Factors Influencing Contraceptive Usage Among Women Childbearing Age in Indonesia (Analysis of The 2023 Indonesian Health Survey)

Amrina Rosyada[1] , Agnes Intan Feronika[1]

[1]Public Health Science Study Program, Faculty of Public Health, Universitas Sriwijaya

Email correspondence: amrinarosyada@unsri.ac.id

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Abstract

The global trend of Total Fertility Rate (TFR) has significantly decreased, particularly in developed and some developing countries. Controlling the population growth rate could be achieved by suppressing fertility through the use of contraceptives. This study utilized secondary data from SKI 2023 with a cross-sectional design. Sampling was conducted using multistage random sampling, resulting in a total sample of 53,783 respondents. The sample consisted of Women of Reproductive Age, aged 15–49 years in Indonesia, who met the inclusion criteria. Data analysis included univariate, bivariate, and multivariate analyses using complex sample procedures. The results showed that the prevalence of contraceptive use among women of reproductive age was 72.4%. The multivariate analysis revealed several factors significantly associated with contraceptive use, including age at first pregnancy (p = 0.001; PR = 1.365; 95% CI: 1.259–1.480), occupation (p = 0.001; PR = 1.289; 95% CI: 1.210–1.372), economic status (p = 0.008; PR = 1.098; 95% CI: 1.025–1.177), place of residence (p = 0.001; PR = 1.198; 95% CI: 1.120–1.281), unwanted pregnancy (p = 0.002; PR = 1.231; 95% CI: 1.081–1.401), and parity (p = 0.001; PR = 1.121; 95% CI: 1.050–1.196). The most dominant factor associated with contraceptive use was education level (p = 0.001; PR = 1.489; 95% CI: 1.388–1.596). Women of reproductive age could improve their knowledge about contraceptive use not only through formal education but also by utilizing technology, such as educational videos, webinars, and informative content on social media platforms, to better understand and select appropriate contraceptives based on their health needs and conditions.

Keywords: Contraceptives, Influencing Factors, Women Childbearing Age

INTRODUCTION

Total Fertility Rate (TFR) was a key demographic indicator that referred to the estimated number of children a woman was expected to have throughout her childbearing age (BKKBN 2024). In the modern era, the global trend of TFR showed a marked decline, especially in developed countries and some developing nations. This shift was driven by various factors, including rising education levels, improved access to reproductive healthcare services, socio-economic transformations, and evolving societal views on what constitutes an ideal family (Listyaningsih and Satiti 2021).

According to the Indonesian Demographic and Health Survey (IDHS), the TFR has shown a decline. In 2017, the TFR was recorded at 2.4 children per woman, indicating that on average, a woman in Indonesia gives birth to between two and three children over her reproductive years. This figure marks a decrease from the 2012 IDHS report, which recorded

a TFR of 2.6 children per woman—a rate that had remained unchanged over the previous decade, from 2002 to 2012 (Survei Demografi dan Kesehatan Indonesia 2017).

The National Population and Family Planning Agency (BKKBN) established a TFR target of 2.1 children per woman in its 2020–2024 Strategic Plan (RENSTRA). Based on the 2020 Long Form Population Census, Indonesia has approached this ideal level, recording a TFR of 2.18 children per woman (BPS 2020). In Indonesia, in the last ten years, the TFR has decreased by 0.39. Thus, a TFR of 2.18 is the standard ideal for all countries. With a TFR of 2.1, two children born will replace both parents. However, in the long run, the population of a country with a TFR of 2.1 will not grow (zero population growth) (Listyaningsih and Satiti 2021).

Controlling the growth rate can be done by suppressing fertility through the use of contraception (Azzahra and Sundari 2022). According to data from the 2017 Indonesian Health Demographic and Survey (IDHS), the prevalence of Women of Childbearing Age with married status using family planning was 57.2%, this figure has decreased when compared to the 2012 IDHS of 57.9%. Based on BPS Indonesia health statistics, the number of active family planning participants in Indonesia in the last five years has fluctuated. In 2019 there were 55.96 percent. In the following year, 2020, it increased to 56.04 percent. However, in 2021 it decreased to 55.06 percent. In the following year in 2022, it slowly increased to 55.36 percent. The latest data in 2023 increased to 55.49 percent (Badan Pusat Statistik 2024). When viewed from this data, it still has not reached the target set by the National Medium-Term Development Plan (RPJMN). RPJMN period IV 2020-2024 targets the prevalence of modern contraceptive use in 2024 to be 63.4 percent (BAPPENAS, 2019).

METHODS

Study Setting

This research applied a quantitative method with an analytical observational approach through a cross-sectional design. It relied on secondary data obtained from the Individual and Household Questionnaires of the 2023 Indonesia Health Survey.

Indonesia Health Survey

The Indonesia Health Survey was a survey that integrated Basic Health Research (Riset Kesehatan Dasar/Riskesdas), the Indonesian Toddler Nutrition Status Survey (Survei Status Gizi Balita Indonesia/SSGI), as well as Biomedical and Oral Health components. In 2023, the Agency for Health Policy and Development (Badan Kebijakan Pembangunan Kesehatan/BKPK) was assigned to continue Riskesdas in the form of the Indonesia Health

Survey (SKI). SKI 2023 was conducted in collaboration with Statistics Indonesia (Badan Pusat Statistik/BPS), particularly in terms of methodology and sampling framework.

Populatin and Sampels

The study population included women aged 15–49 years who were currently married and actively using contraceptives in Indonesia, as recorded in the 2023 Indonesia Health Survey (SKI). All participants had fully completed the interview process. The study sample consisted of women within the same age range who had responded to questions concerning their age, age at first pregnancy, education, employment, economic status, place of residence, health insurance, access to healthcare facilities, delivery method, unwanted pregnancy, and parity. All participants also met the study's inclusion criteria.

Inclusion Criteria

a. Women of Childbearing Age, aged 15–49 years at the time of the SKI 2023 interview, who were currently married and active contraceptive users.
b. Completed the interview and answered questions related to age, age at first pregnancy, education, employment, economic status, place of residence, health insurance, access to healthcare facilities, delivery method, unwanted pregnancy, and parity.

Based on the 2023 Indonesia Health Survey data, a total of 238,442 women aged 15–49 years were successfully interviewed. A total of 48,124 respondents were excluded from the analysis because they were not married. This study provided a detailed description of the data elimination process due to missing data and “don’t know” responses, which included 8,435 respondents for age at first pregnancy, 104 respondents for parity, 111,810 respondents for delivery method, 14,905 respondents for access to healthcare facilities, and 1,281 respondents for contraceptive use. After this data-cleaning process, a total of 53,783 respondents remained eligible for analysis.

Instruments and Variables

Contraceptive use in this study referred to methods used by women, including sterilization, IUDs, 3-month injections, 1-month injections, implants, and pills. This variable was classified as “Yes” if the respondent used at least one method, and “No” if none were used. Age was classified into two groups: >35 years and ≤35 years. Age at first pregnancy was categorized into high risk (<20 and >35 years) and low risk (20–35 years). Educational level referred to the highest level of education completed and was classified into two groups: high (completed senior high school or higher) and low (below senior high school). Employment status referred to whether the respondent had a job that served as a source of income.

Economic status was assessed based on home ownership (owned or not owned) and the floor area of the house (<36 m² or ≥36 m²). Place of residence was categorized as urban or rural. Health insurance referred to ownership of health coverage, whether government- or privately-provided, and was classified as "having" or "not having" insurance. Access to healthcare facilities was considered either accessible or inaccessible based on transportation costs. The delivery method was categorized as normal or cesarean delivery. Unwanted pregnancy was defined as whether the most recent pregnancy was desired or undesired at the time. Parity, or the number of children ever born, was classified as high risk (>2) or low risk (≤2).

Statistic Analysis

This study employed univariate, bivariate, and multivariate analytical methods. The univariate analysis was utilized to describe the distribution of variables through frequency and percentage metrics. The bivariate analysis assessed the relationship between independent and dependent variables using the chi-square test, considering a significance threshold of $p < 0.05$. Multivariate analysis involved the application of multiple logistic regression within a predictive modeling framework.

RESULTS

Univariate Analysis

The univariate analysis in this study described the frequency distribution of contraceptive use, age, age at first pregnancy, education, employed status, economic status, place of residence, health insurance, access to healthcare facilities, method of delivery, unwanted pregnancy, and parity.

Table 1. Results of Univariate Analysis

Variable	Frequency (N = 53.783)	Percentages (100%)
Contraceptive Use		
Not Use	14.844	27,6
Use	38.939	72,4
Age		
≤35 years	40.742	75,8
>35 years	13.041	24,2
Age of First Pregnancy		
Low Risk (20-35)	40.950	76,1
High Risk (<20 and >35)	12.833	23,9
Education		
Low	23.527	43,7
High	30.256	56,3
Employed Status		
Unemployed	34.320	63,8
Employed	19.463	36,2

Variable	Frequency (N = 53.783)	Percentages (100%)
Economic Status		
Lower	15.589	29
Upper	38.194	71
Place of Residence		
Rural	21.389	39,8
Urban	32.394	60,2
Health Insurance		
Do not have	11.823	22
Have	41.960	78
Access to Health Care Facilities		
Not Affordable	7.073	13,2
Affordable	46.710	86,8
Method of Delivery		
Normal	39.077	72,7
Caesar	14.706	27,3
Unwanted Pregnancy		
Wanted Pregnancy	49.344	91,7
Unwanted Pregnancy	4.439	8,3
Parity		
Low Risk (≤2)	38.337	71,3
High Risk (>2)	15.446	28,7

Source: SKI 2023 data

According to Table 1, this study involved 53,783 women of childbearing age, of whom 38,939 (72.4%) used contraceptives and 14,844 (27.6%) did not. The majority of contraceptive users were aged ≤35 years (75.8%), had their first pregnancy in the low-risk category (76.1%), and experienced a wanted pregnancy (91.7%). Most women had low-risk parity (71.3%) and delivered through normal childbirth (72.7%). The majority of women resided in urban areas (60.2%), had a high level of education (56.3%), and were not employed (63.8%). Approximately 71% of the respondents were in the high economic status category, 78% had health insurance, and 86.8% had access to affordable healthcare facilities.

Bivariate Analysis

Bivariate analysis was conducted to examine the association between the independent and dependent variables.

Table 2. Results of Bivariate Analysis

Variable	Contraceptive Use		Total	PR (95% CI)	p-*value*
	Use (%)	Not Use (%)			
Age					
>35 years	9.601 (73,6)	3.440 (26,4)	13.041 (100)	1,022	0,015
≤35 years	29.339 (72)	11.403 (28)	40.742 (100)	(1,004 – 1,041)	
Age of First Pregnancy					
High Risk	10.238 (79,8)	2.595 (20,2)	12.833 (100)	1,138	0,001
Low Risk	28.702 (70,1)	12.248 (29,9)	40.950 (100)	(1,119 – 1,158)	

Variable	Contraceptive Use		Total	PR (95% CI)	p-*value*
	Use (%)	Not Use (%)			
Education					
High	20.465 (67,6)	9.792 (32,4)	30.257 (100)	0,861	0,001
Low	18.475 (78,5)	5.051 (21,5)	23.526 (100)	(0,847 – 0,876)	
Employed Status					
Employed	13.250 (68,1)	6.213 (31,9)	19.463 (100)	0,909	0,001
Unemployed	25.690 (74,9)	8.630 (25,1)	34.320 (100)	(0,893 – 0,926)	
Economic Status					
Upper	27.903 (73,1)	10.291 (26,9)	38.194 (100)	1,032	0,001
Lower	11.036 (70,8)	4.553 (29,2)	15.589 (100)	(1,012 – 1,052)	
Place of Residence					
Urban	22.758 (70,3)	9.636 (29,7)	32.394 (100)	0,929	0,001
Rural	16.182 (75,7)	5.207 (24,3)	21.389 (100)	(0,913 – 0,945)	
Health Insurance					
Have	30.018 (71,5)	11.942 (28,5)	41.960 (100)	0,948	0,001
Do Not Have	8.922 (75,5)	2.901 (24,5)	11.823 100	(0,929 – 0,967)	
Access to Health Care Facilities					0,001
Affordable	33.515 (71,8)	13.195 (28,2)	46.710 (100)	0,936	
Not Affordable	5.425 (76,7)	1.648 (23,3)	7.073 (100)	(0,914 – 0,958)	
Method of Delivery					
Caesar	10.294 (70)	4.411 (30)	14.705 (100)	0,95	0,001
Normal	28.646 (73,3)	10.432 (26,7)	39.078 (100)	(0,936 – 0,974)	
Unwanted Pregnancy					
Wanted Pregnancy	3.361 (75,7)	1.077 (24,3)	4.438 (100)	1,050	0,003
Unwanted Pregnancy	35.578 (72,1)	13.766 (27,9)	49.344 (100)	(1,018 – 1,083)	
Parity					
High Risk	11.563 (74,9)	3.883 (25,1)	15.446 (100)	1,048	0,001
Low Risk	27.377 (71,4)	10.960 (28,6)	38.337 (100)	(1,031 – 1,066)	

Source: SKI 2023 data

According to table 2, of the 11 independent variables studied, based on the results of statistical analysis of the chi square test, all variables were associated with a p-value = <0.001 with contraceptive use. There were 9,601 (76.3%) women of childbearing age who used contraceptives with an age category of more than 35 years. There were 10,238 (79.8%) women with high-risk first pregnancy age category (<20 and >35 years). There were 20,465 (67.6%) women who used contraceptives in high education category. There were 13,250 (68.1%) Women who used contraceptives in the working category. There were 27,903 (73.1%) Women who used contraceptives in the upper economic category. There were 22,758 (70.3%) Women who used contraceptives in the urban residence category. There were 30,018 (71.5%) Women who used contraceptives in the category of having health insurance. There were 33,515 (71.8%) women who used contraceptives with affordable access to healthcare facilities. There were 10,294 (70%) women who used contraceptives with the category of cesarean delivery method.

There were 3,361 (75.7%) who used contraception in the category of unintended pregnancy. There were 11,563 (74.9%) women who used contraceptives with high-risk parity category.

Multivariate Analysis

Multivariate analysis was conducted to perform multiple logistic regression using a predictive modeling approach, incorporating all independent variables that met the inclusion criteria. This analysis identified which independent variables had the most significant association with contraceptive use.

Table 3. Results of Multivariate Analysis

Variable	p-*value*	PR (95% CI)
Age of First Pregnancy	0,001	1,365 (1,259 – 1,480)
Education	0,001	1,489 (1,388 – 1,596)
Employment Status	0,001	1,289 (1,210 – 1,372)
Economic Status	0,008	1,098 (1,025 – 1,177)
Place of Residence	0,001	1,198 (1,120 – 1,281)
Unintended Pregnancy	0,002	1,231 (1,081 – 1,401)
Parity	0,001	1,121 (1,050 – 1,196)

According to Table 3, based on the results of multiple logistic regression test analysis, the prediction model shows that the most dominant variable affecting contraceptive use among women of childbearing age in Indonesia with further analysis of the 2023 Indonesian Health Survey is the education variable (p-value 0.001; PR = 1.489; 95%CI = 1.388 - 1.596). From the model, it can be explained that women of childbearing age with higher education have a 1.49 times higher chance of contraceptive use. In the general population, 95% of researchers believe that education is the most dominant factor influencing contraceptive use with a significance range of 1.388 to 1.596.

DISCUSSION

Prevalence of Contraceptive Use Among Women Childbearing Age in Indonesia

In this study, which used data from the 2023 Indonesian Health Survey, after reviewing the inclusion criteria, the prevalence of contraceptive use among Women of Childbearing Age was 72.4%. This figure shows a significant positive increase and reaches the target set by the National Medium-Term Development Plan (RPJMN) period IV 2020-2024 which is 63.4%. The most popular contraceptive method for Women of Childbearing Age is 3-month injections. Based on the inclusion criteria set, the prevalence of contraceptive use of 3-month injections in Women of Childbearing Age was 39.7%. The contraceptive method of 3-month injections is still the main choice and dominates. The results of the 2017 Indonesian Demographic and

Health Survey (IDHS) stated that the prevalence of the use of contraceptive methods for 3-month injections in women of childbearing age was 29%.

The increase in the prevalence of contraceptive use was influenced by various factors that affected women of childbearing age in choosing a contraceptive method. One important factor was access to affordable healthcare services. In addition, the high use of long-term contraceptive methods such as IUDs (9.3%), implants (7.1%), and pills (6.8%) reflected a preference for methods that were considered more effective and practical compared to sterilization (3.9%), which required deeper discussions with partners and families, and one-month injections (5.6%), which were short-term methods with lower effectiveness.

The effectiveness of the family planning program can be seen in the Total Fertility Rate (TFR). According to the SP2020 Long Form data, the TFR rate in Indonesia reached 2,18 and the latest data according to the 2023 Family Data Collection Update (PK 23) the TFR rate in Indonesia reached 2,14 (BKKBN 2024). The consistent and vigorous implementation of the Family Planning Program in campaigning the importance of contraceptive use for more than five decades has continued to reduce fertility. The campaign conducted by BKKBN is not just about using or not using contraceptives but providing education and understanding related to women's reproductive health, regulating the distance and number of children desired, and how to use these contraceptives (BKKBN 2024). Many women of childbearing age nowadays focus more on quality of life, education, and economic stability before deciding to have children. This is in line with the results of a study that found the use of contraceptives is increasing with a prevalence of 72.4%.

Relationship between Age of First Pregnancy and Contraceptive Use

Pregnancies occurring in women under the age of 20 are often associated with underdeveloped reproductive organs, which may lead to a higher likelihood of labor complications. Conversely, in women over the age of 35, the natural decline of cellular function begins, potentially increasing health risks. Early pregnancies also elevate the chances of experiencing conditions such as pre-eclampsia (hypertension during pregnancy), eclampsia (pregnancy-related seizures), and infections. These conditions can lead to premature labor and low birth weight (LBW) fetuses (Agustini et al. 2023). A great risk will also occur when the first pregnancy is too old >35 years. At the age of >35 years, the organs of the womb age, the birth canal becomes more rigid, there is a high possibility that the pregnant woman will have a child with disabilities, obstructed labor, and bleeding (Susanti 2020).

This study is in line with research using the 2017 Indonesian Health Survey and Demography (IDHS) data conducted by (Triwahyuningtyas 2023). In this study, the proportion of contraceptive use was more dominant in the group of Women Childbearing Age with high-risk first pregnancy age (<20 and >35) (p-value 0.038; PR = 1.114; 95%CI = 0.998 - 1.223). Another study conducted by (Aryanti, Ani, and Karmaya 2014) in North Lombok Regency was not in line with this study, based on the results of the study there was no relationship between the age of first pregnancy with the use of contraceptives (p-value 0.649; PR=0.90; 95%CI=0.57 - 1.43).

Relationship between Education and Contraceptive Use

People with higher education will respond more rationally than those with lower education, are more creative and more open to renewal efforts, and can adjust to social changes (Sari and Sulistyorini 2017). In women with higher education, the use of contraceptives in addition to regulating births is also to improve family welfare because with enough two children in one family, a small happy, and prosperous family will be realized by providing maximum education and attention (Maiharti and Kuspriyanto 2018). They tend to consider in terms of material, mental readiness, and so on (Lestari and Abdullah 2024).

This study is in line with research using the 2014 National Socio-Economic Survey (SUSENAS) data conducted by (Idris 2019). In this study, the proportion of contraceptive use was more dominant in the group of Women of Childbearing Age with higher education (p-value 0.001; PR = 1.06; 95%CI = 1.04 - 1.08). Another study conducted by (Nilawati, Umboh, and Tendean 2020) in North Sulawesi Province, found that Women of Childbearing Age with higher education had a more dominant proportion of contraceptive use (p-value 0.031; PR = 2.688; 95%CI = 1.079 - 6.701).

Relationship between Employment Status and Contraceptive Use

Working women have less time to take care of children than non-working women, so working women use more contraceptives than non-working women (Damayanti, Sari, and Qonitun 2021). Work demands foster motivation to regulate births by considering the dependency ratio of a child (Sherli Deviana, Widya Mariyana, and Rinda Intan Sari 2023).

This study is in line with research using data from the 2012 Indonesian Health Survey and Demography (SDKI) conducted by (Laksmini 2017). In this study, the proportion of contraceptive use was more dominant in the group of Women of Childbearing Age who were employed (p-value 0.002; PR = 1.14; 95%CI = 1.1 - 1.8). Another study conducted by (Setyaningrum 2023) in Bogor Regency, found that Women of Childbearing Age who were

employed had a more dominant proportion of contraceptive use (p-value 0.001; PR = 4.113; 95%CI = 1.77 - 9.51).

Relationship between Economic Status and Contraceptive Use

Someone who has a good economic condition has easy access to what they need (Syahban, Fauziah, and Rahmawati 2017). High economic status will increase the opportunity to use contraception even though it is relatively expensive. Conversely, when economic status is low, it will lead to the inability to pay for the contraceptives needed (Hidayati et al. 2022).

This study is in line with research using the 2017 Indonesian Health Survey and Demography (IDHS) data in rural Indonesia by (Putri and Ronoatmodjo 2023), in which the proportion of contraceptive use was dominated by upper-economic status women of childbearing age (p-value 0.001; PR = 1.3; 95%CI = 1.18 - 1.42). In another study using data from the 2017 Indonesian Health Survey and Demography (SDKI) by (Hidayati et al. 2022) In this study, the proportion of contraceptive use was dominated by upper economic status women of childbearing age (p-value 0.001; PR = 1.32; 95%CI = 1.15 - 1.52).

Relationship between Place of Residence and Contraceptive Use

Based on regional characteristics, urban areas tend to be easier in terms of getting access to information, ease of accessing health services, easier transportation to reach healthcare facilities, higher levels of community education, and better economic status (Fitriani et al. 2021).

This study is in line with research using data from the 2017 RPJMN KKBPK Program Performance Indicator Survey (SRPJMN) by (Ekoriano et al. 2020) In this study, the proportion of contraceptive use was more dominant in the Women Childbearing Age group with urban residence (p-value 0.001; PR = 1.199; 95%CI = 1.142 - 1.260). In another study using data from the 2012 Indonesian Health Survey and Demography (SDKI) conducted by (Paskaria 2015), in this study there was no relationship between place of residence and contraceptive use in women of childbearing age (p-value 0.106; PR = 1.61; 95%CI = 1.06 - 2.47).

Relationship between Unintended Pregnancy and Contraceptive Use

Unintended pregnancy refers to a conception that happens either when a woman does not desire to have children at all or when the timing of the pregnancy is not aligned with her reproductive intentions—such as occurring earlier than planned. Women who use contraceptives can experience unwanted pregnancies due to not using contraceptives before the pregnancy occurs, other reasons can be triggered by women who have previously used

contraception experiencing side effects and failure of contraceptive methods. The desire of Women of Childbearing Age to want children or pregnancy affects the use of contraceptives (Firdawati, Pujiyanto, and Ekoriano 2022).

This study is in line with research using data from the 2017 Indonesian Health Demographic and Survey (IDHS) by (Nisa, Mawarni, and Winarni 2021). In this study, the proportion of contraceptive use was more dominant in the group of Women of Childbearing Age with unwanted pregnancies (p-value 0.001; PR = 5.290; 95%CI = 2.36 - 11.86). In another study that used Performance Monitoring and Accountability 2020 (PMA2020) data by (Supriyatna, Dewi, and Wilopo 2018), there was a study that the proportion of contraceptive use was more dominant in the group of Women Childbearing Age unwanted pregnancies (p-value 0.001; PR = 2.02; 95%CI = 1.57 - 2.61).

Relationship between Parity and Contraceptive Use

Parity is the number of pregnancies that end with the birth of a fetus capable of living outside the womb (BKKBN 2011). The number of children affects Women's Childbearing Age in the use of contraceptives. The more children they have, the greater the tendency to stop fertility (Maryam, Pratiwi, and Natalia 2024). High-risk parity (>2 children) will be at risk in pregnancy and childbirth, so to reduce this risk, it must span or limit the number of pregnancies with the use of contraception (Jasa, Listiana, and Risneni 2021).

This study is in line with research using data from the 2017 Indonesian Health Survey and Demography (SDKI) conducted by (Triwahyuningtyas 2023). In this study, the proportion of contraceptive use was more dominant in the group of Women of Childbearing Age with high-risk parity (p-value 0.001; PR = 1.316; 95%CI = 1.193 - 1.451). Another study conducted by (Yuliani et al. 2022) in Muara Enim Regency, found that Women of Childbearing Age with high-risk parity as a risk factor that has a 6.818 times higher chance of using contraceptives.

CONCLUSIONS

These findings demonstrated that a multisectoral approach was essential to increase contraceptive use, involving education, economic factors, healthcare services, and active participation from both communities and couples. Evidence-based family planning policies targeted vulnerable groups such as women with low educational attainment, unemployed women, and those living in rural areas. According to the 2023 Indonesian Health Survey, after applying the inclusion criteria, showed a contraceptive prevalence of 72.4% among women of childbearing age, surpassing the National Medium-Term Development Plan (RPJMN) phase

IV for 2020–2024 target of 63.4%. Education emerged as the most dominant factor influencing contraceptive use among women aged 15-49 in Indonesia. Women with higher education tended to delay marriage and pregnancy until achieving economic stability or career goals. Contraception served as a crucial tool for regulating birth numbers and spacing, aligning with women's life plans, as highly educated women generally understood the responsibilities associated with childbearing.

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