DETERMINANTS OF CONTRACEPTIVE USE IN THE MAPPURONDO SCHOOL OF BELIEF

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ABSTRACT

The use of contraceptives among believers tends to be low. This can be attributed to traditional values that are still very strong in society, where the concept of extended family and the continuity of offspring are considered very important. Nevertheless, efforts have been made to provide understanding and education about the importance of family planning and reproductive health, so that people can choose wisely about the use of contraceptives according to their needs and values. This study aims to analyze the determinants of contraceptive use in adherents of the Mappurondo faith school in Mamasa Regency, West Sulawesi Province, using the 2022 National Population and Family Planning Agency's Family Data Collection Update data set. The population is all families adhering to the Mappurondo faith school in Mamasa district, a sample of 431 couples of childbearing age, with sample criteria that include married women between the ages of 15 and 49 years old, whether they use contraceptives or not. The analysis used is the chi-square test and the multivariate test. The results of the analysis showed that the variables of the age group of couples of childbearing age, Insurance Ownership, Welfare Level, Number of children born alive and got information about the family planning population program and family development from the officers statistically significantly related to the use of family planning in adherents of the Mappurondo faith school in Mamasa Regency, while the variables of Education Level and obtaining information about the population program program Family planning and family development from the media are not related to the use of family planning in the Mappurondo school of belief in Mamasa Regency (p>0.05). Variable Getting information about the KKBPK Program from officers is the most significant variable affecting contraceptive use, followed by the variable of Insurance Ownership. In conclusion, the variation of information about the KKBPK Program from officers did not provide a significant relationship with the use of contraceptives. Suggestions are hoped to improve the quantity and quality of communication, information, and education for family planning officers who provide counselling to the community of the Mappurondo faith.

ABSTRAK

Penggunaan alat kontrasepsi di kalangan penganut kepercayaan cenderung rendah. Hal ini dapat dikaitkan dengan nilai-nilai tradisional yang masih sangat kuat dalam masyarakat, di mana konsep keluarga besar dan keberlangsungan keturunan dianggap sangat penting. Meskipun demikian, upaya-upaya telah dilakukan untuk memberikan pemahaman dan edukasi mengenai pentingnya keluarga berencana dan kesehatan reproduksi, agar masyarakat dapat memilih dengan bijak mengenai penggunaan alat kontrasepsi sesuai dengan kebutuhan dan nilai-nilai yang mereka anut. Penelitian ini bertujuan untuk menganalisis determinan penggunaan kontrasepsi pada penganut aliran kepercayaan Mappurondo di Kabupaten Mamasa Provinsi Sulawesi Barat dengan menggunakan data set Pemutahiran Pendataan Keluarga Badan Kependudukan dan Keluarga Berencana Nasional tahun 2022. Populasi penelitian ini adalah seluruh keluarga penganut aliran kepercayaan Mappurondo di kabupaten Mamasa kemudian sample pasangan usia subur dengan kriteria sample adalah wanita kawin usia antara 15–49 tahun baik yang menggunakan alat kontrasepsi maupun tidak. Analisis yang digunakan adalah analisis chi square tes dan multivariat tes. Hasil analisis menunjukkan bahwa

Variabel kelompok umur pasangan usia subur, Kepemilikan Asuransi, Tingkat kesejahteraan, Jumlah anak lahir masih hidup dan dapat informasi tentang program kependudukan keluarga berencana dan pembangunan keluarga dari petugas secara statistik signifikan berhubungan dengan penggunaan KB pada penganut aliran kepercayaan Mappurondo di Kabupaten Mamasa, sementara variabel Tingkat Pendidikan dan mendapatkan informasi tentang program program kependudukan keluarga berencana dan pembangunan keluarga dari media tidak berhubungan dengan penggunaan KB pada aliran kepercayaan Mappurondo di Kabupaten Mamasa (p>0,05). Variebel mendapatkan informasi tentang Program KKBPK dari petugas menjadi variabel yang paling signifikan mempengaruhi penggunaan kontrasepsi kemudian disusul variabel Kepemilikan Asuransi. Kesimpulan, variebel informasi tentang Program KKBPK dari petugas tidak memberikan hubungan yang signifikan dengan penggunaan kontrasepsi KB. Saran, meningkatkan kuantitas dan kualitas komunikasi, informasi dan edukasi bagi petugas KB dalam memberikan penyuluhan kepada masyarakat aliran kepercayaan Mappurondo.

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INTRODUCTION

The development of family planning (KB) programs in Indonesia has experienced a significant increase in recent decades. However, there are still challenges that need to be overcome, especially in communities with strong traditional beliefs, such as the *Mappurondo* community in West Sulawesi. Mappurondo is an indigenous people who uphold traditional customs and beliefs in every aspect of their lives, including in terms of contraceptive options.

The *Mappurondo* belief system in Mamasa Regency is a spiritual belief system that includes various rituals and ceremonies to honour ancestors and seek guidance from the spiritual world. The Mappurondo belief system plays a vital role in shaping the social structure and daily practices of the community, as it is considered a way to maintain harmony with nature. The Mappurondo belief system strongly emphasizes the interconnectedness of all living things and the importance of preserving the balance of nature. Through rituals and ceremonies, they seek to communicate with their ancestors and appease the spirits believed to inhabit the land. These practices are passed down from generation to generation, ensuring that the traditions and customs of the Mappurondo belief system remain an integral part of the community's identity.

Overall, the Mappurondo belief system is the foundation of the cultural identity and spiritual practices of the people in Mamasa Regency. Through traditional ceremonies involving various components such as dance, singing, and offerings, the community shows their respect for nature and ancestors. By preserving these traditions, they preserve a cultural heritage that has given meaning and spiritual strength to their communities for centuries. The traditional ceremony carried out by the community is also a form of appreciation for the values of togetherness and solidarity that have been part of their lives since immemorial. Through spiritual practices and traditional traditions passed down from generation to generation, people can strengthen relationships with others and maintain the sustainability of harmonious community life. Thus, the Mappurondo belief system is not only a symbol of cultural identity but also a strong foundation for the sustainability and integrity of its community.

According to the perspective of cultural reproduction theory, the belief stream sees many children as assets to preserve and spread their beliefs, especially if they feel threatened by the dominance of the majority group. (Bourdieu, 1977). This can be attributed to traditional values that are still very strong in society, where the concept of extended family and continuity of descent is considered very important. The low use of contraception certainly has a significant influence on the high birth rate, which has a direct impact on the high maternal and child mortality rate, and the prevalence of stunting events. A research study at the Sikumana Health Center, Kupang City, found that the rate and distance of birth were significantly related to the incidence of stunting (Dina Melanieka S Henukh, Siti Nur A, J Ahmad, 2021).

The local government has been working with non-governmental organizations to organize counseling programs on family planning and reproductive health. Through a more communicative

approach and respect for local values, it is hoped that the people of Mappurondo can receive this information more openly. Thus, it is expected that the number of contraceptive users among Mappurondo adherents can increase so that it can support the welfare and health of families in the future. So that the goals of the program can be achieved. However, not all Mappurondo people will probably accept the information openly, especially if their local values are at odds with the family planning program. For example, some members of the Mappurondo community still hold fast to traditional values that oppose the use of contraceptives, so the program will not succeed in increasing the use of contraceptives among them. In addition, it is possible that the information presented is not believed or considered to be contrary to their religious or cultural beliefs. However, with the right approach and the use of adequate resources, the program still has the potential to successfully change the perception of the Mappurondo community towards family planning and contraceptives. With open communication and a targeted approach, it is expected to increase public participation in contraceptive use and reproductive health.

Contraceptive options are an essential factor in birth control and reproductive health. In a society with strong traditional beliefs, such as Mappurondo in Mamasa, West Sulawesi, beliefs and practices can influence decisions regarding contraceptive use.

Other studies have also shown that individual characteristics, such as ethnicity and culture, also play a role in the selection of contraceptive methods (Fatiah, 2023). In particular, traditional beliefs and practices have been identified as essential factors (Utami, 2018; Choiriyah, Hadisuyatmana, & Armini, 2020). The use of contraception in religious communities and cultural beliefs on family planning decisions suggest that factors such as religious and cultural norms can influence a person's decision to use contraception. This shows the importance of understanding cultural and religious contexts in designing effective and sustainable family planning programs. By understanding and respecting the values and beliefs of the community, it is hoped that public health programs can be more acceptable and provide tangible benefits to families and communities.

Research also shows that approaches that integrate cultural and religious values in family planning programs can increase participation rates and sustainability of such programs. For example, approaches involving religious leaders or local cultural experts in counselling on family planning have proven effective in increasing public understanding and acceptance of these programs. Thus, collaboration between the government, health institutions, and local communities in designing and implementing family planning programs that are sensitive to cultural and religious values can be the key to success in efforts to improve the well-being of families and communities as a whole.

However, research on the determinants of contraceptive use among adherents of traditional beliefs is still limited. Therefore, this study focused on the community of adherents of the "Mappurondo" belief school in Mamasa Regency, which has unique practices and beliefs that can influence contraceptive use and reproductive health. Therefore, this study aims to deeply understand the determinants of contraceptive use in this community. This study uses a quantitative approach by utilising secondary data from family data collected by BKKBN to explore the experiences, beliefs, and practices of the "Mappurondo" community related to contraceptive use and reproductive health.

Efforts to reduce the rate of population growth are through the Family Planning program. The implementation of the family planning program is stated by using current family planning tools or methods. Family planning is formulated as an effort to increase concern and community participation through marriage age limits, birth arrangements, fostering family resilience, and improving family welfare to realise a happy and prosperous small family (BKKBN, 2008).

Based on routine statistical data from the West Sulawesi Province BKKBN, the achievement of contraceptive use in Mamasa Regency is above the provincial average, which is 69.89 per cent. While West Sulawesi is 55.95 per cent, what is interesting there is that in Mamasa Regency, there is a belief school known as Mappurondo, which is a minority school that always tries to increase the number of students in the community. Still, the use of contraception is relatively high, so it is interesting to analyse the determinants of contraceptive use of the Mappurondo belief school.

METHOD
Type of Research
The design method used in this research is a cross-sectional survey using Secondary Family Data Collection Update 2022 in West Sulawesi Province.

Place and Time of Research
The 2022 Family Data Collection update data set was carried out from July to September 2022, targeting Indonesian families, then specially selected Fertile Age Couples who adhered to the faith stream in Mamasa Regency, West Sulawesi Province.

Population and Sample
The study population was all married women adherents of the faith stream in the Mamasa district, with a total sample of 431.

Data Collection
Data collection used secondary data for updating the family data collection in 2022, conducted by the National Population and Family Planning Agency using a questionnaire.

Data Analysis and Processing
Data analysis was carried out by univariate analysis, bivariate with a chi-square test and multivariate using multiple logistic regression using the backwards Wald method.

The data has been presented as a table of manual data processing results using computerisation, distribution tables, and bivariate and multivariate analysis tables, accompanied by explanations using the Statistical Package for Social Sciences (SPSS) software program. The independent variables analyzed in the model were maternal age group, education level, JKN ownership, welfare level, number of surviving children, getting information about the KKBPK program from the media and getting information about the KKBPK program from Officers, while the dependent variable was contraceptive use.

RESULT
Univariate analysis
The results of the univariate analysis of the distribution of respondents based on demographic characteristics related to age groups, education levels, insurance ownership, welfare levels, and the number of children still alive, obtained information on the KKBPK program from the media and officers, as shown in the table below.

From the data presented in Table 1, we can see the distribution of respondent characteristics. The largest respondent age group is 40-49 years, representing 39 per cent of the total. This is followed by the 30-39 age group at 33 per cent, and the 15-29 age group at 28 per cent. Regarding educational background, respondents are evenly split between those with low education and those with high education, each constituting 50 per cent. Furthermore, there is a significant difference in insurance ownership; 93 per cent of respondents have Jaminan Kesehatan Nasional (JKN), while only 7 per cent do not have it.

The characteristics of respondents with the highest level of welfare were at a high level of welfare of 42 per cent, followed by respondents with a low level of welfare of 37 per cent, then respondents with a moderate level of welfare of 21 per cent. The characteristics of respondents with the calcification of the number of live births were equal to or less than 2 children, as much as 41 per cent, and more than 2 children, as much as 59 per cent. The characteristics of respondents who get information about the KKBPK program from the media are 65 per cent, and those who have never received information related to the KKBPK program from the media are 35 per cent. Likewise, 87 per cent of respondents received information about the KKBPK program from officers, and 13 per cent of respondents did not get information from the KKBPK program. The characteristics of respondents with the use of contraceptive devices/drugs were 74 per cent of respondents, and those who did not use contraceptive devices/drugs, as much as 26 per cent.

Table 1. Distribution of respondents

Variable	Frequency	Percent
Age Group		
15-29	121	28,1
30-39	143	33,2
40-49	167	38,7
Classification of Education Levels		
Low	216	50,1
High	215	49,9
Insurance Ownership Classification		
No	28	6,5
Yes	403	93,5
Classification of Welfare Levels		
Low	160	37,1
Middle	92	21,3
High	179	41,5
Classification of the Number of Children Alive		
less equals 2	177	41,1
over 2	254	58,9
Get KKBPK Program Info from the Media		
No	153	35,5
Yes	278	64,5
Get KKBPK Program Info from Officers		
No	57	13,2
Yes	374	86,8
Family Planning Participation		
No	113	26,2
Yes	318	73,8

Source: PK 2022 data processing

The analysis of the respondent characteristics reveals several key demographics. The most prevalent age group among respondents is 40-49 years, comprising 39 per cent, closely followed by the 30-39 year age group at 33 per cent, and the 15-29 year age group at 28 per cent. When examining educational attainment, both low and high education levels account for 50 per cent of respondents each. In terms of insurance coverage, a significant majority of respondents, 93 per cent, possess health insurance (JKN), leaving only 7 per cent without it. The welfare level of respondents shows that 42 per cent are classified as high welfare, 37 per cent as low welfare, and 21 per cent as moderate welfare. Focusing on family size, 41 per cent of respondents have two or fewer children, while 59 per cent have more than two. Regarding information accessibility, 65 per cent of respondents received details about the KKBPK program through media channels, while 35 per cent have not encountered information via the media. Additionally, 87 per cent received information about the KKBPK program from officers, compared to 13 per cent who did not. Finally, a notable 74 per cent of respondents use contraceptive devices or drugs, while 26 per cent do not utilize any contraceptive methods.

Results of Bivariate Analysis

Bivariate analysis with chi-square was carried out to select independent variables for the multivariate analysis stage. As shown in table 2 below, the variables of age group, insurance ownership,

level of welfare, number of children born alive and obtaining information on the KKBPK program from officers passed the selection to multivariate analysis because the P-value value was below 0.05 while the variables of the level of education and variables of obtaining information about the KKBPK program from the media did not qualify for the next analysis because they had a P-value above 0.05, namely 0.804 and 0.091 respectively.

Table 2. Bivariate analysis with chi-square

Variable	Family planning participation		Total	Sig	Kandidat Multivariate
	no	**yes**			
PUS Age Group					
15-29	44	77	121		
30-39	33	110	143	,011	Yes
40-49	36	131	167		
Classification of Education Levels					
Low	55	161	216	,804	No
High	58	157	215		
Insurance Classification					
No	15	13	28	,001	Yes
Yes	98	305	403		
Welfare Classification					
Low	33	127	160		
Middle	14	78	92	,000	Yes
High	66	113	179		
Classification of the number of children					
less equals 2	71	106	177	,000	Yes
over 2	42	212	254		
Get KKBPK Program Info from the Media					
No	48	105	153	,091	No
Yes	65	213	278		
Get KKBPK Program Info from Officers					
No	28	29	57	,000	Yes
Yes	85	289	374		

Source: Data processing set PK 2022.

Results of multivariate analysis

The variables that passed the selection from the bivariate analysis were multivariate analysed as shown in Table 3. From the table above, it can be seen that the variable of obtaining information about the KKBPK Program from officers, which most significantly affects the use of contraception in the Mappurondo belief stream, with an Exp(B) value of 3.791, followed by the variable of insurance ownership with an Exp(B) of 3.519.

Table 3. Multivariate Analysis

Variable	S.E.	Wald	Sig.	Exp(B)	95% C.I.for EXP(B)	
					Lower	Upper
Step 1ᵃ Age Group3		,354	,838			
Age Group3(1)	,321	,116	,734	,897	,478	1,682
Age Group3(2)	,336	,354	,552	,819	,424	1,582
Insurance Classification	,434	8,701	,003	3,599	1,537	8,427
Welfare Classification		7,289	,026			
Welfare Classification (1)	,312	,550	,458	1,261	,684	2,325
Welfare Classification (2)	,360	7,223	,007	2,633	1,300	5,334
Classification of the number of children	,322	13,935	,000	3,322	1,769	6,241
Get KKBPK Program Info from Officers	,318	17,732	,000	3,823	2,048	7,136
Constant	1,122	27,351	,000	,003		
Step 2ᵃ Insurance Classification	,430	8,552	,003	3,519	1,514	8,179
Welfare Classification		7,326	,026			
KlasifikasiKesejahteraan (1)	,308	,667	,414	1,286	,704	2,349
KlasifikasiKesejahteraan (2)	,359	7,296	,007	2,634	1,304	5,319
Classification of the number of children	,279	15,675	,000	3,023	1,748	5,228
Get KKBPK Program Info from Officers	,318	17,518	,000	3,791	2,031	7,077
Constant	1,110	27,107	,000	,003		

a. Variable(s) entered in step 1: Age Group 3, Insurance Classification, Welfare Classification, and Classification of the number of children.

Source: data processing set PK 2022.

DISCUSSION

The use of contraception is one of the crucial efforts in controlling the population and improving the quality of reproductive health. Various efforts have been made to increase public awareness and access to information about contraception. However, the level of public participation in contraceptive use is still influenced by various factors, such as the level of welfare, insurance ownership, access to information, and social and cultural support. One of the factors that affects the use of contraception is the ownership of health insurance. Health insurance provides financial protection for individuals who are able to access health services, including contraceptive services. With health insurance, individuals have a greater chance of getting quality contraceptive services without being constrained by economic factors. Several previous studies have shown that insurance ownership is related to the level of contraceptive use (Arifa & Sulistiawan, 2024).

The results of previous studies revealed that many factors that affect the use of contraception, including demographic and socio-economic factors such as age, education level, welfare level, and the number of children who are still alive, are often closely related to the use of contraception (Azis, Akmal, & Arsyad, 2021). The age of the mother is a significant factor in the use of contraception (Sinaga, Bangun, & Pasaribu, 2021; Maria Gayatri, 2022). The age of 20-35 is a non-risky age because this is the time when a woman's reproductive organs and hormonal system are mature enough to have children (Sari & dkk, 2019). According to Notoatmodjo (2007), age is a variable that is always considered in epidemiological research and is one of the things that affect knowledge. Lifespan is the length of a person's life in a year, calculated from birth to the last birthday. The older a person gets, the better the mental development processes are, but at a certain age, the increase in this mental development process

is not as fast as when they were in their teens (Notoatmodjo, 2007). In addition to knowledge, the mother's age also affects attitudes and practices in terms of the use of contraceptive methods. Older mothers tend to be more aware of the need to manage birth than younger mothers. In addition, maternal age is often associated with greater reproductive experience and more exposure to family planning programs. As women age, they tend to limit pregnancy (Husnul Khatimah et al., 2022). However, it is different from the finding that there is no relationship between age and the use of traditional contraceptives (Wijayanti, 2021).

The results showed that there was a statistically significant relationship between insurance ownership and the decision to use family planning, with p value = 0.001 (p<0.05). The results of this study are in line with research conducted by Hermanses et al. (2022), which stated that the participation of acceptors in insurance (JKN) has an effect on the selection of family planning methods (Hermanses, Wahyunita, & Saragih, 2022). Research conducted by Mahardany and Supriadi (2023) states that a mother's economic level affects the use of contraception (Mahardany & Supriadi, 2023). Several other studies have stated that a woman's economic status has an effect on the use of contraceptives. This happens because mothers with high financial status have the opportunity to get better information and knowledge about postpartum contraceptive methods and better access to health services (Abraha et al., 2018). So that the existence of insurance will help mothers to get contraceptive services. Health costs or insurance are all costs incurred by the government, private sector and society that are explicitly aimed at improving the state of health (Supriyanto & FEBS, 2018). A person who has health insurance tends to pay attention to their health by using more appropriate health care services so that they can improve their health. Insurance is actually a preventive way in order to prevent the inability of the population to finance expensive medical services, thereby preventing unwanted negative impacts (Chumaida, Subagyono, Silvia, Usanti, & Aryatie, 2019).

The results showed that there was a statistically significant relationship between the number of children and the decision to use family planning, with a p-value = 0.000 (p<0.05). The results of the research conducted by Hermanses et al. (2022) stated that most (90.5%) of respondents who became acceptors of family planning were multiparity (parity 2-4) (Hermanses, Wahyunita, & Saragih, 2022). Parity is the overall number of children that have been born. The majority of respondents who have more than one child (multiple) tend to use contraceptive methods, and only a small number do not use contraceptive methods. One of the things that encourages a person to decide to participate in a family planning program is if they feel that the number of children still alive is enough for the desired number; the number of live children has a very meaningful influence on determining the choice of long-term contraceptives. The number of children a woman of childbearing age has is a determinant of the desire for a large number of births for each woman. Some women feel that the number of children they have is enough, so they tend to limit their desire to increase the number of children (Kambuno & Wijayanti, 2022). Yeni et al. (2017) also stated that the more children they have, the more likely they are to use a particular contraceptive method (Yeni, Mutahar, Etrawati, & Utama, 2017).

The results of this study also showed that there was a statistically significant relationship between the existence of information or counseling about family planning from health workers or health workers and the use of contraceptives. This is in line with research conducted by Mahardany et al. (2023), which stated that there is a significant relationship between family planning counseling and the decision to use postpartum family planning (Mahardany, Supriadi, & Wahida, 2023). Counseling is essentially providing knowledge to mothers who do not know and or returning to mothers who already know about contraception. For mothers who are new to knowing and understanding family planning, of course, their new knowledge will be tried, especially if it is felt that it will be useful or indeed needed. Mothers can ask everything about family planning and will get all the information they need related to family planning, so that mothers' acceptance of family planning no longer contains an element of coercion but is based solely on the needs of the mother. Providing repeated exposure to information related to contraceptives will increase mothers' understanding (Abraha, et al., 2018) (Woldu, Ermolo, Lemu, & Gejo, 2020). The application of counseling on contraceptives that is carried out repeatedly has the potential to change the perception of the Mappurondo community towards family planning and contraceptives so that it can increase the coverage of family planning acceptors in the region. After counseling the client and the chosen contraceptive method has been determined, the client gives his consent in the form of a signature on the medical action consent sheet (informed consent) for the AKDR

method of birth control, implants and steady contraception (tubectomy and vasectomy) (Wardani, Irawati, & Wayanti, 2019). Women who did not know contraception at all were eight times more likely to have children Upadhyay (2017) in (Kistiana et al., 2020). Exposure to information through the media is positively related to the use of modern contraception in couples of childbearing age, but it is not the main factor; rather, the role of Family Planning Officers (PLKB) and the family is the determining factor (Kirana & Idris, 2022).

CONCLUSION AND SUGGESTION

Based on the results of the analyzed research, it was found that several factors have a significant relationship with the use of family planning (KB) among adherents of the Mappurondo school of Faith in Mamasa Regency. Variables such as the age group of couples of childbearing age (PUS), insurance ownership, level of welfare, number of children born alive, and information provided by officers regarding the Family Planning and Reproductive Health (KKBPK) program are statistically proven to affect the decision to use contraception. This shows that access to information from officers, financial support through insurance, and family economic conditions play an essential role in determining individual participation in family planning programs.

The variable of obtaining information about the KKBPK program from officers was the most significant factor in influencing the use of contraception, with an Exp (B) value of 3.971. This shows that individuals who get information directly from the officer are almost four times more likely to use contraception than those who don't get that information. In addition, insurance ownership is also an important factor in determining the decision to use contraception, with an Exp (B) value of 3,519. This means that individuals who have health insurance have a higher chance of accessing and using contraceptive services than those who do not have insurance. These findings confirm that access to information directly from officers and financial guarantees through insurance play a crucial role in increasing community participation in family planning programs.

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