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The role of decision makers in the use of long-acting contraceptive methods in Indonesia

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ABSTRACT
An effective contraceptive method for preventing pregnancy is the long-term contraceptive method (MKJP), but more women of childbearing age choose short-term contraceptive methods. The aim of this research is to analyze multiple logistic regression in analyzing the role of decision makers in the use of MKJP in Indonesia in 2017. This research uses secondary data which is the result of the 2017 SDKI with a total of 18661 respondents. The results of this study show that the variables that influence the use of MKJP are the decision maker (p = 0.000), age (p = 0.000), education (p = 0.000), place of residence (p = 0.001), visits by family planning field officers (p = 0.665), explanation family planning officers (p = 0.141). The conclusion of this research is that decision makers, age, education, and place of residence influence the use of MKJP in Indonesia. Meanwhile, visits by family planning officers and officers' explanations about contraception do not influence the use of MKJP in Indonesia .

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INTRODUCTION

One of the interventions that can be used to prevent or reduce maternal and infant mortality is ensuring that every pregnancy is a desired and anticipated condition after using modern contraceptives (Ihsani, Wuryaningsih, & Sukarno, 2019).

Government policies regarding family planning lead to the use of long-term contraceptives. Apart from controlling the population, the family planning program is also useful for ensuring access to reproductive health for all communities by 2030, as stated in the Sustainable Development Goals (SDGs) indicator 3.7, especially by 2030, ensuring universal access to sexual and reproductive health services, including for families. planning, information and education, as well as mainstreaming reproductive health into national strategies and programs (Trianingsih, Sari, Hasbiah, & Hamid, 2021).

Several problems that need attention in working on the Family Planning and Reproductive Health (KBKR) sector in 2020-2024 include the high number of family planning participants who drop out and the low level of MKJP family planning participation. The direction of BKKBN policies and strategies generally refers to the direction of national policies and strategies outlined in the 2020-2024 RPJMN, especially in translating National

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Priorities through Priority Programs (PP) and Priority Activities (KP) which are the direction of the President of the Republic of Indonesia as the focus of working on Indonesia's National Development period 2020-2024. One of the BKKBN's policy directions and strategies is increasing the economic independence of families, with a specific target for families accepting sustainable family planning, especially families participating in the MKJP. This requires more attention to counseling and outreach on reproductive health and the introduction of modern contraceptive methods as well as increasing participation in MKJP family planning (BKKBN, 2020).

Most active family planning participants choose hormonal and short-term contraceptive methods, with the largest number of users using birth control injections. This trend has been occurring since 1987. Based on the IDHS results, the use of contraceptive injection methods continues to increase from 28% in 2002 to 31.6% in 2007 and to 31.9% in 2012. The use of long-term contraceptive methods has decreased as IUD and sterilization (tubectomy and vasectomy). IUD use decreased from 6.4% in 2002 to 4.8% in 2007 and 3.9% in 2012 (Setiasih, Widjanarko, & Istiarti, 2016).

Based on the 2017 IDHS survey, 64% of women aged 15-49 years use family planning, 57% use modern family planning methods, 13% use MKJP which consists of IUD, implant and MOW and 6% use traditional family planning methods. Birth control injections are the most commonly used birth control method (29%) followed by pills (12%). With provincial MKJP achievements in Indonesia, there are 12 provinces whose indicators are higher than the national indicators, but the combined MKJP achievements of the other 22 provinces are below the national indicators (BPS, 2017).

Factors that influence the use or use of contraception are knowledge, family support, especially husbands, sources of information and support from health workers. One of the factors that influences the lack of interest in choosing or using MKJP contraception is the knowledge factor. Knowledge is the result of 'Knowing' which can occur after people sense a particular object. (Fauziah, 2022)

The patriarchal framework of society works at all levels to place women in a more vulnerable position than men. The persistence of patriarchal culture makes women weak objects so that women do not have many opportunities to make decisions in their lives (Sakina & Siti, 2017). One of them is that patriarchal culture is the dominant factor that influences women's decisions in using contraception (Herawati & Purnomo, 2015) (Asep Kusnali1, 2021)

The success of the family planning program cannot be separated from the role of Family Planning Extension Field Officers (PLKB). PLKB's success in carrying out its duties is supported by their ability to master the National Family Planning program in facing changing environmental conditions. PLKB as an officer who has a position at the sub-district/village level, is a strategic officer who is expected to be able to answer and carry out the mission of change. Through PLKB, all new ideas for family planning programs can be conveyed to the community. Through PLKB, all community potential can be explored, and through PLKB ultimately community participation in managing family planning programs can be increased. (Dariah, 2020)

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Based on the above, the researcher wants to analyze the extent of the role of decision makers and the use of MKJP in Indonesia in 2017 by analyzing the 2017 SDKI data. To be able to answer research questions, the researcher made the aim of this research to determine the distribution of frequency of MKJP use based on decision makers , age, education, place of residence, visit of family planning field officers, explanation of family planning officers in Indonesia in 2017.

METHOD

This research uses secondary data from the 2017 Indonesian Health Demographic Survey (SDKI). The 2017 SDKI was carried out by the National Population and Family Planning Agency (BKKBN), the Central Statistics Agency (BPS), and the Ministry of Health (Kemenkes) with the aim of estimating the latest data that can be used as basic indicators of demographics and health in Indonesia. The SDKI survey was simultaneously conducted in January – December 2017 in 34 Provinces in Indonesia or 514 districts/cities with samples in 14889 Census Blocks. The questionnaires used in the IDHS consist of two individual questionnaires and a household questionnaire located in all provinces in Indonesia. IDHS questionnaire for individual households, especially women of childbearing age aged 15-49 years, which refers to the DHS (Demographic Health Surveys) questionnaire. The target sample in this research was the total sample of women of childbearing age aged 15-49 years from the 2017 IDHS data which was determined based on the inclusion criteria, namely modern family planning acceptors in Indonesia. Meanwhile, the exclusion criteria were acceptors who did not use modern family planning methods. The sample population consisted of 47,963 households and 49,627 women who were interviewed to completion with a response rate of 97.8%. The number of women who use modern family planning who meet the inclusion and exclusion criteria from the 2017 IDHS Survey data is 18,661 people, these are women who use contraceptive pills, injections, implants, IUDs and female sterilization.

The dependent variable in this research is MKJP users by coding the family planning tools used by acceptors into two categories, namely code 0 is non-MKJP users and code 1 is MKJP users. The independent variable in this study is age where the age variable is grouped into 3 categories, namely young, middle and old age. Education variables are categorized into 4 groups, namely no school, primary school, middle school and high level. Place of residence was categorized into two categories, namely village and city, visits by family planning officers were visits made by family planning officers in the last 6 months, categorized into 2 groups, namely never and never. Likewise, the explanatory variables from family planning officers in the last 6 months were categorized into 2 groups, namely never and never.

The data in this research was obtained by first submitting an application for permission to use SDKI data to Dhs.program, then inputting, coding and analyzing with SPSS version 24. Data analysis processing used SPSS software. Data analysis used in this research includes univariate, bivariate and multivariate analysis. The distribution mapping was carried out using SPSS software. Univariate analysis to define the dependent variable

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and present it in the form of tables and reports. Bivariate analysis was carried out using the chi-square test with a significance level of 95%. In the results of the chi-square test, if the p-value <0.05 then the test of the relationship between the dependent variable and the independent variable is significant. Conversely, if the p value ≥ 0.05 then the statistical analysis of the relationship between the two variables is not significant. Multivariate analysis was carried out with the aim of studying the relationship between several independent variables and the dependent variable. Multivariate analysis of this research was carried out using multiple regression and prediction models to obtain a model that contained independent variables that met the criteria for predicting the occurrence of dependent variables in the recipient group. The following steps in multivariate analysis are as follows.

1. Bivariate selection
   Perform bivariate analysis on each independent variable and dependent variable. If bivariate analysis produces a p value <0.25, then the variable is continued with the Multivariate step. However, if the test produces a p-value ≥ 0.25, then the selected variable enters the multivariate system.
2. Multivariate selection
   Multivariate selection is carried out by applying variables simultaneously, the dependent variable is free to pass to the next bivariate selection called the model. Changes with a p value < 0.05 remained in the model while changes with a p value ≥ 0.05 were gradually removed. The model starts with the variable with the highest p value. If an excluded variable had produced an odds ratio (OR) greater than 10% for the variable in the model, the removed variable was returned to the model. The analysis process was repeated until the final pattern was obtained, namely there were no other variables with p-value < 0.05 or p-value ≥ 0.05 .

RESULTS AND DISCUSSION

Univariate analysis

Univariate analysis based on table 1 shows that MKJP users are 25.5%, non-MKJP users are 75.5%. The biggest Kb decision maker was decided by the husband, namely 59.5%, then by oneself at 33% and decisions taken together with the husband at 7.6%. Based on the level of demographic characteristics, the age of older respondents was 42.1%, young age was 29.8% and middle age was 28.2%. Respondents had secondary education at 55.1%, primary education at 24.7%, tertiary education at 18.4%, the remaining 1.8% had no schooling. 75.5% of respondents live in villages, the remaining 24.5% live in cities. If we look at the family planning officers who visited the field, 96.7% of respondents admitted that they had never been visited, and 25% of those who received family planning explanations.

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Table. 1 Frequency distribution of MKJP users, decision makers and other factors based on 2017 SDKI data

		Amount	Percent
MKJP_User	NonMKJP	14094	75.5
	MKJP	4567	24.5
Decision maker	Alone	6867	33.0
	with husband	1576	7.6
	Husband	12386	59.5
Age	Young	14766	29.8
	Currently	13975	28.2
	Old	20886	42.1
Education	No school	904	1.8
	Base	12259	24.7
	Intermediate	27340	55.1
	Tall	9124	18.4
Residence	Village	26425	75.5
	City	23202	24.5
PLKB_visit	No	47981	96.7
	Yes	1629	3.3
Explanation_ptasksKB	No	399	25.0
	Yes	1197	75.0

Bivariate Analysis

Based on the bivariate analysis in table 2, it was found that there was a significant relationship between age, education, place of residence and decision maker with the use of MKJP in Indonesia with a P-Value of 0.000, while the variable for family planning officer visits in the field had a P-value of 0.665 and the explanation given by the officer Family planning obtained a P-value of 0.141, thus indicating there is no relationship between visits by family planning officers in the field and explanations by family planning officers in the field regarding the use of family planning in Indonesia.

Table.2 Results of analysis of the relationship between decision makers and other factors with the use of MKJP in Indonesia based on 2017 SDKI data

		MKJP_User
Age	Chi-square	357,383
	Df	2
	Sig.	,000 *
Decision maker	Chi-square	229,944
	Df	2
	Sig.	,000 *,b
PLKB_visit	Chi-square	,188

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	Df	1
	Sig.	,665
Explanation_ptasksKB	Chi-square	2,164
	Df	1
	Sig.	.141
Education	Chi-square	279,700
	Df	3
	Sig.	,000 *
Residence	Chi-square	68,330
	Df	1
	Sig.	,000 *

Multivariate Analysis

The results of the multivariate analysis in this study are presented in table 3. To obtain a multivariate model that is able to explain the strong relationship between the independent variables and the dependent variable, selected variables were selected from the bivariate results. Statistical test results whose P value is more than 0.25 mean that the variable is not included in the modeling, and if the value is less than 0.25 then the variable will be included in the multivariate analysis. In this study, the variables education, age, place of residence, and decision maker will be included in the modeling because the sig value (P-Value) is 0.000 < 0.05. Meanwhile, the variable family planning officer visits and family planning explanations from officers were not included in the modeling because the sig value was obtained. (P-value) > 0.05. Multivariate analysis further analyzes the relationship between decision makers and the use of MKJP among women of childbearing age in Indonesia. These results show that there is a significant relationship with the use of MKJP in Indonesia after being controlled for age, education, place of residence, visits by family planning officers, explanations from family planning officers in the field.

Table 3. Final model of multivariate analysis of the role of decision makers on the use of MKJP in Indonesia based on 2017 SDKI data

		B	S.E	Wald	Df	Sig.	Exp(B)	95% CIfor EXP(B) Lower	Upper
Step 1 [a]	residence	-.121	,036	11,129	1	,001	,886	,825	,951
	Age	,565	,029	375,227	1	,000	1,759	1,662	1,863
	Education	,377	,027	193,987	1	,000	1,458	1,383	1,538
	decision maker	,265	,020	182.127	1	,000	1,303	1,254	1,354
	Constant	-3,659	.126	838,194	1	,000	.026		

a. Variable(s) entered on step 1: place_of_residence, age, education, decision_maker.

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The results of the multivariate analysis show that the residence variable has a sig. (P-Value) of 0.001, this shows that residence has a partial effect on the use of MKJP in Indonesia with an odds ratio of 0.886. The age variable has a sig value (P-Value) of 0.000, concluding that age has a partial effect on the use of MKJP in Indonesia with an odds ratio of 1.759. The education variable has a sig value (P-Value) of 0.000, which means that education has a partial effect on the use of MKJP in Indonesia with an odds ratio of 1.458. The decision maker variable has a sig value (P-Value) of 0.000, which means that decision makers have a partial influence on the use of MKJP in Indonesia with an odds ratio of 1.303.

Discussion

The results of univariate analysis in this study showed that non-MKJP users in fertile women were 75.5% while MKJP users were 24.5%. After carrying out statistical tests with the variables age, education, place of residence and decision maker, the sig value was obtained. 0.000 < 0.05 which shows that MKJP users are strongly influenced by the variables age, education, place of residence and decision maker. Meanwhile, visits from family planning officers and explanations from family planning officers did not have much influence on MKJP users' decisions. The statistical test results for visits by family planning officers using the chisquare test obtained a sig value of 0.665 >0.05, indicating that there was no significant relationship between visits by family planning officers and the use of MKJP, as well as the explanation of family planning given to acceptors obtained a sig value. (P-Value) 0.141>0.05. Thus, there is no relationship between the family planning officer's explanation of the use of MKJP.

Based on the 2020-2024 BKKBN Strategic Plan, this figure is slightly higher than the achievement target of 23.5%. However, these results show the figures for all provinces in Indonesia because in reality there are 12 provinces whose indicators are higher than the national indicators, but the combined MKJP achievements of the other 22 provinces are below the national indicators (Ihsani, Wuryaningsih, & Sukarno, 2019).

Research related to the number of MKJP users was also conducted by Ari Widyarni and Siska Dhewi (2018) which showed that the results of univariate analysis showed that the majority of respondents did not use MKJP family planning. The causes are varied, because they feel afraid and embarrassed when an IUD is installed, there are still respondents who do not understand MKJP family planning and some are caused by their husband's prohibition and lack of understanding about MKJP family planning and are influenced by other people (Ari Widyarni & Dewi, 2018).

In this research, the results showed that the biggest family planning decision maker was made by the husband, namely 59.5%, then by oneself at 33% and the decision was taken together with the husband at 7.6%. After statistical testing, it was obtained that the sig. (P-Value) value was 0.000 < 0.05, indicating that there was a significant relationship between decision makers and the use of MKJP. The decision maker is most influenced by the husband. This is in line with research conducted by Desi Satria et al, in the title Relationship between Knowledge Level, Husband's Support, and Mother's Attitude with the Use of IUD Contraception, from the results of the analysis the Odds Ratio (OR) was 10.261. This shows that the group of respondents with husband support is 3,219 times

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more likely to use an IUD than respondents who do not receive husband support (Desi Satria, 2022)

From the results of descriptive analysis based on the level of age demographic characteristics, it was found that 42.1% of old age (36-49 years) used MKJP, 29.8% of young age (15-24) used MKJP and 29.8% of middle age (25-35 years)) of 28.2%. After carrying out bivariate and multivariate analysis, a sig (P-Value) value of 0.000 <0.05 was obtained, indicating that there was a significant relationship between age and the use of MKJP. This is in line with the results of research conducted by Luki Trianto and Diah Indriani (2018) which states that the demand for use of contraceptives and the age of the respondent shows a very significant relationship. As age increases, the chances of respondents using contraception will be higher. Likewise, research by Resti Pujihasvuty (2017) stated that the pattern of relationship between the age of PUS women and contraceptive use in rural areas is the same as in urban areas. Birth control use increases as women age until the age of 44 years, but then decreases at the older age of 45-49 years as they approach menopause. (Trianto & Indriani, 2018)

Respondents had secondary education at 55.1%, primary education at 24.7%, tertiary education at 18.4%, the remaining 1.8% had no schooling. The results of bivariate and multivariate statistical tests showed a sig. (P-Value) of 0.000 < 0.05, indicating a significant relationship between education and the use of MKJP.

This is in accordance with previous research conducted by Luki Trianto and Diah Indriani which stated that a person's level of education greatly influences the person's ability to act and find solutions to all the problems in his life. With higher education, a person can act very rationally so that it will be easier to accept new ideas. Education in the real sense is a process of delivering material to targets with the aim of changing behavior and goals (Notoadmodjo, 2003). According to Kusumaningrum (2009), there is not always a significant relationship between education level and use of contraceptive methods. (Trianto & Indriani, 2018)

Looking at the description of education level, it was found that as many as 55.1% of respondents had Likewise, research conducted by Ari Widyarni and Siska Dhewi Based on the education level of respondents, shows that the majority of respondents have good education, namely high school, where the level of education in Law no. 23 of 2003 concerning the National Education System, it is stated that the secondary education level, namely 9 years, is the minimum limit for a good level of education. A high level of education will be able to encourage their ability to know and understand external information which is a source of information about MKJP Family Planning. This information was obtained from companions, health workers, parents, social media, internet, magazines and others (Widyarni & Siska, 2018)

The results of this research show that 75.5% of respondents live in villages, the remaining 24.5% live in cities. After testing with bivariate and multivariate sig values were obtained. 0.000 < 0.05 which indicates that there is a significant relationship between place of residence and the use of MKJP in Indonesia. Most urban areas in developing countries are often associated with more educated populations, better access to medical services such as

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family planning and other social services. Therefore, the level of contraceptive use is usually higher in urban areas compared to rural areas. In addition, the chance of becoming a contraceptive user for women living in urban areas is almost one and a half times higher than for women in rural areas.

This is in line with research conducted by Resti Pujihasvuty which shows that the number of modern family planning users in rural areas (61.9 percent) is greater than in urban areas (57.4 percent). However, the use of traditional family planning in urban areas (2.2 percent) is 1% greater than in rural areas. This shows a different trend from previous survey results. This analysis is needed to see the picture of contraceptive use between rural and urban areas, and to relate it to the characteristics of each region (Pujihasvuty, 2017).

According to Pastuti and Wilopo (2007), residential status between urban and rural areas with family planning use shows that 58.5% of respondents who live in urban areas want to limit and regulate birth spacing. The results of research conducted by Luki Trianto and Diah Indriani showed that WUS in East Java showed different results from previous research, here the results showed that MKJP users lived more in urban areas and preferred to use the IUD contraceptive method. The probability of using an IUD rather than an implant method in urban areas is 2.865 times compared to WUS who live in rural areas. Factors that influence WUS who live in urban areas have higher education, it is easier to reach health service facilities and access to information from various media is easier to obtain. This is in line with research conducted by Magetin (2016) which states that the area of residence has an influence on contraceptive use. (Trianto & Indriani, 2018)

From the results of this research, it was found that the role of family planning officers who visited the field was that 96.7% admitted that they had never been visited by family planning officers in the last 6 months. However, after bivariate analysis, the sig value was obtained. (P-Value) is 0.665 > 0.05, thus there is no significant relationship between visits by family planning officers to the field and the use of MKJP. This is different from the results of research conducted by Trianingsih in 2021 which stated that there was a significant relationship between the role of health workers and IUD family planning acceptors at the UPTD Pengandonan Muara Enim Health Center in 2021. Trianingsih in 2021 stated that there was a significant relationship between the role of medical personnel and those who received family planning at the UPTD Puskesmas Pengandonan Muara Enim in 2021. The results of the analysis obtained an OR value of 35.00, meaning that respondents who had a good relationship with the role of health workers had a 35.00 chance of using IUD contraception compared to respondents who had fewer roles than health workers. (trianingsih, sari, hasbiah, & hamid, 2021)

Family planning field officers (PLKB) are BKKBN officers who carry out management functions, mobilizing and developing potential, community participation in accordance with organizational demands and the needs of the National Family Planning Program at the Village/District level. Based on the results of research conducted by Jusriani in 2022, it was concluded that the formal approach taken by PLKB, namely determining and informing counseling schedules for couples of childbearing age and carrying out persuasive education played a role in the success of the MKJP program (Dariah, 2020).

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The results of this research illustrate that the explanation of family planning provided by family planning officers to acceptors was only around 25%, while 75% of respondents admitted that they had never been given an explanation by family planning officers about MKJP and its use. The results of the bivariate test obtained a sig value. 0.141 > 0.05, thus there is no significant relationship between the explanations obtained from family planning officers regarding the use of MKJP in Indonesia. This is contrary to the results of research conducted by Tri Sundari, Pipit Feriani Wiyoko in 2020 which stated that there was a relationship between the role of health workers and the behavior of using contraceptives (Sundari & Wiyoko, 2020).

Meanwhile, the results of research conducted by Dicky Yusuf showed that 60% of respondents perceived that PLKB communication with the community was quite good, while 40% perceived that communication was not going well with PLKB officers. These results indicate that in general PLKB communicates well with the community, therefore, to increase the success of achieving community participation in the family planning program, good communication must be carried out with the community. (Dicky Yusuf, 2018) .

CONCLUSION

The results of the analysis show that the role of decision makers regarding the use of MKJP in Indonesia (p.value 0.000), age (p.value 0.000), education (p.value 0.000), place of residence (P-Value 0.000) have a significant relationship with the use of MKJP in Indonesia. The results of the analysis obtained obtained an OR value of 1.303, which means that respondents who had a decision-making role were 1.3 times more likely to use MKJP compared to respondents who had less of a decision-making role. The age factor obtained an OR value of 1.739, meaning older respondents were 1.7 times more likely to use MKJP. Compared with respondents who were of medium or young age and the maternal education factor, an OR value of 1.458 was obtained, meaning that respondents with secondary education were 1.4 times more likely to use MKJP compared with respondents with higher and lower education. The residence factor obtained an OR value of 0.886, meaning that respondents who lived in villages used MKJP 0.8 times compared to respondents who lived in cities .

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