

## DETERMINANTS OF MODERN CONTRACEPTIVE USE AMONG MARRIED WOMEN IN INDONESIA URBAN

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### ABSTRACT

*The use of contraceptives in Indonesia among married women has tended to be stagnant in the last 3 years. Indonesia's 2017 demographic and health survey report reports that the prevalence of modern contraceptive use was lower among women in urban areas (59%) than in rural areas (55%). This study aims to analyze the determinant of modern contraceptive use in married women in Indonesian urban. This study is a quantitative study with a cross-sectional design. We used secondary data from Indonesia Health and Demographics Survey 2017. The population of this study was married women. We got a sample was 15,520 respondents. We analyze the predictor of modern contraceptive use by using logistic regression. Respondents using modern contraceptives were 53.5%. Age, education level, number of living children, number of ideal children, employment status, economic status, and region have a significant association with modern contraceptive use in Indonesian urban. The most dominant factor associated with modern contraceptive use is the number of living children >2 children. Proper dissemination of information on the use of modern contraceptives needs to be expanded to increase contraceptive use.*

**Keywords:** *contraceptive, child, female, indonesia*

### ABSTRAK

Penggunaan alat kontrasepsi di Indonesia pada wanita yang telah menikah cenderung stagnan dalam 3 tahun terakhir. Laporan survei demografi dan kesehatan Indonesia tahun 2017 melaporkan bahwa prevalensi penggunaan kontrasepsi modern lebih rendah pada wanita di perkotaan (59%) dibandingkan di perdesaan (55%). Penelitian ini bertujuan untuk menganalisis determinan penggunaan kontrasepsi modern pada wanita menikah di perkotaan Indonesia. Penelitian ini merupakan penelitian kuantitatif dengan desain cross sectional. Penelitian ini menggunakan data sekunder dari Survei Kesehatan dan Demografi Indonesia 2017. Populasi penelitian ini adalah wanita yang sudah menikah. Sampel dalam penelitian ini sebanyak 15.520 responden. Kami menganalisis prediktor penggunaan kontrasepsi modern dengan menggunakan regresi logistik. Responden yang menggunakan alat kontrasepsi modern sebanyak 53,5%. Usia, tingkat pendidikan, jumlah anak hidup, jumlah anak ideal, status pekerjaan, status ekonomi, dan wilayah memiliki hubungan yang signifikan dengan penggunaan kontrasepsi modern di perkotaan Indonesia. Faktor yang paling dominan berhubungan dengan penggunaan kontrasepsi modern adalah jumlah anak hidup >2 anak. Sosialisasi yang tepat tentang penggunaan alat kontrasepsi modern perlu diperluas untuk meningkatkan penggunaan alat kontrasepsi.

**Kata Kunci:** *kontrasepsi, anak, wanita, indonesia*

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## **Introduction**

The population problem is still a problem that is shared by many countries in the world. The high population growth rate during the last two hundred years has the potential to become a burden for a country if the population is not balanced with other resources. Currently, Indonesia's population is 269 million. This is because the birth rate and population growth rate in Indonesia are still out of control. The birth rate in urban areas has tended to be stagnant, with 2.3 births in the past 10 years. The average population growth rate in Indonesia tends to be high. There are about 4 million newborns per year.<sup>1,2</sup>

The Indonesian government is working to reduce the birth rate and overcome the problem of population density through the implementation of the Family Planning (KB) program. According to Law No.52 of 2009, the Family Planning Program (KB) is an effort to regulate childbirth, distance, and ideal age of delivery, regulate pregnancy through promotion, protection, and assistance by reproductive rights to create a quality family. This program is also one of the strategies in reducing maternal mortality.<sup>3</sup> As stated in the BKKBN Strategic Plan for 2020-2024, one of the indicators of the success of the family planning program is a decrease in the number of unmet needs for family planning (Unmet Need) and an increase in the use of modern contraceptives.<sup>3</sup>

Modern contraception is a medical product or procedure that is used deliberately to prevent pregnancy during sexual intercourse with a relatively easier approach than traditional contraception. Modern contraceptive methods include pills, injections, IUDs, condoms, sterilization, etc.<sup>4</sup> The level of effectiveness of modern contraceptive methods is quite high, namely around 92-99% effective in preventing pregnancy if used in the right way.<sup>5</sup>

The use of contraceptives (CPR) in Indonesia among married women aged 15-49 years has tended to be stagnant in the last 3 years. Meanwhile, the target that must be achieved in the next 2024 is an increase in mCPR, namely 63.4%.<sup>6</sup> Indonesia's 2017 demographic and health survey report reports that the prevalence of modern contraceptive use was lower among women in urban areas (59%) than in rural areas (55%).

Some studies have explored factors associated with modern contraceptive use. A study conducted in India show that there is a relationship between the age of women, the number of children, and the level of education of women on the use of modern contraceptives.<sup>7</sup> Another study conducted in Ethiopia shows that women who have their husband's approval are more likely to use modern contraceptives than women whose husbands disapprove of them.<sup>8</sup> Limited study explores modern contraceptive use in urban in Indonesia. Research on the determinants of contraceptive use in married women in urban areas of Indonesia needs to be carried out immediately. This study should be a reference to increase the use of modern contraceptives in urban areas in Indonesia. This

study aims to analyze the determinant of modern contraceptive use in married women in Indonesian urban.

## **Methods**

This study used a quantitative method with a cross-sectional research design. The secondary data we use were the Indonesian Demographic Health Survey (IDHS) data from 2017. The Indonesian Demographic and Health Survey is part of the international Demographic and Health Survey (DHS) program, which is carried out by the Central Statistics Agency (BPS), the National Population and Family Planning Agency (BKKBN), and the Ministry of Health.<sup>9,10</sup> The population in this study were women of childbearing age in urban areas who were successful as respondents in the 2017 IDHS representing 34 provinces in Indonesia. The sampling design used in the IDHS survey is a two-stage stratified sampling method and was designed to present national and provincial level estimates. Data availability can be accessed from the website <http://dhsprogram.com/data/new-user-registration.cfm>. The sample in this study was 15,520 respondents who had been selected based on exclusion and inclusion criteria.

The dependent variable in this study is modern contraceptive use which was grouped into yes and no. Modern contraceptive consists of Intrauterine Device (IUD), Pill, injection, implant, female sterilization, and lactation amenorrhea. The independent variable used is the age of women, which was grouped into <20 &> 35 years and 20-35 years, the education level of women was grouped into high, intermediate, and low, the number of children alive is the number of children who are owned by respondents who was grouped into > 2 children, and ≤2 children, the ideal number of children is the number of children desired by the respondent who was grouped into (0-1 children, 2-3 children), and ≥4 children), The employment status of women is grouped into (employ and unemploy), and economic status was grouped into (quintile 4-5/rich, quintile 3/middle, quintile 1-2/poor), mass media exposure which was grouped into the (exposed and unexposed), region is the area where the respondent lives which was grouped into (Java/Bali, Sumatra, Eastern Region), ownership of health insurance is health insurance owned by respondents which were grouped into (yes and no) and visited by health workers was grouped into (yes and no).

The results of this study are then presented in the form of narrative descriptions, relationships between categories, and tables. This data analysis was performed by univariate, bivariate, and multivariate analysis. The univariate analysis is to see the frequency distribution of the data used. Next, bivariate analysis is to see the relationship between the independent and dependent variables. Finally, to see the factors that most influence the use of modern contraceptives by using logistic regression. The calculations in this study used SPSS 23.0 software. This study has passed the ethics review from the Ethics Review Center of the Faculty of Public Health, Sriwijaya University, with a letter of ethical qualification No: 075/UN9.FKM/TU.KKE/2021.

## Results

The results of this study were obtained from the results of the calculation of secondary data for the 2017 IDHS. The subjects of this study were women aged 15-49 years who are married and live in urban areas. The characteristics of respondents and the use of modern contraceptives in urban areas of Indonesia are shown in Table 1. 56.3% of respondents use modern contraceptives. Based on the age group, the majority of respondents with age group (<20 years &> 35 years) (52%) and the majority have an intermediate level of education (59.2%). The majority of respondents had ≤2 living children (72.8%), had the ideal number of children 2-3 (79.4%), employ (61.7%), had a rich economic status (51.7%), were exposed to mass media about family planning (63.8%), have health insurance (64.2%), live in the Java / Bali region (73%) and are not visited by health workers (97%).

**Table 1. Characteristics of Respondents (n = 15,520)**

Variable	n	%
<b>Use of Modern Contraception</b>		
Yes	8,773	56.3
No	6,787	43.7
<b>Age</b>		
<20 &> 35 years	8,063	52
20-35 years	7,457	48
<b>Level of education</b>		
High	2,745	17.7
Intermediate	9,185	59.2
Low	3,590	23.1
<b>Number of Children Alive</b>		
> 2	4,225	37.2
≤ 2	11,295	72.8
<b>Ideal Number of Children</b>		
0-1	502	3.2
2-3	12,318	79.4
≥4	2,700	17.4
<b>Employment Status</b>		
Employ	9,583	61.7
Unemploy	5,937	38.3
<b>Economic Status</b>		
Rich	9,576	51.7
Middle	3,103	20
Poor	2,841	18.3
<b>Mass Media Exposure</b>		
Exposed	9,905	63.8
Not Exposed	5,615	36.2
<b>Insurance Ownership</b>		
Yes	9,966	64.2
No	5,554	35.8
<b>Region</b>		
Java/Bali	11,329	73
Sumatera	2,325	15
Eastern Region	1,866	12
<b>Visited by Health Officer</b>		
Yes	463	3
No	15,057	97

Table 2 is the result of the bivariate analysis calculated using the chi-square calculation, which states that age, education level, number of living children, the ideal number of children, employment status, exposure to mass media, economic status, and region have a significant relationship with the use of modern contraceptives. ( $p < 0.05$ ). Meanwhile, having insurance and being visited by a health worker were not related to the use of modern contraceptives ( $p > 0.05$ ).

**Table 2. Association Between The Independent Variable and Use of Modern Contraceptives**

Variable	Yes		p	PR (95% CI)
	n	%		
<b>Age</b>				
<20 & > 35 years	4,629	57.4	0.015	1,043 (1,008-1,079)
20-35 years	4,104	55		<i>Ref</i>
<b>Level of education</b>				
High	1,226	44.7	0.000	0.490 (0.430-0.558)
Middle	5,273	56.4	0.000	0.818 (0.744-0.901)
Low	2,234	62.2		<i>Ref</i>
<b>Number of Children Alive</b>				
> 2	2,844	67	0.000	1,336 (1,243-1,615)
≤ 2	5,889	52.1		<i>Ref</i>
<b>Ideal Number of Children</b>				
0-1	292	58.1	0.000	1,314 (1,021-1,692)
2-3	7,057	57.3	0.000	1,273 (1,153-1,405)
≥ 4	1,385	51.3		<i>Ref</i>
<b>Employment Status</b>				
Employ	5,241	54.7	0.000	0.930 (0.899-0.961)
Unemploy	3,492	58.8		<i>Ref</i>
<b>Economic Status</b>				
Rich	5,158	53.9	0.000	0.719 (0.648-0.789)
Middle	1,817	58.6		0.870 (0.766-0.988)
Poor	1,758	61.9		<i>Ref</i>
<b>Mass Media Exposure</b>				
Exposed	5,497	55.5	0.027	0.963 (0.932-0.996)
Not-exposed	3,236	57.6		<i>Ref</i>
<b>Region</b>				
Java / Bali	6,616	58.4	0.000	1,337 (1,210-1,477)
Sumatra	1,160	49.9	0.000	0.949 (0.836-1.077)
Eastern Region	956	51.2		<i>Ref</i>
<b>Insurance Ownership</b>				
Yes	5,568	55.9	0.274	0.980 (0.946-1.016)
No	3,166	57		<i>Ref</i>
<b>Visited by Health Officer</b>				
Yes	274	59.1	0.242	1,052 (0.969-1,141)
No	8,460	56.2		<i>Ref</i>

In Table 3, the results are the final model of logistic regression analysis. Variables are associated with modern contraceptive use were most influenced by the use of modern contraceptives are age, education level, number of living children, number of ideal children, employment status, economic status, and region. The results of the multivariate analysis in this study showed that the effect of the number of living children on the PR value obtained was 2,121

(95% CI: 1.925-2.338). Respondents with a number of living children >2 children have a 2,121 times greater chance of using modern contraceptives when compared with respondents with ≤ 2 living children after controlling for variables of age, education level, and the number of children ideal, employment status, economic status, employment status, and region.

**Table 3. The Final Model of Determinant of Modern Contraceptive Use**

Variable	<i>p</i>	PR (95% CI)
<b>Age</b>		
<20 &> 35 years	0.006	0.884 (0.810-0.965)
20-35 years	<i>Ref</i>	
<b>Level of education</b>		
High	0.000	0.554 (0.555-0.748)
Intermediate	0.228	0.938 (0.845-1.041)
Low	<i>Ref</i>	
<b>Number of Children Alive</b>		
> 2	0.000	2.121 (1.925-2.338)
≤ 2	<i>Ref</i>	
<b>Ideal Number of Children</b>		
0-1	0.002	1.511 (1.165-1.960)
2-3	0.000	1.443 (1.301-1.601)
≥4	<i>Ref</i>	
<b>Employment status</b>		
Employ	0.028	0.912 (0.840-0.990)
Unemploy	<i>Ref</i>	
<b>Economic Status</b>		
Rich	0.000	0.779 (0.695-0.874)
Middle	0.062	0.886 (0.780-1.006)
Poor	<i>Ref</i>	
<b>Region</b>		
Java / Bali	0.000	1,437 (1.299-1.590)
Sumatra	0.422	0.950 (0.838-1.077)
Eastern Region	<i>Ref</i>	

## Discussion

Married women who use modern contraceptives in urban areas were 56.3%. The results of this study indicate that the most dominant factor influencing the use of modern contraceptives is women who have more than 2 living children. Women who had >2 children were 2.121 times more likely to use modern contraception than women who had ≤2 children. This is because there are cultural or socio-psychological factors that are still believed by some circles of society to be the background of the use of modern contraceptives.<sup>11</sup> Studies from Malang state that several people consider the importance of having sons rather than daughters. Therefore, a married woman and her partner will continue to reproduce until they have a son in their family, regardless of the number of children they already have.<sup>12</sup>

Meanwhile, women with less education are more likely to use modern contraceptives than women with higher education. The high use of contraception in women with low education is because women of childbearing age who have high or low education already know the benefits and importance of contraception from health workers or other sources.<sup>13</sup> The majority of family planning acceptors received information about the use of modern contraceptives from midwives at

postpartum health centers. The counseling provided by midwives at the public health center is more intensive because the problems that are felt by patients can be analyzed and assisted in resolving them.<sup>14</sup>

The low use of modern contraceptives among women with higher education is also caused by several other factors, such as the lack of support from their husbands in using modern contraceptives and the desire of respondents to have more children.<sup>15</sup> This study is in line with qualitative research conducted by Juliastuti, which states that encouragement from family, husbands, children, parents, and friends help women decide to use modern contraception as soon as possible.<sup>16</sup>

In addition, access to family planning services that are free, inexpensive, and close to the location of residence makes it easier for women with low levels of education to get the contraceptive method they need. The facilities most favored by women to get family planning services are public health centers, private practice midwives, and pharmacies that sell contraceptive pills or condoms. In addition, free family planning services can be accessed easily if a woman uses her JKN (national health insurance) card to use modern contraceptives.<sup>17</sup>

Another factor that also affects the use of modern contraceptives is the ideal number of children. The results show that respondents who have the ideal number of children 0-1 children have a 1.31 times greater chance of using modern contraception when compared to respondents who have an ideal number of children  $\geq 4$  children. The results of this study indicate that the smaller the ideal number of children for a woman, the more likely they are to use modern contraceptives. This is because women who have the ideal number of children that are slightly less will find it easier and faster to achieve their reproductive goals and immediately stop their fertility.

Women's employment status is one of the factors that influence the use of modern contraceptives. The results of this study indicate that women who unemployed are more likely to use modern contraceptives than women who employ. This is because the influence of people in the surrounding environment such as husbands, neighbors, family, and friends are factors that influence women to use modern contraceptives.<sup>18</sup> In addition, the consent of the husband is also a factor that most influences a married woman in using modern contraceptives. This is because the culture of the Indonesian people believes that the husband is the main decision-maker in the family. So, family members will be more obedient and follow whatever the husband's decisions are.<sup>19</sup>

Mass media exposure is a factor influencing the use of modern contraceptives. The results of this study indicate that the use of modern contraceptives is higher in women who are not exposed to the mass media regarding modern contraceptives. Mass media exposure shows a positive influence on the use of modern contraceptives in women, it's, just that mass media exposure is not the main factor affecting the decision to use modern contraceptives, but the role of people around such as friends, family planning Officers (PLKB), and family is the dominant factor influencing the

use of modern contraceptives in women.<sup>20</sup> However, intervention through mass media exposure can be a stimulator of the idea of a family planning program that can be positively addressed, which in turn can affect the acceptance of the family planning program itself.

In this study, health insurance ownership has no relationship with the use of modern contraceptives. This is because many women are more interested in using modern contraception in independent practice than midwives who do not cooperate with BPJS. After all, they do not realize the benefits of having health insurance for family planning services.<sup>21</sup> Especially for women who live in the East, who have difficulty accessing health services in collaboration with BPJS.<sup>22</sup> The JKN policy which is considered to be still confusing for health workers when they want to provide long-term contraception services, especially MOW and the low interest of private practicing midwives with the JKN program are factors that also influence.<sup>17</sup>

Based on economic status, it was found that respondents at the rich economic level had a 0.71 times smaller chance of using modern contraceptives compared to those at the poor economic level, with a CI range of 0.648 - 0.798. Meanwhile, respondents at the middle economic level had a 0.87 times smaller chance of using modern contraceptives compared to those at the economically poor level, with a CI range of 0.766 - 0.988. This shows that the percentage of the use of modern contraceptives in Indonesia is decreasing with increasing economic status. It is caused the use of modern contraceptives has become increasingly accessible to women who are of poor economic status<sup>23</sup>. The high use of modern contraceptives among women with poor economic status can also be caused by the fact that many women with poor economic status have understood the benefits of using contraceptives.<sup>24</sup> The role of private midwives and midwives in public health centers also greatly influences the use of modern contraceptives among poor urban women.

Research conducted in Yogyakarta shows that the majority of women know information about modern contraceptives from midwives at health centers and private practice midwives.<sup>25</sup> This is because private midwives charge relatively low prices and sometimes lower prices to women who cannot afford to pay in full. Discounts provided by several non-profit organizations also contributed positively. Islamic-based organizations such as Muhammadiyah and Muslimat have policies that allow their low-income clients to take advantage of family planning facilities at a lower cost.<sup>26</sup>

In addition, the role of the government has also had an impact on contraceptive use for couples of childbearing age, especially for those with middle to lower economic status, namely by reviving the family planning program through KB village.<sup>27-29</sup>

By region, the Java/Bali region has a 1.33 times greater chance of using modern contraceptives compared to the East region. The Sumatra region obtained a PR value of 0.949 (95% CI: 0.838 - 1.077). This is likely related to infrastructure conditions such as transportation, health services, education level, and economic status compared to women



living outside the Java/Bali region.<sup>30</sup> Low contraceptive use in the Eastern region is likely due to greater distances to service providers, making frequent service visits less likely.<sup>31</sup>

The results of this study indicate that the use of modern contraceptives occurs in many women who are visited by health workers. Based on the chi-square calculation, it was found that there was no relationship between being visited by health workers and the use of modern contraceptives. This study is in line with research conducted by Asiva Noor, which states that there is no relationship between visits by health workers and the behavior of contraceptive use in women of childbearing age with a p-value of  $0.233 > 0.05$ .<sup>32</sup> The low level of intervention by health workers has resulted in a lack of access to information about modern contraceptives so that public awareness of the importance of using modern contraceptives to regulate the number and distance of children is low.

There are several limitations to this study. First, some variables were not examined in this study, such as the role of husband, family, and side effects felt by women. Second, the study design used in this study was cross-sectional survey, therefore it is difficult to identify the causal mechanisms of use modern contraception and its risk factors.

## **Conclusion**

The results of this study found that married women who use modern contraception in urban areas are 56.3%. Women who have more than 2 living children are the most dominant factors influencing the use of modern contraceptives. Proper dissemination of information on the use of modern contraceptives needs to be expanded to increase contraceptive use

## **Conflict of Interest**

The authors declare that they have no competing interests.

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