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The relationship between knowledge, culture, and the role of health workers and the behavior of women of reproductive age in the selection of contraceptive methods

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Abstract

Background: Contraception is the regulation of pregnancy through the use of devices or methods aimed at preventing pregnancy. The purposes of contraceptive use include delaying pregnancy, spacing pregnancies, and terminating fertility. There are various types of contraceptive methods, each with its own advantages and disadvantages (Susanti & Sari, 2020). One of the efforts implemented in the Family Planning (FP) program is the use of contraceptive methods.

Purpose: To determine the relationship between knowledge, culture, and the role of health workers and the behavior of women of reproductive age in selecting contraceptive methods.

Method: This study used a quantitative analytical survey with a cross-sectional design. The population consisted of all women of reproductive age who were active family planning participants at Cipayung Public Health Center, totaling 62 respondents. Data were collected using structured questionnaires and analyzed through univariate and bivariate analyses. The Chi-Square test was used to assess relationships between variables, with a significance level of 0.05.

Results: The results showed that knowledge was not significantly associated with contraceptive method selection ($p = 0.097$), cultural factors were not significantly associated with contraceptive method selection ($p = 0.397$), and the role of health workers was also not significantly associated with contraceptive method selection ($p = 0.706$).

Conclusion: There was no significant relationship between knowledge, culture, and the role of health workers and the behavior of women of reproductive age in selecting contraceptive methods.

Keywords: Contraceptive Method Selection; Culture; Knowledge; Role of Health Workers.

INTRODUCTION

Contraception is the regulation of pregnancy through the use of devices or methods aimed at preventing pregnancy. The objectives of contraceptive use include delaying pregnancy, spacing births, and terminating fertility. Various types of contraceptive methods are available, each with its own benefits and limitations (Susanti & Sari, 2020). One of the key strategies implemented in the Family Planning (FP) program is the utilization of contraceptive methods to control fertility and population growth.

Based on data from the World Health

Organization (WHO), compared to other ASEAN countries, contraceptive use in Indonesia has reached 61%, exceeding the ASEAN average of 58.1%. However, this figure remains lower than that of Vietnam (78%), Cambodia (79%), and Thailand (80%). This situation is notable considering that Indonesia has the largest number of women of reproductive age (WRA) in ASEAN, totaling approximately 65 million individuals (Pratiwi, 2019).

The 2019–2020 Indonesian Demographic and Health Survey (IDHS) reported that the national contraceptive prevalence rate for all types of family

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planning methods was 60.3%. The most commonly used contraceptive method was injectable contraception (27.8%), followed by oral contraceptive pills (13.2%), intrauterine devices (IUDs) (6.2%), implants (4.3%), female sterilization (3.7%), condoms (0.9%), male sterilization (0.4%), the lactational amenorrhea method (LAM) (0.1%), and traditional methods such as periodic abstinence (1.6%) and withdrawal (1.5%), with other methods accounting for 0.5% (Central Bureau of Statistics, 2020).

In West Java Province, the total number of couples of reproductive age reached 9.333.302 participants. Among them, users of IUDs numbered 93.051, female sterilization (MOW) 17.98, male sterilization (MOP) 6.654, condoms 22.884, implants 79.773, injectable contraceptives 562.771, and oral contraceptive pills 244.867 (Central Statistics Agency of West Java Province, 2019).

In Depok City, data from Statistics Indonesia in 2023 indicated that among 165,170 active family planning participants, the majority used injectable contraceptives (55.42%), followed by IUDs (16.74%), oral contraceptive pills (13.55%), condoms (4.73%), female sterilization (MOW) (4.72%), implants (4.52%), male sterilization (MOP) (0.19%), and the lactational amenorrhea method (LAM) (0.12%). Meanwhile, data from Cipayung Public Health Center in 2024 showed that out of 12,888 active family planning participants, injectable contraceptives were the most commonly used method (50.52%), followed by oral contraceptive pills (15.55%), IUDs (10.67%), condoms (9.73%), female sterilization (MOW) (5.75%), implants (7.52%), male sterilization (MOP) (0.15%), and the lactational amenorrhea method (LAM) (0.11%). (Depok City Central Statistics Agency, 2023).

The Family Planning (FP) program is one of the government's efforts to control population growth and improve the quality of human resources. The selection of appropriate and suitable contraceptive methods based on individual needs is a key factor in the success of this program. Women of reproductive age play a central role in decision-making related to contraceptive use. The choice of contraceptive methods among women of reproductive age can be influenced by various factors, including knowledge, cultural values, and the role of health workers. Insufficient understanding of contraception can lead

to low utilization of effective methods, while cultural factors often shape preferences for certain contraceptive options.

The appropriate selection of contraceptive methods directly contributes to reducing discontinuation rates and the failure of family planning programs. Short-term contraceptive methods such as injectables and pills are relatively affordable and widely used; however, they are associated with higher discontinuation rates compared to long-acting reversible contraceptives (LARCs), thereby contributing to the failure of population growth control efforts (Septalia & Puspitasari, 2016). Long-acting contraceptive methods such as IUDs, implants, and sterilization (MOW/MOP) have been proven to be the most effective in delaying pregnancy, spacing births, and reducing unintended pregnancies. In Indonesia, although LARC methods are used by only about 15–23% of new contraceptive acceptors, an increase in their proportion is correlated with stable contraceptive prevalence rates and the sustainability of the family planning program (Yanti, Wirastris, & Supiani, 2023). Expanding access to LARC methods that are tailored to clients' needs and health conditions not only reduces unintended pregnancies but also lowers maternal mortality rates and improves maternal and child health outcomes. Literature reviews have also shown that increased use of LARC methods contributes to the prevention of early neonatal mortality in Indonesia (Fatiah, 2022).

Health workers at public health centers, as the frontline providers of health services, play a crucial role in delivering information, education, and contraceptive services. Adequate knowledge, supportive work culture, and professional behavior of health workers strongly influence women's understanding and decisions regarding contraceptive method selection. On the other hand, community cultural factors also shape perceptions and preferences of women of reproductive age toward specific contraceptive methods.

RESEARCH METHOD

This study employed a quantitative analytical design using a cross-sectional approach. The research was conducted at Cipayung Public Health Center, Depok City, in 2025. The study population consisted of all women of reproductive age who were

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active family planning participants at Cipayung Public Health Center. A total of 62 respondents were included in this study. The sampling technique used was total sampling, in which all eligible members of the population were included as research subjects. Data were collected using a structured questionnaire that had been prepared by the researcher.

The questionnaire covered variables related to knowledge, cultural factors, the role of health workers, and contraceptive method selection behavior. The knowledge variable was categorized into moderate, good, and very good levels. Cultural factors were categorized as influencing or not influencing contraceptive selection. The role of health workers was categorized as good or poor based on

respondents' perceptions. Data analysis was conducted in two stages. Univariate analysis was used to describe the frequency distribution and percentage of each variable. Bivariate analysis was performed to examine the relationship between independent variables (knowledge, culture, and the role of health workers) and the dependent variable (contraceptive method selection behavior). The Chi-Square test was used for statistical analysis, with a significance level set at $\alpha = 0.05$. In addition, the strength of the relationship between variables was assessed using Cramer's V coefficient. A Linear-by-Linear Association test was also conducted to assess trends in ordinal variables.

RESEARCH RESULT

Table Characteristics of Respondents (N=62)

Variable	Result	p-value
Age (Mean±SD) (Years)	(32.65±8.53) (18-46)	
< 20	1/1.6	
20-29	25/40.3	
30-39	20/32.3	
≥ 40	16/25.6	
Education (n/%)		
Elementary school	4/6.5	
Junior high school	13/21	
Senior high school	35/56.5	
University	10/16.1	
Occupation (n/%)		
Student	1/1.6	
Housewife	54/87.1	
Private employee	3/4.8	
Civil servant	2/3.2	
Others	2/3.2	
Marital Status (n/%)		
Married	62/100	
Parity (n/%)		
Primiparous	15/24.2	
Multiparous	46/74.2	
Grand multiparous	1/1.6	
Knowledge (n/%)		0.097

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Moderate	22/35.5	
Good	26/41.9	
Very Good	14/22.6	
Cultural Factors (n/%)		0.397
Not influencing	27/43.5	
Influencing	35/56.6	
Role of Health Workers (n/%)		0.706
Poor	10/6.2	
Good	52/83.8	
Contraceptive Method Selection (n/%)		
Pills	4/6.5	
Injectable	24/38.7	
IUD	12/19.4	
Implant	4/6.5	
Sterilization (MOW/MOP)	3/4.8	
Condom	3/4.8	
Not using contraception	12/19.4	

The table shows the distribution of respondent characteristics. A total of 62 women of reproductive age (WRA) participated in this study. The majority of respondents were aged 20–29 years, totaling 25 individuals (40.3%), followed by those aged 30–39 years, totaling 20 individuals (32.3%). In terms of educational level, most respondents had completed senior high school or vocational high school education, with 35 individuals (56.5%). Based on employment status, the majority of respondents were housewives, accounting for 54 individuals (87.1%). All respondents in this study were married, totaling 62 individuals (100%). Regarding parity, most respondents were multiparous, with 46 individuals (74.2%).

Based on contraceptive method selection, injectable contraception was the most commonly chosen method, used by 24 respondents (38.7%). This was followed by the intrauterine device (IUD) and respondents who were not using any contraceptive method, each totaling 12 individuals (19.4%). Oral contraceptive pills and implants were each used by 4 respondents (6.5%), while sterilization and condom methods were each used by 3 respondents (4.8%).

For the knowledge variable related to contraception, most respondents had a good level of knowledge, totaling 26 individuals (41.9%), followed by a moderate level of knowledge in 22 individuals (35.5%), and a very good level of knowledge in 14 individuals (22.6%). The results of bivariate analysis showed a p-value of 0.097, indicating that there was no statistically significant relationship between the level of knowledge and contraceptive method selection.

The cultural variable showed that 35 respondents (56.6%) stated that cultural factors influenced their choice of contraceptive method, while 27 respondents (43.5%) stated that culture did not influence their choice. Statistical analysis yielded a p-value of 0.397, indicating that there was no statistically significant relationship between cultural factors and contraceptive method selection.

Regarding the role of health workers, the majority of respondents rated the role of health workers as good, totaling 52 individuals (83.8%), while 10 respondents (16.2%) rated the role of health workers as poor. The results of bivariate analysis showed a p-value of 0.706, indicating that there was no statistically significant relationship between the role of health workers and contraceptive method selection.

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DISCUSSION

The results of the Chi-Square test indicated that there was no statistically significant relationship between the level of knowledge of Women of Reproductive Age (WRA) and contraceptive method selection behavior ($p = 0.097$). Although the Chi-Square test did not demonstrate a significant association, the Linear-by-Linear Association test revealed a significant trend ($p = 0.015$), indicating that higher levels of knowledge were associated with a greater tendency to choose more effective contraceptive methods. The Cramer's V value of 0.388 suggests that the strength of the relationship falls within the moderate category.

Knowledge regarding contraceptive methods is an important factor that may influence the behavior of women of reproductive age in selecting contraceptive methods that are appropriate to their needs and health conditions. Adequate knowledge helps individuals understand the variety of contraceptive options, their effectiveness, mechanisms of action, as well as the benefits and risks associated with each method (Nurlianto, Juliana, Purnasari, Sianipar, & Triana, 2024).

Nevertheless, the findings of this study indicate that knowledge alone is not sufficient to directly change contraceptive selection behavior. Although most respondents had moderate to good levels of knowledge, contraceptive use was still dominated by short-term methods such as injectable contraception. This condition suggests that, in addition to knowledge, other factors influence WRA decision-making, including comfort of use, habitual practices, ease of access to services, previous contraceptive experience, as well as the influence of partners and the surrounding social environment (Kaafi & Nurwahyuni, 2021).

The role of knowledge in influencing contraceptive decision-making is consistent with findings from previous studies. For example, a prior study examining the relationship between knowledge and the selection of long-acting contraceptive methods among family planning acceptors at a public health center reported that although the association was not statistically significant, increased knowledge was associated with a greater tendency to select more effective long-acting contraceptive methods ($p > 0.05$) (Natalia, 2024). Additionally, other studies have shown that knowledge about contraception does not always correlate

significantly with contraceptive method choice among women, emphasizing that knowledge must be combined with other aspects such as service quality and effective counseling to meaningfully influence contraceptive behavior (Yusuf, 2020).

The results of this study also showed that there was no statistically significant relationship between cultural factors and contraceptive selection behavior among women of reproductive age ($p = 0.397$). This finding indicates that although cultural elements are present in respondents' lives, their influence on contraceptive decision-making does not appear to be strong when measured statistically.

These findings are consistent with previous research stating that cultural factors do not have a significant association with contraceptive method selection among couples of reproductive age ($p > 0.05$). The study revealed that contraceptive use decisions tend to be more influenced by rational considerations, such as support from healthcare providers and aspects of practicality and ease of use, rather than by cultural values held by individuals (Fitriani, 2021).

The absence of a significant relationship between cultural factors and contraceptive selection behavior in this study suggests that culture does not function as a direct determinant of WRA behavior. Cultural influences tend to operate indirectly and are mediated by other factors such as knowledge, personal experience, comfort with the method, and access to health services. This interpretation is supported by research indicating that culture can influence women's perceptions of contraception, including whether they feel comfortable or safe choosing certain methods (Paul & Okenyuru, 2024).

The findings of this study differ from several previous studies showing that sociocultural beliefs and practices significantly influence contraceptive use and method choice. A systematic review concluded that contraceptive decision-making is influenced by various sociocultural factors, including cultural norms, patriarchal systems, myths and misconceptions related to contraception, and religious beliefs. These factors operate at multiple levels, ranging from the individual and couple to the broader community, thereby shaping a complex contraceptive decision-making process (Idris, Soffian, Baharom, Baharuddin, Hashim, &

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Nawi, 2022). Other studies have also shown that strong cultural norms related to gender roles and male dominance in household decision-making can influence contraceptive method selection. In patriarchal cultures, women often have limited autonomy to independently choose contraceptive methods without partner approval, resulting in contraceptive choices that are frequently the outcome of compromise between women's personal preferences and prevailing cultural expectations.

The results further demonstrated that there was no significant relationship between the role of healthcare providers and contraceptive selection behavior ($p = 0.706$). Although most respondents rated the role of healthcare providers as "good," this assessment was not reflected in a statistically significant association with contraceptive method choice. This finding may be explained by the fact that, despite receiving information and counseling from healthcare providers, respondents' final decisions were influenced by multiple other factors.

Several studies have reported that the role of healthcare providers is correlated with contraceptive selection behavior. One study found that the intensity and quality of contraceptive counseling provided by healthcare professionals were associated with increased contraceptive use (Damtew & Fantaye, 2024). Other studies have also shown an association between healthcare provider support and the utilization of long-acting contraceptive methods (Karkamah, 2023).

There are several reasons that may explain why the role of healthcare providers did not correlate with contraceptive selection in this study. First, the role of healthcare providers in service delivery is often perceived subjectively by clients and is not always based on in-depth contraceptive counseling interactions. Healthcare providers may deliver general information about contraceptive options without providing intensive and personalized counseling. When counseling is brief or purely informational, without a client-centered approach that addresses individual needs and active client engagement, its influence on contraceptive decision-making tends to be limited (Dehlendorf, Grumbach, Schmittiel, & Steinauer, 2017). This is supported by other research indicating that low-quality or purely informational contraceptive counseling is insufficient to significantly

influence contraceptive method choice, as clients require not only information but also adequate support to help them develop and affirm preferences aligned with their needs, values, and personal circumstances (Holt, Zavala, Quintero, Mendoza, McCormick, Dehlendorf, & Langer, 2018).

Second, the quality of communication between healthcare providers and clients is a key factor in determining the effectiveness of contraceptive counseling. Communication that is unclear, unresponsive to clients' questions or concerns, or not tailored to cultural contexts and individual preferences may result in information that is poorly understood or not optimally received by women of reproductive age (Awoyesuku, Altraide, & Amadi, 2021). A study demonstrated that although healthcare providers may convey contraceptive information, aspects of communication quality such as active listening, responsiveness to client concerns, and tailoring messages to clients' experiences and needs play a greater role in influencing contraceptive method choice than the mere provision of factual information (Jain & Winfrey, 2017).

Third, contraceptive method selection among women of reproductive age is a complex decision-making process influenced by multiple factors beyond the role of healthcare providers. These factors include personal preferences, previous contraceptive experiences, partner or family support, perceptions of side effects, and logistical considerations such as comfort and ease of use (Kahraman et al., 2012; Nirmalasari, Jayanti, Al Farizi, & Utomo, 2025; Purwanti & Latifah, 2025). This finding is consistent with previous research showing that contraceptive decisions are more strongly influenced by personal experience and risk preferences than by information obtained through formal counseling alone (Browne, Cooper, Tiendrebeogo, Bicaba, Bila, Bicaba, & Druetz, 2022).

CONCLUSION

The results of the study indicate that knowledge (p -value = 0.097), cultural factors (p -value = 0.397), and the role of healthcare providers (p -value = 0.706) do not have a statistically significant effect on the contraceptive method selection behavior of Women of Reproductive Age ($p > 0.05$).

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SUGGESTION

Women of Reproductive Age are encouraged to improve their understanding of contraception, while healthcare providers are expected to strengthen contraceptive education and counseling tailored to clients' needs.

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