



Original Research

Determinant of Behavior of Contraception Selection in Early Marriage Young Mother

Meidina Dewati, Tiyas Kusumaningrum, Retnayu Pradanie

Faculty of Nursing, Universitas Airlangga, Surabaya, Indonesia

ARTICLE HISTORY

Received: October 30, 2019

Accepted: May 28, 2020

Published: May 30, 2020

KEYWORDS

young mothers; early marriage; contraception; behaviour

CORRESPONDING AUTHOR

Meidina Dewati
meidinad97@gmail.com
Faculty of Nursing,
Universitas Airlangga,
Surabaya, Indonesia

ABSTRACT

Introduction: Early marriage is a serious problem in Indonesia. It is the beginning of reproductive health problems. This study aimed to explain the factors related to contraceptive selection behavior in young mothers who married early in Surabaya.

Methods: Descriptive correlative with Cross-Sectional approach. The independent variables were attitudes, subjective norms, and perceptions of behavioral control, dependents were the intention, and contraceptive selection behavior. The population was young mothers (<20 years) who married early in Kecamatan Semampir and Tambaksari Surabaya. The total sample was 102 respondents. The inclusion criteria were young mothers (<20 years), well verbal communicated and writing, and live with their husbands. Data were collected using a modified questionnaire from Ajzen Theory and analyzed using statistical tests Spearman's rho with significance level ≤ 0.05 .

Results: Result showed that ($p = 0.000$ $r \geq 0.650$) Ajzen theory correlate with the intention to choose contraception and intention towards contraceptive selection behavior.

Conclusion: The more positive the attitude, the better the intention of using contraception. Subjective norms and perceptions of good behavior control lead to good intentions in choosing contraception. Good intentions lead to good behavior in using contraception. It is expected that young mothers who married early with a positive attitude, subjective norms, perceptions of behavioral control, and good intentions can have a positive influence on the other young mothers by sharing insights and experiences regarding contraception.

Cite this as:

Dewati, M., Kusumaningrum, T., & Pradanie, R. (2020). Determinant of Behavior of Contraception Selection in Early Marriage Young Mother. *Pediomaterial Nurs. J.*, 6(1), 41-48. Doi: <http://dx.doi.org/10.20473/pmnpj.v6i1.15857>

1. INTRODUCTION

Early marriage is still often found and becomes a serious problem in developing countries, especially Indonesia (Tsany, 2018). The prevalence of early marriage in

Indonesia remains high, but this prevalence has also increased again (BPS & UNICEF, 2016). Early-age marriage. The younger the marriage age, the longer the birth period, which causes a very high birth rate (Tsany, 2018). The threat of pregnancy and birth at

the age of 15-19 years are aborted, low birth weight, bleeding, and maternal death. During pregnancy and childbirth, complications are the second leading cause of death in women giving birth aged 15-19 years (WHO, 2014). Therefore, the existence of family planning through contraception is expected to reduce maternal mortality with 4T maternal conditions, namely too young results (20 years), too often produce, too close to produce distance, and too old produce (Kemenkes RI, 2014).

According to the National Demographic Health Survey (DHS) in 2012, it was estimated that 17% of girls in Indonesia married before the age of 18 (Wiggins *et al.*, 2013) in (Rumble *et al.*, 2018). Requests for dispensation of underage marriages to the East Java Religious Court, recorded the number of women under the age of 16 who were married or pregnant in the local province reached 5,000 people (BKKBN, 2015). In the province of East Java, there are three districts with the highest early marriage, namely, Bondowoso, Probolinggo, and Sampang (DPPKB, 2015). Data from the Central Statistics Agency said the percentage of women who married at the age of 17 years in the city of Surabaya in 2015 was 5.46%, while in 2016, it increased to 9.31%. Based on preliminary studies in KUA Semampir and KUA Tambaksari Surabaya, the number of young mothers who married early in 2018 was recorded at 137 people.

Various attempts have been made by the government to reduce the number of early marriages. These efforts include the GenRe program, and the Adolescent Family Development Program (Bina Keluarga Remaja) (BKKBN, 2017). GenRe is a program developed in the context of preparing family life for adolescents through an understanding of maturing age (Pendidikan Usia Perkawinan) so that they are able to carry out education levels, and pursue careers in work in a planned manner; and get married with full planning according to the reproductive health cycle (BKKBN, 2018). While the Adolescent Family Development Program (BKR) is a forum for activities consisting of families who have teenagers aged 10-24 who are not married and aims to improve the knowledge, attitudes, and behaviors of adolescent parents in the context of

adolescent growth and development, to strengthen participation, coaching, and independence in joining the Family Planning program for members of the Fertile Age Group (PUS) (Badan Pusat Statistik and Kementerian kesehatan, 2017). This study aimed to explain the factors related to contraceptive selection behavior in young mothers who married early in Surabaya.

2. METHOD

2.1 Design

This research was conducted using descriptive correlative with the Cross-Sectional approach.

2.2 Population, Samples, and Sampling

This study population was young mothers (20 years) who married early in Tambaksari District and Semampir District in Surabaya. A total of 102 participants was involved in this study. It were selected using purposive sampling based on criteria: Young mothers (20 years), communicating verbally and in writing well, and living with their husbands.

2.3 Variables

The independent variables in this study were the child's age and gender, while the dependent variable in this study is the readiness of toilet training.

2.4 Instruments

The independent variables used are based on the Theory of Planned Behavior, namely: attitudes, subjective norms, and behavior control perceptions (Icek Ajzen, 2005). The dependent variables are intentions and contraceptive selection behavior. The research instrument used a questionnaire that was developed by researchers based on the Theory of Planned Behavior. The data obtained using the Spearman's rho statistical test with a significance value $\alpha \leq 0.05$. The research instrument has been tested for validity and reliability with $r_{counting} > \text{table} > 0.444$ (based on r valued with $N = 20$).

2.5 Procedure

The sources of this study consisted of two types, namely primary and secondary data sources. The primary data source obtained

from this study is in the form of a questionnaire that has been filled out by respondents. The secondary data for this study are data on young mothers who get married early in KUA Semampir, and KUA Tambaksari with a purposive sampling technique.

When collecting data, the researchers received a letter of introduction from the Airlangga University Faculty of Nursing Dean addressed to Bakesbangpol and Linmas in Surabaya and then from Bakesbangpol received a message to be submitted to the Ministry of Religion, the Population Control Office, Women's Empowerment and Child Protection. After that, researchers went to the Department of Population Control, Women's Empowerment and Child Protection to collect data on young mothers who married early. After knowing the Surabaya area with the most cases of early marriage, the researcher gave a permit from Bakesbangpol to be submitted to the Regional Office of the Ministry of Religion of East Java Province. After obtaining permission from the Regional Office of the Ministry of Religion, the researchers obtained research permits at KUA Semampir and KUA Tambaksari.

Furthermore, the researcher researched in the Tambaksari District and Semampir District by taking a sample of 102 young mothers who married early. Data obtained at KUA Tambaksari and KUA Semampir in 2018 along with data from cadre mothers in Tambaksari District and Semampir District. The study was conducted on 102 respondents who were divided into several regions. Every twenty respondents from the BulakSari region (Semampir sub-district) and the Wonokusumo area (Semampir sub-district). Thirty respondents in the Sidotopo area (Semampir sub-district), 20 respondents in the new Madya cotton region (Tambaksari sub-district), and 12 respondents in Dukuh Setro (Tambaksari sub-district).

The researcher was assisted by cadres in each district to be addressed, and assisted by a total of 6 friends from the Faculty of Nursing, Airlangga University. According to the researchers' criteria, the cadre helped collect young mothers, after which the researchers distributed questionnaires, informed consent, and prizes. The study was

conducted in the RW hall when the posyandu activities took place, except in the Sidotopo kelurahan conducted door to door as many as 10 people.

2.6 Analysis

The first step is editing. Editing is the correction or checking of data collected to reduce errors (Hasan, 2006). If the research takes place, there is a questionnaire whose filling is incomplete; then it can be returned to the respondent for correction. If the questionnaire has been corrected or completed by the respondent, it will be returned to the researcher to be checked again.

The second is coding. Coding means the process of giving code to each data included in one category. This coding stage can use numbers/letters. In principle, this code aims to provide clues or identity to each questionnaire that has entered and by the categories studied. This activity aims to make it easier for researchers to do or read the results later.

The last is data processing, or entering data in the tabulation process. After that, the researcher Re-editing the tabulated data to prevent errors in entering data or placing errors in columns or table linens. The type of data between the independent variable and the dependent variable in this study was measured using a nominal data questionnaire. The analysis used was the Spearman Rank Correlation with a significance level 0.05.

2.7 Ethical Clearance

The ethical feasibility of conducting this research was done through submitting an ethics session to the Faculty of Nursing Airlangga University after obtaining approval to continue research through a seminar proposal held in May 2019. This study was declared to have passed the ethical review and received an Ethical Approval certificate with No: 1444-KEPK issued by the Airlangga University Faculty of Nursing Health Ethics Committee on May 28, 2019.

3. RESULT

The majority of young mothers were married at the age of 16 years. The last education was

Table 1. Characteristic respondents (n=102)

Characteristics	n	%
Age at Marriage		
16 Years Old	60	58.8
17 Years Old	42	41.2
Current Age		
17 Years Old	6	5.9
18 Years Old	31	30.4
19 Years Old	65	63.7
Last Education		
Not school	2	2
Elementary School	45	44.1
Middle School	55	53.9
Job		
Housewife	88	86.3
Entrepreneur	6	6.9
Enterpriser	6	6.9
Family Income (Per Month)		
≤ 3,871,052	87	85.3
≥ 3,871,052	15	14.7
Long Marriage		
1 Year	13	12.7
2 Year	58	56.9
3 Year	31	30.4
Choice of Contraception		
Use	67	65.7
Do Not Use	35	34.3
Current Contraceptive Method		
Pill	18	17.6
Injection	48	47.1
Implant	1	1
Duration of Use of Contraception		
< 6 Months	20	19.2
> 6 Months	47	46.5
Information Sources for Use of Contraception		
Health Workers	34	33.3
KB Cadres	14	13.7
Siblings	16	15.7
Electronic Media	1	1
Own Desire	2	2
Current Number of Children		
0	10	9.8
1	80	78.4
2	12	11.8
The Plan of Having Number of Children In 5 Months Ahead		
0	10	9.8
1	17	16.7
2	49	48

from junior high school. Most of them are housewives. Their income is less than 3,871,052 ruphias. Length of marriage around 2 years. The average use of injection contraception with a length of use ≥ 6 months. The injection comes from health workers. Most of them had 1 child and wants to have 2 children in the next 5 years (Table 1).

There is a very strong relationship between attitude towards the behavior with intention in a positive direction. The number

of respondents with positive attitudes with good intentions is greater than respondents who have negative attitudes. Attitudes toward positive behavior will also lead to good intentions for young mothers who marry early in contraception selection. This is indicated by the lack of intention and sufficient in young mothers who marry early who have a positive attitude (Table 2).

There is a very strong relationship between subjective norms with intentions in a positive direction. Young mothers who

Table 2. Relationship Between Attitudes and Intention to The Selection of Contraception

Attitudes	Intention						p	r
	Well		Sufficiently		Total			
	n	%	n	%	n	%		
Positive	68	66.7	0	0	68	66.7	0.000	0.815
Negative	0	0	34	33.3	34	33.3		
Total	68	66.7	34	33.3	102	100		

Table 3. Relationship of Subjective Norms With Intention to The Selection of Contraception

Subjective Norms	Intention						p	r
	Well		Sufficiently		Total			
	n	%	n	%	n	%		
Well	62	60.8	2	2	64	62.7	0.000	0.780
Sufficiently	6	5.9	32	31.4	38	37.3		
Total	68	66.7	34	33.3	102	100		

Table 4. The Relationship Between Behavioral Control Perception and Intention to Choose Contraception

Behavioral Control Perception	Intention						p	r
	Well		Sufficiently		Total			
	n	%	n	%	n	%		
Well	67	65.7	15	14.7	82	80.4	0.000	0.650
Sufficiently	1	1	19	18.6	20	19.6		
Total	68	66.7	34	33.3	102	100		

Table 5. Relationship Between Intention and Contraception Selection Behavior

Behavioral Control Perception	Intention						p	r
	Well		Sufficiently		Total			
	n	%	n	%	n	%		
Well	67	65.7			1	1	0.000	0.834
Sufficiently	0	0			34	33.3		
Total	67	65.7			35	34.3		

marry early with good subjective norms will also create good intentions towards contraception. This is evidenced by the young mothers who marry early with good subjective norms; no one has less intention to choose contraception. Young mothers who marry early with sufficient subjective norms will also have sufficient intentions for contraception selection. The number of young mothers shows this with more subjective norms than good subjective norms about intention in choosing contraception (Table 3).

There is a very strong relationship between perceived behavioral control with intention in a positive direction. The perception of good behavior control in young mothers who marry early will also lead to good intentions in the selection of contraception. This is evidenced by the fact that there are no young mothers with good

behavioral control perceptions who have less intention to choose contraception. Whereas respondents with sufficient perceptions of behavioral control can influence sufficient intentions towards contraception selection. This can be proven in young mothers with more perceptions of control than there are perceptions of good behavior control over intentions in contraception selection (Table 4).

There is a very strong relationship between intention and contraceptive selection behavior. Young mothers who marry early who have good intentions will also lead to good behavior, namely using contraception. This is evidenced by young mothers who marry early with good intentions and choose to use contraception. Whereas young mothers with sufficient intention categories tend to choose not to use contraception (Table 5).

4. DISCUSSION

Respondents who have a positive attitude have more numbers than respondents who have a negative attitude. It is indicated that young mothers who marry early have supportive assessments, such as assuming that contraception is effective and safe for preventing pregnancy. Also, it has benefits for reproductive health, will not affect sexual function and affect milk production during pregnancy, does not interfere with menstrual cycles, and believe that contraception will not cause infertility/infertility. It is believed by some respondents who chose to use contraception. Research conducted by James-Hawkins & Broaddus (2016) which states that a positive attitude can affect the success of contraceptive use, and will be useful in designing intentions to increase contraceptive use. Some respondents with a positive attitude and using contraception expressed disagreement, and strongly disagreed that contraception will not affect milk production during pregnancy, does not interfere with sexual function, and menstrual cycles. The young mother believes that side effects arise when using contraception, but it remains consistent with using contraception because there are still other benefits that are felt.

The statement can be inversely proportional to young mothers who have negative attitudes. Negative attitudes towards young mothers arise because of a lack of support for a statement about the choice of contraception. Respondents still felt a lack of confidence in the benefits and side effects resulting from the use of contraception. One respondent who has a negative attitude said that contraception could have an impact on reproductive health. One of the statements mentioned is the use of contraception can cause infertility/infertility, and can damage and change the shape of the vagina. The respondents' negative attitude was caused by a lack of knowledge about contraception, especially young mothers who did not use contraception. Previous research by Craig (2014) states that a lack of knowledge about contraception is common among adolescents compared to older adults. The knowledge perceived by young people themselves is less likely than young adults

who perceive themselves to find information about contraception or feel they have all the necessary information to prevent pregnancy.

The majority of respondents with good subjective norms choose to follow the advice recommended by health workers, and husbands regarding contraception. The husband has an essential influence in support of decision making for contraception because according to respondents, the resolution of a decision through communication within the family is crucial to do so that misunderstandings between families do not occur. His study results are in line with research conducted by Simanjuntak & Maynia (2018), which states that the form of husband support in family planning is in the form of support for contraceptive use and family planning. The husband's support in the use of contraception comes form of emotional support. It includes interpersonal communication related to planning the number of children desired. Appreciation and support, such as sending his wife to return contraception. Instrumental support such as a husband providing funds or costs incurred to do contraception, and information support such as the advice given by the husband to use one of the contraceptives (Rafidah & Wahyuni, 2009).

Health workers' suggestions regarding the choice of contraception have a good effect on young mothers who marry early. Although there are still young mothers who tend to follow the advice of others other than health workers, health workers are still the main source based on parameters of support/motivation of health workers. That is because young mothers who marry early trust someone who is considered to have been an expert in health to achieve a goal, namely, to regulate the number of children desired. Trust in health workers in young mothers makes young mothers who get married early intend to choose contraception. Research conducted by Isma (2013) states that a person's behavior is influenced by the source of information he gets. Sources of information regarding contraception selection can be obtained through health workers such as doctors, nurses, and midwives.

Respondents with good behavioral control perceptions are more numerous than

respondents with sufficient behavioral control perceptions. That is because each control factor's power to facilitate or hinder the performance of behavior contributes to perceived behavioral control in young mothers who marry early in direct proportion with the intention to choose contraception with subjective probabilities that behavioral control factors are present in everyone (Ajzen, 2004). Respondents who have a perception of good behavioral control choose to agree and strongly agree with the statement of contraceptive selection considerations regarding contraceptive costs, the period of contraception, and clear information about contraception. A clear knowledge or information about contraception becomes a determining factor in the intention to choose contraception among young mothers who marry early. Also, young mothers who marry early with good behavioral control perceptions can better understand contraception because they have experience using contraception. Behavioral control perception is thus hypothesized to moderate the influence of young mothers' intentions on the contraceptive selection (Cavalli and Klobas, 2013).

According to Simanjuntak (2018), knowledge about contraception benefits in young mothers who marry early with a perception of behavioral control has fewer limitations. This due to the time that should have been used to acquire knowledge, but was replaced with a new role as a wife who must take care of household and family needs. Factors that influence one's knowledge about contraceptive use are education, information sources and economics, the environment, and experience. Higher education will make it easier for someone to receive information, both obtained from others and from the mass media. The better the information collected by someone the better one's knowledge about health (Eliason et al., 2014). This also shows that the majority of respondents only completed their last education in junior high school.

The majority of young mothers use birth control pills and injections; only one person uses implantable contraception. This shows that young mothers are more interested in using the Short-Term Contraception Method

than the Long-Term Contraception Method. The period of young mothers who marry early has a longer reproductive period, and risks are giving birth with complications due to immature reproductive organs.

One respondent has good intentions but chooses not to use contraception, even though he has good attitudes, subjective norms, and perceptions of behavioral control. The number one respondent has not used contraception is not yet determining the right time to use it, but in the near term, there is a possibility to use contraception.

5. CONCLUSION

The more positive the attitude of young mothers who marry early, the better the intention to use contraception. Subjective norms and perceptions of good behavioral control give rise to good intentions in contraception. Good intentions lead to good behavior in the use of contraception. It is expected that young mothers who marry early with positive attitudes, subjective norms, perceptions of behavioral control, and good intentions can have a positive influence on other young mothers who marry early by sharing insights and experiences about contraception.

6. REFERENCES

- Ajzen, I. (2004) 'Theory of reasoned action.', in *Encyclopedia of psychology, Vol. 8*. doi: 10.1037/10523-026.
- Badan Pusat Statistik, B. K. dan K. B. and kementerian kesehatan, U. (2017) 'Survei Demografi Kesehatan Indonesia', *Bkkbn*.
- BKKBN (2015) *Rencana Strategis Badan Kependudukan Dan Keluarga Berencana Nasional Tahun 2015-2019, Badan Kependudukan dan Keluarga Berencana Nasional*. doi: 10.1017/CBO9781107415324.004.
- BKKBN (2017) 'Survei Demografi Dan Kesehatan : Kesehatan Reproduksi Remaja 2017', *Badan Kependudukan dan Keluarga Berencana Nasional*.
- BKKBN (2018) *Laporan Akuntabilitas Kinerja Instansi Pemerintah Tahun 2017, BKKBN*. doi: 10.1002/ardp.19763090505.

- BPS & UNICEF (2016) *Kemajuan yang Tertunda : Analisis Data Perkawinan Usia Anak di Indonesia, Unicef Indonesia*.
- Cavalli, L. and Klobas, J. (2013) 'How Expected Life and Partner Satisfaction Affect Women's Fertility Outcomes: The Role of Uncertainty in Intentions', *Population Review*.
- Craig, A. D. et al. (2014) 'Exploring young adults' contraceptive knowledge and attitudes: Disparities by race/ethnicity and age', *Women's Health Issues*. Jacobs Institute of Women's Health, 24(3), pp. e281–e289. doi: 10.1016/j.whi.2014.02.003.
- DPPKB (2015) *Banyak Pernikahan Usia Dini di Jawa timur, Ini Pemicunya*.
- Eliason, S. et al. (2014) 'Determinants of modern family planning use among women of reproductive age in the Nkwanta district of Ghana: A case-control study', *Reproductive Health*. doi: 10.1186/1742-4755-11-65.
- Hasan, I. (2006) *Analisis Data Penelitian dengan Statistik*. Jakarta: Bumi Aksara.
- Icek Ajzen (2005) 'Ajzen-2005-attitudes-personality-and-behaviour-2nd-ed-open-university-press.pdf', *International Journal of Strategic Innovative Marketing*.
- Isma, G. . (2013) 'Faktor – Faktor Yang Berhubungan Dengan Perilaku Pemilihan Jenis Kontrasepsi Hormonal Di Desa Kemurang Wetan Kecamatan Tanjung Kabupaten Brebes Tahun 2013', *Kesehatan*.
- James-Hawkins, L. and Broaddus, M. (2016) 'The association of attitudes about contraceptives with contraceptive use in a random sample of Colorado women', *Social Science Journal*. Western Social Science Association, 53(2), pp. 167–173. doi: 10.1016/j.soscij.2016.03.001.
- Kementerian Kesehatan Republik Indonesia (2014) 'Pelayanan Kesehatan Masa Sebelum Hamil, Masa Hamil, Persalinan, Dan Masa Sesudah Melahirkan, Penyelenggaraan Pelayanan Kontrasepsi, Serta Pelayanan Kesehatan Seksual', *Peraturan Menteri Kesehatan Republik Indonesia Nomor 97 Tahun 2014*. doi: 10.1007/s13398-014-0173-7.2.
- Rafidah, O. E. and Wahyuni, B. (2009) 'Faktor-Faktor yang Berhubungan Dengan Pernikahan Usiadini Di Kabupaten Purworejo Jawa Tengah', *Jurnal Kedokteran Masyarakat*. doi: 10.1111/j.1440-1754.2004.00470.x.
- Rumble, L. et al. (2018) 'An empirical exploration of female child marriage determinants in Indonesia', *BMC Public Health*. doi: 10.1186/s12889-018-5313-0.
- Simanjuntak, H. and Maynia, F. A. (2018) 'Faktor Yang Berhubungan Dengan Penggunaan Kontrasepsi Pada Wanita Dengan Pernikahan Usia Dini', *The Southeast Asian Journal of Midwifery*.
- Tsany, F. (2018) 'Trend Pernikahan Dini di Kalangan Remaja (Studi Kasus Di Kabupaten Gunung Kidul Yogyakarta Tahun 2009-2012)', *Jurnal Sosiologi Agama*. doi: 10.14421/jsa.2015.091-05.
- Wiggins, M. et al. (2013) 'Indonesia Demographic and Health Survey 2012', ... *Health Care*. doi: 10.1017/CBO9781107415324.004.
- World Health Organization 2014 (2014) 'WHO | Global targets', *WHO | Global targets*.