

RESEARCH ARTICLE

Knowledge, Attitude, and Practice of Contraception among Pregnant Women in Ende District, East Nusa Tenggara, Indonesia

¹Budi I Santoso, ²Raymond Surya

ABSTRACT

Introduction: Indonesia has the fourth largest population in the world with 255.7 million people and a rate of birth of 21 per 1,000 population. There is also a high rate of unmet need and total fertility rate (TFR), which can potentially lead to unwanted pregnancies, consequently increasing the maternal mortality rate (MMR). Thus, family planning program through postpartum contraceptive use is one of the efforts to reduce the MMR and TFR. This study is conducted to assess the knowledge, attitude, and practice (KAP) of contraception among pregnant women in Ende district.

Materials and methods: A cross-sectional study was carried out at three primary health centers in the main district of Ende from July to August 2015. A total of 305 pregnant women who completed questionnaires assessing their KAP of contraception were enrolled in this study. The data were analyzed using Statistical Package for the Social Sciences version 23.0 for Windows with Pearson or Spearman correlation tests.

Results: In this study, 86.53% of pregnant women were aware of family planning methods, among which the best known was injection (63.97%). Most respondents obtained information from health professionals (63.30%). More than half of the respondents agreed that contraception was beneficial and would recommend it to their families. The most prevalent reason for not wanting to use contraception in the future was the desire to have a child (44.59%). The total knowledge score was correlated with attitude and practice scores ($p < 0.001$).

Conclusion: More than half of respondents knew, agreed, and would like to recommend contraception. Primary health care providers play a major role in improving women's knowledge of family planning. To support the success of family planning, the government should emphasize on family planning education. In particular, there appears to be need for counseling about family planning for pregnant women.

Keywords: Contraception, Cross-sectional study, Knowledge, Attitude and practice, Pregnant women.

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INTRODUCTION

The World Health Organization defined family planning as giving a chance to society to determine the number of children and pregnancy spacing through contraceptive method.¹ Based on the 2015 World Population Data Sheet, Indonesia has the fourth largest population in the world at 255.7 million people and a rate of birth of 21 per 1,000 population.² Due to this high population, since 1970, the Indonesian government established the family planning program through formation of the Badan Koordinasi Keluarga Berencana Nasional (BKKBN). The family planning program aimed to minimize the population growth and escalate maternal and child health.³ There were also three indicators associated with family planning in the millennium development goals 2015. Target number 5b (universal access to reproductive health) assesses contraceptive prevalence rate (CPR), age-specific fertility rate (ASFR), and unmet need. The national indicator target in 2015 reached 65% for CPR, 30/1,000 women for ASFR between 15 and 19 years, and 5% for unmet need.⁴

The Indonesian Demographic and Health Survey (IDHS) in 2012 showed the total fertility rate (TFR) was 2.6, i.e., 2.4 for TFR in urban areas and 2.8 for TFR in suburban areas. Although there was a great drop of TFR from 3.0 in 1991 to 2.6 in 2012, it seemed this TFR has been stagnant since 2002.⁵ According to the 2015 World Population Data Sheet, the TFR in 2015 was still 2.6.² The number of children was influenced by several factors including maternal educational background, marital age, maternal age of first child, and the use of contraceptive method.⁵

Based on IDHS 2012, the increase of CPR was extremely small, namely only 0.5% in the last 5 years from 61.4% in 2007 to 61.9% in 2012. Meanwhile, the rate of ASFR for women aged 15 to 19 years was only 48 per 1,000 women,

and the prevalence of unmet need was still high around 30%.⁴ Based on data from BKKBN Ende in 2014, the rate of CPR was 54.95% and unmet need was 30%.⁶ The low rate of CPR was associated with the high rate of unmet need. This high rate led to the possibility of creating unwanted pregnancies. Therefore, the main target of the family planning program is for unmet need group and for postpartum women to increase the maternal health. Unwanted pregnancy in postpartum women will pose two risks: A very close spacing, if pregnancy is to be continued or a high

rate of abortion, if pregnancy is terminated. These two consequences have maternal complications, which could raise the maternal mortality rate (MMR). Thus, the family planning program through postpartum contraceptive use is one of the ways to reduce the MMR and TFR.⁷

This study was undertaken to assess the knowledge, attitude, and practice (KAP) of contraception among pregnant women in Ende district in order to help the government in formulation of policies and modify its approach to increase the CPR.

LAMPIRAN

Pengetahuan, Sikap, dan Perilaku Ibu Hamil terhadap Metode Kontrasepsi di Puskesmas Kabupaten Ende Berbasis PONEB bulan Juli-Agustus 2015

Date of filing:

By a midwife:

Informed consent

I,, doctors internship at PKM will conduct research titled on "Knowledge, Attitudes, and Behavior Maternity against contraception method in Ende-Based Health Center PONEB July-August 2015". The purpose of this study was to determine the relationship of knowledge of the attitudes and behavior of mothers to family planning methods/contraception.

I wish you willing to become respondents in this study by filling out this questionnaire with all honesty. All the information that Mrs. provide confidential. If there are things that are poorly understood, she can ask questions directly to researchers.

After mother read intent and research activities at the top, then I ask for your name and signature below.

I agree to participate in this study.

Name :

Signature :

The attention and willingness mother became participants in this study, we thank you.

Identity

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Name : 2. Date of birth : 3. Address : 4. No HP : 5. Education last <ul style="list-style-type: none"> • Do not complete primary school • End SD • End SMP • Completed SMA/SMK • Completed D3/Bachelor • Completed S2/S3 6. Religion <ul style="list-style-type: none"> • Islam • Catholic • Christian • Budha • Hindu | <ol style="list-style-type: none"> 7. Work <ul style="list-style-type: none"> • Housewives • Employees of private/PNS • Entrepreneurial • Farmers/workers • Health workers (doctors, midwives, nurses, pharmacists) 8. Status wedding <ul style="list-style-type: none"> • Not married • Married (Marriage ke-) • Divorced 9. Age at marriage: 10. The number of pregnant: 11. The number of children living: 12. Number of miscarriage: |
|---|--|

Contd...

Contd...

Knowledge

1. Have you ever heard of birth control/contraceptives?
 - Yes
 - No (Go to Question No. 6)
2. The method of family planning/contraception anything you know? (Memilih allowed more than one answer)
 - Lactation amenorrhea method (LAM)
 - Calendar
 - Coitus interrupted
 - Condoms
 - Diaphragm
 - Pills
 - Injection
 - Implant/implant
 - KB/intrauterine/spiral/IUD
 - Sterilization women/tubektomi
 - Male sterilization/vasectomy
3. Where you can access family planning services/contraception at the top? (Can choose more than one answer)
 - Health Center
 - Hospitals
 - Clinical personal doctor
 - Pharmacies
 - Other: ...
4. Where do you get information about birth control/contraceptives? (Can choose more than one answer)
 - TV
 - Radio
 - Newspapers/magazines
 - The health worker (doctor/midwife/nurse/pharmacist)
 - Non-governmental organizations (NGOs)
 - Family
 - Friends
 - Other: ...
5. The method of family planning/contraception that can be used after delivery because it does not interfere with the process of breastfeeding is (can choose more than one answer)
 - Lactation amenorrhea method (LAM)
 - Sterilization
 - KB/intrauterine/spiral/IUD
 - Implant/implant
 - Injecting 3 months (progestin)
 - Minipil
 - Condoms (to husband)
 - Do not Know

Attitude

6. To delay or dilute or terminate the pregnancy, I need to use birth control/contraception
 - Yes
 - Undecided
 - No
 - Do not know
7. I find it difficult to get information about birth control/contraceptives from health personnel (doctor/midwife/nurse/pharmacist)
 - Yes
 - Undecided
 - No
 - Do not know
8. I find it difficult to get family planning services/contraception
 - Yes
 - Undecided
 - No
 - Do not know
9. After giving birth, I want to use birth control/contraception
 - Yes
 - Undecided
 - No
 - Do not know
10. Who am I going to talk about the selection methods of birth control/contraceptives? (Can choose more than one answer)
 - The health worker (doctor/midwife/nurse/pharmacist)
 - Husband
 - Friends/neighbors
 - Family
 - Other: ...
11. In my opinion, using birth control/contraception profitable
 - Yes
 - Undecided
 - No
 - Do not know
12. I will support the family and friends to use birth control/contraception
 - Yes
 - Undecided
 - No
 - Do not know

Contd...



Contd...

Behavior

13. Have you ever used birth control/contraception before?
- Yes
 - Method of birth control/contraception what ever used?
 - How long the use of birth control/contraceptives?
 - No. Is there a desire to use them at a later date?
 - Yes
 - No (Skip to question no. 17)
14. What are your reasons to use birth control/contraceptives? (Can choose more than one answer)
- Want to improve their own health and child
 - Want to give a distance antaranak
 - Preventing unwanted pregnancies
 - Prevent sexually transmitted diseases (STDs)
 - Reason socioeconomic
 - It is recommended by health professionals (doctors/midwives/nurses/pharmacists)
 - Other:
15. What factors support the choice of birth control/contraceptives? (Can choose more than one answer)
- Offers/free
 - Fewer side effects
 - Advertising on social media
 - Options husband
 - I hear from friends/family
 - Other:
16. After delivery, methods of family planning/contraception which I will use that
- Lactation amenorrhea method (LAM)
 - Calendar
 - Coitus interrupted
 - Condoms
 - Diaphragm
 - Pills
 - Injection
 - Implant/implant
 - KB/intrauterine/spiral/IUD
 - Sterilization women/tubektomi
 - Not to think of/do not know
17. What is the reason you do not want to use birth control/contraceptives? (Can choose more than one answer)
- Still want to have children
 - Lack of information on family planning/contraception
 - Fear of side effects of birth control/contraception
 - Breaking belief/religion
 - Prohibition of parents/family
 - Prohibition husband
 - Husband has been doing family planning/contraception use condoms or sterile sample
 - Husband works out of town/island that felt no need
 - Already using natural methods, such as coitus interruptus or dates
 - Other:

MATERIALS AND METHODS

A cross-sectional descriptive study was conducted in three primary health centers located in the main district of Ende (Kota Ende, Kota Ratu, and Rukun Lima). Consecutive sampling included all 305 pregnant women who had antenatal care in the primary health center without regarding the gestational age from July to August 2015. Subjects who would like to participate signed the informed consent. They were given a questionnaire containing 12 characteristic demographic questions and 17 questions that assessed their KAP of contraception. Among these 17 questions were 5 questions about knowledge, 7 questions about attitude, and 5 questions about practice. The questionnaire is available on the attachment.

The inclusion criteria were pregnant women visiting the primary health center for antenatal care who were willing to participate in the study. The exclusion criteria were pregnant women coming to the primary health center with signs of delivery. Respondents willing to participate in the study provided signatures as informed consent before filling in the questionnaire.

The independent variables in this study were age of pregnant women, last educational level, occupation, marital age, number of gestation, and number of parity. Meanwhile, dependent variables included total knowledge and attitude score.

Descriptive statistics were used for data analysis using Statistical Package for the Social Sciences 23.0 for Windows. Normality tests were performed using

Kolmogorov–Smirnov test for all demographic characteristic data. Validity test with Pearson correlation and reliability test with Cronbach's alpha was done for questions to describe the KAP of contraception in the questionnaire. After all questions were considered valid and reliable, Pearson or Spearman correlation tests were completed to see the association between independent and dependent variables. Total knowledge score was the summation of number of contraception methods known and number of contraceptive methods not interfering breastfeeding. Total attitude score was the summation of the use of contraception to control birth interval, the benefit of using contraception, the desire to use contraception postpartum, and support of family use of contraception. Total practice score was the summation of history of using contraception and the desire to use contraception in future. All p-values were two-tailed and the significance level selected was lower than 0.05.

RESULTS

A total of 305 pregnant women filled the questionnaire; however, only 297 women completed all questions and were included for analysis. Table 1 depicts the socio-demographic characteristic of respondents. Age varied from 16 to 43 years with a mean of 30.00 ± 5.65 years. The most frequently encountered age group was 25 to 29 years (30.30%). Most of the women (39.4%) graduated from senior high school or its equivalent, and most of them were Muslims (58.25%). About 223 (75.08%) were housewives and almost all of them (80.47%) had married at the marital age of between 20 and 24 years (42.91%).

Table 2 shows that 257 respondents (86.53%) were aware of at least one family planning method. The best known method of contraception was injection (63.97%) followed by pills (51.85%) and intrauterine device (IUD) (38.72%). In every age group, the most popular method was injection; among respondents aged >40 years, all knew about injection (100%). Meanwhile, the least known method was amenorrhea lactation method (ALM) and diaphragm (Graph 1). When these 257 respondents who had heard about family planning were asked about the source of contraceptive information, most of them obtained information from health professionals (63.30%). However, in age group >40 years, television as well as health professionals became their sources of information (71.43%) (Graph 2). Primary health centers (91.44%) were the most popular places to access contraception services. Although ALM was the least known method of contraception, the respondents chose ALM (29.96%) as contraception not interfering during breastfeeding, followed by mini pill (23.74%) and implant (18.68%). The mean of total knowledge score was 3.49 ± 9.143 out of 19 as the maximum score.

Table 1: Sociodemographic characteristic of respondents

Characteristics	n (%)
<i>Age (years)</i>	
<20	9 (3.03)
20–24	60 (20.20)
25–29	90 (30.30)
30–34	75 (25.25)
35–39	53 (17.85)
≥40	7 (2.36)
<i>Last educational level</i>	
Not graduated from primary school	26 (8.75)
Primary school	42 (14.14)
Junior high school	75 (25.25)
Senior high school or equivalent	117 (39.39)
D3 or undergraduate	37 (12.46)
<i>Religion</i>	
Muslim	173 (58.25)
Catholics	105 (35.35)
Christian	19 (6.40)
<i>Occupation</i>	
Housewife	223 (75.08)
Private/government employee	52 (17.51)
Businesswoman	8 (2.69)
Farmer/laborer	4 (1.35)
Health professional	6 (2.02)
Student	2 (0.67)
<i>Marital status</i>	
Single	53 (17.85)
Married	239 (80.47)
Divorced	1 (0.34)
<i>Marital age (years)</i>	
<15	3 (1.21)
15–19	35 (14.17)
20–24	106 (42.91)
25–29	64 (25.91)
30–34	27 (10.93)
≥35	5 (2.02)
Gestation [median (min–max)]*	2.0 (1–8)
Parity [median (min–max)]*	1.0 (0–7)
Abortion [median (min–max)]*	0 (0–4)

*p < 0.05

Results from Table 3 indicate that a good number of respondents had a positive attitude toward family planning. More than half of total respondents said that benefits of contraception outweigh negative effects (76.77%), and they knew that contraception was essential to control the birth interval (74.41%). Furthermore, 79.12% of them agreed to recommend use of contraception to other family members. Moreover, less than 50% of respondents felt difficulty to get information about contraception (30.98%) and access to contraceptive service (15.49%). Despite positive attitude toward contraception in a study population, its use could be limited by the attitude of the husband, as most respondents discussed about methods of contraception with their husbands

Table 2: Knowledge and awareness regarding contraception (n = 297)

	n (%)
Heard about family planning	257 (86.53)
<i>Methods of contraception known* (n = 257)</i>	
ALM	6 (2.02)
Calendar	31 (10.44)
Coitus interruptus	11 (3.70)
Condom	87 (29.29)
Diaphragm	7 (2.36)
Pills	154 (51.85)
Injection	190 (63.97)
Implant	94 (31.65)
IUD/spiral	115 (38.72)
Female sterilization	56 (18.86)
Male sterilization	26 (8.75)
<i>Source of availability the contraception* (n = 257)</i>	
Primary health center	235 (91.44)
Hospital	98 (38.13)
Clinic	35 (13.62)
Pharmacy	9 (3.50)
Others	1 (0.39)
<i>Source of contraceptive information* (n = 257)</i>	
Television	69 (23.23)
Newspaper	21 (7.07)
Radio/magazine	23 (7.74)
Health professional	188 (63.30)
Nongovernment organization	16 (5.39)
Family	75 (25.25)
Friends	55 (18.52)
Others	6 (2.02)
<i>Contraceptive methods not interfere breastfeeding* (n = 257)</i>	
ALM	77 (29.96)
Sterilization	14 (5.45)
IUD/spiral	26 (10.12)
Implant	48 (18.68)
Injection (DMPA)	39 (15.18)
Mini pill	61 (23.74)
Condom	20 (7.78)
Do not know	41 (15.95)
Total knowledge score [median (min–max)]**	3 (0–17)

*Multiple responses were allowed, so total is not 100%; **p < 0.001; DMPA: Depot medroxyprogesterone acetate

Table 3: Attitude toward family planning (n = 297)

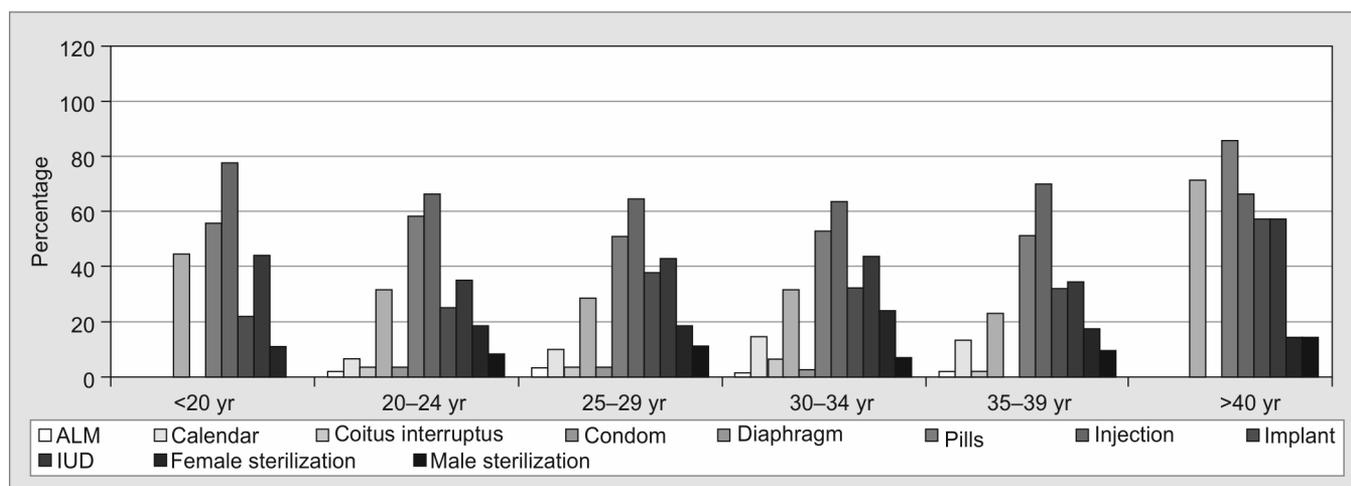
	n (%)
Use of contraception to control birth interval	221 (74.41)
Feels difficulty to get information about contraception	92 (30.98)
Feels difficulty to access contraceptive service	46 (15.49)
Willing to use the contraception after postpartum	205 (69.02)
Use of contraception is beneficial	228 (76.77)
Would encourage practice of contraception to family (n = 138)	235 (79.12)
<i>Discussion about methods of contraception*</i>	
Health professional	135 (45.45)
Husband	204 (68.69)
Friends/relatives	13 (4.38)
Family	37 (12.46)
Others	1 (0.34)
Total attitude score [median (min–max)]**	12 (0–12)

*Multiple responses were allowed, so total is not 100%; **p < 0.001

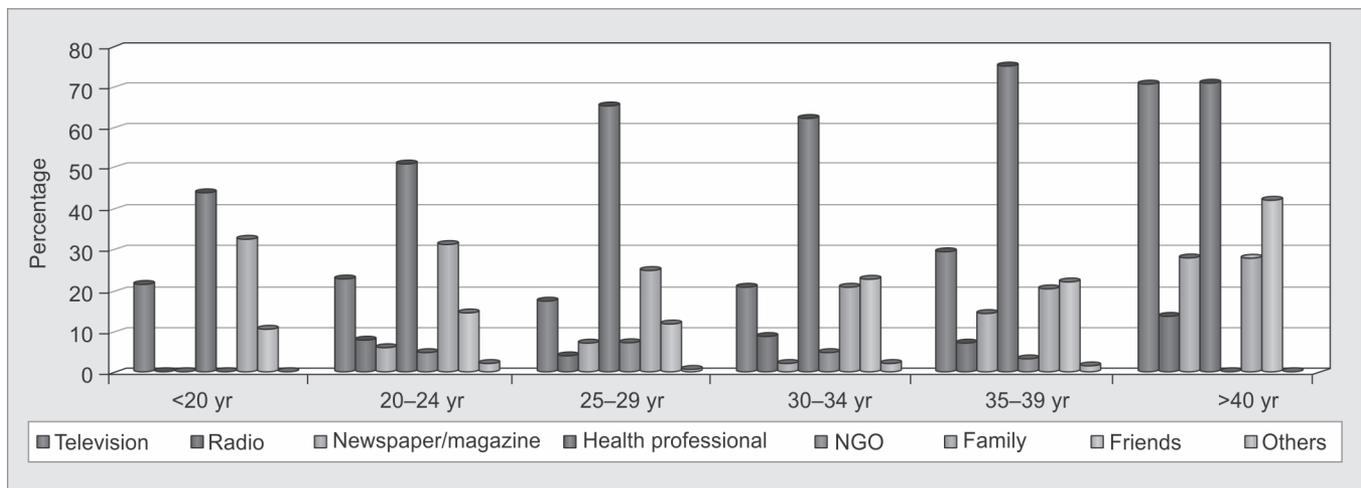
(68.69%). The mean of total attitude score was 9.81 ± 10.586 , where the maximum score for this section was 12.

Only 107 respondents (36.03%) had ever used a form of contraception. Of the contraceptive methods used, injection (53.27%) was the most frequently used, followed by IUD (20.56%) and pill (12.15%). Among all respondents, 74.49% would like to use contraception in the future. From 219 respondents who would like to use contraception in future, spacing of birth (72.15%) was the main reason for use, followed by improving maternal and child health (38.36%). Most respondents chose the method of contraception by taking into account husband approval (31.96%) and minimal side effects (31.51%). Most of the women not wanting to use contraception in future were because they desired to have a child (44.59%) and the fear of side effects from contraception (40.54%), as shown in Table 4. The median of total practice score was 1 on a range of 0 to 2.

There appeared to be correlations between last educational level and occupation with knowledge score



Graph 1: Methods of contraception known, categorized by age group



Graph 2: Source of contraceptive information, categorized by age group

($p = 0.007$, $p = 0.015$ respectively); however, these correlations were very weak (coefficients 0.157 and 0.142). Apart from that, last educational level, occupation, and number of parity were correlated with attitude score ($p < 0.05$), despite a very weak correlation (coefficient < 0.200). Practice score was correlated with age, marital age, and number of parity ($p < 0.001$, $p = 0.004$, $p < 0.001$ respectively). Only number of parity had moderate correlation with practice score (coefficient 0.484). Finally, KAP scores were correlated with each other ($p < 0.001$) with weak-to-moderate correlation.

DISCUSSION

In this study, 86.53% pregnant women had heard about contraception and the three most popular methods were injection (63.97%), pill (51.85%), and IUD (38.72%). Onwuzurike and Uzochukwu⁸ in Nigeria, Prachi et al⁹ in India, and Sreytouch¹⁰ in Cambodia stated that more than 80% of the reproductive aged women had heard about family planning. In the urban area of Cambodia, pills and injections were two most known methods.¹⁰ Meanwhile, according to IDHS in 2012, 97.1% women in age group 15 to 49 years who live in urban area knew about contraception and 97.0% were familiar to modern contraceptive methods.⁵ This prevalence rate is higher than in our study. In Undang-Undang Republik Indonesia no. 36 in 2009 about health article number 78, it was stated that the government is responsible and guarantees the supply of human resources, service facilities, equipment, and drug in family planning program which should be safe, qualified, and accessible to society. Thus, the Indonesian government supplies free condoms, IUDs, and implants throughout Indonesia.⁴ Unfortunately, condoms are not available in all primary health centers in Ende district. Thus, condom (29.29%) was less known among respondents than IUD (38.72%) and implant (31.65%).

Most of the respondents who had heard about contraception obtained information about contraception from health professionals (63.30%) followed by family members (25.25%). This finding was similar to a study by Nansseu et al¹¹ in which primary health care physicians were cited as the main sources of information. Contrarily, school and friends/relatives¹² or media, both printed and electronic,¹³ were the main sources of information reported by other authors. Furthermore, most respondents answered primary health center (91.44%) as a place to access contraceptive services. Therefore, our primary health care providers have a major duty to improve women's knowledge of family planning and thus, must enhance their knowledge and skills and be reinforced to deliver the correct advice about contraception.

In our study, women had positive attitudes toward contraception, whereas 79.12% of respondents agreed that use of contraception is beneficial. Also, among 74.41% of them stated that contraception can be used to control birth interval. This result was similar to the study conducted by Sreytouch,¹⁰ which stated that women had better understanding of the relationship between family planning and their own health, children's health, and overall quality-of-life. A qualitative study conducted in Phnom Penh city, Cambodia, confirmed that if one reduces fertility, there will be less children and it would be easier to earn a living.¹⁴ Another portrayal of positive attitude was seen as in 205 of 297 respondents who mentioned that they would like to use contraception after labor. This would necessarily encourage women to practice family planning using contraceptive methods. An analysis from Odimegwu¹⁵ showed that women who approved of family planning were twice as likely to be using contraceptives compared with those who disapproved contraceptive use.

Although 86.53% respondents reported knowledge of at least one method of contraception, contraceptive usage

Table 4: Practice of contraception (n = 297)

	n (%)
History of using contraception	107 (36.03)
Willing to use contraception in the future (n = 294)	219 (74.49)
<i>Contraception in the past used* (n = 107)</i>	
Natural	9 (8.41)
Condom	2 (1.87)
Pill	13 (12.15)
Injection	57 (53.27)
Implant	9 (8.41)
IUD/spiral	22 (20.56)
No answer	13 (12.15)
<i>Reasons for using contraception* (n = 219)</i>	
Improvement of maternal and child health	84 (38.36)
Spacing of birth	158 (72.15)
Prevention of unwanted pregnancy	29 (13.24)
Prevention of sexually transmitted infection	1 (0.46)
Socioeconomic	12 (5.48)
Supposed by health workers	14 (6.39)
Others	1 (0.46)
<i>Influencing factors for choosing contraceptive method* (n = 219)</i>	
Cheap	53 (24.20)
Minimal side effects	69 (31.51)
Looking at advertisement	7 (3.20)
Approval by husband	70 (31.96)
Suggestion from friends/family	25 (11.42)
Others	20 (9.13)
<i>Contraception used after postpartum (n = 155)</i>	
ALM	3 (1.94)
Calendar	4 (2.58)
Coitus interruptus	4 (2.58)
Condom	3 (1.94)
Diaphragm	1 (0.65)
Pills	15 (9.68)
Injection	61 (39.35)
Implant	12 (7.74)
IUD/spiral	21 (13.55)
Female sterilization	9 (5.81)
Not decided	22 (14.19)
<i>Reasons for not wanting to use contraception* (n = 74)</i>	
Desire to have a child	33 (44.59)
Lack of information regarding contraception	8 (10.81)
Afraid of side effects from contraception	30 (40.54)
Against religion beliefs	1 (1.35)
Opposition of parents	3 (4.05)
Opposition of partner	7 (9.46)
Husband has used contraception	1 (1.35)
Husband works far away	2 (2.70)
Having used natural contraception	7 (9.46)
Others	5 (6.76)
Total practice score [median (min–max)]**	1 (0–2)

*Multiple responses were allowed, so total is not 100%; **p < 0.001

in our study was only 36.03%. This result is similar to the study by Onwuzurike and Uzochukwu⁸ in Nigeria, which described that 81.7% knew about at least one method of family planning; however, the practice rate was only 20%. This could be due to the lack of comprehension about the method of contraception itself. For example, in this study, the least known contraception was ALM (2.02%), but ALM was chosen the most (29.96%) as the method of contraception which does not interfere with breastfeeding. From this answer, we may estimate that the respondents did not entirely understand the question, so that they chose the uppermost answer in the questionnaire.

The most common reason for not using contraception was desire to have a child (44.59%). Other reasons for not approving contraception were fear of side effects (40.54%), lack of information regarding contraception (10.81%), and opposition by husband (9.46%). According to the IDHS 2012, the reasons for women not approving contraception were that they had had menopause or hysterectomy (19.1%), fear of side effect (11.5%), desire to have many children (9.2%), and health problems (7.9%). The reason to have a child was dominant in women below 30 years. Meanwhile, the fear of side effect from contraception was often found among young women.¹⁶

Ghike et al¹⁷ mentioned the main reason for nonuse of contraceptive methods was because the pressure from family, i.e., from husband and in-laws (59%). In our study, husbands (68.69%) were the most popular persons to discuss the method of contraception with. Furthermore, the most prevalent factor influencing the choice of contraceptive method was approval from husband (31.96%). Therefore, rejection by husband was the fourth top reason for not approving contraception. This is not surprising considering the cultural and religious circumstances in Indonesia; almost all of the districts place men as the head of the family. Thus, even when women are educated and motivated to use contraceptive methods, men's negative attitude will influence the CPR. This condition is similar to that of in Nigeria.⁸ Lack of attention to the role of men in fertility decision has been found to be a shortcoming of family planning programs. Therefore, the government should involve men into the family planning program in this country.

Educational level and occupation were correlated with both knowledge and attitude score. Srivastav et al¹⁸ mentioned that as education increased, awareness of contraception also increased. Hence, the government needs to emphasize on education to support a successful family planning program; in fact, it is essential that knowledge of family planning program is incorporated into the study curriculum. Meanwhile, number of parity paralleled with attitude and practice scores. This describes that the more children women have, the more likely that women will

consider the benefit of using contraceptives and decide to use it. Meanwhile, knowledge score was correlated with attitude and practice scores; and attitude was practice score. Therefore, there is a need for counseling about family planning among pregnant women in order to improve the knowledge, which will subsequently develop a better attitude and practice toward the use of contraception.

CONCLUSION

More than half of respondents knew, agreed, and would like to recommend contraception. Primary health care providers play a major role in improving women's knowledge of family planning. To support the success of family planning, the government should emphasize on family planning education. In particular, there appears to be a need for counseling about family planning for pregnant women.

ACKNOWLEDGMENTS

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