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Original Article

Contraceptive Methods Selection in Women of Childbearing Age (WUS) in South Sulawesi Province

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ABSTRACT

The primary challenge in the population domain is the presence of a large population with a relatively high growth rate. This study aims to ascertain the distribution of modern contraceptives and identify the variables influencing the selection of contraceptive methods among women of childbearing age. The research employed an analytical cross-sectional study design, utilizing bivariate analysis (chi-square test) and multivariate analysis (logistic regression test) for data analysis. The study used secondary data from the 2019 SKAP. The population and research sample were taken based on the cluster approach as an enumeration area. This study takes all women of childbearing age (15-49 years) based on selected clusters in South Sulawesi Province. Among the participants, 205 (25.6%) chose Long-Term Contraceptive Methods (MKJP), while 599 (74.4%) opted for Non-Long-Term Contraceptive Methods (Non-MKJP). Bivariate analysis revealed three variables significantly associated with the choice of contraceptive method: education level, parity, and husband's support (p-value < 0.05). In the logistic regression test utilizing the backward method, the Odds Ratio (OR) values were obtained: for parity (OR = 1.683), signifying that women with child parity >2 were 1.683 times more likely to use MKJP compared to those with parity 2; for husband's support (OR = 1.733), indicating that women receiving husband's support had 1.733 times the likelihood of using MKJP compared to those without husband's support; and for education level (OR = 2.008), suggesting that those with a higher education level were 2.008 times more likely to use MKJP compared to those with lower education. The sequence of related variables influencing contraceptive choice was education level, followed by husband's support, and then parity percentage.

Keywords: *SKAP Data, Contraceptive Methods Selection, Women of Childbearing Age*

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INTRODUCTION

Population issues persist as a significant challenge for developing nations, including Indonesia. Key challenges in the realm of population include a sizable population coupled with a relatively high growth rate, uneven population distribution, a youthful age structure, and the need for improvement in population quality. Among these challenges, a prominent issue is the high birth rate in Indonesia. According to a survey conducted by the Central Agency of Statistics (Indonesian: *Badan Pusat Statistik, BPS*), the country's population continues to rise annually. The World Health Organization's Expert Committee on Family Planning in 1970 defined Family Planning (Indonesian: *Keluarga Berencana,* hereinafter referred to as *KB*) as an initiative that assists married couples in preventing unwanted pregnancies, achieving desired births, managing the spacing between pregnancies, aligning birth timing with the age of the couple, and determining the number of children within the family[1].

One of the objectives of national development is to attain Balanced Population Growth (Indonesian: *Penduduk Tumbuh Seimbang, PTS*) by actively working towards reducing the Population Growth Rate (*Laju Pertumbuhan Penduduk, LPP*) and fostering the establishment of quality families. The targeted indicators for population development and Family Planning (KB), as outlined in the 2015-2019 RPJMN, encompass a decline in the total birth rate (TFR), an elevation in the prevalence rate of modern contraception (CPR), a reduction in the unmet need for family planning, an increase in the number of active family planning participants employing long-term contraceptive methods (Indonesian: *Metode Kontrasepsi Jangka Panjang*, MKJP), and a decrease in contraceptive discontinuation rates[2]. The focus of the family planning program is on couples of childbearing age (Indonesian: *Pasangan Usia Subur, PUS*), with a more specific emphasis on women of childbearing age (Indonesian: *Wanita Usia Subur, WUS*) within the 15-49 years age [3]. The efficacy of family planning services is gauged by examining the coverage of family planning participants who have utilized contraception, the distribution of family planning services, and the types of contraceptives embraced by acceptors [4].

Based on data from the 2017 Indonesian Demographic and Health Survey (IDHS), it was observed that contraceptive usage among married women aged 15-49 stands at 57%. Out of this, 49% opt for modern contraceptive methods, while 8% rely on traditional contraceptive approaches. The most prevalent contraceptive method chosen by married women is birth control injections, accounting for 25%, followed by pills (11%), birth control implants, and intrauterine devices (IUDs) at 6% and 2% respectively, and the Standard Days Method (MOW) at 3%. Birth control implants, IUDs, and MOW are categorized as long-term contraceptive methods (MKJP), and within the framework of the Population Family Planning and Family Development (Indonesian: *Kependudukan Keluarga Berencana dan Pembangunan Keluarga, KKBPK*) Program, 10% of women are utilizing these recommended methods [5].

Despite the promotion of family planning services by the Indonesian government, the country still grapples with a high population growth rate. One contributing factor to this challenge is the selection of inappropriate contraceptive methods. In practice, women encounter numerous difficulties in identifying a suitable contraceptive method for themselves. These obstacles often stem from a lack of knowledge. The decision-making process for choosing contraception involves various considerations, such as the individual's health status, potential side effects, the risk of failure or unintended pregnancy, desired family size, spousal consent, cultural values, environmental factors, and family dynamics [6]. Additionally, the choice of contraceptive method can be influenced by factors like age, education level, knowledge, number of children, spousal support, cultural norms, and economic status.

The government prioritizes the use of long-term contraceptive methods (MKJP), reasoning that MKJP is more cost-effective and efficient compared to non-MKJP[7]. MKJP proves to be more economical in terms of budget allocation and contraceptive distribution, and it is also more effective due to its lower rates of side effects, complications, and failures [7]. MKJP serves as an efficient contraceptive option with an extended period of utility and milder side effects. Nevertheless, the annual count of MKJP users remains lower than that of non-MKJP users.

In Indonesia, the findings from the 2017 IDHS reveal that 64% of married women aged

15-49 utilize family planning, with 57% opting for modern contraceptive methods. Among married women using contraception, 13% employ Long-Term Contraceptive Methods (MKJP), including IUDs, implants, and tubectomy (surgery for women). According to the 2017 IDHS results, the most widely used contraceptive method among married women is birth control injections, accounting for 29%, followed by pills at 12%, and birth control implants and IUDs each at 5%, with tubectomy at 4%. Despite an increase in the use of modern contraceptive methods among married women from the 2002/2003 IDHS to the 2012 IDHS, there was a slight decline in the 2017 IDHS [5].

Meanwhile, according to the results of the Program Performance and Accountability Survey (Indonesian: *Survey Kinerja dan Akuntabilitas Program, SKAP 2019*), the national data indicates that 59% of married women use contraceptive methods, with 55% opting for modern contraceptive methods, and only 4% using traditional contraceptives. In terms of specific modern contraceptive devices/methods, the majority prefer injections, constituting 29% (25% for 3-month injections and 4% for monthly injections). The next frequently used methods include pills (11%), birth control implants (5%), intrauterine devices (IUDs)/spirals (5%), female sterilization (4%), male condoms (2%), male sterilization, and emergency contraception (each at 0.1%)[8]. Based on this data, it is evident that there is still limited interest among women of childbearing age in adopting Long-Term Contraceptive Methods (MKJP). Meanwhile, BPS data from South Sulawesi Province in 2016 [9], reveals that the percentage of new family planning participants and active family planning in the province experienced fluctuations from 2010 to 2014. Barru Regency (28.79%), Bone (28.66%), and Tana Toraja (25.92%) were the regencies with the highest percentage of new family planning participants, whereas Pinrang District (1.26%), Bulukumba District (4.57%), and Takalar District (4.97%) had the lowest percentages.

Understanding the patterns and disparities in contraceptive usage among Women of Childbearing Age (WUS) is crucial, particularly in endeavors to manage birth rates and population growth. Numerous factors play a role in an individual's decision-making process when selecting a contraceptive method. Considerations involve individual aspects, health considerations, and contraceptive-specific factors such as cost and potential side effects [10]. Factors influencing the utilization of Intrauterine Devices (IUDs) encompass internal factors like knowledge, education, and parity, as well as external factors such as spousal support, sexual comfort, trust, cultural influences, and information provision [11].

Presently, there is a higher number of Family Planning (KB) users employing non-Long-Term Contraceptive Methods (non-MKJP) compared to those using Long-Term Contraceptive Methods (MKJP). Despite the effectiveness of MKJP family planning in reducing fertility, the prevalence of non-MKJP users remains significant. Building on the background information provided, the researcher has formulated the problem statement for this study to investigate the factors influencing the choice of contraceptive methods (MKJP and non-MKJP) among women of childbearing age in South Sulawesi Province. The primary objectives of this study are to assess the distribution of modern contraceptive method usage concerning long-term and short-term contraceptive methods and to identify the variables associated with the selection of modern contraceptive methods among women of childbearing age.

METHOD

This study employed analytical research design with a cross-sectional study approach. This study used data from the 2019 Program Performance and Accountability Survey (SKAP), a component of the Population Family Planning and Family Development (KKBPK) program designed by the National Population and Family Planning Board (Indonesian: *Badan Kependudukan dan Keluarga Berencana Nasional, BKKBN*). The survey was conducted with a cluster approach as an enumeration area. The sample frame consists of: (1) The first stage of the sample frame is a list of villages (desa/ kelurahan) throughout Indonesia equipped with urban/rural classification information, and considering the wealth index, (2) The second stage sample frame is a list of clusters in selected villages (desa/ kelurahan), (3) The third stage sample frame is a list of household listing results in selected clusters. Cluster samples in South Sulawesi as many as 75 clusters and 35 selected households for each cluster. The SKAP aims to generate parameter estimates at both provincial and national levels. The research population

comprised all women of childbearing age (WUS) aged 15-49 years in South Sulawesi Province. The study samples consisted of all WUS aged 15-49 years in South Sulawesi Province, and the data is drawn from the raw 2019 SKAP data through a sampling process involving clustering.

The analysis of data involved both bivariate and multivariate methods. Bivariate analysis was conducted using the chi-square test, while multivariate analysis employed the logistic regression test.

RESULTS

The findings of this study encompassed a total of 805 participants who were Women of Childbearing Age (WUS), ranging in age from 15 to 49 years.

Table 1. Frequency Distribution of Respondent Characteristics

No	Respondent Characteristics	n	%
1.	Education Levels		
	High	295	36.6
	Low	510	63.4
2.	Occupations		
	Working	140	17.4
	Does not work	665	82.6
3.	Ages		
	≤30 years	199	24.7
	>30 years	606	75.3
4.	Number of parities		
	≤2 children	432	53.7
	>2 children	373	47.3
5.	Place of residence		
	Urban	276	34.3
	Rural	529	65.7
6.	JKN ownership		
	Yes	203	25.2
	No	602	74.8
7.	Husband's Support		
	Yes	335	41.6
	No	470	58.4
8.	Selection of Contraceptive Method		
	MKJP	206	25.6
	Non MKJP	599	74.4
Total		805	**100**

Source: South Sulawesi Province SKAP data, 2019

According to Table 1, a significant proportion of participants exhibit a lower educational attainment and are not currently employed. The majority of respondents are over 30 years old, with a greater number having two or fewer children. Additionally, a majority resides in rural areas and lacks National Health Insurance (JKN). Furthermore, a substantial number of participants do not receive support from their husbands in selecting a contraceptive method. Notably, in the decision-making process for contraceptive methods, a higher percentage of respondents opt for Non-Long-Term Contraceptive Methods (Non-MKJP) compared to Long-Term Contraceptive Methods (MKJP).

Table 2. Distribution of Contraceptive Method Use

No	Contraceptive Method	n	%
1.	MKJP		
	Tubectomy	39	4.8
	Vasectomy	4	0.5
	Birth control	110	13.7
	implants/implants	53	6.6
	IUD/ Spiral		
2.	Non MKJP		
	1-month injection	27	3.4
	3-month injection	382	47.5
	Pill	180	22.4
	Male Condom	10	1.2
Total		805	100

Source: South Sulawesi Province SKAP data, 2019

According to Table 2, the utilization of contraceptive methods is more prevalent with non-Long-Term Contraceptive Methods (non-MKJP) compared to Long-Term Contraceptive Methods (MKJP). Non-MKJP includes methods such as 1-month injections, 3-month injections, pills, and male condoms. The table highlights that the most commonly chosen non-MKJP method is the 3-month injection, accounting for 47.5%. On the other hand, MKJP comprises female sterilization/ tubectomy, male sterilization/ vasectomy, birth control implants, and intrauterine devices (IUDs)/spirals. Among MKJP users, birth control implants are the most frequently chosen method, constituting 13.7%. This shows that respondents prefer to use non-MKJP compared to Long Term Contraceptive Methods (MKJP) which have a higher level of effectiveness.

Based on bivariate analysis (see Table 3), three variables exhibit a significant association with the choice of contraceptive method: education level, number of parities, and husband's support (p-value < 0.05). Meanwhile, employing the backward method in logistic regression testing yielded Odds Ratio (OR) values (refer to Table 5). Specifically, for the

parity variable (OR=1.683), it indicates that women with a child parity greater than 2 are 1.683 times more inclined to utilize Long-Term Contraceptive Methods (MKJP) compared to those with a parity of 2 or less. Regarding the husband's support variable (OR=1.733), it suggests that women who receive support from their husbands are 1.733 times more likely to opt for MKJP compared to those without such support. Furthermore, for the education level variable (OR=2.008), a higher level of education corresponds to a 2.008 times greater likelihood of selecting MKJP compared to individuals with a lower educational background.

Table 3. Bivariate Analysis Results

		MKJP		Non MKJP		*p-value*	OR
		n	%	n	%		(95% CI, min-max)
Education Levels	High	101	34.2	194	65.8	<0.0001	2.008
	Low	105	20.6	405	79.4		(1.455 – 2.772)
Occupations	Working	43	30.7	97	69.3	0.155	1,365
	Does not work	163	24.5	502	75.6		(0.915-2.037)
Ages	>30 years	150	24.8	456	75.2	0.392	0.840
	≤30 years	56	28.1	143	71.9		(0.586-1.204)
Place of residence	Urban	72	26.1	204	73.9	0.882	1.040
	Rural	134	25.3	395	74.7		(0.746 – 1.451)
JKN ownership	Yes	56	27.6	147	72.4	0.509	1.148
	No	150	24.9	452	75.1		(0.802-1.644)
Number of Parities	>2 children	111	29.8	262	70.2	0.015	1.503
	≤2 children	95	22.0	337	78.0		(1.094-2.065)
Husband's Support	Yes	108	32.2	227	67.8	<0.0001	1.806
	No	98	20.9	372	79.1		(1.312-2.486)

Source: South Sulawesi Province SKAP data, 2019

Table 4. Bivariate Selection Results

Variables	*p-value*	OR
Education Level	<0.0001	2.008
Number of Parities	0.015	1.503
Husband's Support	<0.0001	1.806
Occupations	0.155	1.365

Source: South Sulawesi Province SKAP data, 2019

Table 5. Logistic Regression Results

	Coefficient	S.E.	Wald	df	P-value	OR	95% C.I	
							Lower	Upper
Number of Parities	.520	.167	9.661	1	.002	1.683	1.212	2.336
Husband's Support	.550	.167	10.866	1	.001	1.733	1.250	2.402
Occupations	.697	.169	17.054	1	.000	2.008	1.442	2.796
Constanta	-1.851	.166	124.046	1	.000	.157		

Source: South Sulawesi Province SKAP data, 2019

DISCUSSION

Education Level with Contraceptive Method Selection

Women aged 15-49 with higher levels of education are more likely to opt for Long-Term Contraceptive Methods (MKJP) compared to their counterparts with lower educational attainment. This observation aligns with studies conducted in Qatar, highlighting the impact of knowledge on women's contraceptive choices [12].

Similar findings were reported by Nilawati et al., indicating a correlation between education and contraceptive method usage among women in the age group of ASFR (Age-Specific Fertility Rate) [13]. Additionally, Kartika et al. conducted research that supports the current study, revealing a positive influence of education on the preference for long-term contraceptive methods among women of reproductive age [14].

However, the findings of this study contrast with the research conducted by Agustina and Nawati [15]. The bivariate analysis, utilizing the chi-square statistical test, yielded a p-value of 0.151, indicating an absence of a significant relationship between the respondent's education level and contraceptive use. Interestingly, contraceptive utilization is more prevalent among respondents with lower education levels compared to those with higher education levels. Similarly, Yulizawati's research found no discernible influence of the respondent's education on the use of long-term contraceptives [16]. Education is a lifelong endeavor aimed at fostering personal and intellectual development, both within and beyond the formal educational setting. It profoundly impacts the learning process, with higher levels of education facilitating easier access to information for individuals.

Occupations with Contraceptive Method Selection

The results of this study reveal a significant value of 0.155, which exceeds 0.05 (0.155 > 0.05), indicating the absence of a relationship between employment and the selection of contraceptive methods. This aligns with research conducted by Triyanto et al., demonstrating that employment status is not linked to the choice of contraceptive methods[17]. Similarly, studies by Bernadus et al. underscore that there is no significant association between employment status, whether employed or unemployed, and the preference for contraception, as contraceptive use does not interfere with daily activities [18]. This is in tandem with research by Damayanti et al., which indicates that there is no substantial correlation between the type of work and the choice of long-term contraceptive methods for family planning [19]. Work, defined as a person's economic activity to earn a living and sustain income or profit, may influence contraceptive decisions. The employment status of wives can sometimes impact contraceptive use, with employed wives having potentially less time to dedicate to family care, especially for children, compared to non-working wives. This circumstance may contribute to a higher prevalence of contraceptive use among working wives[20].

Women of childbearing age who work or have sedentary jobs tend to favor MKJP contraception due to their convenience, safety, and long-term efficacy. MKJP usage is often aimed at regulating birth intervals and limiting the number of children, enabling individuals to manage their careers and work without disruption. However, the findings of this study diverge from the results of this study, as it was discovered that a higher proportion of women who opted for MKJP were those who were not employed, in contrast to those who held jobs.

Age with Contraceptive Method Selection

This study indicates that individuals aged over 30 are more inclined to choose Non-Long-Term Contraceptive Methods (Non-MKJP), while those aged 30 or younger also exhibit a higher likelihood of opting for Non-MKJP over Long-Term Contraceptive Methods (MKJP). However, the analysis results reveal a p-value of 0.392, surpassing the 0.05 threshold, indicating no significant association between age and the choice of contraceptive method. These findings deviate from research conducted by Indahwati et al., which identified a significant relationship between age and contraceptive method preference, yielding a p-value of 0.000[21]. It is plausible that this discrepancy is attributed to the unique insights provided by Indahwati's research, where mothers aged 20 to 35 predominantly favored non-MKJP, whereas those aged over 35 leaned towards MKJP—a pattern distinct from the results of the present study.

Similarly, these results do not align with findings from Aryati et al., who identified a significant impact of age on contraceptive utilization [22]. Moreover, research conducted by Musdalifah et al. established that maternal age significantly influences the adoption of modern contraception [23]. Both studies concluded that the relationship between contraceptive use and women's age follows an inverted U-shaped model. Older women of childbearing age are more likely to use contraception until the age of 30-34, after which there is a decline in contraceptive use among women over 40. However, these patterns do not correspond to the findings of the present study.

Place of Residence with Contraceptive Method Selection

This study obtained a significant value of 0.882, indicating that the probability is greater than 0.05 (0.882 > 0.05), suggesting the

absence of a relationship between the place of residence and the choice of contraceptive method. This finding aligns with the research conducted by Nilawati [13] where a significant value of 0.748 was obtained, again indicating that the probability (significance) is greater than 0.05 (0.748 > 0.05), signifying no significant relationship between the area of residence and contraceptive usage. However, these results diverge from the findings of Haerawati Idris, who, using SUSENAS 2014 data [24], where a significant value of 0.748 was obtained, again indicating that the probability (significance) is greater than 0.05 (0.748 > 0.05), signifying no significant relationship between the area of residence and contraceptive usage. However, these results diverge from the findings of Haerawati Idris, who, using SUSENAS 2014 data [25].

Additional research has identified a notable correlation between the place of residence and contraceptive utilization, as evidenced by a smaller p-value of 0.000 compared to $\alpha = 0.05$, indicating the rejection of the null hypothesis (Ho). This implies a discernible influence of the place of residence on contraceptive use among women of childbearing age [26]. The disparity in results can be attributed, in part, to differences in sample sizes. In the study by Aminatussyadiah and Prastyoningsih, the sample comprised women of childbearing age, with a higher likelihood (62%) of residing in urban areas compared to rural areas (38%). This demographic composition influenced women of childbearing age in urban areas, who tended to have higher levels of education, easier access to healthcare facilities, and greater accessibility to information through various media channels. Conversely, in the present study, the majority of the sample (65.7%) resided in rural areas, while only 34.3% lived in urban areas, among a total sample size of 805 individuals.

JKN Ownership with Contraceptive Method Selection

The BPJS Health membership card serves not only as a means to access health services and treatment but also as a tool for obtaining family planning services. An analysis of the utilization of the BPJS Health card for contraceptive purposes was conducted among women who engaged in family planning services during the JKN era. The research findings indicate a significant value of 0.509, which is greater than 0.05, suggesting that there is no association between JKN ownership and the selection of contraceptive methods. This aligns with the results of a study by Widiawati et al., which investigated JKN ownership in both high-coverage and low-coverage groups. The bivariate test analysis of JKN ownership in the high-coverage group (Puskesmas Alianyang) and the low-coverage group (Puskesmas Karya Mulia) using the Independent T Test yielded a p-value of 0.514 ($p > 0.05$) [27]. This indicates that there is no disparity in JKN ownership between the high-coverage and low-coverage groups.

This aligns with research conducted by Oesman, which observed a significant decline in the proportion of contraceptive use, including Long-Term Contraceptive Methods (MKJP), one year after the initiation of the JKN program compared to the period before JKN [28]. Despite this decline in MKJP usage, the utilization of injections and pills remained high, and there was a notable surge in family planning services at community health centers. The research also indicates a substantial relationship between the use of BPJS Health cards for family planning services and the adoption of MKJP. However, it's noteworthy that the utilization of BPJS Health cards for family planning services remains relatively low, despite having nearly four times the potential to promote the adoption of MKJP in family planning.

Number of Parity with Contraceptive Method Selection

The number of parities is associated with the choice of contraceptive method, evident by a p-value of 0.015. Mothers with a child parity >2, are 1.683 times more likely to use MKJP than mothers with a parity of ≤2. These findings align with a study by Obwoya conducted in Juba, South Sudan, which identified a significant relationship between the number of live births and contraceptive use, presenting an Odds Ratio (OR) value of 1.242, indicating a robust influence of this variable [29]. The results of the current study also resonate with research by Dewi et al., where a connection was established between the number of children and the involvement of couples of childbearing ages (PUS) in using MKJP at Tebalo Manyar Gesik Polindes (sig=0.000). Specifically, respondents with more than four children faced a 9.789 times higher risk of not using MKJP compared to those with 1-2

children [30]. The trend suggests that an increasing number of children correlates with a greater likelihood of opting for a reliable contraceptive method to manage fertility.

This study diverges from the findings of research by Titaley in Maluku Province, which concluded that there was no discernible relationship between the number of live birth children and the utilization of family planning services [31]. Additionally, research by Nilawati et al. also reported no significant association between the number of parities and contraceptive use [13]. The number of children plays a crucial role in the context of family planning programs. This metric is consistently assumed to be linked to contraceptive utilization, as one of the primary goals of family planning programs is to encourage families to achieve the optimal number of children. The concept revolves around the slogan "two children are better," aiming to promote the idea of having two children in each family.

Husband's Support in Choosing a Contraceptive Method

Husband's support refers to the assistance provided by the husband to his wife, encompassing psychological aid through motivation, attention, and acceptance (Goldberger & Brezbis, 1982) [32]. The research findings indicate a significant correlation between husband's support and the choice of contraceptive method, with a p-value of (<0.0001 <0.05). This aligns with a study by [33] demonstrating $\rho = 0.000 > \alpha = 0.05$, indicating a relationship between husband's support and the selection of either MKJP or non-MKJP contraception among mothers at the Modopuro Health Center in Mojosari Regency. Additionally, this research concurs with a study by Sudirman et al., revealing a substantial relationship between husband's support and the choice of contraceptive method among couples of childbearing age at the Sunyaragi Community Health Center in Cirebon City in 2020 (p-value=0.000 < 0.05) [34]. This implies that the presence of husband's support can influence the contraceptive choices made by women of childbearing age. However, these findings contrast with research by Amir et al., which found no association between husband's support and contraceptive choices at the Minasaupa Health Center in Makassar [35].

Husband's support is a feature of interactions occurring within various individual social relationships, particularly within the context of the wife. It has become a customary practice that decisions must receive approval from the husband or those holding authority within the household. This significantly impacts a mother's decision to become a contraceptive acceptor. The family holds a paramount role in the selection of a contraceptive method. If there is disagreement within the family, the mother may reassess her choice, and in most cases, mothers tend to align their decisions with the preferences of their husbands or other family members [36].

This study has certain limitations. The sample was drawn from all Women of Childbearing Age (WUS) aged 15-49 years in South Sulawesi Province, utilizing secondary data from the 2019 SKAP raw data obtained through a clustering-based sampling process. The sampling approach involved selecting samples with complete data, and the variables studied were adjusted based on the existing secondary data.

This study has limitations because it only uses secondary data that has been determined by the sample method. In addition, this study also only took complete data based on raw data. This makes it unable to dig deeper into potential factors such as culturally diverse factors that play an important role in determining contraceptive choices. and even other variables due to limited data available.

CONCLUSION

The selection of contraceptive methods is associated with education level, parity, and husband's support. On the other hand, employment, age, place of residence, and ownership of JKN do not exhibit a correlation with the choice of contraceptive method. The sequence of related variables is education level, followed by husband's support, and then parity.

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CONFLICT OF INTEREST

The authors declare no conflict of interest

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