

The Analysis of Family Planning Participation at The Initial Period of Covid-19 Pandemic

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ABSTRACT

COVID-19 pandemic caused a decrease in contraceptive use in community. Several factors affecting the participation in using contraceptives are education, knowledge, attitudes, support from husbands, and support from health workers.

This research was done to analyze family planning participation in the initial period of COVID-19 pandemic at Kresek Public Health Center of Tangerang District in 2020.

This study was carried out through a quantitative analytical study using a cross-sectional design. As many as 100 respondents were involved in the current study and chosen through proportional stratified random sampling technique at Bakti Jaya Public Health Center from January to November 2020. The research instrument used a questionnaire obtaining primary data which were analyzed using Chi Square statistical test.

The univariate analysis conducted showed that among 100 mothers, 64% had low education level, 71.0% had poor knowledge, 68% had negative attitudes, 62% suffered from anxiety disorder, 75.0% were going through PSBB, 62.0% were not supported by their husband, and 75% were supported by health workers. Furthermore, the bivariate analysis presented that there was a relationship between education ($p = 0.000$), knowledge ($p = 0.000$), attitudes ($p = 0.000$), anxiety ($p = 0.000$), large-scale social restrictions (PSBB) ($p = 0.000$), husbands' support, and health workers' support ($p = 0.004$) with the family planning participation in the initial period of COVID-19 pandemic.

Husband's support has a high opportunity of family planning participation in the initial period of COVID-19 pandemic. It is expected that husband can support their wife because it can increase motivation, especially in the implementation of the family planning program.

Keywords: Family Planning Participation, COVID-19 Pandemic, Quantitative Analytical Study

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BACKGROUND

Until the third quarter of 2019, there were 1,629,425 acceptors (72.9%) and 1,444,743 acceptors of total 2,234,697 acceptors of Family Planning (KB) in Banten Province. It means that the number of KB acceptor decreased (BKKBN, 2020). Meanwhile, the number of active KB participators in Tangerang were 500,548 acceptors (71.8%) in 2019 from the total of 696,669 acceptors. This experienced drastic decrease, reaching 65% in 2020 (Fikri, 2020). Furthermore, based on the data from Kresek Public Health Center which is a part of Tangerang District, KB participants decreased from 1,265 in 2019 to 856 participants in January-November 2020, therefore it was known that the participation in using contraceptives decreased (Kresek Public Health Center, 2020).

According to Lawrence Green's theory in Notoatmodjo (2018), several factors affect participation in using contraceptives such as education, knowledge, attitudes, husband's support, and health workers' support. Another reason causing the decreased participation in using contraceptives is due to the policy of visit and service limitation at health facilities or commonly known as Large-Scale Social Restrictions (PSBB) and the anxiety of being infected with the corona virus which causes PUS not participate in using KB (Purwanti, 2020).

Previous research conducted by Pratiwi (2018) obtained that both education and knowledge were related to participation in using contraceptives.

Furthermore, no research has been done on anxiety and PSBB, but according to Mashuri (2020), he explained that there are large-scale social restrictions (PSBB) that limit the community's space to prevent/break the chain of Covid 19 virus transmission which then leads to the decrease of community contribution in participating in KB services.

According to the initial research that was conducted on Kresek Public Health Center in Tangerang District, the number of contraceptives participants in 2019 was 1,265 acceptors, while in January-November 2020, it decreased to 856 acceptors. Therefore it was known that contraceptives participants experienced decrease. Based on the information obtained from health officers, the decrease was caused by the large-scale social restrictions (PSBB), which led to restrictions on visits and anxiety in affected by Covid when visiting health facilities. Based on the results of previous research, this is possible due to factors of education, knowledge, attitudes, husbands' support and health workers' support.

METHODS

Current research was done through quantitative analytical research using cross-sectional design. The subjects of this study were couples of productive age (PUS). As many as 100 people were involved as research samples which were collected using accidental sampling. Research data were obtained using instrument of questionnaire on KB participation at the initial period of COvid-19 pandemic, education, knowledge, attitudes, anxiety, large-scale social restrictions (PSBB), husbands' support, and health workers' support. Meanwhile, bivariate analysis used Chi Square test.

RESULT AND DISCUSSION**Univariate Analysis****Table 1**

Frequency Distribution of Family Planning (KB) Participation at Initial Period of COVID-19 Pandemic, Education, Knowledge, Attitude, Anxiety, Large-Scale Social Restrictions (PSBB), Husbands' Supports, and Health Workers' Supports in Kresek Public Health Center, Tangerang District in 2020

Variable	N (100)	Percentage
Family Planning Participation at Initial Period of COVID-19 Pandemic		
No	75	75.0
Yes	25	25.0
Education		
Low	64	64.0
High	36	36.0
Knowledge		
Poor	71	71.0
Good	29	29.0
Attitude		
Negative	68	68.0
Positive	32	32.0
Anxiety		
Anxious	62	62.0
Not Anxious	38	38.0
Large-Scale Social Restrictions (PSBB)		
Yes	75	75.0
No	25	25.0
Husbands' Support		
Does not support	62	62.0
Support	38	38.0
Health Workers' Support		
Does not support	25	25.0
Support	75	75.0

Table 1 shows family planning participation in initial period of COVID-19 pandemic, in which most of them did not participate in the family planning by 75 people (75.0%), and participated in the family planning by 25 people (25.0%). The frequency distribution of education found that most of the respondents has low education by 64 people (64.0%), while the remaining 36 people had high education level. Furthermore, regarding the knowledge, most of the respondents had low knowledge by 71 people (71.0%), while the remaining 29 people (29.0) had good knowledge. In addition, as many as 68 people (68.0%) proved to have negative attitude, while 32 people (32.0%) had positive attitudes. The frequency distribution of anxious anxiety shows that 62 people (62.0%) were anxious and 38 people (38.0%) were not anxious. The frequency distribution of Large-Scale Social Restrictions (PSBB) showed that as many as 75 people (75.0%) went through PSBB, while the remaining did not go through PSBB. Furthermore, most of the respondents were also not supported by their husbands by 62 people (62.0%), while the remaining were supported by their husbands by 38 people (38.0%). Last, most of them were supported by the health workers by 75 people (75%), while the remaining 25 people (25.0%) were not supported by the health workers.

Bivariate Analysis

Table 2 presented was obtained based on Chi-Square test, in which p value of $0.000 < 0.05$ was obtained, indicating that there was a significant relationship between education and family planning participation in the initial period of COVID-19 pandemic. The OR value obtained was 54,846, so it can be considered that mothers who had low education level are 54,846 times more likely to not participate in family planning programs in the initial period of COVID-19 pandemic compared to mothers who had higher education level.

The results of the Chi-Square test showed that the p-value obtained was $0.000 < 0.05$, which means that there was a significant relationship between knowledge and participation in family planning in the initial period of COVID-19 pandemic. The OR value obtained was 43.969, so it can be considered that mothers who had poor knowledge are 43.969 times more likely to not participate in the family planning program in the initial period of COVID-19 pandemic compared to mothers who had good knowledge.

The Chi-Square test was done and obtained p-value of $0.000 < 0.05$, indicating that there was a significant relationship between attitudes and family planning participation in initial period of the COVID-19 pandemic. The OR value obtained was 30.545, so it can be considered that mothers who had negative attitudes were 30.545 times more likely to not participate in family planning programs in initial period of COVID-19 pandemic than mothers who had positive attitudes.

Furthermore, the p-value of $0.000 < 0.05$ obtained from the Chi-Square test also indicates a significant relationship between anxiety and family planning participation in the initial period of COVID-19 pandemic. The OR value obtained was 12,667, so it can be considered that mothers who are anxious are 12,667 times more likely to not participate in family planning program in the initial period of the COVID-19 pandemic than mothers who are not anxious.

Table 2
Relationship between Education, Knowledge, Attitude, Anxiety, Large-Scale Social Restrictions (PSBB), Husbands' Supports, and Health Workers' Supports with Family Planning Participation in Kresek Public Health Center, Tangerang District in 2020

Variable	Family Planning Participation at the Initial Period of COVID-19 Pandemic				Number		P-Value	OR
	No		Yes		N	%		
	N	%	N	%				
Education Level								
Low	62	96.9	2	3.1	64	100	0.000	54.846
High	13	36.1	23	63.9	36	100		
Knowledge								
Poor	67	94.4	4	5.6	71	100	0.000	43.969
Good	8	27.6	21	72.4	29	100		
Attitude								
Negative	64	94.1	4	4	68	100	0.000	30.545
Positive	11	34.4	21	21	32	100		
Anxiety								
Anxious	57	91.9	5	8.1	62	100	0.000	12.667
Not anxious	18	47.4	20	52.6	38	100		

Large-Scale Social Restrictions (PSBB)									
Yes	65	86.7	10	13.3	75	100	0.000	9.750	
No	10	40.0	15	60.0	25	100			
Husbands' Support									
Does not support	61	98.4	1	1.6	62	100	0.000	104.5	
Support	14	36.8	24	63.2	38	100			
Health Workers' Support									
Does not support	24	96.0	1	4.0	25	100	0.004	11.29	
Support	51	68.0	24	32.0	75	100			
Total	75	75.0	25	25.0	100	100			

Based on the Chi-Square test, p-value obtained was $0.000 < 0.05$, indicating that there was a significant relationship between Large-Scale Social Restrictions (PSBB) and family planning participation in the initial period of COVID-19 pandemic. Meanwhile, the OR value obtained was 9.750, so it can be considered that mothers who went through Large-Scale Social Restrictions (PSBB) were 9.750 times more likely to not participate in family planning programs in the initial period of the COVID-19 pandemic compared to mothers who did not go through Large-Scale Social Restrictions (PSBB).

The p-value of $0.000 < 0.05$ obtained from the Chi-Square test also indicated that there was a significant relationship between the husband's support and family planning participation in the initial period of COVID-19 pandemic. Furthermore, the OR value obtained was 104.571, so it can be considered that mothers who did not receive support from their husbands are 104.571 times less likely to participate in family planning program in the initial period of the COVID-19 pandemic compared to mothers who receive support from their husbands.

The results of the Chi-Square test obtained p value of $0.004 < 0.05$, which means that there was a significant relationship between health workers' support and family planning participation in the initial period of COVID-19 pandemic. Meanwhile, the OR value obtained was 11,294, thus mothers who did not receive health workers' support were 11,294 times more likely to not participate in family planning program in the initial period of COVID-19 pandemic compared to mothers who received health workers' support.

DISCUSSION

Family Planning Participation in the Initial Period of Covid-19 Pandemic

Current research discovered results that among 100 mothers, there were more mothers who did not participate in family planning program compared to mothers who participated in family planning program in the initial period of the COVID-19 pandemic. This indicates that there were still many mothers who did not participate in family planning program.

According to the Ministry of Health of the Republic of Indonesia (2016), family planning participation is someone's participation in the family planning program with the expectation that they can set the birth of their child, the distance, and ideal age of childbirth, as well as to regulate pregnancy to create a quality family.

This result is in accordance with the results of previous research conducted by Rahmayanti (2015), the level of participation of PUS in family planning programs was low.

Researchers assumed that many mothers did not participate in family planning program because of the lack of support from their husbands to carry out the family planning program. Viewed from the education level, most of mothers had low education, thus it affected the mothers' knowledge and low attitudes which lead to the difficulties in collecting information

Education

The present study obtained results that among 100 mothers, more mothers had low education level compared than those who had high education level. This shows that it was difficult for the mothers to receive information, because they have low education level.

Triyanto (2014) further explained that education is an effort to attract something in humans as an effort to provide programmed learning experiences in the form of formal, non-formal, and informal education at school and outside of school, which lasts a lifetime and aims to optimize individual abilities so that later in life can play a role in life appropriately. The existence of a person's educational background is considered capable of occupying a certain position.

These results are in accordance with the results of previous research performed by Rahmayanti (2015) which revealed that mothers' education in general was still very low because at the average they were primary school graduates. Whereas, the level of education affects a person's mindset.

Researchers assumed that since many mothers had low education, this affects their ability to collect information. It is different from mothers who have higher education where they are easy to collect information and have good knowledge to have a healthy lifestyle, especially in overcoming health problems, so that mothers who have higher education will be able to accept new ideas and able to think logically so they can keep up with the era.

Knowledge

Regarding the knowledge, it was obtained that among 100 mothers, mothers who have poor knowledge were more than those who have good knowledge. It is necessary to increase their knowledge by providing health education to mothers in order to increase their knowledge, especially in family planning program.

According to Mubarak (2018), knowledge is everything that is known based on human experience itself, and will increase according to the process of experience.

This result is in line with the results discovered by Nasrulloh (2015) whose results found that most of mothers had bad knowledge about family planning programs. Knowledge or cognitive is a very important domain in shaping a person's actions. Knowledge about family planning is an important aspect towards understanding the importance of one's role in participating in family planning programs.

Researchers assumed that since most of the mothers involved had poor knowledge, so this cause them to not understand about contraceptives. In accordance with the results of the questionnaire, it was found that mothers did not understand the types of contraceptives, the benefits and side effects of male type of contraceptives (MOW) and Women's Medical Operations (MOW). This is because they only received information about commonly used contraceptives such as pills, injections, IUDs and implants, so they did not know about the other contraceptives.

Attitudes

Based on the results of the current study, it revealed that among 100 mothers involved, most of the mothers had negative attitudes than mothers who have positive attitudes. This is related to mothers' knowledge, in which most of them had poor knowledge, so it affects their attitude.

Slameto (2015) explained that process that initiates the formation of attitudes is the existence of objects around the individual providing a stimulus which then affects the individual senses, the information captured about the object is then processed in the brain

and causes a reaction.

In accordance with the results of Nasrulloh's (2015) research, most respondents have negative attitudes about the use of contraceptives.

The researchers assumed that many mothers have negative attitude because they have low knowledge, thus they lacked of information and support from family or husband about contraceptives. Based on the results of the questionnaire, it was found that most of the mothers agreed to keep not using contraceptives although they already have more than 2 children because they assumed having more children means more lucks.

Anxiety

Based on the results of the research, it obtained that among 100 mother involved in the current research, most of them were anxious. This indicates that the presence of COVID-19 pandemic caused their anxiety.

Gerungan (2015) explained that anxiety is a great force in driving behavior, both normal behavior and deviant behavior.

In accordance with the results of previous study conducted by Sari (2015), most of her respondents experienced anxiety. The anxiety is caused by side effects, anxiety if pregnancy occurs, and the effect of contraceptive on health.

The majority of mothers experienced anxiety due to COVID-19 pandemic. According to the results of the questionnaire, most mothers felt anxiety as indicated by an irritable attitude which occurred when someone who did not wear a mask approaches them, felt tense after carrying out an examination because of fear of being infected with COVID-19, experienced difficulty in sleeping, afraid of making visit for family planning program, felt afraid to have a rapid test when got fever, afraid to be in a crowd so often use hand sanitizers and often wash hands using soap.

The Implementation of Large-Scale Social Restrictions (PSBB)

Based on the results of the study, it was known that among 100 mothers, most of them live in areas which went through Large-Scale Social Restrictions (PSBB). This indicates that in the area where the mother lives, there are patients who suffered from COVID-19 so that PSBB measures were carried out to prevent it from spreading.

According to Maulana (2020), Large-Scale Social Restrictions (PSBB) are one of the government's strategies in preventing the possible spread of corona virus. Limitation of social and cultural activities is implemented in the form of prohibiting crowds from engaging in social and cultural activities.

The current researchers have not obtained the results of previous studies on this matter so that current researchers cannot compare current research with previous studies.

Husbands' Support

This research obtained results that among 100 mothers involved, most of them did not get any support from their husbands. The reason is because their husband lacked knowledge about the importance of giving motivation to their wife.

Friedman (2018) stated that husbands have several support functions, including emotional support, informational support, instrumental support, and reward support. Husband's support is an important aspect to improve reproductive health, so it needs to be known and understood. Through knowledge and understanding, the individual will know to whom and how much he will get the husband's support with specific situations and desires, so that this support can be meaningful.

A study was conducted by Ningrum, et al (2018) before, showing that most husbands did not support the use of contraceptives. The low support given by husband makes the wife less likely to participate in using contraceptives.

Researchers assumed that most husbands did not support mothers due to their lack of knowledge about the importance of providing support to their wives so that it has an impact on the mother's motivation to get services.

Health Workers' Support

Among 100 mothers involved in the current research, it was known that most of them obtained support from health workers. This indicates that health workers play an active role in implementing the family planning program.

According to Potter and Perry (2015), the roles of health workers are divided into several types, those are as communicators, motivators, facilitators, counselors.

This result is in line with the result of the research conducted by Mi'rajiah (2019), that most family planning acceptors received support from health workers. Support from health workers to family planning acceptors is in the form of information support, instrumental support, emotional support, and assessment support.

Researchers assumed that most mothers obtained support from health workers because health workers provided counseling on various contraceptives and advise family planning acceptors to use contraceptives and suggest routine examinations according to the recommended schedule.

Relationship between Education and Family Planning Participation in the Initial Period of COVID-19 Pandemic in Kresek Public Health Center in Tangerang District in 2020

Based on the bivariate analysis, it was found that there was a significant relationship between education and family planning participation in the initial period of COVID-19 pandemic. The results of the cross table shows that mothers with higher education were mostly participated in using family planning program during the initial period of the COVID-19 pandemic compared to mothers with low education.

Notoatmodjo (2018) stated that education is a planned effort to influence people, whether they are individuals, groups, or communities, so that they do what is expected by the actors of education. People with higher formal education tend to have higher knowledge than people with lower formal education level, because they will be able to easily understand the meaning and importance of health.

This is supported by the result of previous research conducted by Rahmayanti (2015), that there was a relationship between education level and income with the level of participation of PUS in the family planning programs. A person's education level can bring a person's thinking patterns, especially their aspirations for education itself.

Researchers assumed that mothers with higher education mostly participated in the family planning program because they are able to understand the meaning and importance of health, easy to receive information and knowledge about the benefits of using contraception so that the family planning program caused by the government will be participated by mothers, with the expectation that it can improve their health degree because it can regulate the number of children according to the regulation.

Relationship between Knowledge and Family Planning Participation in the Initial Period of COVID-19 Pandemic in Kresek Public Health Center in Tangerang District in 2020

Bivariate analysis was conducted, proving that there was a significant relationship between knowledge and participation in family planning at the initial period of COVID-19 pandemic. The results of the cross table obtained that mothers who had good knowledge were mostly involved in family planning program compared to mothers with poor knowledge.

The age of a person will influence their behavior because the older he is, the more responsible, more orderly, more moral, more devoted they are than the younger one. The higher the education he have will also make it easier for them to receive information thus will increase their knowledge (Fuad, 2015).

This is supported by the results of the research conducted by Nasrulloh (2015) in which Chi-Square test obtained p-value of $0.001 < 0.05$, so it can be concluded that there was a relationship between knowledge and the participation of couples of productive age (PUS) in family planning program with a Prevalence Ratio (RP) value of 3.17, which means that respondents who have poor knowledge about family planning programs have a 3.17 times greater risk of not being involved in family planning compared to respondents who have good knowledge (95% CI: 1.56-6.44).

Researchers argued that the majority of mothers who had good knowledge were usually involved in family planning program because they easy to understand the importance of using contraceptives so that mothers participate in using these contraceptives according to their wishes with the hope that they can sparse pregnancies so that they can manage economic life in accordance with the existing conditions.

Relationship between Attitude and Family Planning Participation in the Initial Period of COVID-19 Pandemic in Kresek Public Health Center in Tangerang District in 2020

Based on the bivariate analysis that has been conducted, there was a significant relationship between attitudes and family planning participation in the initial period of COVID-19 pandemic. The results of the cross table shows that mothers who had positive attitudes were mostly involved in family planning program compared to mothers who have negative attitudes.

According to Purwanti, et al (2014) attitude or perception is one of the important factors shaping behavior. Husbands or wives with positive perceptions of contraceptives will have a higher participation in using contraceptives than people who have negative perceptions.

In accordance with the results of research performed by Barus, et al (2018), there was a relationship between men's attitudes and his participation in family planning program (p-value 0.004). Attitude or perception is also an important factor in shaping behavior. Husbands with positive perceptions of contraceptives will participate more in using contraceptives than men who have negative perceptions.

Researchers assumed that mothers who had positive attitude were mostly participated in family planning program because their knowledge makes them understand the importance of using contraceptives in the expected that they can prosper the family by spacing out pregnancies so that they can adjust economic conditions accordingly with their ability.

Relationship between Anxiety and Family Planning Participation in the Initial Period of COVID-19 Pandemic in Kresek Public Health Center in Tangerang District in 2020

Bivariate analysis that has been conducted in the present study obtained that there was

a significant relationship between anxiety and family planning participation in the initial period of COVID-19 pandemic. The results of the cross table collected that mothers who did not experience anxiety mostly participated in family planning programs in the initial period of COVID-19 pandemic compared to mothers who experienced anxiety.

Ehsanpour, et al (2012) revealed that the use of contraception can cause side effects such as changes in mood and depression. Nilsen, et al (2013) added the other side effects in the forms of the inhibition of estrogen and progesterone production tends to interfere with stress hormone activity.

This is supported by the results of previous study conducted by Apriyanti & Sari (2020) which obtained P-Value of 0.000 ($P \leq 0.05$), indicating that there was a relationship between anxiety levels and the use of intrauterine devices (IUD). The results of the analysis obtained POR of 5.961 (2.334 - 15.222) which means that acceptors who did not feel anxious were 6 times more likely to influence family planning acceptors using IUDs than acceptors who have mild anxiety levels.

Researchers assumed that mothers who did not experience anxiety mostly participated in the family planning program due to the mother's knowledge on the side effects of contraceptives and how to overcome them so that the mother does not experience worries after using the contraceptive.

Relationship between Large-Scale Social Restrictions (PSBB) and Family Planning Participation in the Initial Period of COVID-19 Pandemic in Kresek Public Health Center in Tangerang District in 2020

This research conducted bivariate analysis which found that there was a significant relationship between Large-Scale Social Restrictions (PSBB) and family planning participation in the initial period of COVID-19 pandemic. The results of the cross table obtained that mothers whose regions did not experience PSBB were more involved in family planning program compared to mothers whose areas experienced PSBB.

According to Awalia, et al (2020) to date, the implementation of the PSBB policy has not gone smoothly. The emergence of this policy demands people to change their daily patterns in various fields and which eventually cause the changes of these patterns.

Researchers have not obtained the results of previous studies so that researchers cannot compare current research with previous studies.

Researchers assumed that mothers whose areas did not experience PSBB mostly involved in family planning programs due to the ease in getting services so that mothers can make visits even though they have to carry out health protocols. However, most of the mothers whose areas experienced PSBB did carry out the family planning program due to worry and fear if the mother was exposed to the COVID-19 virus which is caused by the closeness between the mother and the patient or the mother with health workers who are not yet known whether they have COVID-19 or not.

Relationship between Husbands' Support and Family Planning Participation in the Initial Period of COVID-19 Pandemic in Kresek Public Health Center in Tangerang District in 2020

Bivariate analysis was done, indicating that there was a significant relationship between the husbands' support and family planning participation in the initial period of COVID-19 pandemic. The results of the cross table obtained that mothers who obtained support from their husbands were mostly involved in the family planning program compared to mothers who did not get support from their husbands. Judging from the results of the odds ratio,

husband's support is the variable with the most potential for family planning participation in the initial period of COVID-19 pandemic.

According to Rahayu (2018), husbands' support is one of the factors that plays an important role in determining maternal health.

The results of previous research performed by Ningrum, et al (2018) obtained a p-value of 0.037. It can be concluded that there was a relationship between husbands' support and MKJP contraceptive selection at Batang Hari Public Health Center, East Lampung District in 2018. Meanwhile, the OR value obtained was 0.410, indicating that the respondents who were less supporting were 0.410 times more likely to choose MKJP contraception than supportive husbands.

Researchers assumed that mothers who obtained support from their husbands were mostly involved in the family planning program because with their husbands' support, they felt cared for so that they wanted to use them.

Relationship between Health Workers' Support and Family Planning Participation in the Initial Period of COVID-19 Pandemic in Kresek Public Health Center in Tangerang District in 2020

Bivariate analysis that was conducted in this study found that there was a significant relationship between health workers' support and family planning participation in the initial period of COVID-19 pandemic. The results of the cross table obtained that mothers who received support from health workers were mostly involved in family planning program compared to mothers who did not get support from health workers.

Myers & David (2017) claimed that the support from health workers to PUS can maximally improve the quality of health services to the community so as to increase awareness, willingness, and ability to live healthy so as to realize the highest degree of health as an investment for the development of productive human resources socially and economically.

This is in accordance with the results of research conducted by Mi'rajiah (2019), in which there was a relationship between support for health workers ($p = 0.003$, $OR = 5.231$) and the use of MKJP on family planning acceptors. One of the factors that affect contraceptive use is the service factor which consists of involvement in activities related to family planning, namely the support from health workers.

Researchers assumed that most of the mothers who obtained support from health workers participated in the family planning program because this support can increase the mothers' knowledge and motivation to participate in the family planning program.

CONCLUSION

Based on the results of the current research that was performed at Kresek Public Health Center, Tangerang District in 2020, 75.0% of 100 mothers did not participate in the family planning program in the initial period of the COVID-19 pandemic. Most of them had low education by 64.0%, poor knowledge by 71.0%, negative attitudes by 68.0%, anxiety by 62.0%, experienced large-scale social restrictions (PSBB) by 75.0%, did not get support from their husbands by 62.0%, and did not receive support from the health personnel received support by 75%.

There was a significant relationship between education and family planning participation in the initial period of COVID-19 pandemic with a significance value of 0.000. There was also a significant relationship between knowledge and family planning participation in the initial period of COVID-19 pandemic with a significance value of 0.000.

Furthermore, there was a significant relationship between attitudes and family planning participation in the initial period of COVID-19 pandemic with a significance value of 0.000. Significant relationship between anxiety and family planning participation in the initial period of the COVID-19 pandemic with a significance value of 0.000 was also proven. In addition. There was also a significant relationship between Large-Scale Social Restrictions (PSBB) and the participation of family planning in the initial period of COVID-19 pandemic with a significance value of 0,000. There is a significant relationship between husband's support and family planning participation in the initial period of the COVID-19 pandemic with a significance value of 0.000. Last, there was also a significant relationship between the support from health workers and the participation of family planning in the initial period of COVID-19 pandemic with a significance value of 0.004.

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