



# Participation in Decision Making and Use of Contraception (Modern or Traditional) and Unmet Need in Rural Urban of Yogyakarta

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## ABSTRACT

The Province of Yogyakarta Special Region is one of the provinces with fairly good contraceptive program achievement. This can be seen from the 2017 IDHS data, which shows that the DIY Province has a contraceptive prevalence among married women (age 17-49 years) of 76%. However, there are still many married women in DIY who prefer to use traditional contraception over modern contraception. Many things certainly influence this decision. One possible thing related to this is gender, especially women's independence. In addition, DIY's unmet need based on the 2017 IDHS is 6.2 percent. The objectives to be achieved are to analyze the use of modern and traditional contraception according to women's participation in household decision-making in rural and urban areas and analyze unmet needs according to women's participation in household decision-making in rural and urban areas. This research is a quantitative descriptive study using the 2017 IDHS data and

emphasizes the analysis of spatial variations. Women who participate or do not participate in decision-making show a higher percentage of using contraception than those not using contraception. The percentage of use of contraceptives in urban areas is more significant than in rural areas. The use of modern methods of contraception shows a higher percentage in urban areas, whether involving women's participation or not. Married women aged 15-49 who participate in decision-making in the Special Region of Yogyakarta are dominated by the unmet need for birth control. The implication is that it is necessary to maintain low fertility values through contraception that has been embedded in both rural and urban areas and gender status, as well as understanding in depth how to avoid unwanted pregnancies.

## 1. INTRODUCTION

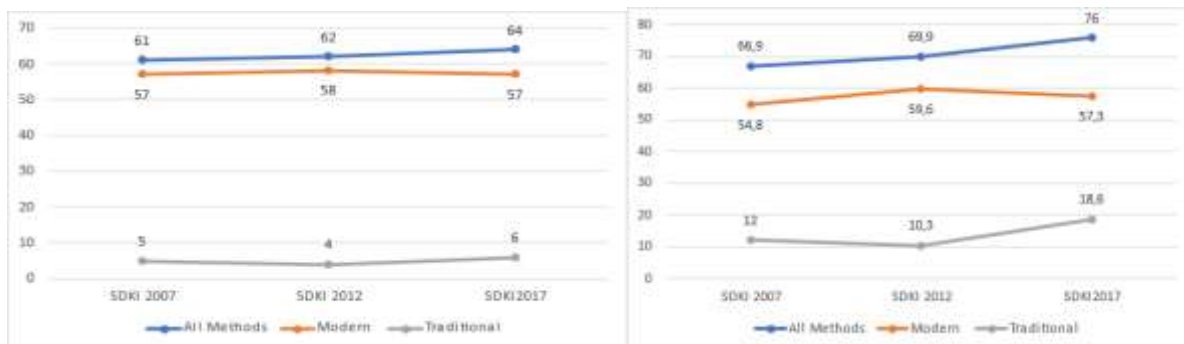
Yogyakarta Special Region Province (DIY Province) is one of the provinces with fairly good contraceptive achievements. This can be seen from the 2017 IDHS data which shows that DIY Province has a contraceptive prevalence among currently married women (aged 17 - 49 years) of 76% (BPS, BKKBN, & PSKK UGM, 2018). In addition, the majority of currently married women in DIY Province choose to use modern contraception (57.3%). The modern contraceptive method that is most often chosen is the birth control injection method. Apart from that, there are also IUDs, condoms and pills as the most widely used methods after birth control injections. Based on 2017 IDHS data, the majority of married women in both Yogyakarta Province and Indonesia choose family planning injections as the contraceptive method used. When compared, DIY Province's contraceptive prevalence achievement is better than the contraceptive prevalence achievement for currently married women in Indonesia which is at 64% (BPS, BKKBN, & Kemenkes RI, 2018). Similar to DIY Province, married women in Indonesia also choose the contraceptive injection method as the most widely used method.

Based on trends, the prevalence of contraception in DIY Province continues to increase. The 2007 IDHS data shows that the prevalence of contraception was 66.9%. This figure increased in 2012 to 69.9% and in 2017 it increased again to 76% (BPS, BKKBN, & PSKK UGM, 2018). However, this increase was not accompanied by an increase in the prevalence of modern contraception. Modern contraception

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continued to increase until 2012 but began to decline in 2017 (Figure 1b). The same condition can also be seen in the trend of modern contraceptive prevalence in Indonesia (Figure 1a). On the contrary, the use of traditional contraception has actually increased. This shows that there are still many married women in DIY Province who prefer to use traditional contraception over modern contraception. In fact, modern contraception is more recommended than traditional contraception because it is more effective in preventing pregnancy (Putri et al., 2019). It is feared that the trend in using traditional contraception will result in unwanted pregnancies.



**Figure 1.** (a) Indonesian Contraceptive Prevalence Trends SDKI 2007 – SDKI 2017; (b) Special Region of Yogyakarta Contraceptive Prevalence Trends SDKI 2007 – SDKI 2017.

Source: BPS, BKKBN, & Kementerian Kesehatan (2018); BPS, BKKBN & PSKK UGM (2018)

Based on 2017 IDHS data, DIY Province experienced an increase in married women who wanted to use contraception. The percentage of married women who want to use contraception reaches 82%. As many as 23% of married women want to use contraception to space births, while another 59% want to limit births. This was also followed by a decrease in unmet need for contraception. The unmet need for married women in DIY Province based on the 2012 SDKI is 11.5%. This figure decreased quite significantly in the 2017 IDHS to 6.2%. Based on place of residence, the level of unmet need in rural areas is higher than in urban areas with a comparison of 6.4% and 6.2%. Even though there has been a decrease in the number of unmet needs in DIY Province, this figure (BPS, BKKBN, & PSKK UGM, 2018) is still quite far from the national target, namely unmet needs of 5% (Listyaningsih et al., 2016).

One way of analyzing gender can be seen from women's participation in decision making in the household because it is an important aspect that describes women's empowerment (Phan, 2013). However, gender positions in families or households are often unequal. The social and cultural structure of society often results in gender stratification there is a social hierarchy that gives more advantages to men than women (Riley, 1998). As a result, men are considered to have higher power. This indirectly places men in a higher position than women. This also happens in household life where the man or husband is positioned as the head of the household and often has dominance in decision making (Khatun & Cornwell, 2009). Apart from that, the opinion of society for generations also assumes that a man's or husband's decision is a decision that must be respected (Juliastuti, 2008). This results in women often not having participation in decision making.

According to Mason (1996), women's participation in household decision making can influence reproductive preferences and choices. Women who take part in decision making are certain to also have the ability to decide on other matters relating to themselves, including decisions regarding reproduction and fertility control (Hogan et al., 1999). Women's active participation in household decisions can increase motivation to limit and manage births through contraceptive use (Hogan et al., 1999; Tesfa et al., 2022). This means that women who are able to participate in household decisions will also be able to participate in decision making regarding contraception. Contraceptive decision making in this case refers to a woman's ability to decide independently or discuss with her partner about family planning needs and options (Tesfa et al., 2022). Several studies show that contraceptive decision making is influenced by women's socio-economic status and women's participation in household decision making (Eshete & Adissu, 2017; Gage, 1995; Hogan et al., 1999; Mason, 1987).

Women with high socio-economic status and a voice in household decisions are more likely to participate in contraceptive decision making. According to Gage (1995), women who work and have control over household income are more likely to communicate regarding contraception with their partners. Women who start working will have different roles and powers. Women who are able to earn money usually have greater participation in household decisions and ultimately have a greater role in

deciding the number of children and contraception (Riley, 1998). Several studies show a positive relationship between women's participation in the household and levels of contraceptive use. Research by Hogan et al (1999), shows that women in rural areas with greater participation in the household are 75% more likely to use contraception. Apart from that, research by Zoraya & Raijaya (2020) shows that the increase in the empowerment index is followed by a large percentage of partner contraceptive users.

Women's participation also has a positive relationship with the use of effective contraceptive methods. Women who have a role in decision making are more likely to use more effective contraceptives. This can be seen in the research of Setiyowati & Ronoatmodjo (2021) which states that women who play a role in household decision making have a 1.13 times higher chance of using modern contraception compared to women who do not play a role. In addition, according to research by Ihsani, et al (2019), women who decide to use contraception with their partner are 2.2 times more likely to use longterm contraceptive method or MKJP (Metode Kontrasepsi Jangka Panjang). Partner factors are one of the factors that have a significant influence on women's contraceptive use. Men tend to see contraception as a woman's responsibility, but decisions regarding contraception are often influenced by men's decisions. Power relationships in households which are often dominated by men have a significant impact as barriers to contraceptive use. Women are strongly encouraged to participate and have power in the household thereby increasing contraceptive use and reducing fertility (D'Souza et al., 2022; Eshete & Adissu, 2017; Hogan et al., 1999).

The urgency of this research is the importance of analyzing whether increasing gender status has really played a strategic role. In this case, it is related to fertility issues, one of the problems that needs to be avoided is unwanted pregnancy. Discussing contraceptive use spatially and gender is a research gap that needs to be filled by this research.

## **2. METHOD**

The data analyzed in this research is the 2017 SDKI, which is currently the most recently available SDKI. SDKI 2017 report, as well as the data, already published and available online. Therefore the SDKI 2017 data and information can be obtained easily rather than SDKI 2022. Yogyakarta Special Province (Provinsi DIY) is chosen as the research location because it is a province with a relatively high HDI with many good demographic indicators, but still has several problems, including in terms of fertility and reproductive health.

In this study, data on contraceptive use and women's participation in decision making in large household purchases, were used. The research subjects were 431 married women (15 – 49 years) in DIY Province. A woman is said to participate in decision making if she makes the decision alone or makes a decision with her husband/partner. Data was processed using IBM SPSS software. The 2017 SDKI raw data still contains data for all women in childbearing age, whether married or unmarried. So, to get data for married women, a selection process was carried out in the SPSS software. Then, data was analyzed using cross tabulation to analyze and compare the results between two variables.

## **3. RESULT AND DISCUSSION**

### **Contraceptive Use**

In general, in DIY as many as 74.25% (320 out of 431) of women have participated in decision making. Among those who participated in decision making, the percentage using contraception was higher than not using contraception (76.25 percent compared to 23.75 percent). The percentage of contraceptive use in urban areas is greater than in rural areas, namely 59.69% and 16.56%. Meanwhile, women who play a role in making decisions and do not use contraceptives also show a greater percentage in urban areas compared to rural areas, namely 19.38% and 4.38%. The same thing can be seen in the percentage of women who do not participate in decision making. Women who do not participate in decision making also have a higher percentage of those using contraception than those not using it. The percentage in urban areas also shows higher values. Based on these results, it can be said that there is no difference in contraceptive use between women who play and do not play a role in household decision making. Both women who play a role in decision making and those who do not have a higher percentage of women who use contraception. This is slightly different from research by Seidu, et al (2022) which shows that the percentage of contraceptive use is higher among women who play a role in making large household purchase decisions compared to women who do not play a role (only husbands).

These results also show that there is no influence of area of residence on decision making to use contraceptives. However, couples of childbearing age who live in urban areas have a greater opportunity to control fertility because of easy access to contraceptive services. This is in accordance with the opinion

of Zaluchu and Asnawi (2022) who show that respondents who live in rural areas tend to have a higher level of use of unmet need for family planning than respondents who live in urban areas. Meanwhile, women's participation in family planning programs is relatively high in urban areas. However, this participation cannot be used as a measure of women's empowerment in the Family Planning (KB) program. This is because some women determine their participation in the Family Planning program by other parties, especially men who are their husbands (Mulyana & Asiah, 2017).

**Table 1.** Percentage of Married Women Aged 15-49 According to Family Planning Participation Based on Decision Making Participation in Rural and Urban Special Region of Yogyakarta 2017

| Women's Participation in Decision Making (Large household purchase) | Using Contraception (All Methods) |       | Not Using |       | Total          |
|---|-----------------------------------|-------|-----------|-------|----------------|
|   | Rural                             | Urban | Rural     | Urban |                |
| Yes   | 16.56                             | 59.69 | 4.38      | 19.38 | 100<br>(74.25) |
| No  | 18.92                             | 58.56 | 5.41      | 17.12 | 100<br>(25.75) |

Source: SDKI 2017 (processed)

The use of modern methods of contraception shows a higher percentage in urban areas, whether it involves women's participation or not. The use of modern methods of contraception involving women's participation shows a percentage of 55.74% in urban areas and 17.62% in rural areas. Meanwhile, the use of modern contraceptives that do not involve women's participation shows a percentage of 56.98% in urban areas and 20.93% in rural areas. However, decision making regarding the use of contraceptives involving women shows that more people choose to use modern methods of contraception. Olaolorun & Hindin (2014); Setiyowati and Ronoatmodjo (2021) show that women's participation in decision making has a significant effect on the use of modern contraception. However, in this study there is no difference in use of modern contraceptive in women who have role and doesn't have role in decision making. Both have the same pattern of modern and traditional method percentage.

**Table 2.** Percentage of Married Women Aged 15-49 According to Family Planning Method Based on Decision Making Participation in Rural and Urban Special Region of Yogyakarta 2017

| Women's Participation in Decision Making (Large household purchase) | Modern Method |       | Traditional Method |       | Total |
|---|---------------|-------|--------------------|-------|-------|
|   | Rural         | Urban | Rural              | Urban |       |
| Yes   | 17.62         | 55.74 | 4.10               | 22.54 | 100   |
| No  | 20.93         | 56.98 | 3.49               | 18.60 | 100   |

Sumber: SDKI 2017 (processed)

The use of contraceptives using traditional methods also shows a higher percentage in urban areas compared to rural areas, whether involving women's participation or not. The percentage of traditional contraceptive use in urban still relatively high and should become a concern. The relatively high usage of traditional method could lead to unmet need. Amraeni, et al (2021), shows that the increase in the use of traditional method are in line with the increase in unmet need for modern contraception. The increasing use of traditional contraception in several areas also contributes to the higher number of unmet needs for modern contraception. Therefore, government must pay attention to the barriers that prevent someone from using modern contraception.

Table 3 shows married women aged 15 – 49 years who participate in decision making tend to use types of contraception other than vasectomy and tubectomy, such as pills, injections, IUDs and implants. This can be seen from the percentage of contraceptive use other than tubectomy and vasectomy, both in rural and urban areas, which is higher than other types of contraception. The same results were also seen in women who did not participate in decision making. Whether in urban or rural areas, contraceptive use among women who do not participate is still dominated by methods other than vasectomy and tubectomy. However, there are differences between the types of vasectomy contraception. In the group of women who did not participate, whether in urban or rural areas, there were no couples who used vasectomy. In contrast, there is 0.56% use of vasectomy among women who participate in decision making in urban areas.

These results are in line with research by Zoraya & Rajjaya (2020) based on Indonesian SDKI data which shows that the distribution of contraceptive choices is more in female-specific methods (pills, injections, IUDs and implants). The dominance of women-specific methods is seen both in women who

play a role in decision making and those who do not. The same research also shows that there is no significant relationship between women's decision-making roles and decisions about women's use of contraception and partner contraception. In addition, research by Butler, et al (2021) shows that women who make major household expenditure decisions with their partners have a greater percentage of female-specific contraceptive use (pills, injections, IUDs and implants). This is inseparable from the tendency of women in Indonesia to be more interested in using methods other than tubectomy, especially injections and pills because they have minimal risks and are practical (Listyaningsih & Satiti, 2022).

**Table 3.** Percentage of Married Women Aged 15-49 According to Modern Contraceptive Method Based on Decision Making Participation in Rural and Urban Special Region of Yogyakarta 2017

| Women's Participation in Decision Making (Large household purchase) | Modern Contraceptive Method |       |           |       |                                  |       |        |       | Total |
|---|-----------------------------|-------|-----------|-------|----------------------------------|-------|--------|-------|-------|
|   | Vasectomy                   |       | Tubectomy |       | Other than vasectomy & tubectomy |       | Condom |       |       |
|   | Urban                       | Rural | Urban     | Rural | Urban                            | Rural | Urban  | Rural |       |
| Yes   | 0.56                        | 0.00  | 4.44      | 1.67  | 55.00                            | 18.89 | 16.11  | 3.33  | 100   |
| No  | 0.00                        | 0.00  | 4.48      | 2.99  | 53.73                            | 20.90 | 14.93  | 2.99  | 100   |

Source: SDKI 2017 (processed)

Even though it was decided jointly, the use of male contraception such as Vasectomy and condoms is still low. The low use of contraception in Vasectomy and condoms can be caused by the husband's low readiness for family planning (Setiawati & Irmawati, 2017). Apart from that, the low participation of men in family planning is also due to stereotypes that assume that family planning is the responsibility of women (Syahputra et al., 2020). As a result, many husbands leave family planning decisions to their wives and this results in lower participation in vasectomy and condom methods.

Based on traditional types of contraception, more women who participate in decision making use the withdrawal method/interrupted intercourse. The same results were obtained for women living in rural and urban areas. Similar results were also obtained for women who did not participate in urban decision making. In contrast, women who do not participate in decision making in rural areas are more likely to use periodic abstinence methods rather than intermittent intercourse/withdrawal. Ahmad's research (2009) shows that interrupted intercourse is the most widely used male contraceptive method. The percentage even exceeds the periodic abstinence method. According to Ahmad (2009), the periodic abstinence method is not widely used due to compliance constraints. However, interrupted coitus has a high failure rate. Failure of the interrupted intercourse method is 4 - 27 pregnancies per 100 women (Setiawati & Irmawati, 2017)

**Table 4.** Percentage of Married Women Aged 15-49 According to Traditional Contraceptive Method Based on Decision Making Participation in Rural and Urban Special Region of Yogyakarta 2017

| Women's Participation in Decision Making (Large household purchase) | Traditional Method  |       |            |       | Total |
|---|---------------------|-------|------------|-------|-------|
|   | Periodic Abstinence |       | Withdrawal |       |       |
|   | Urban               | Rural | Urban      | Rural |       |
| Yes   | 31,25               | 1,56  | 53,13      | 14,06 | 100   |
| No  | 31,58               | 10,53 | 52,63      | 5,26  | 100   |

Source: SDKI 2017 (processed)

### Unmet Need

Married women aged 15 - 49 years are dominated by status non unmet need, wheter participated or not in decision making. Through this value, it can be seen that the need for contraception in rural and urban areas of the Special Region of Yogyakarta has been met. This result is inversely proportional to research by Utami & Samosir (2021) from Indonesian SDKI data which shows that the proportion of unmet needs is actually higher among women who participate in household decision making. On the other hand, unmet need status in rural areas is lower than unmet need status in urban areas, both in participated and not participated in decision making. The same results were also shown by research by Utami & Samosir (2021) with a higher percentage of unmet needs in urban areas. This can also be caused by the relatively high use of traditional contraception in urban areas (table 2). Using traditional contraception can be equated with not using contraception. They choose not to use contraception by using traditional contraception even though the women/partner needs contraception to limiting or spacing births. Therefore, it can lead to higher number of unmet need (Armaeni, 2021).

**Table 5.** Percentage of Married Women Aged 15-49 according to Unmet Need Status Based on Decision Making Participation in Rural and Urban Special Region of Yogyakarta 2017

| Women's Participation in Decision Making (Large household purchase) | Unmet Need |       | Not Including Unmet Need |       | Total |
|---|------------|-------|--------------------------|-------|-------|
|   | Rural      | Urban | Rural                    | Urban |       |
| Yes   | 0,94       | 4,69  | 20,00                    | 74,38 | 100   |
| No  | 2,70       | 5,41  | 21,62                    | 70,27 | 100   |

Source: SDKI 2017 (processed)

On the other hand, if we look at the conditions in the Special Region of Yogyakarta, unmet need status (both for limiting and spacing births) for married women aged 15 - 49 years who participate in decision making are higher in urban areas compared to rural areas. This can be seen in table 6, the value of decision-making participation in urban areas has a larger percentage value than in rural areas. This condition is in line with research by Saputri (2021) which states that married women who live in urban areas have a higher tendency to have an unmet need for limiting and unmet need for spacing than married women who live in rural areas. This phenomenon occurs because women in urban areas relatively have higher education than women in rural areas and therefore have high levels of autonomy. They will do what is comfortable for them, including determining whether or not to use contraception. Based on BPS (2023) data, in Yogyakarta Special Province, 2.47 percent women above 10 years old in urban areas do not/have never been to school. It is lower compared to rural areas with 8.53 percent. Theoretically, this is also in line with Freedman who stated that social, demographic, environmental and other aspects influence contraceptive use and ultimately influence fertility. This is closely related to education for women and the people around them, especially regarding fertility, use of contraception, benefits and impacts. It is recommended to massively increase "Communication, Information and Education" regarding this matter.

**Table 6.** Percentage of Married Women Aged 15-49 according to Family Planning Unmet Needs Based on Decision Making Participation in Rural and Urban Areas

| Women's Participation in Decision Making (Large household purchase) | Percentage of Married Women with Unmet need status |       |                 |       | Total |
|---|--|-------|-----------------|-------|-------|
|   | Spacing Births                                     |       | Limiting Births |       |       |
|   | Rural  | Urban | Rural           | Urban |       |
| Yes   | 4,00   | 24,00 | 16,00           | 56,00 | 100   |
| No  | 50,00  | 0,00  | 0,00            | 50,00 | 100   |

Source: SDKI 2017 (processed)

However, in women participated in decision making, unmet need for limiting birth still higher than spacing births. It indicates that unmet need limiting birth has a greater role in the overall unmet need for family planning in DIY Province. This condition also in line with research by Bhusal and Bhattarai (2018) which states that the unmet need for birth spacing will have a smaller percentage when compared to the unmet need for birth limitation. Meanwhile, Westoff et al., (2006) stated that limiting births would have a greater impact on reducing fertility and spacing births would have a significant effect on reducing the number of child deaths. So, the government needs to pay special attention to both the unmet need for birth spacing and the unmet need for birth limitation. Based on these findings, it can be seen that many independent women have unmet needs. This needs to be explored further whether they can actually meet the needs related to fertility management even without contraception. If it can be fulfilled safely and well, then there is no need to worry. The thing to pay attention to is if it turns out that the woman is experiencing problems such as unwanted pregnancy. This can be known through further, more in-depth research.

#### 4. CONCLUSIONS AND RECOMMENDATIONS

Majority of married women in DIY Province already participated in decision making. Also, there is no difference in contraceptive use and modern method use, both participated and not participated women in decision making. Percentage of contraceptive use and modern method use remain higher than any other options. This is because the values of family planning have been internalized by all groups of women. However, among modern contraceptive used, male contraceptive use is still lower than female-specific contraception. Meanwhile, the percentage of contraceptive use and modern method use in urban

areas is greater than in rural areas. However, there is a concern regarding traditional method use in urban area. Number of traditional contraceptive method in urban areas are higher than in rural. Married women aged 15 - 49 years who participate in decision making are dominated by status non unmet need. However, higher percentage of unmet need also detected in urban areas than rural areas, in both participated and not participated in decision making. Among women who participated, unmet need for limiting births still relatively high. Married women aged 15 - 49 years who participate in decision making in the Special Region of Yogyakarta are dominated by the unmet need for birth control. Decision making participation in urban areas has a greater percentage value than in rural areas. These findings give a better understanding regarding condition of women household participation, contraceptive use, and unmet need in DIY Province. Research findings can be used as a basis for decision-making by the government, especially the National Population and Family Planning Agency (BKKBN). These results show the extent to which the government program regarding family planning (KB) has been implemented, especially in the Special Region of Yogyakarta Province. These informations are important for considering better approach regarding contraceptive programme to improve modern contraceptive usage, especially in man-specific contraceptive. Also, it is important to pay attention for community who tend to choose traditional method and can lead to higher number of unmet need status. In the future, it is necessary to carry out related research referring to the 2022 SKDI so that developments in the implementation of the family planning program planned by the government will be known. Besides that, empowering women in decision-making and improving access to contraceptives, through education campaigns and government support are essential. Addressing barriers in regions like Yogyakarta with high unmet needs and involving men in family planning can enhance contraceptive use and reproductive health outcomes. Family Planning programme nowadays should promote modern contraceptive use, not only for women, but also for husband/partner and other person that may make decision in the household. Intervention can be done more intensive in urban areas. It is expected to decrease traditional method usage and unmet need. Husband/partners role also need to be studied regarding contraceptive use and decision making to obtain broader perspectives.

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