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Determinants of Contraceptive Use in North Sulawesi Based on Indonesian Demographic and Health Survey 2017

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ABSTRACT

Contraceptive prevalence and the unmet need for family planning are key indicators for measuring improvements in access to reproductive health. Many elements need to be considered by women, men, or couples at any given point in their lifetimes when choosing the most appropriate contraceptive method. The aim of study was to analyse the relationship between determinants which have affected on contraceptive use. This study was an analytical survey which conducted on 585 women of childbearing age which obtained from secondary data of Indonesia Demographic and Health Survey of North Sulawesi in 2017. Technique sampling used purposive sampling. The IDHS 2017 sample framework uses the Master Census Block Sample from the results of the 2010 Population Census (SP2010). The results of study are these variables like age (0.000), education (0.000), occupation (0.002), using the internet (0.000), visiting health facilities (0.001) have a significant correlation with contraceptive use, rather than variables reading the newspaper (0.535), hearing the radio (0.513), watching on TV (0.688), knowledge of family planning method (0.500), role of couple (0.910), role of family (0.993), role of officer (0.170), role of community leader (0.108), role of midwives (0.094). The conclusion is age, education and using the internet are the stronger variables which affected to contraceptive use, followed by visiting health facilities in the last 12 months and occupation.

Keywords: contraceptive, visiting health facilities, occupation

INTRODUCTION

The most important development program prioritized is controlling the population by maintaining birth rates (TFR) and even reducing fertility through women of childbearing age after family planning programs using modern contraception. The 2015-2019 RPJMN aims to achieve targets that are in line with targets and changes in the strategic environment to achieve the Millennium Development Goals (MDGs) by facilitating access to reproductive health for everyone in 2019, with the KBPJ free KB service program which is expected to increase the benefits of women suburban pregnancy in the long-term contraceptive method in all married couples, so as to increase the national TFR interest rate (BKKP 2019).

The largest increase in use is among users of long-term reversible contraception (LARC) methods, including contraception and implants in most groups of contraceptive users, meanwhile, the largest number is estimated among users of sterilizers with low-income women sterilizing women and high-income sterilization partners as a method main (Kavanaugh & Jerman, 2018). The use of modern contraception among married young women shows an extraordinary thing increased eventually in Ethiopia. The study found that the wealth status of young women, age, religion, education, family size according to husband, and fertility preferences modern or modern shows that

about one third of all modern changes contraceptive use by different characteristics of women (Abebaw et al., 2014).

Modern contraception can be divided into short-term methods and long-term methods. The use of contraception is still using short contraception, the injection method and the pill. Modern contraception is chosen as a way to prevent pregnancy in unstable relationships where labor is not ideal. In a context like this, it is more like discussing children's fathers (Jacobstein et al., 2013). Men's discussions about family planning with health workers are closely related to the use of modern contraception creating opportunities through which men interact with health workers, for example during consultations, can increase contraceptive use between partners. Our findings show that men without partners or who are sterilized / infertile have a higher reporting opportunity for use of modern contraception compared to those who want more children (Asadisarvestani et al., 2017).

Husband / spouse support for family planning can influence the use of modern female contraception. Husband / spouse encouragement, when related to contraceptive use, becomes insignificant after adjusting for partner socio-demographic and communication factors. Interventions involving information education and communication campaigns aimed at men and those supported by men in families planning to increase the prevalence of contraception (Ekoriano & Firma, 2018). Health education increases respondents' knowledge about all types of contraceptives and significantly increases attitudes towards contraception and their use. However, for various reasons, some methods of contraception are poor or have never been used, while there are health education interventions. Male condoms are the least used method in both groups, both before and after the intervention (Kabagenyi et al., 2014).

Education is an important determinant of contraceptive use, but it is less important in the choice of method

effectiveness. The clash of education is similar in all countries studied with the 12ception of Kenya, where it does not exist. Future studies should assess which aspects of educational interventions are most effective, the extent to which it is necessary to include health care providers or educators, and the extent to which educational interventions can impact behavior (Prata et al., 2017). Education is important contraceptive method, but it is less important in the choice of method use. Collision His education is in Kenya, where it is no Empo 50rment is less important in determining the use of contraception. Improvement Efforts the use of general contraception and the use of more specific modern methods need to be excluded provide basic education for all women and about changing gender roles (Abdulrazaq et al., 2014).

M 25s media is the main strategy to increase demand for use in health services. This is a process that helps people meet their needs and approves and addresses these needs. Regarding the use of contraceptive methods, 52 research conducted in Tanzania shows the use of modern methods today is far greater among women who receive Family Planning messages in the mass media among those who do not. Mass media has a cognitive, effective and effective effect on the society it serves (Larsson & Stanfors, 2014). Radio is an approved form of electronic media that is given a wide and diverse audience. Because placement and production costs are less for radio than TV, radio can send more public health messages. Thus, radio is considered more efficient. Radio health message campaigns have been effective in developing countries. The radio is used to approve messages, support events, and support large goals (Pazol et al., 2015).

Approval of husband from family planning increases the use of whatever method is u 28d by women. Husband consent is agreed to be a major determinant of contraception in the same developing country in the region, more effective

targeting of men may be needed to maintain contraceptive use (Mghweno & Katamba, 2017). The dynamics of continued use of contraception, transition, and failure are important indicators that are needed in both programs to meet the family needs of women and couples. contraceptive use can reveal problems in the use of technological contraceptives and complement the provision of services and, therefore, provide important guidance for improving services (Bajoga et al., 2015).

Midwives provide the most suitable method of contraception which is balanced with long-term effects and side effects midwives believe it is easier to hold intimate discussions with female IDs about contraception. A woman who offers care to women with ID is healthy care (Kamal, 2000). Inter-professional support provides benefits for women with ID and also all professionals involved. Placing midwives in RLP in their counseling, for the most part, was a positive experience and considered them to be an appropriate tool for promoting acceptable health. RLP has potential as a relevant tool for global reimbursement counseling (Höglund & Larsson, 2019).

HSA training in family planning aimed at modern family planning among women who have never used family planning. Training improves male and female partners. The family is the main social formulation in which the socialization of the children's section begins (Stern et al., 2015). Parent-teen communication is associated with an increase in adolescent contraceptive use. The results of indirect contraception research are framed in terms of the need to avoid the negative consequences of sex, low contraceptive knowledge, parents are more often reported to help young men get condoms than to help women get contraception, the discussion emphasizes planning for the future rather than co-acceptation (Lemani et al., 2017).

The aim of study was to analyze the relationship between determinants which have affected on contraceptive use

MATERIALS & METHODS

This study was an analytical survey which conducted on 585 women of childbearing age which obtained from secondary data of Indonesia Demographic and Health Survey of North Sulawesi in 2017. Technique sampling used purposive sampling. The IDHS 2017 sample framework uses the Master Census Block Sample from the results of the 2010 Population Census (SP2010). Census block is proportional to size probability. Systematic with the size Census Block Sample from the results of the 2010 Population Census (SP2010). Census block is proportional to size probability. Systematic with the size of the number of households listing SP2010. The questionnaire was used to collect information from women aged 15-49. Data recording and checking are carried out using a Census and Survey Processing System (CSPRO) computer program specifically designed to process data such as the IDHS. Data was analysed by univariate and bivariate analysis with chi-square test.

RESULT

Characteristics of respondents according to the results, in table 1 some respondents range in age <33 years 283 (48.4%) and 302 (51.6%) age range > 33 years. Furthermore, regarding the status of education, low 77 (13.2) secondary education 380 (65.0) and higher education 128 (21.9). at work there were 307 (52.5) who did not work and 278 (47.5) who worked the majority of respondents who read the newspaper 176 (30.1), 409 (69.9) each did not read the newspaper and rarely read. of respondents who heard the radio there were 207 (35.4%) respondents who did not listen at all and 378 (64.6%) rarely heard. On the variable of watching tv respondents who did not watch at all 6 (1.0%) and rarely watched (579%). And visited 11 (1.9%) then visited health facilities the last 12 months in the category of not visiting 35.3 (60.3%) and the category of visiting 253 (39.7 %), In the role

of community leaders there were 525 (89.7%) who did not play a role and 60 (10.3%) played a role while in the role of midwives 574 (98.1%) did not play a role and 11 (1.9%) played a role. The contraceptive method currently used in the category does not use 30.6 (52.3%) and uses 279 (47.7%).

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Table 1: Demographic characteristics of respondents

Variables	n (%)	
Age (Years)	< 33	283 (48.4)
	> 33	302 (51.6)
Education	Low	77 (13.2)
	Intermediate	380 (65.0)
	High	128 (21.9)
Occupation	Unoccupied	307 (52.5)
	Occupied	278 (47.5)
Reading the newspaper/magazine	Didn't read at all	176 (30.1)
	Rarely Reading	409 (69.9)
Hear the radio	Did not hear at all	207 (35.4)
	Rarely hear	378 (64.6)
Watching TV	Not watching at all	6 (1.0)
	Rarely watch	579 (99.0)
Using the internet	Do not use at all	206 (35.2)
	Rarely use	129 (22.1)
	Almost every day use	250 (42.7)
The role of the couple	No role	354 (60.5)
	Play a role	231 (39.5)
Knowledge of family planning methods	Don't know the KB method	2 (0.3)
	Know the KB method	583 (99.7)
the role of family/ friends/neighbors	No role	366 (62.6)
	Play a role	219 (37.4)
The role of officers was visited 12 months before the KB staff survey	Not visited	474 (98.1)
	Worth visiting	11 (1.9)
Visiting health facilities in the last 12 months	Do not visit	353 (60.3)
	Visit	232 (39.7)
The role of community leaders	No role	525 (89.7)
	Play a role	60 (10.3)
The role of the midwife	No role	574 (98.1)
	Play a role	11 (1.9)
The method of contraception used today	Do not use	306 (52.3)
	Use	279 (47.7)

Table 2. Bivariate analysis of dependent and independent variables

Variables		Use contraception	Do not use contraception	p value
		n (%)	n (%)	
Age (Years)	< 33	88 (15.0)	95 (33.3)	0.000
	> 33	191 (32.0)	111 (18.9)	
Education	Low	56 (9.6)	21 (3.6)	0.000
	Intermediate	169 (28.9)	211 (36.1)	
	High	54 (9.2)	74 (12.6)	
Occupation	Unoccupied	127 (21.7)	180 (30.8)	0.002
	Occupied	152 (25.9)	126 (21.5)	
Reading the newspaper/magazine	Didn't read at all	80 (13.7)	96 (16.4)	0.535
	Rarely Reading	199 (34.0)	210 (35.9)	
Hear the radio	Did not hear at all	103 (17.6)	104 (17.8)	0.513
	Rarely hear	176 (30.1)	202 (34.5)	
Watching TV	Not watching at all	2 (0.3)	4 (0.7)	0.688
	Rarely watch	277 (47.3)	302 (51.6)	
Using the internet	Do not use at all	137 (23.4)	69 (11.8)	0.000
	Rarely use			
	Almost every day use	61 (10.4)	68 (11.6)	
	Do not use at all	81 (13.8)	169 (28.9)	
Knowledge of family planning methods	Don't know the KB method	0 (0)	2 (0.3)	0.500
	Know the KB method	279 (47.7)	304 (51.9)	
The role of the couple	No role	170 (29.1)	184 (31.4)	0.910
	Play a role	109 (18.6)	122 (20.8)	
The role of family / friends / neighbors	No role	174 (29.7)	192 (32.8)	0.993
	Play a role	105 (17.9)	114 (19.5)	
The role of officers was visited 12 months before the KB staff survey	Not visited	271 (46.3)	303 (5.2)	0.170
	Worth visiting	8 (1.4)	3 (0.5)	

Table: 2 continued...

Visiting health facilities in the last 12 months	Do not visit	148 (25.3)	205 (35.0)	0.001
	Visit	131 (22.4)	101 (17.3)	
The Role of Community Leaders	No role	244 (41.7)	281 (48.0)	0.108
	Play a role	35 (5.9)	25 (4.3)	
The Role of Midwives	No role	277 (47.3)	297 (50.8)	0.094
	Play a role	2 (0.3)	9 (1.5)	

Table 2 shows, the determinant variables related to using contraception and not using contraception produce p value 0,000 on the age determinant variable, 0,000 on the educational determinant variable, 0,002 on the employment determinant variable, 0.535 on the determinant variable reading a newspaper / magazine, 0.513 on the variable determinant listening to the radio, 0.688 on the determinant variable watching TV, 0,000 determinant variables using the internet, 0.500 on the determinant variable KB knowledge, 0.910 on the partner role variable, 0.993 on the determinant variable family / friends / neighbors, 0.170 on the determinant variable the role of the officer visited 12 months before the KB staff survey, 0.001 on the variable visited the health facility last 12 months, 0.108 on the determinant variable of the role of community leaders, 0.094 on the determinant variable of the role of the midwife.

DISCUSSION

The age⁴² variable shows the opportunity not to use contraception at the age of less than 33 years while respondents over 33 years use more contraception but the difference is not too far away. The results of other studies say that the number of children does not only affect the selection of MKJP but knowledge and age when obtaining children can be a factor that drives the decision to choose MKJP as a contraceptive device, but in this study shows there is no relationship between age and MKJP selection (Peters et al., 2012)

Education is divided into three categories namely low, middle and high. The results showed that of 585 respondents the presentation was greater than the secondary education level, out of 380 respondents having a secondary education

level 211 above did not use contraception. Based on other studies thinking about education level is also able to change one's opinion, education increases the use of contraception the higher the level of one's education, the younger in receiving information the more knowledge he has, and connecting the relationship between education and the use of the effective contraceptive method chosen (Mahmudah & Indrawati, 2015; United Nations, 2015).

Job variables that indicate the respondent is not working are greater in the percentage of choosing not to use contraception. According to other studies, this study proves that there are differences between research results that can cause delays in conception, but the results of this study indicate there is no relationship between work and contraceptive selection (Rotie et al., 2015).

Reading newspapers / magazines are divided into two categories, namely not reading at all and rarely reading, respondents' presentations rarely read greater than not reading at all. This also makes presentations who prefer not to use contraception. The results of other studies say that respondents who do not like to read information about the use of family planning need to read important information in using contraception.

Listening to the radio is divided into two categories namely not hearing at all and rarely hearing and the results obtained in this study are greater presentations that rarely hear the radio and do not use contraception than those using contraception. According to other studies Exposure to sources of information about MKJP is related to MKJP's interests. This study says that urban mothers have a higher tendency to use MKJP than rural mothers because urban mothers are more exposed to

information about MKJP from various sources and there is a relationship (Sopacua, 2016).

In this study the majority rarely watched TV and did not use contraception the percentage was greater than those who did not watch at all and chose to use contraception. According to other studies KB ads on television at the cognitive level due to exposure to KB ads received by respondents in a repetitive manner, so that it has an influence on the use of KB (Sari et al., 2016).

In this study the majority rarely watched TV and did not use contraception the percentage was greater than those who did not watch at all and chose to use contraception. According to other studies KB ads on television at the cognitive level due to exposure to KB ads received by respondents in a repetitive manner, so that it has an influence on the use of KB (Sari et al., 2016).

Knowledge about family planning methods can be divided to two categories, they are not aware of family planning methods and family planning methods and presentations are greater in knowing family planning methods, but the presentation choose not to use greater contraception. Other studies have shown that a person's level of knowledge is influenced by education. The results of other studies show that mothers' knowledge about MKJP is related to MKJP's interest. Knowledge is the basis for behaving and perceiving something (Sopacua, 2016; Sumiarti & Susilastuti, 2011)

The role of partners in this study illustrates that more couples do not play a role, it also makes women choose not to use contraception. there is research that says that the majority of respondents have a role, as well as husbands who are less supportive in terms of contraceptive use, couples who are less supportive apparently do not use contraception this also shows the relationship between husband and wife's agreement about contraceptive use (Mularsih et al., 2018). The role of family /

friends / neighbors can be divided into two categories, namely the role and not role. The role of family / friends / neighbors in the respondent area who did not play a greater role and chose not to use contraception than those who played a role. The results of other studies said the family is an important aspect to participate in family planning programs and showed a relationship between family support and participation in family planning programs (Yeni et al., 2017).

Respondents who had the perception of visiting the role of officers were visited 12 months before the KB staff survey but did not use contraception more than using contraception. The results of other studies indicate that the perception of women of childbearing age couples on the role of health workers in providing negative family planning counseling because the community feels health workers have never explored client health problems or problems about family planning, this is also shown by the relationship between the role of health workers in providing family planning counseling with the use of contraceptives in women of childbearing age (Nasrulloh, 2015).

Visiting health facilities in the last 12 months are divided into two categories, namely visiting and not visiting. Larger presentations show that respondents did not visit and chose not to use contraception but, the difference with those who chose to use contraception was quite small. In the results of other studies, someone who actively participates in the planning program usually has a high attention or intention to participate in the family planning program and the success of the family planning program launched by the government (Bria, 2014).

The role of community leaders is divided into two categories, namely the role and not role. Community leaders in the respondent's area who play a role and use contraception are smaller than community leaders in the respondent's area who do not play a role and do not use contraception.

according to other research, it is stated that religious leaders and community leaders are of the opinion that KB and MKJP are not prohibited if their intentions are for the good that provide services for women and get agreement from their husbands and show no relationship (Mulyati, 2017).

The results found that the role of midwives in the use of contraception is divided into two categories, namely the role and not role. In this study midwives who did not play a greater role than midwives who played a role and used contraception. In another study said that the role of midwives must be based on Permenkes NUMBER 1464 / 2010 MENKES / PER / X / 2010 and states there is a relationship between the quality of family planning services by midwives with the election of MKJP (Nuryanti, 2017; Setiasih et al., 2016). The contraceptive method used today is divided into two categories, namely using and not using and the results obtained for presentations that do not use are greater than the respondents who use them. The results of other studies said that the attitude of agreeing to the family planning program does not necessarily automatically direct family planning, due to physical conditions that do not allow or the husband does not allow (Febriyanti et al., 2018).

CONCLUSION

Some variables have correlated with contraceptive use, these variables are age, education, occupation, using internet, and visiting health facilities. But the others variables which have not correlated with contraceptive use those are reading newspapers / magazines, listening to the radio, watching TV, using the internet, knowledge of family planning methods, the role of spouse, the role of family/friends/ neighbours, the role of survey workers. Characteristic, using internet and visiting health facilities played an important roles for women in choosing and using the contraceptive method.

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