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## **Determinants Factors Associated with Acceptors Family Planning Program among Fertile Age Couple People Arfak in the District South Manokwari**

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### **Abstract**

Indonesia is a country whose population is in the fourth position of the world, the growth rate is still relatively high. The population of Indonesia by the year 2010 is 237.6 million, with the population growth rate of 1.40% per year. While the West Papua provincial total population in 2015 was 225 588 inhabitants with a population growth rate of 16.78% per annum. Manokwari South is a new district carved out of Manokwari Regency, and the total population in 2015 ie 21 436 inhabitants by the number of couples of childbearing age are 3725 and FP is active in 2015 only 43% achieved the target DHO Manokwari South is 78%. Objective: To determine the relationship between maternal education level, maternal knowledge, culture, the role of health workers, support the husband, the mother's age and the type of work women with acceptors of family planning programs in couples of childbearing age Arfak community in South Manokwari district. Methods: cross sectional approach, the research was conducted in the clinic Oransbari South Manokwari District. The study was conducted in November to early December 2016. The sample was Arfak society couples of childbearing age. Data obtained from the questionnaire and analyzed using chi square Results.

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The variables related to that culture with acceptors of family planning programs in couples of childbearing age society Arfak Manokwari District South ( $\rho$  value 0.000; Ratio Prevalence (RP) amounted to 0,384 with a confidence interval of 95%) while the variable that is not related to the acceptors of family planning programs partner Age fertile community Arfak is the mother's education level ( $\rho$  value 0.830; RP amounted to 1.096), mother knowledge ( $\rho$  value 0.640; RP amounted to 10.704), the role of health workers ( $\rho$  value 0.995; RP amounted to 4.200), the support of her husband ( $\rho$  value 1,000 ; RP amounted to 14.167), maternal age ( $\rho$  value 0.429; RP amounted to 1,357), the type of work ( $\rho$  value 0.784; RP amounted to 4,565).

**Keywords:** determinant factor of family planning acceptors society Arfak.

## **1. Introduction**

Indonesia was a country of the population is on the fourth position in the world, with a growth rate is still relatively high. The essence of the task of the Family Planning (KB) in this case was clear: lower fertility in order to reduce the burden of development in order to achieve happiness and prosperity for the people and nation of Indonesia. As stipulated in the Law of the Republic of Indonesia No.10 of 1992 on Population Development and Family Welfare Development, namely the definition of family planning efforts to increase awareness and public participation through the maturing age of marriage, birth control, family program, and improving the welfare of the family in order to realize the family small, happy and prosperous [1,2]. The population of Indonesia based on the 2010 census is 237.6 million with a population growth rate of 1.40% / year. While in West Papua province total population in 2015 was 225 588 inhabitants with a population growth rate of 16.78% / year. In other words, the rate of population growth in West Papua was higher by 15% / year of the national population growth rate. Based on data from the Demographic and Health Survey 2002 - 2003, the contraceptive prevalence rate (contraceptive prevalence rate / CPR) increased from 57.4% in 1997 to 60.3% in 2003. By 2015 the population of Indonesia reached 255.5 million. However, if there is only one percent decline, the population reached 264.4 million people or more. High population growth actually brings several advantages, among which are the availability of abundant labor [3,4]. However, if the rapid population growth is not accompanied by good government policies in the face of these problems, then the high population growth will only bring bad effect for a State. As for the negative impact of high population growth are: Socio-economic terms of the high number of people who are not accompanied by sufficient employment will only cause the problem of criminality. People who do not have a job could turn into a criminal [5].

Good information from officers in helping clients choose and determine the type of contraceptive used. Good information will provide client satisfaction impacting on contraceptive use longer thus helping the success of family planning. In addition, the husband support also affects the use of contraception. Clients are provided with support by the husband will be using contraceptives continuously while the husband would not have the support of little use contraception [6-8]. South Manokwari is a new district in the extract from the District Parent (Manokwari), while the total population in 2015 ie 21 436 inhabitants with the target number is 3,725 spouses of fertile age. Based on the results recaps Reports of the four health centers in the working area of District Health Office Manokwari South, Goal Amount spouses of fertile age (EFA), namely 3725, coverage planning participants active in 2015 only 43%, whereas the target of Manokwari District south to be achieved, namely 78

% and it is still very far from the target DHO South Manokwari much less than the national target of the new FP is 79.68%.

Based on the description above background, it is necessary to do research on "determinant factor related to family planning programs in the acceptor pair Arfak Eligible communities in South Manokwari 2016.

This study aimed to determine the relationship between the mother's level of education, science, culture, the role of health workers, support the husband, the mother's age and the type of work women with acceptors of family planning programs in couples of childbearing age society Arfak.

## 2. Materials and Methods

This research is to design a survey using cross sectional analytic approach that aims to evaluate the determinant factors associated with acceptors of family planning programs in the community Arfak couples of childbearing age. Research conducted at the location of the working area Puskesmas Oransbari South Manokwari District.

The research was conducted over 2 months ie from November to December 2016. The study population was all couples of childbearing age Arfak community located in the County Public Health Center Oransbari. Samples were couples of childbearing age Arfak community located in the County Oransbari ie 90 EFA. The sampling technique in this research is a convenience sampling technique.

## 3. Results

a. Relationship Between Education Level With Family Planning Acceptors In Fertile Age Couple society Arfak

**Table 1:** Relationship Between Education Level With Family Planning Acceptors In Fertile Age Couple society Arfak

No	Education level	Aacceptor		Number	Note
		FP	No FP		
1	High	19	17	36	Asym.sig
2	Low	26	28	54	0,830
		<b>45</b>	<b>45</b>	<b>100</b>	
<i>RP = 1.096, 95% Confidence Interval, Lower = 0.724, Upper = 1.660</i>					

FP. Family Planning

It is known that the respondents at the level of higher education with the acceptors were 19 respondents (52.8%) and respondents at the level of higher education with no family planning acceptors as many as 17 respondents (47.2%), while respondents in the low education levels by as much as 26 respondents acceptors (48.1%) and respondents on a low education level with the acceptor is not planning as many as 28 respondents (51.9%).

Chi square test were conducted on the educational level with Acceptors of Family Planning Program On Fertile Age Couple society Arfak In the district of South Manokwari obtained Chi Square with  $\rho$  value equal to 0.830. Value  $\rho$  value greater than 0.05 ( $0.830 > 0.05$ ), so  $H_0$  accepted and  $H_a$  rejected.

This means that there is no significant relationship between the level of education and Family Planning Acceptors In Fertile Age Couple Arfak society. Meanwhile, if viewed Ratio Prevalence (RP) = 1.096, with the Confidence Interval (CI) of 95%, the value Lower Limit (LL) = 0.724 and the value of Upper Limit (UL) = 1.666, it can be interpreted that the mother's education level 1,096 times at risk for becoming acceptors KB program on couples of childbearing age in the county public Arfak South Manokwari.

a. The relationship between knowledge with Acceptors of Family Planning Program On Fertile Age Couple Arfak

**Table 2:** Relationship Between Knowledge With Acceptor Program  
Family Planning On Fertile Age Couple

No	Knowledge	Acceptor		Number	Note
		FP	No FP		
1	High	45	45	90	Asym.sig
2	Low	0	0	0	0,640
		<b>45</b>	<b>45</b>	<b>100</b>	
<i>RP= 10.704, 95% Confidence Interval ,Lower = 1.564, Upper = 73.253</i>					

FP. Family Planning

It is known that respondents in both the knowledge of family planning acceptors as much as 45 respondents (50%) and respondents in the knowledge of good with no family planning acceptors as many as 45 respondents (50%).

Chi square test performed on knowledge with Acceptors of Family Planning Program On Fertile Age Couple society Arfak In the district of South Manokwari obtained Chi Square with  $\rho$  value equal to 0.640. Value  $\rho$  value greater than 0.05 ( $0.640 > 0.05$ ), so  $H_0$  accepted and  $H_a$  rejected.

This means that there is no significant relationship between knowledge and Family Planning Acceptors In Fertile Age Couple Arfak society. Meanwhile, if viewed Ratio Prevalence (RP) = 10.704, with the Confidence Interval (CI) of 95%, the value Lower Limit (LL) = 1.564 and the value of Upper Limit (UL) = 73.253, it can be interpreted that the mother's knowledge 10.704 times the risk for the acceptors of family planning programs in couples of childbearing age Arfak society.

a. The relationship between Culture with Family Planning Acceptors In Fertile Age Couple

**Table 3:** The relationship between the Acceptor Culture Program Family Planning On Fertile Age Couple

No	Culture	Acceptor		Number	note
		FP	No FP		
1	Good	28	45	73	Asym.sig
2	Less	17	0	17	0,000
		<b>45</b>	<b>45</b>	<b>100</b>	
<i>RP = 0.384, 95% Confidence Interval, Lower = 0,287, Upper = 0,513</i>					

FP. Family Planning

It is known that the respondents who have a good culture with acceptors as many as 28 respondents (38.4%) and respondents who have a good culture with no family planning acceptors as many as 45 respondents (61.6%), while respondents who have a poor culture with acceptors as many as 17 respondents (100%) and respondents with less well with the culture of family planning acceptors no no.

Chi square test performed on cultures with Acceptors of Family Planning Program On Fertile Age Couple society Arfak In the district of South Manokwari with  $\rho$  obtained Chi Square value of 0.000. Value  $\rho$  value less than 0.05 ( $0.000 < 0.05$ ), so  $H_0$  rejected and  $H_a$  accepted. This means that there is a significant relationship between culture with Acceptors of Family Planning Program On Fertile Age Couple Arfak society. Meanwhile, if viewed Ratio Prevalence (RP) amounted to 0,384 with Confidence Interval (CI) of 95%, the value Lower Limit (LL) = 0,287 and the value of Upper Limit (UL) = 0.513, it can be interpreted that the culture is a protective factor for becoming acceptors of family planning programs in couples of childbearing age in the county public Arfak South Manokwari.

a. The relationship between the Role of Health Personnel with Acceptors of Family Planning Program On Fertile Age Couple

**Table 4:** The relationship between the Role of Health Personnel with Acceptors At the Family Planning Program Eligible Couples

No	Health staff role	Acceptor		Number	note
		FP	No FP		
1	Good	45	45	90	Asym.sig
2	Less	0	0	0	0,995
		<b>45</b>	<b>45</b>	<b>100</b>	
<i>RP = 4.200, 95% Confidence Interval, Lower = 1.641, Upper = 10.746</i>					

It is known that the respondents to the role of health workers either with acceptors as many as 45 respondents (50%) and respondents on the role of health workers is good with no family planning acceptors as many as 45 respondents (50%).

Chi square test performed on the role of health workers with Acceptors of Family Planning Program On Fertile Age Couple society Arfak In the district of South Manokwari obtained Chi Square with  $\rho$  value equal to 0.995. Value  $\rho$  value greater than 0.05 ( $0.995 > 0.05$ ), so  $H_0$  accepted and  $H_a$  rejected. This means that there is no significant relationship between the role of health workers with Acceptors of Family Planning Program On Fertile Age Couple Arfak society. Meanwhile, if viewed Ratio Prevalence (RP) = 4.200, with the Confidence Interval (CI) of 95%, the value Lower Limit (LL) = 1.641 and the value of Upper Limit (UL) = 10.746, it can be interpreted that the role of health workers 4.2 times at risk for become acceptors of family planning programs in couples of childbearing age in the county public Arfak South Manokwari.

b. The relationship between husband with Acceptor Support Program Family Planning On Fertile Age Couple

**Table 5:** The relationship between husband with Acceptor Support  
At the Family Planning Program Eligible Couples

No	Husband support	Acceptor		Number	note
		FP	No FP		
1	Good	44	45	89	Asym.sig
2	Less	1	0	1	1,000
		<b>45</b>	<b>45</b>	<b>100</b>	
<i>RP= 14.167, 95% Confidence Interval, Lower = 2.061, Upper = 97.359</i>					

It is known that the respondent in support of a good husband with acceptors as much as 44 respondents (49.4%) and respondents in support of a good husband with no family planning acceptors as many as 45 respondents (50.6%), while respondents in low with a husband's support of family planning acceptors as one respondent Chi square test performed on her husband with the support of Family Planning Acceptors In Fertile Age Couple society Arfak In the district of South Manokwari obtained Chi Square with  $\rho$  value of 1,000. Value  $\rho$  value greater than 0.05 ( $1.000 > 0.05$ ), so  $H_0$  accepted and  $H_a$  rejected. This means that there is no significant relationship between husband support the Family Planning Acceptors In Fertile Age Couple Arfak society. Meanwhile, if viewed Ratio Prevalence (RP) = 14.167, with the Confidence Interval (CI) of 95%, the value Lower Limit (LL) = 2.061 and the value of Upper Limit (UL) = 97.359, it can be interpreted that the support of her husband to be at risk 14.1 times acceptors of family planning programs in couples of childbearing age in the county public Arfak South Manokwari.

c. The relationship between maternal age with Acceptors of Family Planning Program On Fertile Age Couple

**Table 6:** The relationship between age with Acceptors Program  
Family Planning On Fertile Age Couple

No	Mother age	Aacceptor		Number	note
		FP	No FP		
1	Low risk	38	34	72	Asym.sig
2	High risk	7	11	18	0,429
		<b>45</b>	<b>45</b>	<b>100</b>	
<i>RP = 1.357, 95% Confidence Interval, Lower = 0,731, Upper = 2.520</i>					

It is known that the respondent regarding the age at low risk with acceptors were 38 respondents (52.8%) and respondents regarding age at low risk with no family planning acceptors as many as 34 respondents (47.2%), while respondents on the age of the high risk to the acceptors of 7 respondents (38.9%) and respondents about the high risk age with no family planning acceptors were 11 respondents (61.1%). Chi square test performed on maternal age with Acceptors of Family Planning Program On Fertile Age Couple society Arfak In the district of South Manokwari obtained Chi Square with  $p$  value equal to 0.429. Value  $p$  value greater than 0.05 ( $0.429 > 0.05$ ), so  $H_0$  accepted and  $H_a$  rejected. This means that there is no significant relationship between maternal age with Acceptors of Family Planning Program On Fertile Age Couple Arfak society. Meanwhile, if viewed Ratio Prevalence (RP) = 1,357, with a Confidence Interval (CI) of 95%, the value Lower Limit (LL) = 0.731 and the value of Upper Limit (UL) = 2.520, it can be interpreted that the mother's age 1,357 times at risk for becoming acceptors program KB in couples of childbearing age in the county public Arfak South Manokwari.

d. The relationship between Type of Work with Family Planning Acceptors In Fertile Age Couple

**Table 7:** The relationship between the Acceptor Occupation Program  
Family Planning On Fertile Age Couple

No	Occupation	Aacceptor		Number	note
		FP	No FP		
1	Work	45	45	90	Asym.sig
2	Not work	0	0	0	0,429
		<b>45</b>	<b>45</b>	<b>100</b>	
<i>RP = 4.565, 95% Confidence Interval, Lower = 1.536, Upper = 13.569</i>					

It is known that the respondents in the types of jobs working with acceptors as many as 45 respondents (50%)

and respondents on the types of jobs working with acceptors are not planning as many as 45 respondents (50%), while respondents on the age of the high risk with acceptors and acceptors are not planning does not exist. Chi square test performed on the type of work with Acceptors of Family Planning Program On Fertile Age Couple society Arfak In the district of South Manokwari obtained Chi Square with  $\rho$  value equal to 0.784. Value  $\rho$  value greater than 0.05 ( $0.784 > 0.05$ ), so  $H_0$  accepted and  $H_a$  rejected. This means that there is no significant relationship between the types of jobs women with Acceptors of Family Planning Program On Fertile Age Couple Arfak society. Meanwhile, if viewed Ratio Prevalence (RP) = 4,565, with a Confidence Interval (CI) of 95%, the value Lower Limit (LL) = 1.536 and the value of Upper Limit (UL) = 13.569, it can be interpreted that the types of jobs are at risk for maternal 4.56 times become acceptors of family planning programs in couples of childbearing age in the county public Arfak South Manokwari.

#### **4. Discussion**

##### **a. Relationship Between Education Level With Family Planning Acceptors In Fertile Age Couple Arfak community in South Manokwari District**

The results of the univariate study in this study the majority of respondents have low education levels by 60%. Chi square test were conducted on the educational level with Acceptors of Family Planning Program On Fertile Age Couple society Arfak In the district of South Manokwari obtained Chi Square with  $\rho$  value equal to 0.830. Value  $\rho$  value greater than 0.05 ( $0.830 > 0.05$ ), so  $H_0$  accepted and  $H_a$  rejected. This means that there is no significant relationship between the level of education and Family Planning Acceptors In Fertile Age Couple Arfak society. Meanwhile, if viewed Ratio Prevalence (RP) = 1.096, with the Confidence Interval (CI) of 95%, the value Lower Limit (LL) = 0.724 and the value of Upper Limit (UL) = 1.666, it can be interpreted that the mother's education level 1,096 times at risk for becoming acceptors KB program on couples of childbearing age in the county public Arfak South Manokwari.

The results of this study different from the results of research conducted Sitopu [6] who said that the results of the analysis with chi square test values obtained  $\rho = 0.001$  ( $\rho < 0.05$ ), which means there is a significant correlation between maternal education level with the use of family planning acceptors contraception (Family Planning). This opinion is reinforced by research conducted Ali [9] which says that there is a significant relationship between the level of maternal education with contraceptive use by couples of childbearing age with the value  $\rho = 0.000$ . While the same opinion with the study presented by Nurfaidah and his colleagues [10] in his study said that based on the results of the analysis using chi Square demonstrate the value  $\rho = 0.436$ , which means there is no significant relationship between the level of education and the use of contraceptives. This opinion was reinforced in a study conducted Tejo which says that the level of education does not have a significant relationship with the selection of the type of contraception used in poor families.

##### **b. The relationship between knowledge with Acceptors of Family Planning Program On Fertile Age Couple Arfak**

The results of the univariate analysis in this study all respondents had a good knowledge of 100%. Chi square



test performed on knowledge with Acceptors of Family Planning Program On Fertile Age Couple society Arfak In the district of South Manokwari obtained Chi Square with  $p$  value equal to 0.640. Value  $p$  value greater than 0.05 ( $0.640 > 0.05$ ), so  $H_0$  accepted and  $H_a$  rejected. This means that there is no significant relationship between knowledge and Family Planning Acceptors In Fertile Age Couple Arfak society. Meanwhile, if viewed Ratio Prevalence (RP) = 10.704, with the Confidence Interval (CI) of 95%, the value Lower Limit (LL) = 1.564 and the value of Upper Limit (UL) = 73.253, it can be interpreted that the mother's knowledge 10.7 times at risk to be acceptors in couples of childbearing age Arfak community in South Manokwari District. The results of this study different from the results of research conducted Ali (2013) which says that there is a significant relationship between knowledge and contraceptive use by couples of childbearing age with the value  $p = 0.001$ . This opinion is reinforced by research conducted by Sitopu [6] who said that the results of the analysis with chi square test values obtained  $p = 0.001$  ( $p < 0.05$ ), which means there is a significant relationship between mother's knowledge with acceptors of family planning programs in the aged couples lush Arfak in South Manokwari. While the same opinion with the study presented by Nurfaidah [10] in his research that says that based on the results of the analysis with chi square test showed the value  $p = 0.354$  ( $p > 0.05$ ), which means there is no significant relationship between the level of knowledge with the use of tools contraception. The same opinion was delivered Kusumaningrum [11] says that there is no relationship between the level of knowledge about choosing the type of contraception used in couples of childbearing age.

Knowledge is the result of people do know after sensing the particular object. Factors that affect a person's knowledge about contraceptive use: education, mass media or information, age, socio-cultural and economic, environmental and experiences. Much of the information obtained by a man many people's knowledge about health and the older a person wiser person for more information is discovered and a lot of things that have been done so increase their knowledge about contraception. Someone will increase in knowledge as well as the traditions and customs that often a person by reason whether good or bad for them. Besides economic someone affect the availability of the facilities that support to get information on the use of contraception that can affect a person's knowledge [12].

c. The relationship between culture with family planning acceptors program on couples of childbearing age Arfak

The results of the univariate analysis in this study the majority of respondents have a good culture 81.1%. Chi square test performed on cultures with Acceptors of Family Planning Program On Fertile Age Couple society Arfak In the district of South Manokwari with  $p$  obtained Chi Square value of 0.000. Value  $p$  value less than 0.05 ( $0.000 < 0.05$ ), so  $H_0$  rejected and  $H_a$  accepted. This means that there is a significant relationship between culture with Acceptors of Family Planning Program On Fertile Age Couple Arfak society. Meanwhile, if viewed Ratio Prevalence (RP) amounted to 0,384 with Confidence Interval (CI) of 95%, the value Lower Limit (LL) = 0,287 and the value of Upper Limit (UL) = 0.513, it can be interpreted that the culture is a protective factor for becoming acceptors of family planning programs in couples of childbearing age in the county public Arfak South Manokwari. The results are consistent with research conducted by The study also reinforced by Priests (2013) which says a significant relationship between social and cultural factors for fertile couple in berKB. And this research is also supported by research Hardanti (2012) which says a significant relationship between

cultural factors in motivating the EFA in the choice of contraception by the use of contraceptives KB. This study differs from the results Antini Ari and his colleagues (2014) which says that there is no relationship between culture with the selection of contraceptive methods.

d. The relationship between the role of health workers with family planning acceptors in couples of childbearing age society Arfak

Based on the results of the univariate analysis in this study of 90 respondents, all respondents said the role of health workers well (100%). Chi square test performed on the role of health workers with Acceptors of Family Planning Program On Fertile Age Couple society Arfak In the district of South Manokwari obtained Chi Square with  $p$  value equal to 0.995. Value  $p$  value greater than 0.05 ( $0.995 > 0.05$ ), so  $H_0$  accepted and  $H_a$  rejected. This means that there is no significant relationship between the role of health workers with Acceptors of Family Planning Program On Fertile Age Couple Arfak society. Meanwhile, if viewed Ratio Prevalence (RP) = 4.200, with the Confidence Interval (CI) of 95%, the value Lower Limit (LL) = 1.641 and the value of Upper Limit (UL) = 10.746, it can be interpreted that the role of health workers 4.2 times at risk for become acceptors of family planning programs in couples of childbearing age in the county public Arfak South Manokwari. The dissenting opinion expressed Musdalifah and his colleagues [10] which says that there is a relationship between the provision of family planning information officer with the election of hormonal contraception. However, no study similar to the study presented by Arliana and his colleagues [8] says that of the statistical results showed that there was no relationship between the provision of information by family planning officials with the use of hormonal contraceptive methods. While qualitative research conducted Handayani and his colleagues [7] have proved that knowledge and understanding of reproductive rights in particular the lack of acquisition of information and counseling from the clerk. Officers KB role in providing information, counseling and explanation of contraception for prospective acceptors who are still hesitant in the use of contraception has finally decided to use the contraceptive on the advice of the clerk KB. The need for information for the community because it will help the success of family planning programs. Besides, there are many mothers who determine method chosen only on the basis of information from other acceptors or based on their respective experiences. Many health workers are less counseling and provision of information which leads to lack of knowledge of the client in choosing the type of contraception. Yet society tolerates planning services despite family planning services have not been fully qualified quality services. The results of this study there was no relationship between the role of health workers with acceptors of family planning programs in couples of childbearing age Arfak, but when viewed Ratio prevalence the role of health workers is good then 4.2 times at risk for becoming acceptors of family planning programs in couples of childbearing age society Arfak in South Manokwari district. According to the observations and interviews with the coordinator of the midwife at the health center role of health workers is not maximized due to the lack of health workers who have been trained Aid Decision Making and Communication and Counseling interpersonal (ABPK and KIP / K) so that officers in the field in this case the midwife in their respective villages have not been able to carry out their duties properly.

e. The relationship between husband support the family planning acceptors in couples of childbearing age society Arfak

Based on the results of the univariate analysis in this study of 90 respondents as respondents who have received good support from the husband of 97.8%. Chi square test performed on her husband with the support of Family Planning Acceptors In Fertile Age Couple society Arfak In the district of South Manokwari obtained Chi Square with  $p$  value of 1,000. Value  $p$  value greater than 0.05 ( $1.000 > 0.05$ ), so  $H_0$  accepted and  $H_a$  rejected. This means that there is no significant relationship between husband support the Family Planning Acceptors In Fertile Age Couple Arfak society. Meanwhile, if viewed Ratio Prevalence (RP) = 14.167, with the Confidence Interval (CI) of 95%, the value Lower Limit (LL) = 2.061 and the value of Upper Limit (UL) = 97.359, it can be interpreted that the support of her husband to be at risk 14.1 times acceptors of family planning programs in couples of childbearing age in the county public Arfak South Manokwari.

Kusumaningrum research results [11] concurred with the results of this study which says that there is no significant relationship between husband support the selection of the type of contraception used by couples of childbearing age. This opinion is supported by Adhyani [13] which says that the support of her husband has no connection with the type of contraceptive acceptors women aged 20-39 years. The results of this study also disagrees with the results of research conducted Arliana and his colleagues [8] which says that the statistical analysis showed no relationship between the support by the husband with the use of hormonal contraceptives. Clients are provided with support by the husband will be using contraceptives continuously while the husband would not have the support of little use contraception. Results of research Musdalifah and his colleagues [0] did not agree with the results of this study which says that there is a relationship between husband support the contraceptive choice with the value  $p = 0.000$ . Husband support a major effect on the contraceptive used the wife, if the husband does not agree with contraception used the little wife that his wife would use contraceptives.

f. The relationship between maternal age with family planning acceptors in couples of childbearing age society Arfak

Based on the results of the univariate analysis in this study of 90 respondents, the majority of respondents ages 80% lower risk. While there is still a high risk age of respondents was 20%. Chi square test performed on maternal age with Acceptors of Family Planning Program On Fertile Age Couple society Arfak In the district of South Manokwari obtained Chi Square with  $p$  value equal to 0.429. Value  $p$  value greater than 0.05 ( $0.429 > 0.05$ ), so  $H_0$  accepted and  $H_a$  rejected. This means that there is no significant relationship between maternal age with Acceptors of Family Planning Program On Fertile Age Couple Arfak society. Meanwhile, if viewed Ratio Prevalence (RP) = 1,357, with a Confidence Interval (CI) of 95%, the value Lower Limit (LL) = 0.731 and the value of Upper Limit (UL) = 2.520, it can be interpreted that the mother's age 1,357 times at risk for becoming acceptors program KB in couples of childbearing age in the county public Arfak South Manokwari. The dissenting opinion to this research expressed by Kusumaningrum [11] says that the age of the wife of influencing the choice of contraception used by couples of childbearing age. And after test Binary logistic known that the age of the wife is the most influential factor. This is reinforced by research Musdalifah and his colleagues (2012) said maternal age associated with hormonal contraceptive. Age is one factor that determines a person's behavior in the use of contraception. The older a person, the contraceptive towards contraception that have a higher effectiveness is a long-term contraceptive methods. This is confirmed again by the research

Arliana and his colleagues [8] says that one of the factors associated with the use of hormonal contraceptives which showed statistical significance is the mother's age now.

The family planning program has a positive impact on maternal and child health, for women in particular can help prevent the risk of maternal deaths due to pregnancy and childbirth. KB works to reduce the risk factors of maternal death in pregnancy young age (<20 years) and pregnancy at older age (> 35 years) which in theory span of healthy reproductive women for pregnancy and safe delivery ie at the age of 20-30 years [14]. Acceptor which is still in the reproductive age tend to choose the most secure method and has the risk of pregnancy is low so that pregnancy can be planned, while for those aged > 35 years would choose the method of permanent / effective because at that age the risk for pregnancy and maternity is higher, it is appropriate with the theory that women aged > 35 years require contraception is safe and effective for this group increased morbidity and mortality [14].

g. The relationship between the type of work with acceptors family plans in couples of childbearing age society Arfak. Based on the results of the univariate analysis in this study of 90 respondents, all respondents were farmers (100%). Chi square test performed on the type of work with Acceptors of Family Planning Program On Fertile Age Couple society Arfak In the district of South Manokwari obtained Chi Square with  $p$  value equal to 0.784. Value  $p$  value greater than 0.05 ( $0.784 > 0.05$ ), so  $H_0$  accepted and  $H_a$  rejected. This means that there is no significant relationship between the types of jobs women with Acceptors of Family Planning Program On Fertile Age Couple Arfak society. Meanwhile, if viewed Ratio Prevalence (RP) = 4,565, with a Confidence Interval (CI) of 95%, the value Lower Limit (LL) = 1.536 and the value of Upper Limit (UL) = 13.569, it can be interpreted that the types of jobs are at risk for maternal 4.56 times become acceptors of family planning programs in couples of childbearing age in the county public Arfak South Manokwari. According to research Woyanti [15] says that the acquisition cost of contraception, the cost of living of children and family income affects the selection of female contraception. Another factor that is affecting the increased percentage of KB's participation include women's progress in various fields. These advances have increased the role of women as decision makers in households and communities. Work outside the home, in the company and the office does not allow women to have children in a rather large amount because most of the time are already lavished on the job so that childcare cannot be done simultaneously, these conditions contributed to the development of small family norm [16,17].

## **5. Conclusion**

- a. There is no relationship between maternal education level with acceptors of family planning programs in couples of childbearing age society Arfak
- b. There is no relation between mother knowledge with acceptors of family planning programs in couples of childbearing age society Arfak
- c. There is a relationship between culture with acceptors of family planning programs in couples of childbearing age society Arfak
- d. There is no relationship between the role of health workers with acceptors of family planning programs in couples of childbearing age society Arfak

- e. There is no relationship between husband support the family planning acceptors in couples of childbearing age society Arfak
- f. There is no relationship between maternal age with acceptors of family planning programs in couples of childbearing age society Arfak
- g. There is no relationship between the type of work a mother with acceptors of family planning programs in couples of childbearing age society Arfak

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