Associated Factor at Birth in Sub-Saharan Africa: A Generalized Linear Mixed Model," *PLoS ONE*, vol. 16, no. 3, 2021. https://doi.org/10.1371/journal.pone.0248417

[10] F. I. Joseph, "A Qualitative Exploration of the Sociocultural Determinants of Exclusive Breastfeeding Practices Among Rural Mothers, North West Nigeria," *International Breastfeeding Journal*, vol. 14, no. 1, 2019. https://doi.org/10.1186/s13006-019-0231-z

[11] X. Xiao, "The Experiences of Early Postpartum Shenzhen Mothers and Their Need for Home Visit Services: A Qualitative Exploratory Study," *BMC Pregnancy and Childbirth*, vol. 20, no. 1, 2019. https://doi.org/10.1186/s12884-019-2686-8

[12] J. Sumankuuro, "Narratives on Why Pregnant Women Delay Seeking Maternal Health Care During Delivery and Obstetric Complications in Rural Ghana," *BMC Pregnancy and Childbirth*, vol. 19, no. 1, 2019. https://doi.org/10.1186/s12884-019-2414-4

[13] M. Aberese-Ako, "Health System, Socio-Cultural, Economic, Environmental and Individual Factors Influencing Bed Net Use in the Prevention of Malaria in Pregnancy in Two Ghanaian Regions," *Malaria Journal*, vol. 18, no. 1, 2019. https://doi.org/10.1186/s12936-019-2994-5

[14] T. T. Asresu, "Mothers' Utilization and Associated Factors in Preconception Care in Northern Ethiopia: A Community Based Cross Sectional Study," *BMC Pregnancy and Childbirth*, vol. 19, no. 1, 2019. https://doi.org/10.1186/s12884-019-2478-1

[15] P. J. Surkan, "Paternal Involvement and Support and Risk of Preterm Birth: Findings From the Boston Birth Cohort," *Journal of Psychosomatic Obstetrics and Gynecology*, vol. 40, no. 1, pp. 48-56, 2019. https://doi.org/10.1080/0167482X.2017.1398725

[16] S. A. Worku, "Unmet Need for Family Planning and Its Associated Factor Among Women of Reproductive Age in Debre Berhan Town, Amhara, Ethiopia," *BMC Research Notes*, vol. 12, no. 1, 2019. https://doi.org/10.1186/s13104-019-4180-9

[17] P. Smittenaar, "Bringing Greater Precision to Interactions Between Community Health Workers and Households to Improve Maternal and Newborn Health Outcomes in India," *Global Health Science and Practice*, vol. 8, no. 3, pp. 358-371, 2020. https://doi.org/10.9745/GHSP-D-20-00027