# Analysis of Factors Influencing the Selection of Contraceptive Methods in Women of Reproductive Age

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## ABSTRACT

**Background:** Only 19% of women of reproductive age in Indonesia use long-term contraceptive methods, with injectable birth control being the most frequently used method at 43.5%. A comprehensive understanding of the factors that influence contraceptive selection is essential for designing effective family planning programs and improving the reproductive health of women of reproductive age. This study aims to identify the factors that affect the selection of contraceptive methods among women of reproductive age in Cikunir Village, Tasikmalaya.

**Subjects and Method:** This study uses an observational analytical design with a cross-sectional study. This research was conducted in Cikunir Village, Tasikmalaya. Samples were taken using purposive sampling techniques, consisting of 153 women of reproductive age (15-44 years) who had more than two children and had no contraindications to birth control. The dependent variable was use of contraceptives. The independent variables were demographic, socio-economic, knowledge, attitudes, accessibility of health services, and the role of health workers. Data collection using a primary questionnaire that had been validated and tested for reliability. Data analysis using chi-square tests and multivariate logistic regression

**Results:** Knowledge (OR=15.08; 95% CI=5.11 to 44.48; p<0.001), husband's support (OR=7.94; 95% CI=2.95 to 21.35; p<0.001), high income (OR=5.50; 95% CI=1.80 to 16.74; p=0.003), and parity (OR= 3.33; 95% CI=1.20 to 9.20; p=0.020) increased the likelihood of contraceptive use.

**Conclusion:** The factors that affect the choice of contraceptive use in women of reproductive age in Cikunir Village are knowledge, husband's support, high income, and parity.

**Keywords:** contraceptives, women of reproductive age, knowledge, husband support, parity

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## BACKGROUND

Only 19% of women of reproductive age in Indonesia use long-term contraceptive methods, while injectable contraception remains the most commonly used method at 43.5%. Data from Tasikmalaya Regency in 2019 indicate that the coverage rates for contraceptive use were as follows: intrauterine devices (IUDs) 6.68%, female sterilization 2.48%, male sterilization 0.12%, implants 4.84%, condoms 0.91%, injections 54.70%, and oral pills 29.92%. In 2020, the coverage of long-term contraceptive methods (LTCM) in Tasikmalaya Regency

reached 19.04%, with an unmet need of 12.64% (National Development Planning Agency of the Republic of Indonesia, 2019).

This condition shows that injectable birth control is still the main choice for women of reproductive age. If couples of reproductive age do not use contraception, this can exacerbate population problems in Indonesia, including an increase in the number of unplanned births, which have the potential to lead to stunting and population explosions, as well as increasing the rate of early marriage. These negative impacts can extend to social, economic, educational, and population aspects as a whole.

Therefore, a comprehensive understanding of the factors influencing contraceptive choice is essential for designing effective family planning programs and improving the reproductive health of women of reproductive age. In its effort to enhance public welfare and quality of life, the Indonesian government, through the 2020–2024 National Medium-Term Development Plan, has prioritized strengthening health services—particularly primary health care—by promoting promotive and preventive approaches supported by innovation and the use of technology. One of the key manifestations of these efforts is the improvement of maternal, child, family planning, and reproductive health services, with a particular emphasis on increasing the utilization of postpartum family planning to reduce or maintain the national Total Fertility Rate (National Development Planning Agency of the Republic of Indonesia, 2019; Kemenkes, 2023). Given that contraceptive methods have a substantial impact on fertility and national health (Babalola et al., 2015; Okigbo et al., 2015), this study aims to identify the factors influencing contraceptive method choice among women of reproductive age in Cikunir Village, Tasikmalaya.

The findings of this study are expected to inform the development of appropriate interventions to support women's contraceptive decision-making, in alignment with the Sustainable Development Goals, which emphasize ensuring universal access to reproductive health and contraceptive services (United Nations, 2019).

Previous research has identified various factors that influence the choice of contraceptive methods, such as availability, affordability, accessibility of methods, couples' education level, traditions, religion, culture, health status, number of children, and socioeconomic status (Lamina and Ikhile, 2015; Okigbo et al., 2017). In Nigeria, traditional and cultural beliefs are barriers (Adefalu et al., 2018), and cultural norms also impact contraceptive choices in the Republic of Niger (Mayaki and Kouabenan, 2015). Research in Iran shows that age, residential location, home size, family income, and husband support influence women's contraceptive choices (Karami et al., 2021). Other factors that are also reported to affect the use of modern contraceptives include marital status, women's age, income level, lack of knowledge about modern contraception, attitudes, social support, and the availability and accessibility of modern contraceptives (Alem, 2015; Debebe et al., 2017; Geremew and Gelagay, 2018). In addition, individual factors, health factors, and contraceptive method factors such as cost and side effects are also important considerations.

Although much research has been conducted in Indonesia and other countries on these factors, local contexts and socio-cultural changes can influence the dynamics of contraceptive selection. Therefore, this study is designed to provide a deeper understanding of the factors influencing the selection of contraception in women of

reproductive age in Cikunir Tasikmalaya Village, taking into account the local context and factors that may not have been explored extensively. Based on this background, the formulation of the research problem is to provide a deeper understanding of the factors influencing the selection of contraception in women of reproductive age in Cikunir Village, Tasikmalaya by considering the local context and factors that may not have been explored much in previous studies. The purpose of this study is to identify these factors.

## SUBJECTS AND METHOD

### 1. Study Design
This study uses an observational analytical design with a cross-sectional approach. The research will be carried out in Cikunir Village, Singaparna Regency, in 2025 (January-December).

### 2. Population and Sample
The study population was all family planning acceptors in Cikunir Village, Tasikmalaya. Sampling was carried out by purposive sampling. The inclusion criteria in this study were women of reproductive age (15–44 years) who had more than two children. The exclusion criteria were women with contraindications to family planning methods in Cikunir Village during the May 2025 data collection period. A total of 153 respondents were included in the study, distributed proportionally across 12 integrated community health posts (posyandu) in Cikunir Village based on the percentage of women of reproductive age served by each posyandu.

### 3. Study Variables
The dependent variable was the selection of contraceptive methods. The independent variables were knowledge, income, parity, and husband support.

### 4. Operational Definition of Variables
**Age:** The age of the woman of reproductive age. Age 35 is set as a risk limit.

**Education:** The process of developing human behavioral abilities through knowledge. Education is categorized into basic education (elementary to junior high school) and higher education.

**Employment:** Activities that generate income.

**Income:** All receipts in the form of money or goods that are in return for services in a certain period of time, measured per month (Johar et al., 2019). It is categorized as low (<2 million Rupiah/month) and high (>2 million Rupiah/month).

**Parity:** The number of children a person has ever had, either alive or dead. Parity is more than twice as likely to be high risk to maternal and child health.

**Knowledge:** The result of the process of knowing after observation of a particular object. The level of knowledge includes knowing, understanding, application, analysis, synthesis, and evaluation (Notoatmodjo, 2012a). It is categorized as good if you are able to answer at least 50% of the questions correctly.

**Attitude:** An individual's assessment of something, formed after acquiring knowledge, consists of beliefs, emotions, and a tendency to act. The level: accepting, responding, appreciating, responsible. Categorized as positive if you are able to answer at least 50% of questions positively.

**Husband Support:** Consent and assistance of the husband as the head of the family in making decisions on the use of contraception (Ezeanolue et al., 2015). Categorized as supportive if you are able to answer at least 50% of the questions correctly.

**Culture:** A set of values, norms, and practices that influence a person's behavior in a social environment, including health-related.

Categorized as supportive if able to answer at least 50% of the questions correctly.

**Health Worker Support:** The quality of service, empathy, sensitivity, friendliness, and responsiveness of health workers (midwives, doctors, nurses) in providing information and motivation for contraceptive use (Soin et al., 2022). Categorized as supportive if able to answer at least 50% of the questions correctly.

**Access to Health Service Facilities:** Affordability of location, distance travel, and means of transportation to health facilities that provide family planning services. Categorized as supportive if able to answer at least 50% of the questions correctly.

### 5. Study Instruments

The instrument used in this study is a questionnaire sheet that has been prepared in accordance with WHO standards. In addition, voice recording tools, documentation, and writing tools are also used. Before the questionnaire was used, a validity and reliability test was carried out on 20 respondents outside the sample. The reliability test used the Cronbach Alpha method, with the instrument said to be reliable if the result was above 0.279. The validity test uses the Cronbach Alpha formula (dk=n-1), with the instrument said to be valid if the calculated value is greater than the rtable (for dk=49, the r table is 0.281).

### 6. Data analysis

Data were collected primarily using questionnaires. Data processing is carried out through several steps, namely editing (checking the correctness of the data), coding (giving numerical codes), data entry (entering data into a master table or computer database, making a simple frequency distribution/contingency table), and conducting technical analysis using applied statistical science. The presentation of data was carried out with narrative text and its analysis, using facts obtained in the field. Data analysis uses content analysis. For bivariate analysis, the chi-square test is used. For multivariate analysis, logistic regression modeling was carried out using the backward LR method, maintaining the variable with the smallest p-value and removing the variable in stages starting from the largest p-value.

### 7. Research Ethics

Research ethics issues including informed consent, anonymity, and confidentiality, were carefully handled throughout the research process. The approval letter for the research ethics permit was obtained from the Research Ethics Committee of STIKes Dharma Husada Bandung, Indonesia, No. 209/KEPK/SDHB/B/VI/2025, on June 04, 2025.

## RESULTS

### 1. Sample Characteristics

The frequency distribution of sample characteristics is presented in the Table 1. This study involved 153 female respondents of reproductive age in Cikunir Village, Tasikmalaya. The majority of respondents (71.2%; n=109) stated that they had used contraception, while the other 28.8% (n=44) did not use contraception. The demographic and socio-economic characteristics of the sample showed that most of the respondents were > 35 years old (54.9%; n=84), while 45.1% (n=69) were < 35 years old. In terms of education, the proportion of respondents with higher education (51.6%; n=79) was slightly higher than those with basic education (48.4%; n=74). The majority of respondents (81.7%; n=125) were not working, with only 18.3% (n=28) working. Regarding income, 54.2% (n=83) of respondents were categorized as low-income, and 45.8% (n=70) were high-income. For parity, 56.9% (n=87) of respondents had parity <2,

more compared to 43.1% (n=66) who had parity >2.

Regarding behavioral and support factors, it was found that most of the respondents (69.3%; n=106) had good knowledge, while 30.7% (n=47) had poor knowledge. The majority of respondents (82.4%; n=126) showed a positive attitude towards contraception, while 17.6% (n=27) had a negative attitude. As many as 69.0% (n=104) of respondents received support from their husbands, while 32.0% (n=49) were not supported. The majority of respondents (79.1%; n=121) stated that cultural factors influenced contraceptive choices, and 20.9% (n=32) stated that they did not influence. Almost all respondents (91.5%; n=140) received support from health workers and stated that access to health facilities was supportive, with only 8.5% (n=13) each being unsupported or unsupportive.

**Table 1. Sample characteristics**

| Characteristics | Category | Frequency | Percentage (%) |
|---|---|---|---|
| Use of Contraceptives | Using | 109 | 71.2 |
| | Not Using | 44 | 28.8 |
| Age | < 35 years old | 69 | 45.1 |
| | > 35 years old | 84 | 54.9 |
| Education | Basic Education | 74 | 48.4 |
| | Higher Education | 79 | 51.6 |
| Employment | Work | 28 | 18.3 |
| | Not Working | 125 | 81.7 |
| Income | Low | 83 | 54.2 |
| | High | 70 | 45.8 |
| Parity | <2 | 87 | 56.9 |
| | >2 | 66 | 43.1 |
| Knowledge | Good | 106 | 69.3 |
| | Less | 47 | 30.7 |
| Attitude | Positive | 126 | 82.4 |
| | Negative | 27 | 17.6 |
| Husband's Support | Support | 104 | 69.0 |
| | Not Supported | 49 | 32.0 |
| Culture | Affect | 121 | 79.1 |
| | Not Affect | 32 | 20.9 |
| Healthcare Worker Support | Support | 140 | 91.5 |
| | Not Supported | 13 | 8.5 |
| Access to Health Facilities | Support | 140 | 91.5 |
| | Not Supported | 13 | 8.5 |

**2. Bivariate Analysis**

The results of a bivariate analysis of the relationship between the factors studied and the use of contraception in women of reproductive age are presented in the Table 2. Table 2 showed that there were no significant associations between age (OR= 1.12; p= 0.762), education (OR=0.62; p=0.184), employment (OR=1.60; p= 0.343), access to health facilities (OR= 2.30; p=0.147) on contraceptive use.

Low income (OR= 0.24; p<0.001) decreased contraceptive use. High parity (OR= 2.62; p= 0.012), high knowledge (OR= 9.77; p<0.001), positive attitude (OR= 2.35; p= 0.047), strong husband support (OR= 8.60; p<0.001), health worker support (OR= 4.62; p= 0.006). Supportive culture

increased contraceptive use, but it was marginally significant (OR= 1.98; p= 0.095).

**Table 2. Chi square analysis of factors influencing the selection of contraceptive use**

| Variable | Use of Contraceptives | | | | OR | p |
|---|---|---|---|---|---|---|
| | Yes | | No | | | |
| | N | % | N | % | | |
| **Age** | | | | | | |
| < 35 years old | 50 | 72.5 | 19 | 27.5 | 1.12 | 0.762 |
| > 35 years old | 59 | 70.2 | 25 | 29.8 | | |
| **Education** | | | | | | |
| Basic Education | 49 | 66.2 | 25 | 33.8 | 0.62 | 0.184 |
| Higher Education | 60 | 75.9 | 19 | 24.1 | | |
| **Employment** | | | | | | |
| Work | 22 | 78.6 | 6 | 21.4 | 1.60 | 0.343 |
| Not Working | 87 | 69.6 | 38 | 30.4 | | |
| **Income** | | | | | | |
| Low | 49 | 59.0 | 34 | 41.0 | 0.24 | <0.001 |
| High | 60 | 85.7 | 10 | 14.3 | | |
| **Parity** | | | | | | |
| <2 | 54 | 81.8 | 12 | 18.2 | 2.62 | 0.012 |
| >2 | 55 | 63.2 | 32 | 36.8 | | |
| **Knowledge** | | | | | | |
| Good | 91 | 85.8 | 15 | 14.2 | 9.77 | <0.001 |
| Less | 18 | 38.3 | 29 | 61.7 | | |
| **Attitude** | | | | | | |
| Positive | 94 | 74.6 | 32 | 25.4 | 2.35 | 0.047 |
| Negative | 15 | 55.6 | 12 | 44.4 | | |
| **Husband's Support** | | | | | | |
| Support | 89 | 85.6 | 15 | 14.4 | 8.60 | <0.001 |
| Not Supported | 20 | 40.8 | 29 | 59.2 | | |
| **Culture** | | | | | | |
| Affect | 90 | 74.4 | 31 | 25.6 | 1.98 | 0.095 |
| Not Affect | 19 | 59.4 | 13 | 40.6 | | |
| **Healthcare Worker Support** | | | | | | |
| Support | 104 | 74.3 | 36 | 25.7 | 4.62 | 0.006 |
| Not Supported | 5 | 38.5 | 8 | 61.5 | | |
| **Access to Health Facilities** | | | | | | |
| Support | 102 | 72.9 | 38 | 27.1 | 2.30 | 0.147 |
| Not Supported | 7 | 53.8 | 6 | 46.2 | | |

## 3. Multivariate analysis

The results of multiple logistic regression analysis was presented in Table 3. Knowledge (OR= 15.63; 95% CI= 4.87 to 50.13; p<0.001), husband's support (OR= 9.29; 95% CI= 3.04 to 28.42; p<0.001), and high parity (OR= 3.55; 95% CI=1.17 to 10.74; p= 0.025) significantly increased the likelihood of contraceptive use. Low income significantly decreased the likelihood of contraceptive use (OR= 0.19; 95% CI=0.05 to 0.69; p=0.012).

Age (OR=1.77; 95% CI=0.61 to 5.13; p= 0.291), education (OR=0.88; 95% CI=0.29 to 2.69; p=0.831), employment (OR=2.71; 95% CI=0.49 to 14.97; p=0.252), attitude (OR=2.54; 95% CI=0.72 to 8.87; p=0.143), culture (OR= 3.58; 95% CI=0.94 to 13.70; p= 0.062), health worker's support (OR= 1.31; 95% CI= 0.24 to 6.97; p=0.754), and access to health facilities (OR=1.59; 95% CI= 0.25 to 10.12; p=0.619) were not significantly associated with contraceptive use.

**Table 3. The result of multiple logistic regression analysis**

| Independent Variables | OR | 95% CI | | p |
|---|---|---|---|---|
| | | Lower limit | Upper limit | |
| Older age | 1.77 | 0.61 | 5.13 | 0.291 |
| High education | 0.88 | 0.29 | 2.69 | 0.831 |
| Employed | 2.71 | 0.49 | 14.97 | 0.252 |
| Low income | 0.19 | 0.05 | 0.69 | 0.012 |
| High parity | 3.55 | 1.17 | 10.74 | 0.025 |
| High knowledge | 15.63 | 4.87 | 50.13 | 0.000 |
| Psotive attitude | 2.54 | 0.72 | 8.87 | 0.143 |
| Husband's support | 9.29 | 3.04 | 28.42 | 0.000 |
| Supportive culture | 3.58 | 0.94 | 13.70 | 0.062 |
| Health worker's support | 1.31 | 0.24 | 6.97 | 0.754 |
| Access to health facilities | 1.59 | 0.25 | 10.12 | 0.619 |

N observation= 153
-2 log likelihood= 100.24
Nagelkerke $R^2$= 60.1%

## DISCUSSION

This study aims to identify the factors influencing the selection of contraceptive methods among women of reproductive age in Cikunir Village, Tasikmalaya. The findings indicate that 71.2% of women of reproductive age had used contraception, exceeding the West Java Province Contraceptive Prevalence Rate (CPR) target of 67.89% (Indonesia National Population and Family Planning Agency, 2020). Nonetheless, 28.8% of women still did not use any contraceptive method, primarily due to concerns about side effects and reliance on natural methods. These findings suggest a gap between the relatively high coverage of contraceptive use and a comprehensive understanding of the safety and individualized effects of various contraceptive options.

Bivariate analysis revealed that income, parity, knowledge, attitudes, husband support, and health worker support had a significant relationship with contraceptive use. In contrast, age, education, Employment, culture, and access to health facilities did not show a statistically significant relationship.

The findings regarding income are in line with the study of Jaksa et al. (2023) which stated that the economic condition of the family, measured from income level, greatly influences the decision to choose contraception. Women with higher incomes will be more likely to choose contraception, perhaps due to the perception that the use of contraceptives can be quite costly (Prasida, 2023; Syamsul et al., 2020).

Parity was also found to be significantly related, in line with the research of Yunitasari et al. (2021) and Jasa et al. (2021). The increasing number of children or high parity is considered a risk to maternal and child health, so birth control

through contraception is considered the most effective way to reduce health risks (Prawirohardjo, 2008; Suryani et al., 2019).

Good knowledge of contraceptives significantly increases the likelihood of their use, consistent with the research of Melati et al. (2023) and Dewi et al. (2022). Lack of knowledge about the types and benefits of contraception is an obstacle to the family planning program, so increased education through various media is urgently needed (Prasida, 2023). Knowledge is a key factor that influences behavior, starting from the knowledge stage to evaluation.

Husband support has also been shown to be significantly related, according to the study of Farkhanah et al (2022). Husband support, starting from getting information together, choosing the appropriate method, taking the wife to a health facility, to bearing costs, is very important for the wife's comfort and confidence (Abdissa, 2017; Fantaye and Damtew, 2024). Without support, dissatisfaction can arise.

Interestingly, although the maternal attitude was bivariately significantly related, in multivariate analyses this factor was no longer significant. This may suggest that the influence of attitudes becomes less pronounced when other factors such as knowledge and the husband's support are considered simultaneously. The findings that age, education, and employment are insignificant differ from some previous studies Aningsih and Irawan (2019), Hasanah et al. (2023), and Magdalena et al (2021). The insignificance of age in this study was associated with contraceptive choices that were more based on comfort and safety, not age, which caused mothers to often change methods if they were not suitable (Wulandari and Kartini, 2023). For education and employment, these findings show that increasing the level of formal education of respondents is not easy, so

education related to contraceptive selection is needed to minimize information gaps (Michael and Naidoo, 2025). Socialization and counseling also need to be focused on working women's groups, with direct or indirect approaches through intermediary media (Oktavilantika et al., 2023).

Cultural factors also did not show a significant relationship, in line with the research of Hasrita et al. (2025). This could be due to the lack of active roles of community and religious leaders in family planning counseling, so that cultural norms do not explicitly support or reject contraception (Nency and Otu, 2022). However, it should be noted that some other studies have found sociocultural aspects, such as the mother's education level, tribal background, and societal beliefs (including myths), to be highly influential, demonstrating the contextual nature of sociocultural influences (Dewi et al., 2022).

Health worker support shows a significant relationship, consistent with (Nency and Otu, 2022). Health workers have a crucial role in providing information, counseling, and motivation, as well as being the main determinant in family planning decision-making (Farkhanah et al., 2022; Kupoluyi et al., 2023; Yuliana et al., 2022).

Meanwhile, access to health facilities is not significantly related, inversely proportional to the research of Anggraini et al. (2022). This may be due to the perception of respondents in Cikunir Village that overall access does not hinder the use of contraception, including transportation, distance, and place of contraception (Halim et al., 2020).

Multivariate analysis confirmed that knowledge was the dominant factor that most strongly influenced the choice of contraception, increasing the chances of using contraception by 15 times in WUS with good knowledge compared to those with less

knowledge (PR= 15.08; p<0.001). Followed by income, parity, and husband support. Good knowledge empowers women to discuss and make the right decisions (Yunitasari et al., 2021). Increasing knowledge and changing mindsets regarding family planning are essential to increase contraceptive coverage, including changing the mindset that the number of children needs to be controlled or planned, changing the perception of "more children means more sustenance", education on contraceptive use skills, and changing attitudes and behaviors related to marriage age (Eja et al., 2024; Ernawati et al., 2023; Nurjanah et al., 2021).

The limitation of this study is that it is a cross-sectional design that does not allow to establish a causal relationship between the factors studied and contraceptive selection. Additionally, data is collected through questionnaires, which may be susceptible to respondent answer bias. This research was also only conducted in one village, so generalization of the results needs to be done carefully.

In conclusion, the factors that affect the choice of contraceptive use in women of reproductive age in Cikunir Village, Tasikmalaya Regency are income, parity, knowledge, and husband support. Knowledge is the dominant influencing factor, with women of reproductive age with good knowledge having a 15 times greater chance of choosing to use contraception compared to those with less knowledge. These findings show that family planning programs should prioritize increasing public knowledge, especially women of reproductive age and their partners, through innovative and participatory education. Interpersonal communication strategies, such as workshops for family planning motivators and counseling that target couples, not just wives, can significantly improve understanding and encourage appropriate contraceptive use

(Indonesia National Population and Family Planning Agency; Fantaye and Damtew, 2024; Rokayah et al., 2021; Yunitasari et al., 2021). In addition, considering the family's economic conditions and the husband's support in the intervention strategy is also crucial for the success of the family planning program.

## AUTHORS CONTRIBUTION

Anik purwanti served as the principal investigator, responsible for developing the research concept, designing the methodology, conducting data analysis, formulating the conclusions, drafting the initial version of the manuscript and supervising the final revision of the manuscript prior to publication. Ade ifah latifah contributed to managing the research process, ensuring the integrity of the research, interpreting the findings, as a co-author by editing and revising the manuscript and refining the research methodology.

## FUNDING AND SPONSORSHIP

## ACKNOWLEDGEMENT

## CONFLICT OF INTEREST

There was no conflict of interest.

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