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THE RELATIONSHIP BETWEEN AGE, EDUCATION LEVEL, AND RESIDENTIAL AREA TOWARDS CONTRACEPTIVE USE IN MARRIED WOMEN IN INDONESIA

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ABSTRACT

Indonesia was the fourth most densely populated country in the world with more than 260 million people in 2017. One of the government's efforts to overcome the high rate of population growth is a family planning program by using contraception methods. However, the Contraceptive Prevalence Rate (CPR) for all contraception methods in Indonesia in 2017 was only 63.6%, lower than its target in 2017 which was 65.6%. Several previous studies have shown that there are factors that cause low contraceptive use, such as age, education, and residential area. This study aims to analyze the relationship between age, education level, and residential area with contraceptive use in married women in Indonesia. This study used secondary data from the 2017 IDHS with a cross-sectional design. The sample of this study was married women of 15-49 years old age group, with a total of 35,479 respondents. Data analysis used *Chi-square* statistical test. The results were the variables of age (p=0.000), education level (p=0.000), and residential area (p=0.008) showed statistically significant results. In conclusion, there are relations between age, education level, and residential area with contraceptive use in married women in Indonesia. Therefore, the coordination of cross-sectoral and cross-program needs to be carried out, such as intensifying the promotion and implementation of family planning programs in the community, socializing education about family planning, and equitable access to family planning services and information throughout Indonesia.

Kata Kunci:
Keluarga Berencana,
penggunaan
kontrasepsi,
wanita menikah

ABSTRAK

Indonesia adalah negara ke-4 dengan jumlah penduduk terbanyak di dunia yaitu mencapai lebih dari 260 juta jiwa penduduk pada tahun 2017. Salah satu upaya pemerintah untuk mengatasi tingginya laju pertumbuhan penduduk yaitu dengan program Keluarga Berencana (KB) melalui penggunaan metode kontrasepsi. Namun angka prevalensi penggunaan kontrasepsi (Contraceptive Prevalence Rate/CPR) untuk semua metode kontrasepsi di Indonesia pada tahun 2017 hanya sebesar 63,6% di bawah target CPR Indonesia tahun 2017 yaitu 65,6%. Beberapa penelitian sebelumnya menunjukkan adanya faktor yang menyebabkan rendahnya penggunaan kontrasepsi, diantaranya faktor usia, pendidikan, dan tempat tinggal. Penelitian ini bertujuan untuk menganalisis hubungan faktor usia, tingkat pendidikan, dan tempat tinggal dengan penggunaan kontrasepsi pada wanita menikah di Indonesia. Penelitian ini menggunakan data sekunder hasil SDKI 2017 dengan desain penelitian cross-sectional. Sampel penelitian ini adalah wanita menikah berusia 15-49 tahun sebanyak 35.479 responden. Analisis data menggunakan uji statistik Chi-square. Hasil penelitian yang diperoleh adalah variabel usia (p=0,000), tingkat pendidikan (p=0,000), dan tempat tinggal (p=0,008) menunjukkan hasil yang signifikan secara statistik. Kesimpulannya, ada hubungan antara faktor usia, tingkat pendidikan, dan tempat tinggal dengan penggunaan kontrasepsi pada wanita menikah di Indonesia. Oleh karena itu, koordinasi lintas sektor dan lintas program perlu dilakukan seperti menggiatkan promosi dan pelaksanaan program KB di masyarakat, sosialisasi pendidikan tentang KB, dan pemerataan akses layanan serta informasi KB di seluruh wilayah Indonesia.

INTRODUCTION

Based on the population census by the United States Bureau as of July 2017, Indonesia is one of the top countries with a large population. Indonesia is the 4th country after China, India, and the US with a population of more than 260 million people (1).

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Population growth in Indonesia is relatively fast, the average annual growth rate from 2010 to 2019 is 1.31%, which means that there are an additional three million people every year. This exceeds the 2025 target which is the addition of a population of one to two million people per year (2,3). Meanwhile, in 2035 the population in Indonesia is estimated to reach more than 305 million people (4).

Population trends in a region or country are determined by several things, one of which is the rate of population growth. It has become a concern that rapid population growth in a country will cause a population explosion which can have negative impacts on the country, such as poverty and food shortages (5). A large population can be a burden on the development of a country which can cause various problems such as population distribution, employment, quality of life, food, and various other problems (6). Generally, a high population density in an area causes the quality of life of the population to become low, and vice versa (7).

The Family Planning Program is one of the various efforts to control the high rate of population growth (8). The Government of Indonesia plays a role in helping to strengthen the role of the National Population and Family Planning Board or *Badan Kependudukan dan Keluarga Berencana Nasional* (BKKBN) as an institution capable and responsible for dealing with population growth problems in Indonesia (9). According to Law No. 52 of 2009, family planning is said to be a way to regulate pregnancy and birth to create a quality family. Meanwhile, the family planning program to regulate or plan a pregnancy is to use a contraceptive method (10).

Universal access to family planning as part of sexual and reproductive health is one of the SDGs goals made in 2015 by the United Nations (11). The CPR (Contraceptive Prevalence Rate) in Indonesia for all contraceptive methods has increased from 2015 to 2017, respectively by 59.98% ; 60.9%; and 63.6%. However, this figure has not reached the CPR target in Indonesia wherein 2017 is 65.6% (12).

The low participation in family planning of which can be influenced by the level of education (13). Data on the average length of schooling for the Indonesian population in 2017 was 8.56 years (equivalent to grade 8) for boys and 7.65 years (equivalent to grade 7) for girls (14). This figure shows that the average Indonesian population only has formal education up to the junior high school level. The education level factor is related to the easily absorbed information about family planning for a person, which is generally higher for people with higher education, but this also does not exclude from the role of the Family Planning Field Officer or *Petugas Lapangan Keluarga Berencana* (PLKB) in promoting family planning programs in the community (15).

In addition, the use of long-term contraceptive methods or *Metode Kontrasepsi Jangka Panjang* (MKJP) in women of childbearing age can be influenced by several factors, including age and residential area (16). The age affects the opportunity to limit births which increases as a person ages, while the residence affects the availability of adequate facilities where in general the facilities in urban areas are more adequate and better than in rural areas. Meanwhile, women who get married at an early age tend to have less knowledge about reproductive health and this affects the low use of contraception (17). Data on the trend of child marriage in Indonesia in 2018 shows that about 1 out of 9 women aged 20-24 years old has had their first marriage before they are turning 18, and they are more common in rural areas (18).

Based on the description above, it is known that the coverage of family planning in Indonesia has not yet reached the target and from the results of previous studies, it is known that there are several factors related to this. Therefore, the researcher wants to conduct a study that aims to analyze the relationship between age, education level, and residential area with contraceptive use among married women in Indonesia. The purpose of this study is to provide an overview and input for the provision of interventions to increase the coverage of family planning in Indonesia.

METHODS

This study is an analytic observational study with a *cross-sectional* research design. This uses secondary data from the results of the 2017 Indonesian Demographic and Health Survey (IDHS) obtained through the Demographic and Health Survey (DHS) website.

The secondary data used comes from data on the list of women's questions contained

in the 2017 IDHS questionnaire. The population of this study was women aged 15-49 years in Indonesia based on the results of the 2017 IDHS survey. While the sample of this study was taken from the population that met the inclusion criteria namely married women. In other words, the sample of this study is married women aged 15-49 years old who reside in Indonesia. Analysis using IDHS data needs to consider the existence of weights so that the sample used can represent the condition of the population so that the research results become more accurate (19). After weighing, the sample size used was as many as 35,479 respondents.

The dependent variable in this study is the use of contraception. While the independent variables in this study include age, education level, and residence. Data analysis in this study was a univariate analysis to describe the characteristics and research variables, then a bivariate analysis to examine the relationship between variables using a *Chi-square* statistical test with a significance level of 5%.

RESULT

Description of Respondents' Characteristics

The age of the respondents ranged from 15-49 years old, then divided into seven groups with an age range of 5 years each. The results presented in Table 1 show that the age of most respondents ranged between 35-39 years old as many as 7,234 people (20.4%), while the minimum age was 15-19 years old which is up to 679 people (1.9%).

The education level variable is divided into six groups, starting from the no formal education group to the Diploma 4 or Bachelor degree 1-3 group. The results presented in the table show that most of the respondents are in the high school education group or the equivalent, which is 9,873 people (27.8%), while the education of the least respondents is from no formal education group, which is only 1.8% or 637 people.

As for the residential area variable, it is shown in Table 1 where the variables are grouped into two categories by separating respondents who live in cities and villages. The data in the table show that as many as 18,258 people live in rural areas (51.5%). Meanwhile, the number of respondents who live in cities is 17,222 people (48.5%).

Table 1. Characteristics of Married Women in Indonesia in 2017

Characteristics	f	%
Age (years old)		
15 – 19	679	1.9
20 – 24	3,260	9.2
25 – 30	5,484	15.5
31 – 34	6,562	18.5
35 – 40	7,234	20.4
41 – 44	6,417	18.1
45 – 49	5,843	16.5
Total	35,479	100.0
Level of Education		
No formal education	637	1.8
Primary School	12,032	33.9
Junior High School	8,580	24.2
Senior High School	9,873	27.8
Academy/ Diploma 1-3	1,125	3.2
Diploma 4/Bachelor degree 1-3	3,232	9.1
Total	35,479	100.0
Residential Area		
Urban	17,222	48.5
Rural	18,258	51.5
Total	35,479	100.0

Overview of Contraceptive Use

Table 2 shows the frequency distribution of contraceptive use among respondents. More than half of the respondents (63.8%) that is up to 22,623 people have used contraception. Meanwhile, another 12,856 people (36.2%) did not use contraception.

Table 2. Distribution of Respondents Based on Contraceptive Use

Contraceptive Use	f	%
Yes	22,623	63.8
No	12,856	36.2
Total	35,479	100.0

Relationship between Age and Contraceptive Use

The results of the cross-tabulation presented in Table 3 show that the percentage of contraceptive use among married women aged 15-19 years old (45.8%) is lower than those who do not use contraception (54.2%). Meanwhile, in married women aged 20-24

years old, the percentage who used contraception (59.8%) was greater than those who did not (40.2%). Similarly, for married women aged 25-29 years old, where the percentage who use contraception (61.5%) is greater than those who do not use contraception (38.5%). Meanwhile, in married women aged 30-34 years old, the percentage who used contraception (67.2%) exceeded twice the percentage who did not use contraception (32.8%). Married women aged 35-39 years using contraception (70, 4%) also exceed twice the percentage of those who do not use contraception (29.6%).

Married women aged 40-44 years old whose percentage of using contraception (68.3%) exceed twice the percentage of not using contraception (31.7%). Meanwhile for married women aged 45-49 years old, although the difference between the percentages of those who use contraception and those who do not is not far apart, the percentage of those who use contraception (53.0%) is still higher than the percentage who do not use contraception (47.0%). The *p value* obtained from the *Chi-square* analysis of 0.000 ($p<\alpha$) indicates a relationship between age and contraceptive use among married women in Indonesia.

Table 3. Relationship between Age and Contraceptive Use

Age (years old)	Contraceptive Use				Total		*p value*
	Yes		No				
	n	%	n	%	n	%	
15 – 19	311	45.8	368	54.2	679	100.0	
20 – 24	1,949	59.8	1.311	40.2	3.260	100.0	
25 – 29	3.375	61.5	2.109	38.5	5.484	100.0	
30 – 34	4.412	67.2	2.150	32.8	6.562	100.0	0.000
35 – 39	5.095	70.4	2.139	29.6	7.234	100.0	
40 – 44	4.386	68.3	2,031	31.7	6.417	100.0	
45 – 49	3.095	53.0	2,748	47.0	5.843	100.0	

Table 4. The Relationship between Education Level and Contraceptive Use

Level of education	Contraceptive Use				Total		*p value*
	Yes		No				
	n	%	n	%	n	%	
No formal education	242	38.0	395	62.0	637	100.0	
Primary School	7,930	65.9	4,102	34.1	12,032	100.0	
Junior High School	5,765	67.2	2,815	32.8	8,580	100.0	
Senior High School	6,198	62.8	3,675	37.2	9,873	100.0	0.000
Academy/ Diploma 1-3	672	59.7	453	40.3	1,125	100.0	
Diploma 4/Bachelor degree 1-3	1,815	56.2	1,417	43.8	3,232	100.0	

Table 5. Relationship between residential area and contraceptive use

Residence	Contraceptive Use				Total		*p value*
	Yes		No				
	n	%	n	%	n	%	
Urban	10,862	63.1	6,360	36.9	17,222	100.0	0.008
Rural	11,761	64.4	6,496	35.6	18,257	100.0	

The Relationship between Education Level and Contraceptive Use

Based on Table 4, it is known that among married women with no formal education, the percentage who used contraception (38.0%) was smaller than those who did not (62.0%). Meanwhile, for those who attended elementary school or equivalent, the percentage who used contraception (65.9%) was higher than those who did not use contraception (34.1%). For married women

with a junior high school education level or equivalent, the percentage of using contraception (67.2%) exceeds twice the percentage not using contraception (32.8%). Meanwhile, in married women who attended high school or equivalent, the percentage who used contraception (62.8%) was greater than the percentage who did not use contraception (37.2%). Similarly, for married women who had education up to the academic level or Diploma I to Diploma III, the percentage who used contraception (59.7%) was also greater than the percentage who did not use contraception (40.3%). Likewise, married women with education levels up to Diploma IV or equivalent to bachelor degree 1-3 where the percentage of those who used contraception (56.2%) was higher than the percentage of those who did not (43.8%). The *p value* obtained from the results of the *Chi-square* analysis of 0.000 ($p<\alpha$) indicates a relationship between the level of education and the use of contraception in married women in Indonesia.

Relationship between residence and contraceptive use

Table 5 presents the results of married women who live both in urban and rural areas, the percentage of contraceptive use has exceeded the percentage not using contraception. The percentage of contraceptive use among married women who live in the city is 63.1% and the percentage who do not use contraception is 36.9%. Meanwhile, the percentage of contraceptive use among married women who live in the village is 64.4% and the percentage who do not use contraception is 35.6%. The *p value* obtained from the *Chi-square* analysis of 0.008 ($p<\alpha$) indicates a relationship between residence and contraceptive use among married women in Indonesia.

DISCUSSION

Relationship between Age and Contraceptive Use

A person's reproductive rate is determined by age where the highest reproductive rate is at the fertile age, so the use of contraception is strongly influenced by the age factor. According to the National Population and Family Planning Board, for a woman, her childbearing age is in the range of 15-49 years old (20).

Married women aged 15-19 years old tend not to use contraception, in contrast to married women in other childbearing age groups. Married women who have not reached the age of 20 years tend to have less knowledge about reproductive health, for example in terms of knowledge about the use of contraception such as the benefits of spacing pregnancies and the impact that can occur on women's reproductive organs as a result of early marriage (17). This is related to the low level of education in the majority of women who marry at an early age due to increased responsibilities as a wife and mother so that they lose the opportunity to develop themselves in formal education (17).

Meanwhile, the location of the relationship between the age factor and the use of contraception refers to a person's fertility where the opportunity for fertility to occur during the fertile age tends to be high (21). In addition, couples of childbearing age or *Pasangan Usia Subur* (PUS) especially those under 25 years of age tend to choose to widen the birth span, while those with women of childbearing age who are more than 30 years tend to start terminating their pregnancy because they feel risky and consider the risk of problems in pregnancy that can be dangerous to the mother and child (22). Similarly, women who are over 35 years old will tend to choose to avoid pregnancy for several reasons such as medical advice and other reasons (23).

The use of contraception in women of childbearing age or *Wanita Usia Subur* (WUS) is not only to regulate pregnancy or birth spacing so that there is no population explosion, but also to prevent the risk of 4T (*four too(s)* or *empat terlalu*) in pregnancy, namely mothers who are Too young at the time of delivery (<20 years old), mothers who are Too often giving birth, mothers with birth spacing that is Too close, and mothers who are Too old at the time of delivery (>35 years old) (24). Pregnancy in these conditions has a high risk of danger or other complications for both the mother and the child in the womb. In response to this, the role of PLKB through family planning guidance in the community is very much needed to encourage people of childbearing age to be willing to participate in the family planning program.

The Relationship between Education Level and Contraceptive Use

The results showed that married women who did not go to school tend not to use contraception, in contrast to married women who had attended formal education through school both at the elementary level and up to the college level where they used contraception more. This can be related to the ability to receive information about family planning, such as the purpose and benefits of using contraception and so on that can be obtained from the media or directly from the PLKB. In general, people with higher levels of education are more receptive to the information provided to them, such as family planning information (17).

Actions to maintain and improve a person's health can be influenced by the learning process obtained during education, and awareness about health will increase along with the higher education taken by them, including awareness to participate in family planning programs (25). Other studies also explain that the level of education is related to a person's mindset in accepting opinions about family planning, such as recommendations for limiting the number of children and the benefits obtained if you have few children, as well as the decision to accept the family planning program (22).

Meanwhile, a person's decision to use contraception is influenced by one's knowledge. In general, it will increase along with the increase in the knowledge he has, and the level of education plays a role in increasing one's knowledge (26). Someone with a high level of education tends to respond to something by using a rational mindset, for example considering how many benefits will be obtained compared to the disadvantages before making a decision (27). In addition, awareness of maintaining and improving health in a person can be influenced by a high level of education, so that in general, their life quality is more improved compared to people with low education (27).

The process that is gone through during education plays a role in improving one's thinking and decision-making abilities. So efforts to improve the quality of the population through education are important to form Indonesian people who think more critically and are aware of the importance of family planning.

Relationship between residential area and contraceptive use

The residence factor is generally related to the ease of accessing information and health care facilities. The residence factor was stated to be significantly related to contraceptive use. Some things that can be related in this case are the level of education which is generally higher in urban communities as well as access to information and health services that are easier to reach in urban areas (28).

Another study states that there is a relationship between residence and contraceptive use, including the choice of the contraceptive method used (29). In this regard, rural communities in general tend to choose contraceptives that are more practical and do not require repeated treatments in health care facilities. Meanwhile, one of the determinants of the formation of the willingness to do family planning is the residential area, since it is related to the accessibility of family planning services and the availability of adequate health facilities (30).

In addition, the results of a study in Surabaya in 2019 showed that residential area is related to unmet need for family planning or conditions when women do not use contraception even though they wish to avoid or space pregnancies, where this is more common in rural areas due to limited access to family planning services (31). Although the use of modern contraceptives has increased in the last decade, the global unmet need for family planning is still high, especially for women living in rural areas, especially in developing countries where this is related to the gap between areas with upper class people and areas with lower class people (32).

Meanwhile, another factor that can influence the low use of contraception in rural areas is local culture (33). Culture is an important factor in the use of contraception (35). Negative culture and opinions about contraception by predecessors that are still firmly held by the community can be one of the reasons for the low coverage of contraceptive use in the community (33-34).

Currently, information about family planning in Indonesia has begun to spread, apart from the availability of the internet in various regions which can help facilitate the acquisition of various information, it is also inseparable from the role of PLKB as well as in fostering family planning in villages. However, it is necessary to pay more attention to the distribution of access to family planning services, especially in areas where the location is still far from health service facilities so that family planning services can be easily accessed by people of childbearing age who live in these areas. In addition, an approach through education also needs to be done to straighten out the community's culture about family planning that is still wrong (34).

CONCLUSIONS AND SUGGESTIONS

Conclusion

Factors such as age, education level, and place of residence are related to the use of contraception among married women in Indonesia. The age factor is related to a person's fertility level and awareness of the risk of pregnancy problems in mothers who are too young or too old. While the education level factor is related to a person's ability to receive information and determine the decision to take family planning which is generally better for people with higher education levels. Meanwhile, the residential area factor is related to culture and the accessibility towards services and information regarding Family Planning whereas in general health facilities in urban areas are more adequate and easier to reach.

Suggestion

The National Population and Family Planning Board and the Ministry of Health as government institutions that play an important role in the direction of policies and strategies related to family planning programs are expected to be able to develop family planning strategies through cross-sectoral and cross-program coordination, as well as increase the role of PLKB in family planning development in the community by intensifying the promotion and implementation of family planning programs, improve Human Resources (HR) through education to increase public awareness of the importance of family planning, as well as equitable access to family planning services and information throughout Indonesia. The expectation is that the CPR target in Indonesia can be achieved and the quality of life of the Indonesian people will be more prosperous.

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