

ANALYSIS OF EMPLOYMENT STATUS OF COUPLE OF REPRODUCTIVE - AGE ON THE INTENTIONS TO USE CONTRACEPTION IN UNMET NEED CONDITIONS

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ABSTRACT

Keywords:

contraception, intention, Couple of Reproductive Age, unmet need, work

Based on the results of the 2021 Family Data Collection, it was revealed that Ngadiluwih District, Kediri Regency, East Java Province, has a high unmet need case of 19.25%. This unmet need case is far below the target set by the RPJMN for 2019-2024. The village with the highest unmet need rate in Ngadiluwih District is Mangunrejo Village with a case of 16.89%. Various factors contribute to the unmet need rate, including socioeconomic conditions. The purpose of this study was to analyze the occupational status of the intention to use contraception in couples of childbearing age with unmet needs in Mangunrejo Village. The research was conducted with a cross-sectional approach through analytic observational methods in Mangunrejo Village in April-June 2022. The method used was interviewing and distributing questionnaires to respondents. The sample used couples of childbearing age who fit the inclusion criteria in Mangunrejo Village. As for the total of 12 respondents working and 12 respondents not working, as many as 61.3% of respondents not working have the intention to use contraception and as many as 47.8% of working respondents have the intention to use contraception. The results of the analysis showed that there was no significant relationship between the employment status of unmet need women with intention to use contraception ($p=0.325$). So it can be concluded that reproductive couples in Ngadiluwih District who are in unmet need condition, do not intend to use contraception who are all of those who are workers.

ABSTRAK

Kata Kunci:

kontrasepsi, niat, PUS, unmet need, kerja

Berdasarkan hasil Pendataan Keluarga tahun 2021, terungkap bahwa Kecamatan Ngadiluwih, Kabupaten Kediri memiliki tingkat *un met need* yang masih tinggi, yakni mencapai 19.25%. Angka *unmet need* ini jauh di bawah target yang ditetapkan RPJMN tahun 2019-2024. Adapun wilayah desa dengan angka *unmet need* yang masih tinggi di Kecamatan Ngadiluwih, yaitu Desa Mangunrejo dengan kasus 16.89%. Terdapat berbagai faktor yang berperan terhadap angka *unmet need*, salah satunya sosio ekonomi. Tujuan penelitian ini untuk menganalisis status pekerjaan terhadap niat penggunaan kontrasepsi pada Pasangan Usia Subur (PUS) kondisi *unmet need* di Desa Mangunrejo. Penelitian dilakukan dengan pendekatan *cross sectional* melalui metode observasional analitik di Desa Mangunrejo bulan April-Juni 2022. Metode yang digunakan, yaitu wawancara serta penyebaran kuesioner kepada responden. Sampel yang digunakan terdiri dari PUS yang sesuai dengan kriteria inklusi di Desa Mangunrejo. Adapun dari total 12 responden bekerja dan 12 responden tidak bekerja, sebanyak 61.3% responden tidak bekerja memiliki niat menggunakan kontrasepsi dan sebanyak 47.8% responden bekerja memiliki niat menggunakan kontrasepsi. Hasil analisis menunjukkan tidak terdapat hubungan yang signifikan antara status pekerjaan pada PUS kondisi *unmet need* dengan niat penggunaan kontrasepsi ($p=0.325$). Jadi dapat ditarik kesimpulan bahwa, wanita Pasangan Usia Subur (PUS) di Kecamatan Ngadiluwih yang berada dalam kondisi *unmet need*, tidak selalu memiliki niat untuk menggunakan kontrasepsi yang mana responden PUS tersebut merupakan pekerja.

INTRODUCTION

One of the Sustainable Development Goals targets is to reduce maternal mortality by ensuring a mortality ratio of less than 70 per 100,000 live births. Maternal deaths can be caused by problems with pregnancy, childbirth, or postpartum. More than a quarter of births in Nigerian states in 2017 were unplanned pregnancies (1). Unplanned pregnancies are a major driver of maternal and neonatal morbidity and mortality. Poor maternal health, sub-ideal reproductive status, limited access to health services, and poor health behaviors can lead to complications during pregnancy and childbirth. The proportion of married women of childbearing age who are married and do not want to have more children or want to delay childbirth, accompanied by no use of contraception is called unmet need (2). Women who are classified as having an unmet need are women who are still sexually active and have the desire to delay pregnancy but do not use contraception (3).

Contraceptive use can prevent maternal deaths and improve child survival. Contraceptive use has contributed to preventing about 40% of all maternal deaths in countries with high fertility rates (4). Unmet need conditions can increase the risk of unwanted pregnancies which then encourage illegal abortion practices that can cause death to mothers and children. The lowest unmet need rate in Middle Eastern and North African countries is 10.8%, and the highest is in West and Central Africa at 29%.(5). The condition of unmet need is still a problem in low and middle-income countries, one of which is Indonesia. Efforts to reduce unmet needs in Indonesia have not shown maximum results so the number of unmet needs is still above the national target. The level of unmet needs in Indonesia is 10.6%, according to information from the 2017 Indonesian Demographic Health Survey (SDKI). This percentage shows a decrease from the percentage of unmet needs in 2012, which was 11.4% (6). However, the decline still does not meet the target of 9.9% which has been determined in the National Medium-Term Development Plan (RPJMN) 2015-2019 (7).

According to 2017 SDKI data, the unmet need figure in East Java province is quite low, namely 7.7% (6). According to

family statistics data collected by the National Population and Family Planning Agency (BKKBN) in 2021, it can be seen that there has been a fairly high increase, reaching 15.12%. The factors causing the increase in value are due to socioeconomic factors, one of which is employment status. Based on the results of the family data collection, Kediri Regency is classified as a regency/city in East Java with a high level of unmet need, reaching 17.95%. This figure is far above the target set in the 2020-2024 RPJMN, which is 7.4% (8).

Interventions in the use of contraception and family planning (FP) that are not met are important determinants of fertility decline in both developed and developing countries (9). Most women need birth control to space future births rather than to terminate pregnancies. A person or couple can be influenced by themselves or the community around them in terms of their need for birth control (10). The low interest of fertile couples (PUS) in using contraception cannot be separated from family support (11). Family support can include actions, attitudes, and acceptance shown by family members toward each other. Age, education, previous family planning experience, and husband's support can also affect the frequency of unmet family planning needs (12). Communication between wife and husband and husband's support for the use of contraception can improve decision-making for family planning. The incidence of unmet needs is greatly influenced by the husband's agreement to family planning (13). Husband and health education about the benefits of contraception or family planning are important factors to consider in raising the intention to use contraception (14). PUS beliefs based on customs and family can influence the use of contraception (15). Therefore, in general, there are three categories of factors that have an impact on the occurrence of unmet needs, namely demographic factors, socioeconomic factors, and close determinant factors. One of the socioeconomic factors that have an influence is women's work.

Intention determines actual behavior. According to the Theory of Reason Action (TRA) model, two factors determine a person's behavioral goals, namely attitudes toward behavior and subjective norms (4). Attitudes toward behavior are determined jointly by a person's belief that the action leads to a certain

outcome. Intentions indicate how hard the PUS tries to plan behavior and attempt to perform a certain behavior. However, until now the intention of PUS to use contraception in unmet need conditions has not been studied extensively. Therefore, based on the data and explanation above, this study aims to assess the relationship between the employment status of women who are included in fertile-age couples (FAM) and the intention to use contraception in unmet need conditions.

METHODS

This study contains an analysis of women's work in the context of PUS, who intend to use contraception but are in unmet need conditions; this study is analytical research with a cross-sectional study design. The research method used is an observational method by conducting interviews, then the data collection is carried out through a questionnaire without intervening on the subjects studied. The approach used is quantitative.

The population of this study was women who were part of the PUS with unmet need conditions, totaling 79 PUS in Mangunrejo Village, Kediri Regency, East Java. The basis for choosing the location for data collection is that Ngadiluwih District is one of the largest areas and also with the largest number of PUS with a fairly high unmet need rate in Kediri Regency, East Java.

The sampling must meet the inclusion requirements, namely PUS aged between 15 years and 49 years, in the condition of Not Wanting More Children (TIAL), and Wanting to Delay Children (IAT) but not using contraception. The selection of research samples used a simple random sampling procedure. Many samples were obtained, namely 54 PUS that met the criteria from a total population of 79 PUS. Samples were taken in Mangunrejo Village, Kediri Regency with data taken from April to June 2022.

The techniques used to analyze the data include univariate analysis and bivariate analysis. Univariate analysis is used to provide an overview of the independent variables, namely employment status, and the dependent variable, the intention to use contraception. The Chi-square test with a significance of $\alpha < 0.05$ is used for bivariate analysis. The test

was chosen to analyze the relationship between independent and dependent variables.

RESULT

Mangunrejo Village is located in Ngadiluwih District, Kediri Regency, East Java Province. This village is located in the northernmost area of Ngadiluwih District with a distance of about 6 km from the center of government. Mangunrejo Village is one of the KB Village areas and the village where is the focus (locus) of preventive programs/activities related to stunting in Kediri Regency, East Java Province. The population of Mangunrejo Village which is within the scope of PUS, is dominated by those aged 35 and over, with ≤ 2 children, high education level (graduated high school/equivalent - graduated from college), and do not have jobs. The high level of unmet need is caused by several factors, including population knowledge, education level which is correlated with the level of understanding, and also some who have excessive concerns regarding the side effects of using the contraceptive.

The sample in this study consisted of 54 PUS samples. Respondents' intentions regarding the use of contraception are divided into two categories, namely respondents who have no intention, and respondents who have the intention of using contraception.

Table 1. Frequency Distribution of Intention to Use Contraceptives in Fertile Age Couples (PUS) with Unmet Need Conditions in Mangunrejo Village in 2022

Category	Frequency (n)	Percentage (%)
Have No Intention	24	44.4
Have Intention	30	55.6
Total	54	100.0

Source: Personal Data Collection

Based on Table 1, the results of the study explain that out of a total of 54 respondents, 24 respondents were included in the category of having no intention of using contraception, while 30 other respondents were included in the category of having an intention of using contraception. The frequency distribution of the intention to use

contraception in Mangunrejo Village was dominated by respondents who had an intention of using contraception with a percentage of 55.6%.

Of the 30 respondents who have the intention to use contraception, 19 respondents are from the age range of 20-35 years. Fertile Age Couples who are included in this age group revealed that they still have frequent sexual intercourse and consider themselves to have a high risk of pregnancy. This motivates them to have the intention to use contraception in the future.

Table 2. Frequency Distribution of Employment Status of Respondents of Fertile Age Couples (PUS) Unmet Need Conditions in Mangunrejo Village in 2022

Category	Frequency (n)	Percentage (%)
Doesn't work	31	57.4
Work	23	42.6
Total	54	100.0

Source: Personal Data Collection

Meanwhile, respondents who did not have the intention (44.4%), were based on factors that were opposite to the high intention factor of using contraceptives. Women who were included in Fertile Age Couples (PUS) with unmet need conditions who were over 35 years old tended to have a low chance of having the intention of using contraceptives.

Table 3. Bivariate Analysis of Respondents' Employment Status with Intention to Use Contraception in Fertile Age Couples (PUS) with Unmet Need Conditions in Mangunrejo Village in 2022

Employment Status	Intention in Using Contraception				Total		<i>p value</i>
	Have No Intention		Have Intention				
	n	%	N	%	N	%	
Doesn't work	12	38.7	19	61.3	31	100.0	0.325*
Work	12	52.2	11	47.8	23	100.0	
Total	24	44.4	30	55.6	54	100.0	

*significance at ($\alpha=0.05$) ; Source: Personal Data Collection

Table 3 explains the results of the bivariate analysis with the Chi-square test, obtained *p value* of 0.325. The *p value* > 0.05 indicates that there is no relationship between the intention to use contraception and employment status in PUS with unmet need

PUS women with an interval of more than 35 years considered that the risk of pregnancy would be lower compared to those with an age interval that was still relatively young.

Table 2 explains the distribution of employment status categories which are divided into two categories, namely unemployed respondents and employed respondents. Based on Table 2, out of a total of 54 respondents, 31 respondents were unemployed and 23 respondents were employed. In general, people who work, including farm workers and factory workers, said that they have difficulty finding information about contraception or accessing health services. Time constraints due to work are the main obstacle for them to visit health facilities. They usually have to work all day, from morning to evening, so their knowledge about contraception is very limited.

The analysis was conducted using the Statistical Program for Social Sciences (SPSS) application. Cross-tabulation was conducted to test the correlation between variables. Thus, it can be determined whether or not there is a relationship between the respondent's intention to use contraception and the respondent's employment status. The results of the frequency distribution of the intention to use contraception, which has two categories (having intention and not having intention) with employment status (not working and working) were cross-tabulated as explained in Table3.

conditions in Mangunrejo Village. Based on Table 3, it can also be seen that of the 23 PUS who work, only 11 respondents (47.8%) have the intention to use contraception. While the other 12 respondents (52.2%) do not intend to use contraception.

DISCUSSION

Unmet need conditions can occur due to low human resources with a traditional mindset. Factors that cause unmet needs are background characteristics (age, area of residence, education, and wealth), concerns about the side effects of birth control, and exposure to information (6). Based on the results of this study, values are dominant for women in the PUS unmet need condition who do not have a job or are not working. After analyzing the results, there is no relationship between the employment status of women in the PUS unmet need condition and the intention to use contraception. Respondents who have jobs do not always show the intention to use contraception. Likewise, respondents who do not have jobs do not always show the intention to use contraception. This study is in line with previous studies which also found no relationship between employment status and the intention to use contraception in the future (16). Intention is the basis of action. Intention can be influenced by several factors where intention identifies the level of individual tenacity and how much effort the individual plans to make to carry out an action.

The theory of planned behavior explains attitudes, subjective norms, and perceived behavioral control influence an individual's intention to behave (17). After an individual's beliefs arise in an activity, which reflects subjective opportunities to produce certain consequences and evaluations that reflect implicit judgments, attitudes begin to emerge. Social pressure is caused by subjective norms. An individual's opinion about how a group views a behavior and the evaluation that is usually represented as a personal desire to conform to the reference group are called subjective norms. Perceived behavioral control is how a person sees the extent of the resources or opportunities they have to successfully carry out an action.

Intention can be a measure of individuals in trying and preparing plans for the formation of behavior. Intention to use contraception can be a good measure. The employment status of respondents, whether not working or working, does not affect fertile couples with unmet need conditions to have the intention to use contraception.

As for previous research, the results explained that there was no relationship between the husband's employment level and the incidence of unmet needs for family planning (18). This is in line with the results of research in the Special Region of Yogyakarta in 2022 which explained that there was no relationship between education and work on the prevalence of unmet needs in terms of family planning (19). However, the results of the study contradict the findings of a study conducted in Kalimantan in 2019 and also a study in Padang in 2021 which stated that the mother's employment status can affect the mother's interest in using the Intra Uterine Device (IUD) contraception (20,21). The majority of mothers' jobs are civil servants (PNS), police, and self-employed, where mothers have time or can spare time to go to health services.

Employment status is an activity carried out by respondents to earn wages. Work can support personal and family life. Based on the results of this study, women who work tend to have difficulty accessing contraception and do not intend to use contraception in the future. This is because the majority of respondents' jobs are farm laborers and factory employees, where they are required to work long hours at work from morning to evening and cannot take leave or spend time at health services. Farm laborers and factory employees are not included in jobs with high incomes. In addition to time factors, costs can also be a cause of low PUS intentions to use contraception.

Lawrence Green's theory states that enabling factors are elements that make it possible for motivation to be realized (22). Conditions that inhibit an action are also examples of enabling factors. Perception of obstacles will inhibit the occurrence of a behavior and can cause an analysis of losses without realizing it. Individuals will analyze and estimate the effectiveness of the action and the perception that the action is expensive or has unwanted negative side effects, takes time, and is also uncomfortable.

The obstacles found in the results of this study, namely enabling factors, include time and cost. The time referred to is that working PUS women tend to have less time to attend counseling or have contraceptives installed. As for the cost factor, working PUS

women tend to regret the use of money that should be allocated for daily needs, instead, it is used to install contraceptives, which are quite expensive. The intermediate goal of program interventions in the community can be an enabling factor. It is possible for individuals not to maintain the quality of their health due to a lack of resources in the form of costs. A typical association is that the higher a person's income, the more effort to take preventive measures and use health services (23).

According to the World Health Organization (WHO), there are three strategies for achieving behavioral change, including advocacy, social support, and community empowerment (24). Advocacy is an effort made by policymakers. It is expected that policymakers will make policies that support health programs, which in this case are programs that support family planning programs. The form of this advocacy can be in the form of laws, regulations, or decrees. Community empowerment can also be interpreted as an effort to organize various health efforts in a planned manner for both individuals and groups. Community empowerment is closely related to health promotion, in which case health workers can conduct socialization or education regarding the importance of family planning programs or the use of contraceptives to PUS, both for wives and husbands in the Mangunrejo Village area.

CONCLUSION AND SUGGESTIONS

Conclusion

The results of the study using female subjects with the majority being farmers or laborers showed that there was no relationship between the employment status of women in PUS and the intention to use contraception in unmet need conditions. In general, women who are included in the Fertile Age Couples (PUS) who work as laborers or farmers tend not to be able to take the time to find out information about contraception. This means that the job that the respondents have does not always give rise to the intention to use contraception in PUS in unmet need conditions.

Suggestion

A deeper analysis is needed regarding socioeconomic factors, especially women's employment status, on the intention to use contraception in PUS with unmet needs. As for health workers, they should also conduct massive socialization and education regarding the importance of participating in family planning and the use of contraceptives and approaching husbands. Husbands can provide full support for family planning actions carried out by their wives according to the direction of health workers so that wives are encouraged to participate in family planning programs and use contraceptives.

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