

## DETERMINANTS AND SOCIAL SUPPORT OF CONTRACEPTION USE

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### ABSTRACT

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*The population growth rate in Indonesia is still high. Indonesia ranks 4th in the list of countries with the highest population after China, India, and the United States. This population growth rate is caused by several factors, namely birth factors, death factors and migration factors. Efforts to deal with the high rate of population growth is the use of contraception. The purpose of this study is to analyze the determinants (age, education, number of children, occupation) and social support (husband support, cadre support) with the use of contraception in the Mambirdan Timur Village, Tarakan City, North Kalimantan. This research is a quantitative analytic study with a cross sectional approach. The sample technique used simple random sampling technique and obtained as many as 42 people. Bivariate test in determining the relationship between determinants and social support with the use of contraception using chi square. The results showed that age ( $p = 0.963$ ), education ( $p = 0.408$ ), number of children ( $p = 0.024$ ), occupation ( $p = 0.856$ ), husband's support ( $p = 0.000$ ) and cadre support ( $p = 0.002$ ). The conclusion of this study was that there was a relationship between the number of children and the use of contraception and there was a relationship between husband's support and cadre's support with the use of contraception.*

### KEYWORDS

Contraceptive, Determinant, Social Support



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### INTRODUCTION

The population growth rate in Indonesia is still high. According to Worldometers (2022) Indonesia ranks 4th in the list of countries with the highest population after China, India, and the United States. In 2020, Indonesia's population is 273 million people (Worldometers, 2022). According to data from the Central Statistics Agency, in 2020 the percentage of the population in Kalimantan has increased compared to that in Java, which has decreased (BPS, 2021a). The population growth rate in North Kalimantan in 2020 reached 4.04 percent even though the average national population growth rate was only 1.25 percent (BPS, 2021b).

This population growth rate is caused by several factors, namely birth factors, death factors and migration factors (BPS, 2021a). In 2020, the Total Fertility Rate (TFR) for women of childbearing age (15-49 years) in some provinces including North Kalimantan is quite high at 2.64. This shows that this figure is still above the TFR target for 2021 from the BKKBN which is only 2.2. This TFR is the average number of children born to women of childbearing age (BKKBN, 2021).

Birth factor is the biggest contributor to population growth rate. Efforts to deal with the high rate of population growth is the use of contraception (Nonvignon, 2014). There are about 923 million women in the world who want to delay pregnancy by using contraception. However, there are more than 218 million women whose contraceptive needs are not met (USAID, 2021). The high incidence of unmet need can lead to unwanted pregnancies, risky pregnancies, and an increased incidence of abortion (Ratnaningsih, 2018).

The use of contraception plays a role in regulating the distance between pregnancy and birth, and can regulate the number of children desired in the family (Nonvignon, 2014). In addition, the use of contraception is also beneficial for reducing high-risk pregnancies, reducing the occurrence of abortion cases, increasing opportunities for women in terms of education and work, reducing HIV/AIDS transmission, and improving family welfare (USAID, 2021). In accordance with the third goal of the Sustainable Development Goals (SDGs) about guaranteeing good health and welfare for all. This is related to the empowerment and improvement of women's health status which can be achieved through family planning programs (United Nations, 2019).

The level of contraceptive use in an area is related to the participation of women of childbearing age (15-49 years) in the Family Planning Program (KB). According to the Ministry of Health (2013) the number of women of childbearing age (WUS) in Indonesia is the largest in Southeast Asia. The percentage of women of childbearing age (15-49 years) and currently married who are using contraceptives in North Kalimantan is 44.57 percent (BPS, 2021). Couples of childbearing age (PUS) in Tarakan City who use contraception are 41.36 percent (BPS Kaltara, 2012). Whereas the national target for contraceptive use is 62.16 percent (BKKBN, 2021).

The action of a woman to use contraceptives is influenced by various factors (Firmansyah, et al, 2020). According to Marquez et al (2018) and characteristics of age, number of children, marital status, education, place of residence, occupation, religion, desire to have children again, knowledge, and sources of information on women affect the use of contraceptive methods. In addition, the support provided to individuals can also affect the use of contraception. This support is support given by family or community groups. This kind of support is social support (Putri and Widati, 2020).

A preliminary study conducted in the East Mambirdan Village, Tarakan City on 10 Women of Childbearing Age (WUS) found that 5 women did not use contraception because they did not get permission from their husbands, 3 women did not use contraception

because they were still young, and 2 women did not use contraception because of their absence. desire to have children again in the near future. Based on this background, a research was conducted on the determinants and social support of contraceptive use in the East Mambirdan Village. The purpose of this study is to analyze the determinants and social support with the use of contraception in the East Mambirdan Village, Tarakan City, North Kalimantan.

## RESEARCH METHOD

The research used quantitative analytical research with a cross sectional approach (Kurniawan and Agustini, 2021). The population in this study were all women of childbearing age (WUS) in the Mambirdan Timur sub-district. The sample technique used a simple random sampling technique, namely 42 people. The inclusion criteria in this study are; willing to be respondents and women who have partners. The measuring instrument used in this research is a questionnaire. Univariate analysis in this study was made in the form of a frequency distribution table. Bivariate analysis used to find the relationship is chi square.

## RESULT AND DISCUSSION

### A. Result

#### 1. Frequency Distribution

Based on the results of the study, the frequency distribution of the dependent and independent variables was obtained as follows;

**Table 1.1. Frequency Distribution of Dependent and Independent Variables**

Characteristics	Quantity (n)	Percentage (%)
<b>Age</b>		
No Risk	27	64.3
at risk	15	35.7
<b>Education</b>		
Low	23	54.8
High	19	45.2
<b>Number of children</b>		
No Risk	16	38.1
at risk	26	61.9
<b>Profession</b>		
Doesn't work	18	42.9
Working	24	57.1
<b>Husband Support</b>		
Not supported	22	52.4
Supported	20	47.6
<b>Cadre Support</b>		
Not supported	17	40.5
Supported	25	59.5
<b>Contraceptive Use</b>		
Do not use	25	59.5
Use	17	40.5

Source : Data Primer, 2021

Based on table 1.1. From 42 respondents, it was found that most of the respondents' ages were not at risk, namely 27 respondents (64.3%) and 15 respondents (35.7%) at risk. Most of the respondents' education level was low, namely 23 respondents (54.8%) and

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higher education was 19 respondents (45.2%). Most of the number of children included in the risk category, namely 26 respondents (61.9%) and the number of children not at risk, namely 16 respondents (38.1%). Most of the respondents worked, namely 24 respondents (57.1%) and did not work as many as 18 respondents (42.9%). Most of the respondents were not supported by their husbands, namely 22 respondents (52.4%) and were supported by husbands totaling 20 respondents (47.6%). Most of the respondents were supported by cadres, namely 25 respondents (59.5%) and 17 respondents were not supported by cadres (40.5%). Most of the respondents did not use contraception, namely 25 respondents (59.5%) and 17 respondents (40.5%) used contraception.

### 1. Statistical data analysis

Analysis of statistical data on the determinant variables and social support of contraceptive use using the chi-square correlation test as follows;

**Table 1.2. Chisquare Correlation Test**

Variable	Contraceptive Use				p-value
	Not Use		Use		
	n	%	n	%	
<b>Age</b>					
No Risk	16	59.3	11	40.7	0.963
at risk	9	60	6	40	
<b>Education</b>					
Low	15	65.2	8	34.8	0.408
High	10	52.6	9	47.4	
<b>Number of children</b>					
No Risk	13	81.2	3	18.8	0.024
at risk	12	46.2	14	53.8	
<b>Profession</b>					
Doesn't work	11	61.1	7	38.9	0.856
Working	14	58.3	10	41.7	
<b>Husband Support</b>					
Not supported	19	86.4	3	13.6	0.000
Supported	6	30	14	70	
<b>Cadre Support</b>					
Not supported	15	88.2	2	11.8	0.002
Supported	10	40	15	60	

Based on table 1.2.  $p\text{-value} = 0.963 > 0.05$  for age,  $p\text{-value} = 0.408 < 0.05$  in education,  $p\text{-value} = 0.856 > 0.05$  for work, so it can be concluded that there is no relationship between age, education and occupation on contraceptive use.

Based on table 1.2.  $p\text{-value} = 0.024 < 0.05$  on the number of children,  $p\text{-value} = 0.000 < 0.05$  on husband's support,  $p\text{-value} = 0.002 < 0.05$  on cadre support, so it can be concluded that there is a relationship between the number of children, husband's support and cadre support with the use of contraception in the East Mambirdan Village, Tarakan City.

## B. Discussion

### 1. Relationship of Number of Children with Contraceptive Use

The results of statistical tests obtained  $p\text{-value} = 0.024 < 0.05$  so it can be concluded that there is a relationship between the number of children and the use of contraception.

This is also in accordance with research conducted by [Mola \(2019\)](#) which states that the factor most related to the use of contraception is the number of children. Women will be more aware of using contraception if they want to adjust the birth spacing and the desired number of families is as expected. Research from [Firmansyah et al \(2020\)](#) also states that there is a relationship between the number of children and the use of contraception.

Women of childbearing age who have more than two children, they will prefer to limit the number of children they will have with their partners. Research conducted by [Nonvignon \(2014\)](#) states that with a smaller number of family members, they will be able to prepare for quality education and health compared to a larger number of family members. Research from [Weni et al \(2019\)](#) there is a relationship between the number of children and the use of contraception. This affects the economic preparation, health needs, and education costs that must be met by parents and requires great attention to each child.

## **2. Relationship between husband's support and contraceptive use**

Statistical test results obtained  $p\text{-value} = 0.000 < 0.05$  so it can be concluded that there is a relationship between husband's support and contraceptive use. Research from [Beson et al \(2018\)](#) states that contraceptive use is also influenced by the permission and support factor of the partner. Spouses (husbands) have an important influence in decision-making in the family, including the use of contraception and the method or type of contraception used.

Other forms of husband support in terms of contraceptive use can also be in the form of providing funds, reminding couples to control, escorting couples to get contraceptive services, and granting permission to use the type of contraception that will be used by their partners ([Weni et al, 2019](#)). Husband's support is very important to maintain the continuity of contraceptive use. Especially if the husband has extensive knowledge about contraception ([Budiarti et al, 2017](#)).

Husband's support can also be done by participating in contraception counseling so that they can learn about contraceptive methods. In addition, the husband's support can be in the form of support for the choice of contraception that his partner will use, showing understanding and support if the partner experiences side effects, and using condoms if experiencing STI/HIV ([Johns Hopkins, 2018](#)). This husband's support is included in social support because the husband provides emotional support and instrumental support by accompanying the couple to get contraceptive services ([Putri and Widati, 2020](#)). Without social support (social support) from the husband, it will result in a decrease in contraceptive use and can even lead to drop out of contraceptives.

## **3. Relationship between Cadre Support and Contraceptive Use**

The results of statistical tests obtained  $p\text{-value} = 0.002 < 0.05$  so that it was concluded that there was a relationship between cadre support and contraceptive use. This result is in accordance with the research of [Widayati, et al \(2021\)](#) which also stated that there was a relationship between cadre support and interest in using contraception. The relationship between cadre support and the use of contraception could be due to the role of cadres as health motivators, health educators and health service providers. The motivation of these cadres can create community empowerment to improve family health, including the use of contraception ([Susanto, et al., 2017](#)).

In addition, there are several things that can make it easier for cadres to provide motivation and advice on the use of contraception in the community in their environment, including the attitudes of cadres, beliefs, traditions, and values in the community itself ([Pastty, et al., 2022](#)). This cadre support is a form of social support because the cadres

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provide information support and appreciation support to the community. This appreciation support can be done by providing support when family planning acceptors make decisions about the contraceptive method to be used (Putri and Widati, 2020).

### CONCLUSION

Determinants of age obtained a value ( $p = 0.963$ ), education with a value ( $p = 0.408$ ), and occupation with a value ( $p = 0.856$ ) so that it can be concluded that there is no relationship between age, education and occupation on contraceptive use. The determinant in the use of contraception which was stated to have a relationship with the use of contraception was the number of children with a value ( $p = 0.024$ ). Social support which is stated to have a relationship with contraceptive use is husband's support value ( $p = 0.000$ ) and value cadre support ( $p = 0.002$ ).

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