

Original Research Article

Determinants of Participation of Couples of Childbearing Age in Family Planning Program in Kupang

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Abstract: Family planning program is a global scale program that is encouraged not only to overcome the population issues but also contribute to decreasing the maternal and neonatal mortality rate. Indonesia is one of the countries that are committed to incite this program, especially among the fertile-age couples, because of the complexity of the population and health issues in this country. Nevertheless, the participation of the fertile-age couple in this program which is marked with the usage of contraceptives has not reached the expectation. The purpose of this research is to analyze the determinants or factors related to the use of contraceptives among fertile-age couples. This study uses quantitative research with cross-sectional time approach on 100 women of fertile-age couples. The variables collected by interview with questionnaire. The variables that are statistically related to the use of contraceptives are knowledge (p value=0.036, CC=0.224), culture (p value= 0.014, CC=0.257), husband support (p value=0.000, CC=0.442) and the role of health worker (P value=0.000, CC=0.417). The most dominant factor on contraceptive usage is husband support. The result of this study is expected to give information for family planning program managers for designing program to increase the usage of contraceptives in their work area.

Keywords: Childbearing age, family planning, contraceptives.

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INTRODUCTION

Indonesia is one of the countries with complex population issues. Some of these are high birth rates and high maternal and neonatal mortality rates. In a commitment to solving these problems, Indonesia signed a family planning program partnership in 2012 known as family planning 2020 (FP2020). Family planning programs not only solve the high population increase but also as a preventive effort for women to ward off prenatal health risks.

The indicator to measure the family planning program implementation is contraceptive prevalence rate (CPR) and total fertility rate (TFR). The target of both indicators as listed on The National Middle-Term Development Plan 2020-2024 is 63,4% for CPR and 2,1 for TFR. Based on the Indonesia Health Profile Report, the record of contraceptive use in Indonesia is 67,6% in 2020. Nationally, this record has passed the target but the program must continue to be encouraged because the total fertility rate in Indonesia based on the Demographic And Health Survey In 2017 is 2,4.

Besides that, there is a disparity in contraceptive usage among regions in Indonesia (BKKBN, 2020).

The Indonesia Health Profile Report declared that East Nusa Tenggara is one of the three provinces with the lowest usage of contraceptives. The percentage of contraceptive usage fluctuates from 2018 to 2020. In 2018, the record is 38,2% descending to 37,9 and increasing to 37,9 in 2020. Based on the demographic and health survey of 2017, the total fertility rate in East Nusa Tenggara increased from 3.3 in 2012 to 3.4 in 2017. In East Nusa Tenggara, both TFR and CPR do not pass the target.

One of the districts/cities with the low usage of contraceptives in East Nusa Tenggara is Kupang city. According to the Health Department of Kupang city, the percentage of contraceptive usage in 2018 is 25,8 increasing to 33,2% in 2019 and 37,2 in 2020. The TFR in Kupang city is 2.51 in 2021, which has not passed the target yet.

Oebobo subdistrict is the most congested subdistrict in Kupang city, thus there are two health centers to handle this area, namely Oebobo public health center and Oepoi public health center. The work area of Oebobo public health center had the greatest number of fertile-age couples in Kupang city, as much as 14.825 couples, but had a low percentage of contraceptive usage. In 2019, the percentage of contraceptive usage in Oebobo public health center became the lowest, only 9,9%. The usage increased to 63% in 2021 and decreased to 46% in 2021.

Factors that are related to fertile-age couples' participation must be identified with the prospect it could be information for the family planning program manager in Oebobo health center.

According to the determinants health behavior theory by L. Green, health practice is influenced by predisposing factors, enabling factors, and reinforcing factors (Notoatmodjo, 2005).

In the usage of contraceptives, predisposing factors include knowledge, parity, and culture. The enabling factor includes membership in national health insurance. The reinforcing factors include the husbands support and the role of health worker.

METHOD

This research is an observational analytic study with a cross-sectional design. The population is 14.825 fertile-age couples who are scattered in the three urban villages as the work area of Oebobo public health center, namely Oebobo, Oetete, and Fatululi. According to Slovin's formula, total samples in this study are 100 respondents which were taken using the proportional-stratified random sampling technique from 23rd May-4th June.

In this study, the independent variables are knowledge, parity, membership of health national insurance, culture, husband support and the role of health worker. Meanwhile Contraceptives usage is the dependent variable.

Data used the univariate analyses, bivariate analyses, and multivariate analyses. Data was analyzed using chi-square for bivariate analysis and binary logistic regression for multivariate analysis. The usage of these statistics is because the data scale is categoric which had abnormal distribution and the variable dependent consists of two categories (Dichotomy), (Hastono, 2016).

This study had the ethics approval from the ethics committee of the Public Health Faculty, Nusa Cendana University, with the ethics number 2022094-KEPK.

RESULTS

1. Frequency Distribution of Respondent Characteristics

Table-1: Respondents Characteristic Frequency Distribution

Age	Frequency	%
18-28	34	34
29-39	48	48
40-49	18	18
Education	Frequency	%
Low (\leq Junior High School)	38	38
Tinggi (\geq Senior High School)	62	62
Employment	Frequency	%
Unemployed	93	93
Employed	7	7
Parity	Frequency	%
≤ 2	67	67
> 2	33	33
Contraceptive usage	Frequency	%
Use	45	45
Not use	55	55

Based on the table above, most respondents are in the age range of 29-39 years old, as many as 48 respondents (48%), followed by the age range of 18-28 years old, as many as 34 respondents (34%), and the lowest in the age range of 40-49 years old, as much as 14 respondents (14%). It concludes that all respondents in this research area are in the fertile-age range (15-49 years old).

The respondents characterized by education are mostly in high education degree, as many as 62 respondents (62%) and lowest in low education degree, as much as 38 respondents (38%). This concludes that most respondents graduate from high school and college.

On employment characteristics, most respondents are unemployed, as much as 93 respondents (93%), and the lowest is employed, as much as 7 respondents (7%).

As many as 67 respondents (67%) are in the ≤ 2 parity category and 33 respondents (33%) are in the > 2 parity category. It concluded that most of the respondents had a maximum of twice the experience of childbirth.

From the table above, there are 55 respondents (55%) who do not use contraceptives and 45 respondents (45%) who are contraceptive users.

1. Chi Square Test Analysis of Determinants the Usage of Contraceptives

Table-2: The result of Chi Square Test Analysis

Variable	Contraceptives Usage				Total		P Value	CC
	Not Use		Use		N	%		
	N	%	N	%			N	%
Knowledge								
Low	31	67	15	33	46	46	0.036	0.224
High	24	44	30	56	54	54		
Parity								
>2	19	58	14	42	33	33	0.881	-
≤2	36	54	31	46	67	67		
Culture								
Not Support	33	69	15	31	48	48	0.014	0.257
Support	22	42	30	58	52	52		
Membership of Health Insurance								
Non member	8	42	11	58	19	19	0.318	-
Member	47	58	34	42	81	81		
Husband Support								
Not support	51	70	22	30	73	73	0.000	0.442
Support	4	15	23	85	27	27		
Role of health worker								
Not active	40	77	12	23	52	100	0.000	0.417
Active	15	31	33	69	48	100		

According to the table above, of the 46 respondents with low knowledge, 31 respondents (67%) are not using contraceptives and 15 respondents (33%) are using contraceptives. Of the 54 respondents with high knowledge, there are 24 respondents (44%) who are not using the contraceptives and 30 respondents (56%) who are using the contraceptives. The chi-square value for knowledge is 0.036 (<0.005) and Coefficient Correlation (CC) is 0.224, which means that knowledge has weak relation to the usage of contraceptives.

Of the 33 respondents (33%) who had >2 experiences of childbirth, 19 respondents (58%) are not using contraceptives, and 14 respondents (42%) are using. Of 67 respondents (67%) who had ≤2 experience of childbirth, there are 36 respondents (54%) who are not using contraceptives and 31 respondents (46%) who are using. There is no relation between parity and contraceptive usage with a p value=0.881 (>0.05).

There are 33 respondents (69%) with an unsupported culture who are using contraceptives and 15 respondents (31%) with unsupported culture are using the contraceptives. Respondents with a supportive culture that use contraceptives are 22 respondents (42%) and respondents with a supportive culture and do not use the contraceptives are 30 respondents (58%). The p-value is 0.014 (<0.05) and CC 0.257, which means that there is weak relation between culture and contraceptive usage.

Of 19 respondents who had national health insurance, there are 8 respondents (42%) who do not use contraceptives and 11 respondents (58%) who are

using contraceptives. Of the 81 respondents who did not have national health insurance, there are 47 respondents (58%) who do not use contraceptives and 34 (42%) respondents who are using contraceptives. There is no relation between the membership of the national health insurance and the usage of contraceptives with the p value= 0.0318 (>0.05).

Respondents with unsupportive husbands who do not use contraceptives are 51 respondents (70%) and respondents with unsupportive husbands who are using contraceptives are 22 respondents (30%). Respondents with supported husbands who do not use contraceptives are 4 (15%) and respondents with supported husbands who are using contraceptives are 23 respondents (85%). The result of the p-value is 0.000 (<0.05) and CC 0.442, which means that there is a relation between husband support and contraceptive usage with medium power of relationship.

Of 52 respondents (52%) who had the inactive role of health worker, there are 40 respondents (77%) who do not use contraceptives and 12 respondents (23%) who are using contraceptives. Of the 48 respondents (48%) who had the active role of health worker, there are 15 respondents (31%) who do not use contraceptives and 33 respondents (69%) who are using contraceptives. The p-value showed 0.000 (<0.05) and CC 0.417, which means that there is a relation with medium power between the role of health workers and contraceptives usage.

2. The Result of Binary Logistic Regression Analysis of the Usage of Contraceptives

Table-3: The result of bivariate selection using Chi Square Test

Variables	P value	Information
Knowledge	0.036	Acceptable
Parity	0.881	Unacceptable
Culture	0.014	Acceptable
Membership of national health insurance	0.318	Unacceptable
Husband support	0.000	Acceptable
Role of health worker	0.000	Acceptable

According to the table above, there are four variables eligible to be the candidates for multivariate analysis, since they had a p-value <0.25. While parity

and membership in health insurance were removed from the modeling.

Table-4: First Modeling of Binary Logistic Regression Test

Variables	B	P value	Exp (B)
Knowledge	0.759	0.146	2.136
Culture	1.044	0.047	2.839
Husband support	2.059	0.001	7.835
Role of health worker	1.560	0.003	4.757

Based on the table above, the knowledge variable had a p-value of 0.146 (>0.05), thus this

variable was removed from the next model of multivariate analysis.

Table 5. The Final Modeling of Binary Logistic Regression Test

Variabel	B	P value	Exp (B)
Culture	1.162	0.024	3.195
Husband support	2.057	0.001	7.826
Role of health worker	1.583	0.002	4.870

After the interaction test as part of multivariate analysis, the final model is a multivariate model without interaction. The variables that significantly influence the usage of contraceptives are culture (p value=0.024, OR value=3.195), husband support (p value=0.001, OR value =7.826), and the role of health worker (p value=0.000, OR value=4.870).

The husband's support is the dominant factor that influences the usage of contraceptives with the exp (B) or odds ratio (OR) of 7.826. It means that women of fertile-age couples who had supportive husbands probably use contraceptives 7.826 times higher than women who had unsupportive husbands.

commonly makes someone's acceptance of new things lacking (Rahman *et al.*, 2017).

Based on the statistical result, there is a relationship between knowledge and the usage of contraceptives in Oebobo Public Health Center with weak power of relation. Most of the respondents with high knowledge, decide to use contraceptives. This is proof that people with good awareness about family planning programs, contraceptives, and where they can access, they are motivated to use contraceptives. Most of the respondents had high education (graduated from senior high school and college), so it is understandable if they had the knowledge and high acceptance of this program.

This research's result is compatible with the theory that health behavior started with giving an understanding of the health issue (knowledge). With the sufficient knowledge which has been received, attitudes change is expected, and consciously start to engage in healthy behavior.

Besides that, most respondents who had low knowledge decided to not use the contraceptives. The result also corroborates with the National Population and Family Planning Board (BKKBN)'s statement that low knowledge, especially about reproductive health, is

DISCUSSION

1. Knowledge

Knowledge or cognition plays an important role in shaping someone's behavior. A high level of cognitive describes an extensive insight that makes it easier for someone to accept ideas, innovation, and a new way of life. Knowledge also portrayed someone's level of education. A higher level of education is assumed to have a higher level of knowledge (Notoatmodjo, 2005). People who had high levels of education commonly had good knowledge so they could be scrupulous and more rational in making decisions. Otherwise, a low level of knowledge

one of the causes of the low use of modern contraceptives among reproductive-age couples (BKKBN, 2020).

This research's result is similar to a previous study in that women of reproductive age with low knowledge had low interest in family planning programs (Khairunnisa, 2018).

2. Parity

According to the National Population and Family Planning Board, to realize the norm of a happy small family, fertile-age couples were suggested to have maximal 2 children, and couples who had >2 children were directed to use long-term contraceptives such as an implant, IUD, vasectomy/tubectomy. This policy is made for mutual welfare (Rahman *et al.*, 2017).

Based on the chi-square result, there is no relation between parity and the usage of contraceptives. The result showed that both mothers with more than twice the experience of childbirth nor ≤ 2 experience of childbirth had the same tendency to not use contraceptives.

This is contrary to the theory that mothers with >2 experiences of labor tended to use long-term contraceptives and mothers with ≤ 2 experiences will use non-long-term contraceptives for managing pregnancy (Rahman *et al.*, 2017).

This study parallels the previous study that there is no relation between parity and contraceptive usage. A contrary result in Sukarami Public Health Center is that there is a relation between parity and contraceptive usage which mothers with >2 children have a probability to use IUD 12 times higher than mothers with ≤ 2 children (Pertiwi, 2017).

The result in the univariate table showed that the majority of mothers with ≤ 2 children do not use contraceptives. The researcher assumed that they decided to not use contraceptives because they have not reached the family size they want. Researchers suggest giving frequent counseling to these mothers.

3. Culture

Culture is defined as a way of life that is developed in society and is inherited from generation to generation. Culture is about customs, traditions, rules, and norms in society. As social beings, human life is affected by culture, including health behavior.

Things about the culture that influence contraceptive usage are the assumptions that more kids bring fortune, and the value of children in the family.

According to the study result, there is a relationship between culture and contraceptive usage with a weak power of relation (p value=0.014,

CC=0.257). Most respondents who had supported culture decided to use contraceptives. They don't agree with the assumptions that more kids bring fortune anymore because of the increased living cost in Kupang city. Besides that, these respondents agreed that both male and female kids are the same, so they don't attempt to get a child of certain sexes.

Most of the respondents who do not use contraceptives have an unsupported culture. They agreed that contraceptives are a taboo thing because related to reproductive organs.

Researcher suggested that cultural issues in contraceptive usage must be noticed because cultural issues are one of the things that determine the sustainability of family planning programs. According to the National Population and Family Planning Board, the service that pays attention to cultural sensitivity will be acceptable.

This study has the same result as a previous study in which reproductive-age couples with supportive culture possible to use contraceptives 1.561 times higher than a couple with unsupportive culture (Laput *et al.*, 2021).

4. Membership of National Health Insurance

National Health Insurance was implemented in 2014 by the Indonesia Government to give accessibility and protection to all members to achieve the basic health service, including the contraceptive service. The service that is covered by insurance is counseling, basic contraceptives, vasectomy, and tubectomy (Peraturan Menteri Kesehatan Republik Indonesia Nomor 71 Tahun 2003 Tentang Pelayanan Kesehatan Pada Jaminan Kesehatan Nasional, 2013).

The result of the study showed that there is no relation between membership in the national health center and contraceptive usage. The majority of respondents, who are members of national health insurance, decide not to use contraceptives. The interview result showed that these respondents knew that contraceptive service is covered by insurance but they were chosen to not use contraceptives at the beginning.

This result parallels a previous study in which rather than using insurance to get contraceptives, people like to use insurance to access other health service (Oktariyanto, 2016).

Most respondents, who are not a member of national health insurance, decide to use contraceptives. All of these respondents use non-long-term contraceptives and pay with their own money (out of pocket). The researcher assumed that couples who do not have health insurance decide to use non-long-term methods because it is cheaper than long-term methods.

This research has the same result as the previous study in which there is no difference in ownership of national health insurance between the high acceptor group and the low acceptor group (Widiawati *et al.*, 2021). Different results on other studies in which there is a relationship between health insurance with contraceptive usage. The presence of insurance encourages the use of IUD postnatal (Weni *et al.*, 2019).

5. Husband support

The usage of contraceptives is a shared responsibility between husband and wife as a couple. According to Friedman, husband support can be informational support, emotional support, instrumental support, and appreciative support (Diani *et al.*, 2013).

In the case of contraceptive usage, the support can be depicted in persuading the wife to be an acceptor, taking the wife to the health center to get contraceptive service, joining the counseling with the wife, asking wife's condition after getting contraceptive service, and reminding the wife to control.

Based on statistical results, there is a relation between husband support and the usage of contraceptives. The majority of respondents, with unsupportive husbands, decided to not use contraceptives. As a married couple, everything must be discussed with the husband, including the contraceptive usage. Based on respondents' answers, the researcher assumed that the majority of husbands in the work area of Oebobo health center seem apathetic to this program. They do not prohibit but also do not support their wives using contraceptives.

Nowadays, husbands' participation in family planning programs is divided into direct participation and indirect participation. Direct participation is men being the acceptor. Indirect participation in supporting and motivating the wife to be an acceptor, and planning the number of children with the wife (Widiawati *et al.*, 2021).

Based on the binary logistic regression test, the husband's support is the most influential factor for women to use contraceptives. Women of fertile-age couples who had supportive husbands probably use contraceptives 8 times higher than women who had unsupportive husbands. Similar to a study in Boawae Public Health Center, husband support is the dominant factor that influences the wife to be an acceptor. Even if the wife had good knowledge, they would not be accepted into this program if their husband did not support it (Tulle *et al.*, 2021).

The researcher assumed that the reason why husband support is the most influential factor is the patrilineal culture that exists includes in Kupang city making husbands dominant in decision making. A

theory said that husband support is a socio-psychology factor (Puteri *et al.*, 2019). Having a supportive husband, psychologically influenced his wife to be an acceptor.

6. The role of health worker

In the family planning service, the health worker's role is as a counselor (Rahman *et al.*, 2017). The purpose of counseling is to give the right information about contraceptives, ensure the right and safe method based on medical conditions, and ensure the long-time use of contraceptives. The more health personnel active to support, the more couples would join this program.

The study result showed that most respondents who didn't get the active role of health worker decided to not use contraceptives. The majority of respondents said that there is no regular counseling except in integrated-health-post (Posyandu).

Of the respondents who get the active role of health worker, the majority decide to use contraceptives. This is proof that giving frequent counseling and motivation will increase the willingness of couples to be acceptors.

The researcher suggested that counseling should be more frequent and routine, not only in Posyandu, because not all fertile age couples had business there. Couples that might present Posyandu are a couple who had toddlers. So the counseling does not reach all targets.

This result is familiar with a study in Medan Petisah, where most reproductive age couples agree to be acceptors because of the support from health workers (Huda *et al.*, 2016). Contrary to research in Hitu Maluku, there is no relation between the role of health personnel with the usage of contraceptives (p value=0.448). Source of contraceptive information not only from health workers (Dusra *et al.*, 2018).

CONCLUSION

This research concludes that there is relationship between knowledge (p value=0.036, CC=0.224), culture (p value= 0.014, CC=0.257), husband support (p value=0.000, CC=0.442) and the role of health worker (P value=0.000, CC=0.417) with the usage of contraceptives among childbearing couples in work area of Oebobo public health center. Meanwhile there is no relationship between parity (p value=0.881) and membership of health insurance (p value=0.318) with the usage of contraceptives.

Husband support is the most influent factor that influence the usage of contraceptives among childbearing couple in work area of Oebobo public health center with the Exp(B) 7.826.

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