Indian Journal of Public Health Research & Development

EXECUTIVE EDITOR

Dr. Manish Chaturvedi (Professor) Community Medicine School of Medical Sciences & Research, Sharda University, Greater Noida

INTERNATIONAL EDITORIAL ADVISORY BOARD

1. Dr. Abdul Rashid Khan B. Md Jagar Din, (Associate Professor) Department of Public Health Medicine, Penang Medical College, Penang, Malaysia
2. Dr. V Kumar (Consulting Physician) Mount View Hospital, Las Vegas, USA
3. Basheer A. Al-Sum, Botany and Microbiology Dept, College of Science, King Saud University, Riyadh, Saudi Arabia
4. Dr. Ch Vijay Kumar (Associate Professor) Public Health and Community Medicine, University of Buraimi, Oman
5. Dr. VMC Ramaswamy (Senior Lecturer) Department of Pathology, International Medical University, Bukit Jalil, Kuala Lumpur
6. Kartavya J. Vyas (Clinical Researcher) Department of Deployment Health Research Naval Health Research Center, San Diego, CA (USA)
7. Prof. PK Pokharel (Community Medicine) BP Koirala Institute of Health Sciences, Nepal

NATIONAL SCIENTIFIC COMMITTEE

1. Dr. Anju Ade (Associate Professor) Navodaya Medical College, Raichur,Karnataka
2. Dr. E. Venkata Rao (Associate Professor) Community Medicine institute of Medical Sciences & SUM Hospital, Bhubaneswar, Orissa
3. Dr. Amit K. Singh (Associate Professor) Community Medicine VCSG Govt. Medical College, Srinagar – Garhwal, Uttarakhand
4. Dr. R G Viveki (Associate Professor) Community Medicine Belgaum Institute of Medical Sciences, Belgaum, Karnataka
5. Dr. Santosh Kumar Mulage (Assistant Professor) Anatomy, Raichur Institute of Medical Sciences Raichur(RIMS), Karnataka
6. Dr. Gouri K. Padhy (Associate Professor) Community and Family Medicine, All India Institute of Medical Sciences, Raipur
7. Dr. Ritu Goyal (Associate Professor) Anaesthesia, Sarnath Institute of Medical Sciences, Panchsheel Nagar
8. Dr. Anand Kalaskar (Associate Professor) Microbiology, Praithma Institute of Medical Sciences, AP
9. Dr. Md. Amirul Hassan (Associate Professor) Community Medicine, Government Medical College, Ambedkar Nagar, UP
10. Dr. N. Girish (Associate Professor) Microbiology, VIMS&RC, Bangalore
11. Dr. BR Hungund (Associate Professor) Pathology, JNMC, Belgaum
12. Dr. Sartaj Ahmad (Assistant Professor), Medical Sociology, Department of Community Medicine, Swami Vivekananda Subharti University, Meerut,Uttar Pradesh, India
13. Dr Sumeeta Soni (Associate Professor) Microbiology Department, B J. Medical College, Ahmedabad, Gujarat, India

NATIONAL EDITORIAL ADVISORY BOARD

5. Prof. Samarendra Mahapatro (Pediatrician) Hi-Tech Medical College, Bhubaneswar, Orissa
6. Dr. Abhiruchi Galiotra (Additional Professor) Community and Family Medicine, All India Institute of Medical Sciences, Raipur
7. Prof. Deepti Pruthvi (Pathologist) SS Institute of Medical Sciences & Research Center, Davangere, Karnataka
8. Prof. G S Meena (Director Professor) Maulana Azad Medical College, New Delhi
9. Prof. Pradeep Khanna (Community Medicine) Post Graduate Institute of Medical Sciences, Rohtak, Haryana
10. Dr. Sunil Mehra (Paediatrician & Executive Director) MAMTA Health Institute of Mother & Child, New Delhi
11. Dr Shailendra Handu, Associate Professor Phhma, DM (Pharma, PGI Chandigarh)
12. Dr. A.C. Dhariwal Directorate of National Vector Borne Disease Control Programme, Dte. DGHS, Ministry of Health Services, Govt. of India, Delhi

Print-ISSN 0976-0245-Electronic-ISSN: 0976-5506, Frequency: Quarterly (Four issues per volume)

Indian Journal of Public Health Research & Development is a double blind reviewed international journal. It deals with all aspects of Public Health including Community Medicine, Public Health, Epidemiology, Occupational Health, Environmental Hazards, Clinical Research, and Public Health Laws and covers all medical specialties concerned with research and development for the masses.

The journal strongly encourages reports of research carried out within Indian continent and South East Asia.

The journal has been assigned International Standards Serial Number (ISSN) and is indexed with Index Copernicus (Poland). It is also brought to notice that the journal is being covered by many international databases. The journal is covered by EBSCO (USA), Embase, EMCare & Scopus database. The journal is now part of DST, CSIR, and UGC consortia.

Website : www.ijphrd.com

All right reserved The views and opinions expressed are of the authors and not of the Indian Journal of Public Health Research & Development The journal does not guarantee directly or indirectly the quality or efficacy of any product or service featured in the advertisement in the journal, which are purely commercial

Editor

Dr. R.K. Sharma
Institute of Medico-legal Publications
501, Manisha Building, 75-76, Nehru Place,
New Delhi-110019

Printed, published and owned by

Dr. R.K. Sharma
Institute of Medico-legal Publications
501, Manisha Building, 75-76, Nehru Place,
New Delhi-110019

Published at

Institute of Medico-legal Publications
501, Manisha Building, 75-76, Nehru Place,
New Delhi-110019
1. Colposcopy as an Adjunct to Cytology in the Diagnosis of Cervical Pre-cancer and Cancer ........................................... 01
   in an Executive Health Care Set-up: A Retrospective Study in Mumbai, India
   Renuka Matti, Yogesh Kumar S, Mallapur MD

2. Epidemiology of Unintentional Injury in a Rural Community, Tiruchirapalli District................................. 06
   Mohan, P Manickam

3. Medical Error in Health Care: A Sleeping Giant.......................................................... 11
   Amit Kumar Pandey, Garima Malik, Sanjay Saproo, Sanjeev Bansal

4. Phenomenology of Perimenstrual Psychiatric Symptoms.................................................. 17
   Kumar Abhay, Singh Krishna K, Chandra Prakash, Singh P K, Rae Alik Anthony, Singh Guddi Rani

5. Surgical Decompression in Pott’s Paraplegia Patients by Anterior Approach............................... 23
   Saxena V, Abbas M

   Nabanita Saikia, Labananda Choudhury

7. Exploratory Study on Tobacco Use among Adolescents .............................................. 34
   Sreedevi P A, Sreejamol M G, Febu Elizabeth Joy

8. Explore the Motives of Organ Donation ........................................................................ 40
   Kanmani J, Deepa S Thomas

9. Application of Lot Quality Technique for Immunization Coverage and Quality Assessment .................. 46
   Undavalli VK, Narni H, Muthe A, Ponnaganti SC, Jonnalagadda RK

10. Eating Experiences of Head and Neck Cancer (HNC) Patients after Radiotherapy- Qualitative Meta-Synthesis
    Shalini G Nayak, Mamatha Shivananda Pai, Linu Sara George

11. A Study of Patterns of Thyroid Lesions on Fine Needle Aspiration Cytology in............. 57
    Hapur Region, Uttar Pradesh
    Amit Kumar Nirmal, Harsimrat Singh, Kirti Nirmal, Jay Kant Jha

12. Obstetric and Perinatal Outcome of Pregnancies with Nuchal Cord..................................... 62
    Poonam, Manjit Kaur Mohi, Manpreet Kaur, Baljinder Kaur, Manjeet Kaur

13. Preventive Role of Probiotic in Antibiotic Associated Diarrhoea in Children.................. 66
    Meenakshi Jindal, Yogesh Goyal, Suman lata, Rajeev Kumar Sharma
14. A Study on Factors Influencing Magnitude of HIV among Patients with Diagnosed Tuberculosis
Ravikumar, B A Varadaraja Rao

15. Knowledge, Awareness and Attitude Towards Mental Illness among Adult Population of
Dharwad District – A Cross Sectional Study
Subhashri Jahagirdar, Laxmikant Lokare, D D Bant, Geeta V Bathija, Maneesha Godbole,
Manjunath S Nekar, Mahesh V K

16. An RCT to Assess the Effectiveness of Cold Compress on Relieving Symptoms of Allergic
Conjunctivitis amongst Indian Children
Payal Kahol, Manjula Thakur, Amit Gupta, Sushma Kumara Saini

17. Knowledge and Attitude of Antenatal Mothers Regarding Cord Blood Donation, AIMS, Kochi
Linda Varghese, Bency Bhasy

18. Psychological Impact of Cancer Diagnosis in Newly Diagnosed Breast Cancer Patients
Shejila C H, Mamatha Shivananda Pai, Donald J Fernandes, Stanley Mathew, Jyothi Chakrabarty,
Elsa Sanatombi Devi, Anice George

19. The Yellow Lure: A Cohort Study on Employee Perception on Creativity in Hospitality Sector
Kanchana Arun, S Sudha

20. Vaping as Smoking Cessation Methods: Is it a Solution or a New Problem?
Zulkifli Amin, Steven Zulkifly, Stephen Diah Iskandar

21. A Cyto-histopathological Study of Chondroid Syringoma in a Tertiary Teaching Hospital in
Western Uttar Pradesh, India: An Eight Year Experience
Alok Mohan, Anil Kumar, Kriti Nausaran

22. Predictive Analytics in HR Management
Sainath Malisetty, R V Archana, K Vasanthi Kumari

23. A Study on Buying Behavior of Eco-Friendly Apparel with Special Reference to Tanjore
K Bharathi, S Sudha

24. Prevalence of ABO and Rhesus Blood Groups in Blood Donors: A Study from a Multispecialty Hospital of Western Uttar Pradesh
Anil Kumar, Alok Mohan, Kriti Nausaran, Sunil Gupta

25. Psychosocial Level of Patients Undergoing Solid Organ Transplantation
Kanmani J, Anooja Antony

26. Economic Burden of Cancer in India
Jyothi Chakrabarty, Mamatha Shivananda Pai, V K Ranjith, Donald Fernandes

27. Factors Associated with Events in Early Marriage in Banjar District
Fauzie Rahman, Fahrini Yulidasari, Nida Ulfah

28. Knowledge and Awareness of Carcinoma Cervix and HPV in Rural and Urban Women of
Bangalore, Karnataka, India
S K Anusuya, Sudha V Patil, Veerabhadra Goud G.K., Bandi Sudha Parimala
29. Socio-demographics and Clinical Profile of Patients with Lateral Epicondylitis........................................... 153
   Daison Varghese V, H Ravindranath Rai, Jaison Varghese, Vishnu Renjith

30. A Study on Knowledge and Practice of Hospital Waste Management among Nursing Staff of.................158
   Tertiary Care Centre Hospital in Eluru, West Godavari District, A.P, India
   Chandrasekhar Vallepalli, K Uma Maheswara Rao, K T Reddy, K Chandra Sekhar,
   Sandhya Sree Gogineni, P G Deotale

31. Ocular Morbidity in Geriatric Age Group: A Retrospective Study in a Tertiary Eye Care Centre...............164
   Chandana Chakraborti, Nabanita Barua, Sheuli Kumar, Rosy Kahakashan Chishti,
   Subhadri Manna, Malsawmtluanga

32. Factors Influencing Consumer’s Intention to Adopt Digital Payment - Conceptual Model.......................170
   K Vinitha, S Vasantha

33. The Relationship between Visual Working Memory with Motivational Beliefs and Cognitive and............176
   Metacognitive Strategies in Primary School Children
   Seyed Mohammad Mahdi Moshirian Farahi, Shamim Razaghi Kashani, Seyedeh Maryam
   Moshirian Farahi, Mahyar Moghaddam, Molouk Khademi Ashkzari

34. Dynamic Life Table for Guwahati City: An Urban Set Up of North Eastern India.................................182
   Mompi Sharma, Labananda Choudhury, Anjana Moyee Saikia

35. An Assessment of India’s Development in Healthcare in Comparison to Overall Development..............187
   in LMIC Countries
   Arif Raza

36. To Evaluate Relationship between Attendance and Academic Performance of Medical Students in ..........194
   Department of Ophthalmology
   Suman Bhartiya

37. Assessment of the Level of Knowledge and Awareness of Dental Health Care Workers about...............200
   Hand Hygiene - A Questionnaire based Study
   Ashwin Jayaraman, Shreyed Hegde, Neeta Shetty, Ramya Shenoy, Shrikala Baliga

38. The Impact of Life Enrichment and Promotion Program Training on the Prisoners’ Aggression..............206
   Who Suffer from Drug Abuse
   Javad Asadollahi, Shamim Razaghi Kashani, Seyed Mohammad Mahdi Moshirian Farahi,
   Fatemeh Fahimi Rad

39. Validity of Different Screening Tests for Detecting Visual Impairment in 3 to 6 Year Old Children .......211
   Jyothi Thomas, Parikshit M Gogate, B Rajashekara B, Asha Kamath, George P Jacob

40. Role of Intramuscular Injection of Prostodin in Cervical Priming in Cases of First..........................217
    Trimester Abortion
    Rajni Aggarwal, Kalpana Verma

41. A Study on the Prevalence of Alcoholism among Males in Rural Areas and its Impact.........................224
    Srinath, R, SendilvelanS
42. Mitigation of Perceived Stress and Enhancement of Quality of Life among Female Adolescents .................................................. 229
   Using Meditation on Twin Hearts
   Srikanth N Jois, R Moulya, Lancy D Souza

43. To Evaluate Diagnostic Utility of FNAC for Palpable Thyroid Lesion and Comparison .................................................. 235
   with Ultrasound and Thyroid Profile
   Singh Guddi Rani, Singh Krishna K, Kumar Ajeet, Singh Sangita, Prasad Umakant, Kumar Bipin

44. Spectrum of Histopathological Findings in Liver Biopsy ........................................................................................................ 241
   Hemavathi Reddy, V D Dombale

45. Idiopathic External Cervical Root Resorption: Review with a Case Report ............................................................. 246
   Abhinav Misra, Gauri Mishra, Sulabh Kumar, Abhilasha Shakla

46. Barriers To Pre-eclampsia Incidence Reduction among Women of Somaliland ............................................................... 252
   An Implementation Imbedded Qualitative Research 2016
   J Hussein, Ahmed KHM, Abu-Rmeileh NME

47. Effect of Soy Supplements on Systemic Blood Pressure among Post-menopausal ..................................................... 257
   Women- A Systematic Review
   Deviga T, N Hepsibah Kirubamani, M Balachandraraao Naidu, S K Mohanasundari

48. Relationship between Mental Rumination, Cognitive Emotion Regulation, Physical- Social ................................... 261
   Anxiety and Sleep Disturbance in People with Depression
   Mohsen Ghasemi Safarabad, Sahar Safarzadeh

49. Epidemiological Features of Dengue Cases Treated in SGRDIMSAR Amritsar ....................................................... 266
   S L Mahajan, P Devgun, APS Brar, A Sood

50. Spectrum of Systemic Autoimmune Diseases Associated in Patients with Interstitial Lung Disease in a Tertiary Care Centre in Eastern India ..................................................... 271
   Pratima Singh, Prasanta Padhan

51. An Epidemiological Study of Knowledge Attitude and Practice of Nutritional Status of the Elderly in Rural Population of Ambala District, Haryana .................................................. 275
   Sandeep Kumar, Anshu Mittal, Anuj Bishnoi, R K D Goel, Suresh Kumar Bhonsla, Parmal Saini, Zahid Ali Khan

52. Effectiveness of Behaviour Change Communication on Reduction of Overweight and Obesity .................. 280
   in Urban School, Bangalore
   Hemalatha, Mangala S, Mini J Subrahmanyam G

53. To Study the Emergency Department Patient Process Flow in Hospital ................................................................. 287
   Anil Pandit, Meenal Kulkarni

54. Management of Complex Intercondylar Fractures of Lower End of Femur by Extensile Anterolateral Approach Using Tibial Tuberosity Osteotomy ..................................................... 292
   Saxena V, Pradhan P

55. Relationship between Cooperative Learning and Test Anxiety with Self-efficacy and ........................................ 298
   Academic Performance in Student
   Fereshteh Ghasemi Rad, Alireza Heidari
Factors Associated with the Use of Long-term Contraception Method in Batulicin Sub-district

Fauzie Rahman, Fahrini Yulidasari, Nuriya Ariska

Health Policy Administration and Health Promotion Department, Health Reproduction and Child Maternal Health Department, Student of Health Policy Administration and Health Promotion Department Public Health Study Program, Medical Faculty Lambung Mangkurat University, Banjarbaru, Kalimantan Selatan, Indonesia

ABSTRACT

National Medium Term Development Plan (Plan) for 2010-2014 states that one of the efforts to accelerate the fertility control through contraception more directed at increasing the use of Long Term Contraception Method (LTCM). This is because the LTCM is an effective method of contraception known as it can provide protection from the risk of pregnancy for a period of up to 10 years. Based BKKBN data in 2014 showed that the use of LTCM in South Kalimantan province only reached 5.43%, while the national target to be achieved, which amounted to 20.15%. One district that has the lowest performance in the use LTCM District of Batulicin, amounting to 3.76%. This study aimed to describe factors associated with the use of LTCM in Batulicin condemnation. This study uses a cross-sectional study. The population in this study, namely WUS aged 15-49 years with a total sample of 86 people. The sampling technique used is simple random sampling. The instrument used when the research is a spread sheet and checklist. And analysis of the relationship in this study using a statistical test such as fisher. The results of the study in 2016 showed that the factors associated with the use of LTCM in District Batulicin is a generation source of contraceptive services (p-value = 0.014). While the factors that are not related to the use of LTCM in District Batulicin is the age factor (p-value = 1.000), number of children (p-value = 0.053), the old age of marriage (p-value = 0.056), education level (p-value = 0.072), the contraception purpose (p-value = 0.0174), and stages of family welfare (p-value = 0.705). Therefore, efforts are required equitable distribution of resources and dissemination of contraceptive services related to the program

Keyword: Women with fertile age, Fertility, Risk, Long-term contraceptive method

INTRODUCTION

The birth rate in Indonesia is still high to be a major problem in the population. Since 2004 the birth rate reached 4.5 million per year. Based on the results of the population census conducted in 2010, Indonesia’s population reached 237,556,363 people. Higher population growth will pose a problem for the Government in promoting and developing the level of Lake citizens. One of the Government’s efforts in controlling the dynamics of the population, especially in terms of the growth of the program and the population through family planning (FP). Family Planning (KB) is one of the strategies to reduce maternal mortality, especially mothers with the condition 4T; Too young to give birth (under 20 years), is too often expressed, too close to a bear, and too old to produce (in the above age 35 years). KB is one of the most effective ways to improve the durability of the family, health, and safety of mothers, children, and but. program in target planning more focused on couples of fertile age (EFA) by the group of women of fertile age (hoping) that are in the range of 15-49 years of age

Term Development Plan (RPJMN) 2010-2014 states that efforts to accelerate the control of fertility through the use of contraceptives, family planning in Indonesia is directed to the use of long term contraception methods (LTCM). This is in line with national development strategies in the priority activities of the Population and Family Planning (BKKBN) for the year 2015-2019 that will improve the movement and the strengthening of family planning acceptors accession by strengthening partnerships (including military and police) conducted
by strengthening advocacy communication, information, education and communication (IEC) reproductive health and family planning acceptors. LTCM is a method of contraception known to be effective because it can provide protection from the risk of pregnancy for a period of up to 10 years. LTCM consists of four types, such as implants, IUDs, tubal ligation and MOP. National Development Planning Agency (Bappenas) reported that the failure rate of contraceptive use for non-acceptors by 23%-39% (23% injection, 39% pills, condoms and 38%). As for the LTCM of 0.5%-10% (IUD or IUD 10%, respectively 0.5%, 0.5% MOW). Based on these results clearly show that the LTCM is more effective for preventing pregnancy in user.

It is also supported by the World Health Organization (WHO) and the American College of Obstetricians and Gynecologist (ACOG) in Nuryati (2014) which states that the LTCM is a method of contraception is most effective. Providing family planning acceptors for quality is expected to increase the number of family planning acceptors accession by EFA in all phases of the family, so the impact of a falling birth rate nationally. However, the use of LTCM in Indonesia has decreased. Based on data from the national development strategy in the priority activities of the Population and Family Planning (BKKBN) for 2015-2019 states that the use of LTCM decreased from 10.9% to 10.6%. Meanwhile, national targets to be achieved for the use of LTCM in 2015 by 20.5%. Data obtained from the BKKBN (2014) states that, Hubei Province reached 5.43%.

Data were obtained from a representative of South Kalimantan Province BKKBN (2015) showed that the use of each type of LTCM in South Kalimantan, especially Tanah Bumbu regency has not reached the national standards and provincial (MOW (2.7%), IUD (9.92%), implant (84.91%) and 0% to MOP). Based on the results of the population census, the district also has a growth rate of population growth, which amounted to 3.74%. Meanwhile, the provincial target for the population growth rate, which was 1.98%. From this district, District Batulicin ranked one of the low usage of LTCM, which amounted to 128 people or 3.76% of the 3,404 couples. The low use of LTCM in Batulicin district will affect the pace of population growth in the district of Tanah Bumbu.

The low use of LTCM in Tanah Bumbu regency, especially in Sub Batulicin can be caused by several factors. According to the survey conducted by the research and development center planning and family welfare centers in 6 regions of Indonesia (Java, Sumatra, Bali and Nusa Tenggara, Kalimantan, Sulawesi, Maluku and Papua), there are 4 factors that affect the use of LTCM. These factors include the demographic factors (age, number of children living, and long married), social factors (education, region of residence, and contraception purpose), economic factors (stage of), and the means (of service). According to the research Ambarwati (2009), there are several factors that affect the use of LTCM (IUD), including the level of education, income, and quality of service. The higher the education, income, and quality of service, the higher the wishes of the people using the LTCM. Accordingly, research Chris (2015) states that the age, number of children, education level, place of residence, family support, purpose and reason KB has a close relationship to the use of LTCM.

### METHOD

This study design was observational analytic with cross sectional design. The population in this study, the WUS ages 15-49 with a sample size of 86 people. The sampling technique used is simple random sampling. The instruments used during the research of the sheet and checklist. And the analysis of relationships in this study using a statistical test fisher.

### RESULTS AND DISCUSSION

Based on the results, the distribution frequency of the factors related to the use of long term contraception methods can be seen by table 1 below.

#### Table 1. Univariate analysis

<table>
<thead>
<tr>
<th>No</th>
<th>Variable</th>
<th>Category</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Age</td>
<td>&gt;20 years</td>
<td>4</td>
<td>4,7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20 years</td>
<td>82</td>
<td>95,3</td>
</tr>
<tr>
<td>2</td>
<td>Number of child</td>
<td>0-2 child</td>
<td>58</td>
<td>67,4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 child</td>
<td>28</td>
<td>32,6</td>
</tr>
</tbody>
</table>
Cont... Table 1. Univariate analysis

<table>
<thead>
<tr>
<th>Variable</th>
<th>Type of Contraception</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;20 years</td>
<td>4</td>
<td>00</td>
</tr>
<tr>
<td>20 years</td>
<td>73</td>
<td>84,48</td>
</tr>
<tr>
<td>Number of child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-2 child</td>
<td>55</td>
<td>94,9</td>
</tr>
<tr>
<td>3 child</td>
<td>22</td>
<td>78,6</td>
</tr>
<tr>
<td>Old Age Married</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;10 years</td>
<td>54</td>
<td>97,5</td>
</tr>
<tr>
<td>10 years</td>
<td>23</td>
<td>79,3</td>
</tr>
<tr>
<td>Education level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>5</td>
<td>59,30</td>
</tr>
<tr>
<td>High</td>
<td>26</td>
<td>30,23</td>
</tr>
<tr>
<td>Contraception purpose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delay and compose</td>
<td>37</td>
<td>94,9</td>
</tr>
<tr>
<td>Ending Birth</td>
<td>40</td>
<td>85,9</td>
</tr>
<tr>
<td>Prosperous family stage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Prosperous</td>
<td>2</td>
<td>87,5</td>
</tr>
<tr>
<td>Prosperous</td>
<td>56</td>
<td>90,3</td>
</tr>
<tr>
<td>Contraception</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non MKJP</td>
<td>74</td>
<td>92,5</td>
</tr>
<tr>
<td>MKJP</td>
<td>50</td>
<td>50,0</td>
</tr>
</tbody>
</table>

According to table 1 note that 86 of the respondents 4 respondents (4.7%) have a lifespan of less than 20 years of age (<20 years) with the youngest age, that 18 years of 1 (1.2%). And as much as 82 respondents (95.3%) had ≥20 years of age with the age of the oldest, is 49 years of 1 (1.2%). Of 86 respondents, 58 respondents (67.4%) had 0-2 children with respondent 1 (1.72%) who do not have children and using contraception for reasons to postpone pregnancy because they are at the age of 19. Based on the above then, the respondents in the category of 0-2 children. Out of 86 respondents 57 respondents (66.3%) have a long marriage age less than 10 years of age (<10 years). Out of 86 respondents 54 respondents (62.8%) were at the level of primary education (primary and secondary).

Out of 86 respondents 39 respondents (45.23%) use birth control in order to delay and pregnancy, as well as a total of 47 respondents (54.7%) use birth control in order to terminate the pregnancy. Of 86 respondents, 62 respondents (72.1%) belongs to the stage of a prosperous family. Out of 86 respondents 80 respondents (93.0%) received contraceptive services comes from government facilities. Out of 86 respondents, 9 respondents (30.2%) used a contraceptive method for long-term (LTCM) and as many as 77 respondents (89.5%) do not use long-term contraceptive methods (LTCM)

Table 2. Analysis of bivariate

<table>
<thead>
<tr>
<th>Variable</th>
<th>Type of Contraception</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;20 years</td>
<td>4</td>
<td>00</td>
</tr>
<tr>
<td>20 years</td>
<td>73</td>
<td>84,48</td>
</tr>
<tr>
<td>Number of child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-2 child</td>
<td>55</td>
<td>94,9</td>
</tr>
<tr>
<td>3 child</td>
<td>22</td>
<td>78,6</td>
</tr>
<tr>
<td>Old Age Married</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;10 years</td>
<td>54</td>
<td>97,5</td>
</tr>
<tr>
<td>10 years</td>
<td>23</td>
<td>79,3</td>
</tr>
<tr>
<td>Education level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>5</td>
<td>59,30</td>
</tr>
<tr>
<td>High</td>
<td>26</td>
<td>30,23</td>
</tr>
<tr>
<td>Contraception purpose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delay and compose</td>
<td>37</td>
<td>94,9</td>
</tr>
<tr>
<td>Ending Birth</td>
<td>40</td>
<td>85,9</td>
</tr>
<tr>
<td>Prosperous family stage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Prosperous</td>
<td>2</td>
<td>87,5</td>
</tr>
<tr>
<td>Prosperous</td>
<td>56</td>
<td>90,3</td>
</tr>
<tr>
<td>Contraception</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non MKJP</td>
<td>74</td>
<td>92,5</td>
</tr>
<tr>
<td>MKJP</td>
<td>50</td>
<td>50,0</td>
</tr>
</tbody>
</table>
Table 2 shows that there is no correlation between WUS age and long term contraceptive use (p-value=1,000). This is in line with research conducted by Fitri Indrawati and Laras (2015) stating that there is no relationship between age with LTCM election. A person’s decision to choose the contraceptive used is not always affected by age, especially in terms of choosing LTCM contraception. But there are other factors that may affect a person not using LTCM contraception such as personality reasons, individual environment, knowledge of other contraceptive methods is lacking, as well as experience related to facilities and health care workers.

Based on table 2 it is also known that there is no relationship between the number of children with the use of long-term contraceptive type (p-value=0.053). Based on the findings of the field, there are other factors that trigger a person reluctant to use LTCM, including still wanting different children’s sex. This is supported by Bulatao and Lee (1983) and Shapiro (1997) in Hartoyo (2011) found a positive relationship between the child’s value and the desired number of children.  

Based on table 2 it is also known that there is no relationship between the age of marriage with the use of long-term contraceptive type (p-value 0.056). Based on the conditions in the field there are 29 mothers (33.7%) who have a married age of more than 10 years still use the type of contraception Non LTCM. In fact, PLHP officers and local health workers such as midwives stated that they have advocated the use of LTCM contraception in mothers with a married age of more than 10 years, number of children equal to or greater than 3, and age more than or equal to 30 years. The longer the marriage age of the woman, the more children are born. This is in line with Nasir’s (2013) study which states that if examined from the additional number of children born, women who are in the old marriage bond will typically have more children. For that reason, Family Planning Program (KB), especially LTCM has a very important role in overcoming the birth rate in Indonesia. Thus, population growth due to the factor of fertility can be reduced.

Table 2 also shows that there is no correlation between educational level and long-term use of contraceptive type (p-value=0.072). That is, the reason for using LTCM is not always influenced by the level of education. Respondents who are highly educated are still many who use Non LTCM. This is because people’s thinking is wrong and lack of understanding about the use of LTCM. People are afraid of the use of LTCM which they think should be operated and fear of tools inserted in the uterus and under the skin, and so on. Based on table 2 it is known that there is no correlation between the contraception purpose and the use of long-term contraceptive type (p-value=0.174). This is in line with research conducted by Nuryati (2014) that there is no significant relationship between contraception purpose with the use of LTCM (p-value=0.054). In this study, it is stated that the purpose of using contraceptives may not affect a person in choosing contraceptives, this may be due to other factors such as knowledge factor and service quality, facility factors such as availability of contraceptive devices, health workers, and cost.

Based on table 2 it is also known that there is no relationship between the prosperous family stage with the use of long-term contraceptive type (p-value=0.705). There are several factors that can affect the mother who is in the stage of not prosperous to want to use LTCM. Other factors can be influenced by the level of education of the mother, the purpose of the mother term contraceptive, and the age of the mother. Based on Table 2 it is known that there is a correlation between the source of contraceptive services with the use of long-term contraceptive type (p-value 0.014). The use of LTCM is mostly done in government facilities rather than private facilities. Facilities and infrastructure where the service also often affect women EFA in choosing contraceptives, both LTCM and Non LTCM.

**CONCLUSION**

Based on the results of research conducted, it can be concluded that factors associated with the use of LTCM in Batulicin District is the source of contraceptive service (p-value = 0.014). While the factors unrelated to the use of LTCM in Batulicin District were age factor (p-value = 1,000), number of children (p-value = 0.053), marriage age (p-value = 0.056), education level (p-value = 0.072), purpose berKB (p-value = 0.0174), and prosperous family stage (p-value = 0.705).

**Ethical Clearance** This study approved and received ethical clearance from the Committee of Public Health Research Ethics of Medical Faculty, Lambung Mangkurat University, Indonesia. In this study we followed the guidelines from the Committee of Public
Health Committee of Public Health Research Ethics of Medical Faculty, Lambung Mangkurat University, Indonesia for ethical clearance and informed consent. The informed consent included the research title, purpose, participants’s right, confidentiality and signature.

Source Funding: This study done by grants of Directorate of Research and Community Service, Ministries of research, technology and higher education, 2017

Conflict of Interest: The authors declare that they have no conflict interest

REFERENCES


Pusat Penelitian dan Pengembangan KB dan Keluarga Sejahtera BKKBN. Analisis lanjut faktor-faktor yang mempengaruhi penggunaan MKJP di enam wilayah Indonesia, 2011

Kementrian Kesehatan RI. Profil Kesehatan Indonesia, 2013


DOI Number: 10.5958/0976-5506.2017.00212.1

Badan Kependudukan dan Keluarga Berencana Nasional Direktorat Pelaporan dan Statistik. Pelayanan kontrasepsi, 2014


1 Badan Keluarga Berencana, Pemberdayaan Perempuan dan Perlindungan Anak. Pencapaian peserta KB aktif seluruh keluarga terhadap PPM Menurut metode kontrasepsi per kecamatan, 2015


Call for Papers / Article Submission

The editor invites scholarly articles that contribute to the development and understanding of all aspects of Public Health and all medical specialities. All manuscripts are double blind peer reviewed. If there is a requirement, medical statistician review statistical content. Invitation to submit paper: A general invitation is extended to authors to submit papers papers for publication in IJPHRD.

The following guidelines should be noted:
- The article must be submitted by e-mail only. Hard copy not needed. Send article as attachment in e-mail.
- The article should be accompanied by a declaration from all authors that it is an original work and has not been sent to any other journal for publication,
- As a policy matter, journal encourages articles regarding new concepts and new information,
- Article should have a Title
- Names of authors
- Your Affiliation (designations with college address)
- Abstract
- Key words
- Introduction or back ground
- Material and Methods
- Findings
- Conclusion
- Acknowledgements
- Interest of conflict
- References in Vancouver style.
- Please quote references in text by superscripting
- Word limit 2500-3000 words, MSWORD Format, single file

All articles should be sent to: editor.ijphrd@gmail.com

Our Contact Info:
Institute of Medico-Legal Publications
501, Manisha Building, 75-76, Nehru Place, New Delhi-110019,
Mob: 09971888542, Fax No. +91 11 3044 6500
E-mail: editor.ijphrd@gmail.com, Website: www.ijphrd.com
Indian Journal of Public Health Research & Development

CALL FOR SUBSCRIPTIONS

About the Journal
Print-ISSN: 0976-0245  Electronic - ISSN: 0976-5506, Frequency: Quarterly

Indian Journal of Public Health Research & Development is a double blind peer reviewed International Journal. The frequency is half yearly. It deals with all aspects of Public Health including Community Medicine, Public Health, Epidemiology, Occupational Health, Environmental Hazards, Clinical Research, Public Health Laws and covers all medical specialties concerned with research and development for the masses. The journal strongly encourages reports of research carried out within Indian continent and south east Asia.

The journal has been assigned international standards (ISSN) serial number and is indexed with Index Copernicus (Poland). It is also brought to notice that the journal is being covered by many international databases.

Subscription Information

<table>
<thead>
<tr>
<th>Journal Title</th>
<th>Pricing of Journals</th>
</tr>
</thead>
<tbody>
<tr>
<td>UPHRD</td>
<td>Print Only</td>
</tr>
<tr>
<td>Indian</td>
<td>INR 7000</td>
</tr>
<tr>
<td>Foreign</td>
<td>INR 5000</td>
</tr>
<tr>
<td></td>
<td>USD 450</td>
</tr>
<tr>
<td></td>
<td>USD 550</td>
</tr>
<tr>
<td></td>
<td>USD 350</td>
</tr>
</tbody>
</table>

Note for Subscribers
Advance payment required by cheque/demand draft in the name of “Institute of Medico-Legal Publications” payable at New Delhi.

Cancellation not allowed except for duplicate payment.

Claim must be made within six months from issue date.

A free copy can be forwarded on request.

Send all payment to:
Institute of Medico-Legal Publications
501, Manisha Building, 75-76, Nehru Place, New Delhi-110019,
Mob: 09971888542, Fax No. +91 11 3044 6500
E-mail: editor.ijphrd@gmail.com, Website: www.ijphrd.com