Volume 13, Issue 1, 2025: 112-126
p-ISSN 2354-7642 e-ISSN 2503-1856
Accredited by Directorate General of Higher Education, Research and Technology, Republic of Indonesia No. 35/E/KPT/2019

Jurnal Ners dan Kebidanan Indonesia
(Indonesian Journal of Ners and Midwifery)
DOI : http://dx.doi.org/10.21927/jnki.2025.13(1).112-126
Available online at: http:ejournal.almaata.ac.id/index.php/JNKI

The role of self-efficacy in contraceptive use among early married women in Jember

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ABSTRACT

Background: *The Family Planning Program (FP) is an integrated part of the national development program whose achievements are realized through contraception. One district that has not fulfilled those targets is Silo District which has a prevalence of user contraception by 72.88% in 2021, as well as the top three ranks in the prevalence of early marriage in Jember regency for 2020-2022. Contraceptive use behavior, especially among women who marry at an early age, is influenced by self-efficacy. Self-efficacy includes self-abilities and belief in making decisions and dealing with certain tasks.*
Objectives: *This study was to analyze the relationship between self-efficacy with the use of contraception in women who marry at an early age in Silo District, Jember Regency*
Methods: *Cross-sectional quantitative study conducted in Silo District, Jember Regency. The sample was obtained by 93 using the simple random sampling method. Contingency coefficient test (α<0,05) with the help of SPSS software before being presented in text and tables. The respondents were interviewed using the self-efficacy questionnaire, which was adopted from Bandura's theory, with 18 questions. The questionnaire was then categorized as high self-efficacy and low self-efficacy.*
Results: *The majority of early married women used contraceptives (92.5%), and most of the women used injection contraception (60.5%). The research found a high relationship between self-efficacy and contraceptive use (p-value=0.000), and the correlation coefficient was 0.707.*
Conclusions: *This study concludes that self-efficacy has a relationship with a marked strong coefficient correlation and direction relationship positively related to contraception among women who married early in Silo District, Jember Regency. Therefore, the health workers in health facilities need to improve the implementation and supervision of prevention of early marriage programs by establishing cooperation with related services such as the Department of Religion to increase socialization about contraceptive use and prevention of unintended pregnancy among early marriage couples.*

KEYWORD : *contraception; early marriage; family planning; self-efficacy*

Article Info :
Article submitted on December 30, 2024
Article revised on February 25, 2025
Article received on March 18, 2025
Article published on March 31, 2025

INTRODUCTION

Family Program Planning (FP) is partly of integrated development programs embodied nationally with contraception to increase the health and welfare of mother, child, and family (1). Kindly general family planning program aims at controlling residents as well as the health of mother and son like arranging the distance between birth children so Mothers can provide breast milk exclusively, regulating the period of pregnancy and childbirth, and arranging amount children so the well-being children guaranteed in matter physical, financial, educational, and maintenance child. The reason for the implementation of the family planning program is to reduce the number of births that can hinder the rate of growth among residents (2).

One of the achievements of the family planning program is seen in the amount of use of contraception. The percentage of contraception users worldwide in 2018 was 59.79% and experienced enhancement to 90% in 2019 (3). The temporary percentage of user contraception in Indonesia in 2019 was 55.96%, which experienced an enhancement to 56.04% in 2020 and a decline to 55.06% in 2021 (4). Achievements user experienced contraception decline it hasn't met the targets set in the Plan Strategic Plan (Renstra) Population and Family Agency National Planning, namely 62.16% (2). Achievements of user contraception in East Java in 2019 of 48.76% experienced enhancement to 74.94% in 2020 and an increase in 2021 of 75.01% (57).

Based on the data obtained from the Women's Empowerment Service for Child and Family Protection Planning (DPPPAKB), District Jember is known to amount voting residents who use contraception and status active in 2020 of 74.73% later experienced an upgrade in 2021 it will 75.21% and in 2022 it will experience decline to 74.07%. Kindly whole number that does not yet meet the target user contraception specified in the Plan District Strategic Plan Jember 2016-2021 years of 76.29% (8). Obtained data from the District DPPPAKB Jember 2021, districts that have not reached the target user one contraceptive is Silo District with prevalence of 72.88%. Besides achievements, users who had no contraception yet met the target, Silo District also recorded its prevalence of early wedding age high and occupied ranked in the top 3 in 2020-2022. Women's Empowerment Service for Child and Family Protection Planning (DPPPAKB), District Jember has conducted outreach to Child-friendly sub-districts and villages. However, there are still many cases of early marriage, and until now, Jember has 12 child-friendly villages. The target of the Jember Regency is for all villages to become Child-Friendly villages.

Research shows that the prevalence of user no contraception is fulfilled in adoles-cents aged 15-19 years in Congo by 40.1%. Reasons teenagers do not use contraception, among others, are having a desire for pregnancy, moderate pregnancy, and or seldom connecting sexuality. Another reason

is teenagers aged 15-19 years recorded accept information related to contraception smaller compared with those aged 20-24 years(9). Indonesia has a prevalence use of contraception in women aged 15-19 years at 45.2%, and figures do not yet fulfill targets that have been determined for 2020-2024 RPJMN, which is 80% (3). Besides the prevalence of user contraception still not yet meeting the target, Indonesia also has a prevalence number of birth teenagers still 15-19 years old, 36%, and figures also exceeded the target that has been determined, namely 24%(2).

Research stated that the use of contraception for married women in an early role is essential to avoid pregnancy and childbirth risks (10). It happens because pregnant women at an early age have reproductive organs that are still in development and not yet ready for containing, which can endanger the health of the mother and son (11) Women who are pregnant at an age early can experience complications of pregnancy like miscarriage, bleeding at the time of childbirth, giving birth prematurely, newborn experiencing Low Birth Weight (LBW), giving birth to a baby disabled baby 5-30 times the risk of dying, until Mother experience death(12).

Another factor that can form behavior-positive behavior, including contraception, is self-efficacy. An explanation of the theory put forward by Bandura states that self-efficacy has a tight relationship with someone's behavior. Self-efficacy is the belief in somebody's ability to behave to finish a problem to reach something objective or successful(13,14). Other research stated that someone with high self-efficacy is more committed to reaching something objective with a strengthened level of cognition, motivation, and affect and being selective in control situations to support achieving the objective (15). Research has stated that mothers with high self-efficacy relate to the method of contraception used because when somebody thinks that she is capable of using method contraception in a manner correct so the behavior will be applied to behavior ongoing positively (16,17). Another research stated that someone who has high self-efficacy is influential to the ability to use contraception well, and vice versa (18). It happens because somebody will believe self that using the tool of contraception can prevent disease, infection, and sexual infection. Likewise, women who do early marriage and those who have high self-efficacy will believe that using tool contraception can prevent pregnancy risk because they can interpret something incident for deciding to use tool contraception (19). This study aimed to analyze the correlation of self-efficacy with contraceptive use among early married women in Silo District, Regency Jember.

MATERIALS AND METHODS

This study is quantitative research with the use of a cross-sectional design. The population in the study This of 126 women

with a history do weddings at the age <19 years recorded at the Silo Office of Religious Affairs (KUA) in 2021-2022. The sample was obtained by 93 using simple random sampling with the method random, and all populations had the same opportunity to select a sample study (20). The sample was taken based on reporting data from KUA Silo District, Regency Jember, with started randomized early married women using Excel. The previous sample has been customized with criteria for inclusion and exclusion.

Primary data collection in the study interviews using questionnaire-related characteristics, socio-demographics, self-efficacy, and use of birth control. Secondary data on research This is a report data on wedding age obtained early from KUA Silo District, Regency Jember, as well as user data obtained contraception from the DPPPAKB Jember. The instruments used in the study are a questionnaire for socio-demographic characteristics and a questionnaire for measuring self-efficacy.

Validity test to the instrument with use conducted Person Product Moments through calculation SPSS application with enter score or value on each answer and is said to be valid when the value of r count > r table-collected data to do a validity test on the questionnaire. This was obtained from answer respondents before the study went on to 30 married women aged early in the Ledokombo district. Instruments tested for validity are instrument knowledge about birth control and instrument self-efficacy regarding FP (Family Planning); validity test results from research that has been done before.

The reliability test on research mark browser alpha is more from probability ($p \geq 0.6$) than it has determined, so we can interpret that the questionnaire is reliable. Instruments performed reliability test is instrument knowledge about birth control and instruments' self-efficacy regarding FP. Univariate analysis in this study was used to describe the sociodemographic characteristics of respondents (including age at first marriage, current age, education level, knowledge of family planning, employment status, income, and parity), contraceptive use, self-efficacy, and social support (husband's support, in-laws' support, health workers' support). Bivariate analysis in this study uses the contingency coefficient test to determine whether there is a relationship between variables and the strength of the relationship between the variables. This study obtained an overview of the graduation from the Ethics Commission of the Faculty of Dentistry, University of Jember No. 2048/UN25.8/KEPK/DL/2023.

RESULTS AND DISCUSSION

RESULTS

The study results are based on data from **Table 1** regarding age at first marriage, most women were married in the age range of 15-19 years (93.5%). The majority of women with a history of early marriage at the time the research was carried out were still in the late

adolescent age range (19-21 years), with a percentage of 58.1%. These results indicate that the phenomenon of early marriage still occurs in younger adolescents. Regarding education, most women who married early had basic education, such as SD/MI and SMP/MTs (91.4%). In terms of employment status, the majority of women who married at an early age did not work (89.2%). Interview results prove that limited job opportunities, lack of work experience, and lack of social interaction influence this. In terms of income, the majority of women who marry at an early age have low incomes (100%).

Regarding parity or the number of children born, most women who married early were primiparas (61.3%), meaning that the respondent had never given birth before. From the results of the study, it was known that the age at which women first married at an early age mainly occurred in the age range of 15-19 years (93.5%), while only a few were married at the age of 10-14 years (6.5%). The study's results found that most of the women who married at an early age had a basic education level, namely SD/MI and SMP/MTs (91.4%). A small proportion had secondary education SMA/equivalent education (8.6%). Regarding employment status, most of the women who married early did not work (89.2%), while a small number worked (10.8%).

In terms of income, the majority of women who marry at an early age have low incomes (100%). Regarding parity or the number of children ever born, most women who married at an early age were *primiparas* (61.3%), meaning that the respondents already had one child. A small proportion of nulliparous (38.7%) have never had children.

Table 1. Distribution frequency socio-demography of early married women

Sociodemography of Early Married Women	n	%
Age at First Married		
10-14 years	6	6.5
15-19 years	87	93.5
Age		
Teenager early 12-15 years	5	5.4
Teenagers mid 16-18 years	34	36.6
Teenager late 19-21 years	54	58.1
Level of education		
Basic education: SD/MI, SMP/MTs	85	91.4
Secondary education: SMA / equivalent	8	8.6
Knowledge Regarding FP		
Low	6	6.5
High	87	93.5
Job Status		
No Work	83	89.2
Work	10	10.8
Income		
Low	93	100
High	0	0
Parity		
Nullipara	36	38.7
Primipara	57	61.3
Multipara	0	0

Table 2 shows that in terms of knowledge about family planning, most women who marry early have high knowledge (93.5%). The knowledge questionnaire on family planning proves that although the majority have good knowledge, 86% of respondents answered incorrectly regarding

the benefits of family planning provided to the community. Knowledge about family planning, in this case, includes the meaning of family planning, the benefits of family planning, the purpose of using contraception, the side effects that arise from using contraception, and how contraception works. This shows that good family planning (FP)

Table 2. Knowledge of family planning

Family Planning Knowledge	Correct		Wrong	
	n	%	n	%
FP stands for?	85	91.4	8	8.,6
What are the benefits of family planning information provided to the community?	13	14	80	86
What are the benefits of family planning for the family?	74	79.6	19	20.4
The FP motto is?	62	66.7	31	33.3
Contraception is?	51	54.8	42	45.2
What is the purpose of using contraception?	89	95.7	4	4.3
Requirements for good contraception include?	84	90.3	9	9.7
What do you know? What are the side effects of using contraception?	85	91.4	8	8.6
How does contraception work?	72	77.4	21	22.6
Is the family planning program only about contraceptive use?	89	95.7	4	4.3

knowledge prevents early marriage. Based on **Table 3**, most respondents in the sample studied used contraception. Of the 93 respondents involved in this study, 86, or around 92.5%, chose contraception.

Table 3. Distribution frequency use contraception

Participation Use Contraception	n	%
Yes	86	93
No	7	7.5
Amount	93	100
Type of contraception		
Pill	33	38
Implant	1	1.2
Inject	52	61
Amount	93	100

Based on the results of **Table 4**, the self-efficacy in contraception in the 93 respondents involved in the sample study, as many as 86 respondents, or about 92.5%, show their high self-efficacy in contraception. A high level of self-efficacy indicates that the respondent feels confident and able to use the contraceptive method appropriately and consistently to optimize its effectiveness in preventing unwanted pregnancies. Based on the results of interviews with 93 respondents, it was found that overall, the respondents had a good level of confidence in their self-efficacy for using contraception. However, about using contraception without the husband's knowledge, four respondents were still very insecure, and 12 respondents did not have the confidence to do so even though they already knew that the benefits of using contraception were good because the husband had the authority to make decisions.

If the husband forbids it, the respondent decides not to use contraception.

Table 4. Distribution frequency self-efficacy to use contraception in early married women

Self-Efficacy	n	%
High	86	93
Low	7	7.5
Amount	93	100

Based on **Table 5**, it is known that there is a correlation between self-efficacy and the use of contraception because of mark p-values of 0.000 (p-value <0.05) and the coefficient correlation (r) is obtained of 0.707, which means a strong relationship including in the category strong with direction connection worth positive.

Table 5. Bivariate analysis of self-efficacy with the use of contraception in early married women

Self-efficacy	Use Method Contraception				*p-values*	Coefficient Correlation (r)
	Yes		No			
	n	%	n	%		
High	86	93	0	0	0.000	0.707
Low	0	0	7	7.5		
Total	86	93	7	7.5		

DISCUSSION

Most early married women have low incomes in **Table 1**. This research is in line with research that stated that the income of women who married early was primarily non-income, with as many as 21 women and as many as 14 women having income <600,000 (21). In line with the other research, which states that the socio-economic status of women who marry at an early age, the majority have a low socio-economic (64.3%), compared to medium (23.1%) and high (0%) (22). Other research stated that the family income of women who married at an early age, that is, most of them have low income with a percentage of (77.1%), compared to high income of (22.9%) (23), so the economic limitations affect women's decisions to marry at an early age. Overall, this research showed that early marriage still occurs and impacts various sociodemographic aspects of women, such as age, education, knowledge, employment status, and income. The age at first marriage is one of the critical factors that can influence a woman's decision to marry at an early age. This shows there are still young marriages under 15, although the number is relatively low. This research is in line with research which states that most women who marry and give birth in Banguntapan Village, Bantul Regency, Yogyakarta, are at an early age <20 years old (24). Research conducted in Kenya dan Nigeria stated that most women married at an early age, at a very young age (63%), and (82%) married at a young age (13). The marriage law in Indonesia explains that the bride and groom's age must be 19

years (25). According to other research, in general, women who marry young have a higher risk of pregnancy(26).

The marriage law states that the ideal marriage for a man is at the age of 21, while the perfect marriage for a woman is at the age of 19 (27). From the existing ideal marriage setting, many women do early marriage. Based on a survey conducted by Plan International, female adolescents who marry early are under the age of 18 (38%), while male adolescents are (3.7%) (19). The research results showed that at the current age, most women who marry early are mainly in the late adolescent range (19-21 years) with a percentage of (58.1%).

This research is in line with the research that stated that women with junior high school education tend to marry early, 10.561 times greater than women with a high school education (28). Meanwhile, women with elementary education tended to be 50.105 times greater than women with senior high school education and above. This research is in line with other research, which states that most women have an education level up to junior high school, namely 40.3%, and only 1.6% continue their education to tertiary education (29). A similar study stated that 49 women (83.3%) had a secondary education level (SMP-SMA), and 10 (16.7%) had a low education level (≤SD)(24).

Most women who marry early have a high knowledge of family planning, according to **Table 2**. Knowledge regarding the use of family planning, in general, varies widely; this striking difference is seen in the minority population, and adolescents are one of the populations who have low awareness of the use of contraceptives (30). Regarding family planning, most women who married early had high knowledge (93.5%), while only a few had low knowledge (6.5%). The knowledge of family planning tools and methods is low, and some women who marry early have a low level of understanding (43.6%) (31). This statement is supported by research conducted by Vidalia and Azinar Which states that most women who marry at an early age have a poor level of knowledge, with a percentage of (25.3%), compared to women who have a high level of expertise (22.9%)(23).

This research also aligns with the research, which states that most women who marry early do not work with a percentage of (57.1%), compared to those who work with a rate of (42.9%)(29). It is also supported by the research, which states that most women who marry at an early age work percentage (65.7%), compared to those who do not work (34.3%) (23). This research is not in line with the research, which states that most women who do early marriage are in working conditions (90.5%), and a small proportion do not work (9.5%)(32). This research is supported by research which states that some women who marry early have one or more children with a percentage of (54.6%), compared to women who marry at an early age who do not have children (45.4%) (30). This research is not in line with other research, which stated that women who

married early in Sidorejo Village, Krian Regency, in 2018 were multiparous primarily with a percentage of 43.30%. *Multipara* means a mother who has given birth several times but not more than 5 times (33).

Most women in early marriage use contraceptives, according to **Table 3**. This shows the awareness and willingness of respondents to take steps to control pregnancy and protect themselves from the risks of unwanted pregnancies. Interview results indicated that the reasons behind this choice varied widely, such as personal preference, religious or cultural beliefs, or lack of knowledge about the benefits of contraception. It is crucial to provide appropriate education and information about the importance of contraception as well as provide easy access to contraceptive options that suit individual needs and preferences (21). Results regarding the type of contraceptive used by the respondent in the sample in this research are that out of a total of 86 respondents who use contraception, three available types identified contraceptives, pills, implants, and injections. The type of contraception most used by respondents was injection, with a percentage of 60.5%. Injections are a method of contraception that is easy to use by injecting them periodically over a certain period. The high rate of injecting use indicates that there is a preference for this method in controlling pregnancy (34).

Based on the woman's age, the vulnerable age of 20-35 has a more negligible risk compared to women aged <20 years and> 35 years. Therefore, participation in contraceptive use is essential for women who marry at an early age (25). The results showed that the use of contraception in the sample studied was relatively high; as many as 86 respondents (92.5%) chose to use contraception, and seven respondents (7.5%) decided not to use contraception. This research is supported by research conducted by Priskatindea and Ronoatmodjo, which states that most women at an early age use contraception (62.4%) compared to women who do not use contraception (37.6%) (30). This research is in line with other research, which stated that the majority of women who married at an early age participated in the use of contraception, namely (73.33%), compared to women who did not use contraception. (26.67%). According to other research stated women who marry young choose to participate in contraception use because they have a long reproductive period, thus enabling them to have a higher birth rate. This makes women who marry young more choose to use contraception (21).

From the results of the study, it was known that most of the respondents (60.5%) chose to use injections as a method of contraception. This is in line with research that showed that 74.8% of married youth in Indonesia participate and choose to use injectable contraception (28). Many women who marry young choose to use injections as a method of contraception because injections are felt to best suit their needs, and injections

are the most effective method of contraception for delaying pregnancy (23). Furthermore, some respondents (38.4%) chose to use the pill as a contraceptive method, and only a few respondents (1.2%) used implants as a contraceptive method. This research is supported by research which states that some women who marry at an early age use the pill contraceptive method (10.6%), compared to using the implant contraceptive method (2.7%) (30). This research is also in line with other research that the use of this type of contraception in women who marry at an early age mainly uses the pill contraceptive method (45.45%) and injection (45.45%), compared to using implanted contraceptive methods (0%). Another study showed that injectables are the most used contraceptive method among early married women, followed by oral contraceptive pills. Religious beliefs, misunderstanding about contraception methods, desire to have children, and limited access to health facilities are currently the main factors influencing contraception use among early-married women (35).

Self-efficacy will affect the amount of effort that will be made in dealing with something; self-efficacy will affect the mindset and emotional reactions of women (14). From the results of the study in **Table 4**, it was found that most respondents had a high level of self-efficacy in using contraception, and 7.5% had a low level of self-efficacy in using contraception. This is in line with research of other 685 young women aged 15-24 years, where the average age of first marriage was 19 years, and the average age at first having sex was 18 years, which showed that they had used contraception (35). This means that the level of self-efficacy in adolescents is already high, as shown by the decision to use contraception at a young age. According to another research, women with high contraceptive self-efficacy believe that they can and should be responsible for sexual activity. Thus, they will act to achieve this goal with protection using contraception (33).

Based on the results study of **Table 5** is known that there is a strong relationship between self-efficacy with the use of contraception for early married women in Silo District, Regency Jember. That is when somebody's high self-efficacy use contraceptives too high. This is in line with research that women with high self-efficacy experience enhancement in the use of contraception (36). According to other research, self-efficacy is one factor in behavioral health. Self-efficacy is also essential for increasing knowledge related to contraception to become management effective self or control activity sexual(34,37). Self-efficacy can predict the ability of an individual to use final contraception, raising something to change behavior (19,21). This study differs from other studies in that there is no correlation between self-efficacy and contraception. This is because women still do not yet have access to contraception because of obstacles at different levels in life, such as lack of support from social family (35). The

limitation of this study was that the correlation between sociodemographic status and the use of contraception was not analyzed, and the correlation test only used coefficient contingency, so it couldn't be detailed in relative risk measurement.

CONCLUSION AND RECOMMENDATION

There is a correlation between self-efficacy with the use of contraception for early married women in Silo District, Regency Jember. There is a positive correlation between self-efficacy and the use of contraception in early marriage women. So, activity change behavior must be targeted not only in young girls but also to the giver influence, including family members and providers of health services. Therefore, the health workers in health facilities need to improve the implementation and supervision of prevention of early marriage programs by establishing cooperation with related services such as the Department of Religion to increase socialization about contraceptive use and prevention of unintended pregnancy among early marriage couples.

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