

Conference Paper

Women Empowerment and Contraceptive Use in Nusa Tenggara Barat 2013

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Abstract

Women empowerment on decision making in term of women participation in economic, household and physical mobility decision making is considered affecting the contraception use. West Nusa Tenggara is the region that receives programme to provide a hundred percent of contraception equipment under procurement equipment and free medicine policy on the KB (family planning) care which is addressed to all reproductive-age couples and based on Head of BKKBN provision (Perka) number 78 / PER / E3 / 2011. However, according to Indonesia Health Demographic Survey (SDKI) in 2012, the number of Contraception Prevalence Rate in West Nusa Tenggara is still below of national achievement.

This study aimed to examine the association between women empowerment and contraception use at West Lombok, East Lombok, and Sumbawa, in West Nusa Tenggara Province. Secondary data analysis was used based on Improving Contraceptive Mix Method project conducted by the Center for Health Research of the University of Indonesia in 2013. The sampling method used was probability proportional to size with a cross-sectional design. Samples were married women aged between 15-49 years old who were not pregnant which amounted to 6,613 respondents. The Chi-square test was used for statistical analysis). Women empowerment in the household decision making was associated with contraception use in West Nusa Tenggara where women who were empowered in household decision making were more likely to use contraception (OR 0.778; p-value 0.002). Therefore, improving women empowerment would be a good approach to increase contraception use.

Keywords: Women empowerment; decision-making; contraception use

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1. Introduction

Maternal mortality is projected to increase 1.8 times higher for women who are not using contraception (Ahmed et al. n.d.). Among many interventions, using contraception as the prevention of unwanted pregnancy is one of the most cost-effective ways to reduce maternal mortality (Bongaarts & Sinding 2009).

Some of the literatures on reproduction health describe the association between contraception use and women empowerment (Govindasamy dan Malhotra, n.d.; Blanc 2001;

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Al Riyami et al. 2004; Hameed et al. 2014; Do & Kurimoto 201M). West Nusa Tenggara is a region that receives a hundred percent contraception procurement programme under procurement equipment and free medicine policy on the KB (family planning) care which is addressed to all reproductive-age couples and based on Head of BKKBN provision (Perka) number 78 / PER / E3 / 2011 (BKKBN 2011). One of that operational policies is intended to increase prevalence of KB use. However, according to Indonesia Demographic Health Survey (SDKI) in 2012, Contraception Prevalence Rate of West Nusa Tenggara was still below of national achievement which was only 56 percent (BKKBN et al. 2013).

2. Methods

This was secondary data analysis, conducted to examine the association between women empowerment on taking decision and contraception use among reproductive-age women in West Nusa Tenggara Province particularly West Lombok, East Lombok, and Sumbawa District. The data were obtained from Improving Contraceptive Method Mix (ICMM) project conducted by the Center for Health Research, the University of Indonesia in 2013. The study sample was reproductive, married but not pregnant women, aged 15-49 years old. Variables examined in the study were the contraception use and women's participation in decision making in term of economic, household, and physical mobility.

Empowerment regarding economic decision-making was respondent's participation to decide daily necessities spending (toothpaste, soap, etc.) and expensive household expenditure (TV, Refrigerator, etc). Decision making empowerment in the household decision making participation was respondent's participation to decide children and wife health care whereas empowerment in term of physical mobility was respondent's participation to decide if they would work.

3. Results

The distribution of the contraception use in West Nusa Tenggara Province included the use by productive age women aged between 15-49 years old and the method of the contraception use.. The contraception use could be found in 1,522 people (72.9%) in West Lombok, 1,234 people (54.8%) in East Lombok, and 1,494 (65.5%) in Sumbawa, amounting to 4,250 people (64.3%) in West Nusa Tenggara Province.

In economic decision making, the proportion of respondents using contraception was greater in unempowered respondents compared to empowered which was 66.6% for the

TABLE 1: Distribution of Woman Empowerment in West Nusa Tenggara in 2013 (n=6613).

Women Empowerment	West Lombok (n=2079)	East Lombok (n=2252)	Sumbawa (n=2282)	Total (n=6613)
Economic Decision				
Empowered	24.4%	27.8%	32.4%	84.4%
Unempowered	7.2%	6.3%	2.1%	15.6%
Household Decision				
Empowered	28.1%	29.8%	31.1%	89.0%
Unempowered	3.3%	4.2%	3.4%	11.0%
Physical Mobility				
Empowered	17.9%	19.5%	17.9%	55.3%
Unempowered	7.2%	14.6%	16.6%	44.7%

TABLE 2: Distribution of Contraception Use According to the Women's Empowerment in West Nusa Tenggara Province (n=6613).

Women's Empowerment	Contraception Use				Total		OR	p-value
	Yes		No		n	%		
	n	%	N	%				
Economic Decision								
Empowered	3563	63.8	2018	36.2	5581	100	1.128	0.097
Unempowered	687	66.6	345	33.4	1032	100		
Household Decision								
Empowered	3821	64.9	2065	35.1	5886	100	0.778	0.002
Unempowered	429	59.0	298	41.0	727	100		
Physical Mobility Decision								
Empowered	2321	63.5	1333	36.5	3654	100	1.076	0.164
Unempowered	1929	65.2	1030	34.8	2959	100		

unempowered respondents and 63.8% for the empowered respondents. Empowerment economic decision making was not associated with contraception use (p-value = 0.097). As for households decision making, it showed that the proportion of respondents who used contraception was greater to the empowered respondents (64.9%) than unempowered respondents (59%) (p-value = 0.002; OR = 0.778). Reproductive age women who were unempowered in households decision making were 0.778 times less likely to use contraception. In physical mobility empowered dimension, the proportion of respondents who used contraception was almost balanced between unempowered respondents (65.2%) and empowered (63.5%) and their relationship was not statistically significant (p-value = 0.164).

4. Discussion

Patrikar et al. (2013) states that contraception use is influenced by many things including by women empowered in decision making (Patrikar et al. 2014). In Safe Motherhood, the women empowerment is the most basic foundation on reducing maternal mortality. The women empowerment underlies primary health care in the form of family planning, antenatal care, clean and safe delivery, and essential obstetric care (World Health Organization 1996). This means that women who are empowered to make decisions in the household will have good access to primary health care, in which one of the access is the right to obtain contraception services that are suitable with their own preferences.

Women empowerment itself is influenced by their social and economic status, including women's knowledge (Asian Development Bank 2016). Therefore improving women health, including contraception use also depends on improving the standard of living, education, and their working conditions. Women must be seen as an agent of change, not merely as a recipient of the intervention.

5. Conclusions

Women empowerment on household decision making was associated with contraception use in West Nusa Tenggara. Therefore, women empowerment might be one strategy to increase the contraception use by improving the standard of living, education, and their working conditions.

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