

RESEARCH ARTICLE

The intention to use long-acting reversible contraception during the COVID-19 pandemic

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Abstract

Objective: To assess the factors contributing to the intention to use long-acting reversible contraception among women of reproductive age during the coronavirus disease-2019 pandemic.

Method: The cross-sectional study was conducted in Mlajah village, Bangkalan Madura, Indonesia, from May 25 to June 30, 2021, and comprised married women of reproductive age. Attitude, subjective norm, perceived behavioural control and intention to use long-acting reversible contraception were the elements explored using a questionnaire based on the Theory of Planned Behaviour. Data was analysed using Spearman's Rho.

Results: Of the 102 subjects, 46(45.1%) were aged 30-39 years, 51(50%) had college or university education, 43(42.2%) had 2 children and 59(57.8%) were using family planning methods. There was a significant relationship of intention to use long-acting reversible contraception with attitude ($p=0.000$; $r=0.566$), subjective norm ($p=0.000$; $r=0.475$), and perceived behavioural control ($p=0.000$; $r=0.691$).

Conclusion: The intention to use long-acting reversible contraception among married women of reproductive age was significantly associated with attitude, subjective norm and perceived behavioural control.

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Introduction

Social distancing are policies made to reduce the transmission process of coronavirus disease-2019 (COVID-19).¹ This condition causes a tremendous impact, one of which is on public health services, including family planning (FP) services.² Reduced access to FP services can cause dropout (DO) from FP participation, which causes various problems, like an increase in the number of unwanted pregnancies.³

According to the National Family Planning Coordinating Agency (NFPCA), in July 2020, the DO rate was 10.46%. This number increased 9.33% from February 2020.⁴ The NFPCA chapter in East Java province stated an increase in the number of pregnancies by 8.58% from 2019 to 2020. The number of couples of childbearing age in East Java was 7,849,073, and those who were pregnant until April 2020 were 227,260, or around 2.9%. If the next month followed the pattern, it was estimated that by the end of 2020 there would be as many as 681,780 pregnancies.⁵ The DO rate in Bangkalan Regency during the pandemic was relatively high at 13.26% and was above the provincial average. The Bangkalan office of women's empowerment, child protection and family planning service stated that, during the pandemic in March-April 2020, there was an increase of 200 pregnant women.⁶

The FP programme is used to control the rate of population growth. long-acting reversible contraception (LARC) include intrauterine devices (IUDs), implants and regular contraception.⁷ LARC has a high level of effectiveness with a low failure rate and fewer complications and side effects than other contraceptive methods in preventing pregnancy.⁸ LARC is also relatively safer and more efficient because it only requires one installation for an extended period.⁹ LARC was recommended during the pandemic, but since the installation of LARC required visiting some health facility, the use got reduced in the active phase of COVID-19.¹⁰

Permanently delaying pregnancy during the pandemic was promoted and people were encouraged to actively participate in FP programmes.¹¹ The FP use is based on an intention beforehand. Strong intentions increase the chances of women of childbearing age (WUS) using LARC.¹² According to the Theory of Planned Behaviour (TPB), behaviour is a conscious effort mediated by intention, and intentions are influenced by three main predictors: attitudes, subjective norms and perceptions of behavioural control.¹³

The current study was planned to analyse factors influencing the intention to use LARC in women of childbearing age during the pandemic.

Subjects and Methods

The descriptive, correlational, cross-sectional study was

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conducted in Mlajah village, Bangkalan Madura, Indonesia, from May 25 to June 30, 2021, after approval from the institutional ethics review committee. The sample size was calculated using the Lemeshow formula.¹⁴ The sample was raised using purposive sampling technique. Those included were married women of reproductive age in the 19-49 years bracket who could communicate well both orally and in writing. Women who had not had children, had a hysterectomy or had menopause were excluded. In line with TPB,¹⁵ the attitudes, subjective norms and perceptions of behavioural control were taken as independent variables, and the intention to use LARC as the dependent variable.

Data was collected using a questionnaire based on TPB.¹³ The questionnaire was found valid and reliable after tests were carried out on 15 women of childbearing age who had the same characteristics as the study respondents.

It was scored using a 4-point Likert scale; = Strongly Agree, 3 = Agree, 2 = Disagree, 1 = Strongly Disagree. The negative statements were scored in the reverse format. Attitude variable assessment scored code 2 if T value was median, and negative code 1 if T value less than median. The overall scores were categorised as Good 76-100%, Sufficient 60-75%, and Less <60%.

Data collection was carried out after obtaining informed consent. Questionnaires were given directly to respondents by complying with health protocols. Data was analysed using Descriptive statistics. Inferential analysis was done using Spearman Rho. $P < 0.05$ was considered significant.

Results

Of the 102 subjects, 46(45.1%) were aged 30-39 years, 51(50%) had college or university education, 43(42.2%) had 2 children and 59(57.8%) were using FP methods (Table 1).

Previous information about LARC has been received mostly through health workers 72(70.6%) (Table 2).

Table- 1: Characteristics of the study respondents.

Criteria	Category	n (%)
Age (years)	19-29	28 (27.5)
	30-39	46 (45.1)
	40-49	28 (27.5)
Education background	Elementary school	2 (2.0)
	Junior high school	6 (5.9)
	Senior high school	43 (42.2)
	College/university	51 (50.0)
Number of children	1	38 (37.3)
	2	43 (42.2)
	Three or >3	21 (20.6)
Use of family planning	Yes	59 (57.8)
	No	43 (42.2)

Table- 2: Knowledge source and level of the study respondents.

Criteria	Category	n (%)
Resources	Internet/TV	17 (16.7)
	Health workers	72 (70.6)
	Others	13 (12.7)
LARC Knowledge	Know About LARC	36 (35.3)
	Ever Heard About LARC	40 (39.2)
	Do not know LARC	26 (25.5)

LARC: Long-acting reversible contraception.

Table-3: Relationship of attitudes, subjective norms and perceptions of behavioural control with the intention to use LARC.

Variable	Category	Intention				r-value	Spearman Rho-Test p-value
		Less n (%)	Sufficient n (%)	Good n (%)	Total n (%)		
Attitude	Negative	12 (11.8)	38 (37.3)	6 (5.9)	56 (54.9)	p=0.000	r=0.566
	Positive	0 (0)	18 (17.6)	28 (27.5)	46 (45.1)		
Subjective Norms	Less	2 (2.0)	8 (7.8)	0 (0)	10 (9.8)	p=0.000	r=0.475
	Sufficient	10 (9.8)	36 (35.3)	13 (12.7)	59 (57.8)		
Behavioural Control	Less	0 (0)	12 (11.8)	21 (20.6)	33 (32.4)	p=0.000	r=0.691
	Sufficient	6 (5.9)	43 (42.2)	8 (7.8)	57 (55.9)		
Perception	Good	0 (0)	6 (5.9)	26 (25.5)	32 (31.4)		

LARC: Long-acting reversible contraception.

There was a significant relationship of intention to use long-acting reversible contraception with attitude ($p=0.000$; $r=0.566$), subjective norm ($p=0.000$; $r=0.475$), and perceived behavioural control ($p=0.000$; $r=0.691$) (Table 3).

Discussion

The Madurese community is a religious society with a strong culture and tradition. Most of the respondents in the current study stated that their religion/belief did not prohibit the use of LARC. The approach to the community through community-based religious leaders, for FP promotion, supports government programmes in this regard.

Most of the respondents had a negative attitude, but with sufficient intention to use LARC during the pandemic. The negative attitude was triggered by a lack of belief in the benefits of LARC. Negative attitudes toward contraception can be caused by limited knowledge about contraception.¹⁶ Sources of information also affect a person's understanding. Women who know LARC better understand the benefits and side effects of LARC, and have a higher chance of taking advantage of it.¹⁷

The majority of respondents had subjective norms sufficient and sufficient intention. According to TPB, two factors can influence a person's subjective norms to

generate behavioural intentions; individual perceptions of the expectations of other people who influence their lives, and motivation to fulfil or not meet the norms of others.¹⁸ Expectations of spouse (husband/wife), friends, family, co-workers, or doctors can influence a person while considering a behaviour.¹³

Decision-making about using LARC supported by husbands has a two times greater chance of making decisions made by women alone. The couples of childbearing age practise FP because of their health, not religion. Religion does not forbid a person from having many offspring, but stresses on the quality of children.¹⁹ Women of childbearing age who have good health support have a greater chance of choosing LARC. Health workers are expected to have good communication skills to motivate the community to use appropriate FP method by providing counselling and assisting families.²⁰

Most respondents perceived sufficient behavioural control and had sufficient intention in the current study. The encouragement to use LARC is because they had high confidence in the resources and opportunities. Perception of behavioural control is determined by the driving factors that support or inhibit the behaviour from being carried out and the strength of the driving influence in realising the behaviour. Someone who has strong 'control beliefs' will affect how they perceive the ease or difficulty of performing the behaviour.¹³ Factors that influence the use of LARC include age, education level, occupation, sources of FP services, and area of residence.²¹

Knowledge increases a person's awareness of the importance of something that causes someone to want to do something.²² Ease of access and distance to health services also encourage women to use LARC. Access support, such as distance, travel time, availability of transportation, and road conditions, affect the affordability of acceptors in approaching FP services.²³ Another factor affecting the use of LARC is the cost factor, which influences the control of a person's behaviour at large.²⁴ The respondents in the current study said there was no problem if they had to pay for using LARC. The cost of using LARC is considered cheaper in terms of effectiveness and duration of use than non-LARC contraception.²⁵ Individuals with a high perception of behavioural control will continue to be motivated because of their confidence in the resources and opportunities.²⁶

The current study has limitations, like using a cross-sectional design that only emphasizes the measurement of variables at one particular time. Besides, information provided through closed-ended questions may carry biases. Also, The behavioural measurement needed to be done by exploring the respondents' experience in detail.

Conclusion

The intention to use long-acting reversible contraception among married women of reproductive age was significantly associated with attitude, subjective norm and perceived behavioural control.

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