



TRENDS AND PLANNING TO USE CONTRACEPTION TOOLS IN WOMEN OF CHILDBEARING AGE

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ABSTRACT

The implementation of family planning can reduce the burden of development for the realization of the happiness and welfare of the people of Indonesia. The choice of an appropriate contraceptive method and following the conditions and needs can prevent a significant population growth rate. This study aims to analyze trends in the use of contraceptives and planning for contraceptive use among women of childbearing age in the province of West Sulawesi. The design used in this study was a cross-sectional survey using secondary data sources from the 2017 IDHS West Sulawesi province. The study population was all married women in Indonesia with a sample size of 1682 peoples. The results showed that age group, education level, residence, and socioeconomic status influence the propensity for use and planning for the use of contraceptives. Whereas literacy only affects the planning of contraceptive use. A special approach is needed for women and their husbands to convince them of the benefits of using contraceptive devices to prosper their lives.

Keywords: contraception; fertile age; women

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INTRODUCTION

Law of the Republic of Indonesia Number 36 of 2009 concerning Health article 78 that the Government is responsible and guarantees the availability of personnel, service facilities, tools, and medicines in providing family planning services that are safe, quality, and affordable to the community. In line with this in the Law of the Republic of Indonesia Number 52 of 2009, article 1 regarding Population Development and Family Development states that family planning is an effort to regulate childbirth, ideal birth distance, and age, regulate pregnancy, through promotion, protection and assistance following rights reproduction rights to realize quality family. (Ministry of Health of the Republic of Indonesia, 2014). Population growth is a dynamic balance between two forces that increase or decrease the population.

Population development will be influenced by the number of babies born but simultaneously will also be reduced by the number of deaths that can occur in all age

groups. In the spatial context mobility population also affects changes in population, where immigration will increase the population and emigration will reduce the population in an area. A large population for some groups is a positive thing because with such a large population can be used as a subject of development, the economy will develop if the number of workers is large. But on the other hand, some circles doubt whether a large population is an asset as explained earlier, but the opposite of this is that the population is a burden for development. This relates to meeting the needs that are getting more and more in line with the development of the population. This pessimistic view is supported by Malthus's theory which states that population growth is according to a series of measurements while growth in the food according to a series of calculations. The conclusion from this pessimistic view is not the welfare that is obtained but rather poverty will be met if the population is not well controlled (Rochaida, 2016). The result study showed that women's characteristics such as age, level of education, country of origin, religiousness and age at first intercourse influence the use of contraception at first intercourse, and that in the case of the use of contraception during the last four weeks characteristics such as living with a partner, having children and having used contraception at first intercourse appear to be more relevant (Ruiz-mu, 2013).

In the past decade, the Family Planning Service Program (KB) in Indonesia has experienced a stagnant state that is marked by not increasing several indicators of family planning services (Ministry of Health, Republic of Indonesia, 2014). Based on the results of the Indonesian Health Demographic Survey (SDKI) in 2012 the prevalence of active birth control in Indonesia 58% of married women aged 15-49 years using modern methods and 4% using traditional methods. Birth control injections are the most widely used contraceptive method, followed by pills, respectively 32% and 14%. Then Intra-Uterine Device (IUD) by 4%, implantation of KB/implants by 3.3%, medically namely Women's Operative Medical (MOW) by 3.2%, while for men namely Male Operative Medical (MOP) and the use of condoms is still very low at 3% (Central Statistics Agency, National Planning Family Coordination Agency, Ministry of Health, & Macro International, 2013). Analysis of the Indonesia Demographic Health Survey in West Sulawesi Province was conducted to see the trend of contraceptive use in women of childbearing age and planning for the use of contraceptives in the future.

METHOD

The design method used in this research is a cross-sectional survey using Secondary SDKI 2017 data in West Sulawesi Province, The study population was all married women in Indonesia with a total sample of 1,682. the results analyzed by Univariate and bivariate analysis and multiple logistic regression.

RESULTS

The results showed that the characteristics of the respondents were analyzed in further analysis of this is the age group, education level, place of residence, socio-economic status and literacy. Based on the characteristics of the age group it can be seen that the highest number of respondents in the 15-19 age group is 18.4% and the lowest respondent in the 45-49 age group is 11.1%. Based on the characteristics of the level of education, the highest number of respondents at the level of secondary school education is 47.1% and the lowest respondent at the level of education is not a school which is

3.8%. Based on the characteristics of the residence of respondents more come from rural than urban that are equal to 70.8%. Based on the socioeconomic status of the highest respondents in the poorest socioeconomic status group which is 40.5% and the lowest in the richest socioeconomic group which is 11.1%. Based on literacy or reading ability, most respondents on literacy ability can read entire sentences (Table 1). The distribution of respondents based on the use of contraception illustrates the number of uses of the contraceptive method by respondents both traditional and modern methods. The number of respondents using contraceptive methods was 36.3%. The most widely used contraceptive method by respondents is the specific method (a 3-month injection) which is 11.9% and the least is male sterilization by 0.1% (Table 2). Statistical test results on the five variables showed a significant p-value on all variables ($p < 0.05$) (Table 3).

The planning variable using contraception shows that the highest frequency distribution of respondents based on the preferred future method is the specific method 1 (injection of 3 months) which is equal to 40.2% (Table 4). Based on future contraceptive intentions of 40.2% of non-current users who plan to use contraception in the future (Table 5). Statistical test results on the five variables showed a significant p-value on all variables ($p < 0.05$) (Table 6).

Table 1.
 Distribution of Respondents by Characteristics (n=1682)

Variable	f	%
Age Groups (Year)		
15-19	310	18.4
20-24	234	13.9
25-29	247	14.7
30-34	215	12.8
35-39	248	14.7
40-44	242	14.4
45-49	186	11.1
Education		
No Education	64	3.8
Primary school	503	29.9
Junior High School	793	47.1
Senior Hig School	322	19.1
Residence		
Urban	491	29,2
Rural	1191	70,8
Wealth quintile		
Lowest	682	40,5
Second	342	20,3
Middle	239	14,2
Fourth	232	13,8
Highest	187	11,1
Literacy		
Can not read at all	113	6.7
Can only read some sentences	58	3.4
Able to read entire sentences	1496	88.9
No language card required	11	.7
Missing Data	4	.2

Table 2.
Distribution of Respondents Based on Frequency of Current Contraception Use
(n=1682)

Variabel	f	%
Not use	1072	63.7
Pill	189	11.2
IUD	21	1.2
1 month injection	27	1.6
Male Condom	7	.4
Sterilization of Woman	19	1.1
Sterilitazion of Men	1	.1
Perodic Abstinence	14	.8
Intercourse	46	2.7
Othe traditional	2	.1
Implant/Norplan	84	5.0
Specific method	200	11.9

Table 3.
Result of Cross Tabulation Variable Characteristics Analysis Using Current
Contraception Methods

Variate	Current Use of COnttraceotion						Total	p	
	Not Use		Traditonal Method		Modern Method				
	f	%	f	%	f	%			
Age Groups (Year)									0,000
15-19	302	97,4	0	0,0	8	2,6	310	100	
20-24	170	72,6	4	1,7	60	25,6	234	100	
25-29	130	52,6	11	4,5	106	42,9	247	100	
30-34	91	42,3	4	1,9	120	55,8	215	100	
35-39	119	48,0	19	7,7	110	44,4	248	100	
40-44	132	54,5	13	5,4	97	40,1	242	100	
45-49	128	68,8	11	5,9	47	25,3	186	100	
Education									0,000
No Education	49	76,6	2	3,1	13	20,3	64	100	
Primary school	269	53,5	17	3,4	217	43,1	503	100	
Junior High School	520	65,6	23	2,9	250	31,5	793	100	
Senior High School	234	72,7	20	6,2	68	21,1	322	100	
Residence									0,001
Urban	330	67,2	27	5,5	134	27,3	491	100	
Rural	742	62,3	35	2,9	414	34,8	1.191	100	
Wealth quintile									0,000
Lowest	416	61,0	12	1,8	254	37,2	682	100	
Second	217	63,5	13	3,8	112	32,7	342	100	
Middle	141	59,0	11	4,6	87	36,4	239	100	
Fourth	163	70,3	12	5,2	57	24,6	232	100	
Highest	135	72,2	14	7,5	38	20,3	187	100	
Literacy									0,000
Can not read at all	77	68,1	2	1,8	34	30,1	113	100	
Can only read some sentences	37	63,8	3	5,2	18	31,0	58	100	
Able to read entire sentences	948	63,4	55	3,7	493	33,0	1.496	100	
No language card required	7	63,6	2	18,2	2	18,2	11	100	

Table 4
Distribution of Preferred Method (n=1682)

Variabel	f	%
IUD	86	5.1
Sterilization of Woman	603	35.9
Sterilitazion of Men	71	4.2
Perodic Abstinence	197	11.7
Implant/Norplant	49	2.9
Specific Method	676	40.2

Table 5.
Distribution of the Desire to Have the Last Child (n=526)

variabel	f	%
want right then	457	27.2
want later	40	2.4
wanted no more	28	1.7

Table 6
Results of Cross Tabulation Variable Characteristics Analysis with Use and Intention of Contraception

Variable	Use and intention of contraception								Total	p
	Modern Method		Traditional Method		Intend to		Don't want			
	f	%	f	%	f	%	f	%		
Age Groups (Year)										0,000
15-19	8	2,6	0	0,0	236	76,1	66	21,3	310	100
20-24	60	25,6	4	1,7	150	64,1	20	8,5	234	100
25-29	106	42,9	11	4,5	101	40,9	29	11,7	247	100
30-34	120	55,8	4	1,9	63	29,3	28	13,0	215	100
35-39	110	44,4	19	7,7	60	24,2	59	23,8	248	100
40-44	97	40,1	13	5,4	52	21,5	80	33,1	242	100
45-49	47	25,3	11	5,9	15	8,1	113	60,8	186	100
Education										0,000
No Education	13	20,3	2	3,1	13	20,3	36	56,3	64	100
Primary school	217	43,1	17	3,4	127	25,2	142	28,2	503	100
Junior High School	250	31,5	23	2,9	353	44,5	167	21,1	793	100
Senior High School	68	21,1	20	6,2	184	57,1	50	15,5	322	100
Residence										0,001
Urban	134	27,3	27	5,5	222	45,2	108	22	491	100
Rural	414	34,8	35	2,9	455	38,2	287	24,1	1.191	100
Wealth quintile										0,000
Lowest	254	37,2	12	1,8	246	36,1	170	24,9	682	100
Second	112	32,7	13	3,8	130	38,0	87	25,4	342	100
Middle	87	36,4	11	4,6	84	35,1	57	23,8	239	100
Fourth	57	24,6	12	5,2	119	51,3	44	19,0	232	100
Highest	38	20,3	14	7,5	98	52,4	37	19,8	187	100
Literacy										0,000
Can not read at all	34	30,1	2	1,8	20	17,7	57	50,4	113	100
Can only read some sentences	18	31,0	3	5,2	13	22,4	24	41,4	58	100
Able to read entire sentences	493	33,0	55	3,7	640	42,8	308	20,6	1.496	100
No language card required	2	18,2	2	18,2	1	9,1	6	54,5	11	100

DISCUSSION

The results showed that the variable age group, level of education, residence, socioeconomic status and literacy had significant significance with the use of current contraceptive methods and planning for the future. Age in this study is the fertile age category, which starts from 15-49 years. The results of this study are in line with research conducted by Indahwati, et al who found that there was a significant relationship between age and the choice of contraceptive methods. (Indahwati, Wati, & Wulandari, 2017). Similar research was also carried out by Hastuti and Afiah who stated that there was a meaningful relationship between age and the behavior of family planning acceptors to the MKJP election (Hastuty & Afiah, 2018). Theoretically, age can influence a woman's tendency to make a choice of contraception to be used. For women at a young age, especially in rural areas, the principle must be that women should have babies while they are still young. Age is also an indicator of one's maturity. Older age is said that a person's life experience increases, so it is assumed that the level of maturity also increases. On average, women over 35 choose not only because they know about health risks, but they tend to focus on cleaning up their children although age does not always show the maturity and maturity of a person in absorbing knowledge(Syukaisih, 2015) .

Education level is one of the variables measured in this study. In the Indonesia Demographic Health Survey, the level of education is divided into No School, Elementary School, Middle School, High School. The results of the study showed that the level of education had an influence on the current and future trends in family planning. In general, every addition of the type of education means increasing one's knowledge. Not only that increasing levels of education can provide a greater opportunity for someone to younger digest information knowledge obtained from the surrounding environment. The results of this study are in line with research conducted by Ramli, et al who stated that there is a significant relationship between the level of education with the choice of contraception. Education will affect a person's attitude in decision-making because the higher the level of education will be more rational in decision making, this will also apply in making decisions to choose the right and effective repetition of contraceptive methods. (Ramli, 2019).

Someone who has a higher education level will be broader and easier to accept ideas, more independent and rational in making decisions and actions (Jurisman, Ariadi, & Kurniati, 2016). In contrast to research conducted by Gosavi, et al., Who found that education levels did not have a significant relationship with the selection of contraceptives. Research conducted by Nur, et al stated that knowledge is a factor that can influence contraceptive selection, Mothers who lack knowledge of IUDs will be reluctant to use IUDs (Nur et al., 2019). The level of education is generally not associated with better knowledge about contraceptive methods. In the study there were respondents with high levels of education but absolutely no knowledge of contraception (Gosavi, Ma, Wong, & Singh, 2016). Result of the study conducted by Kahraman, et all, concluded that the rates of contraception utilization and more effective contraception methods usage need to be increased by providing better family planning systems and counselling opportunities (Kahraman et al., 2012).

Based on the respondent's residence, the use of contraceptive methods is far more in rural than urban areas. In contrast to research conducted in India that married people who marry and live in cities using contraception are higher than those who live in rural areas (Dhruve, Badgaiyan, & Pandey, 2016).

The socioeconomic status in this study is divided into five categories: poorest, poorer, middle, richer and richest. The results showed that socioeconomic status influences the selection of contraceptives now and in the future. Likewise, the literacy variable. Literacy or reading ability has a significant relationship with the choice of current contraception with the future. This can also be associated with knowledge. Because rationally someone who has good reading skills, automatically has the ability to receive better information than those who do not. Currently, information is often shared with the public on social media and more in written form, although some is shared in the form of videos. The results of research conducted by Nazmul Huzain that most married women are illiterate, they do not know the use of contraception (Hussain, 2011).

CONCLUSION

The use of contraceptives in WUS in West Sulawesi was 36.3% while the desire to use Alkon in WUS in West Sulawesi was 76.5%. General characteristics inherent in each individual become a factor that influences the tendency and planning of the use of alkon in West Sulawesi.

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